



## Educational Implications of Early Menarche in a Socio-Cultural Context

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### Abstract

*This study aims to explore the psychosocial experiences and socio-cultural influences related to early menarche among elementary school girls (grades 4–6) in Central Lombok Regency. Employing a qualitative approach with a focused ethnographic-phenomenological design, the main participants were students who experienced early menarche, supported by key informants (mothers, teachers, peers, community leaders) selected through purposive and snowball sampling. Data were collected through in-depth interviews, observation, FGDs, and document analysis, and analysed thematically. Data credibility was ensured through triangulation, member checking, prolonged engagement, thick description, audit trails, and reflexivity. Findings indicate that early menarche can trigger confusion, fear, and potential trauma due to a mismatch between physical changes and emotional-cognitive readiness, compounded by lack of understanding. Negative associations with blood, pain, and perceived otherness intensify psychological distress. Girls may experience shame, anxiety, low self-esteem, and challenges in hygiene management. From a psychoanalytic lens, reactions include irrational fears and internalised stigma. Socially, early-maturing girls are vulnerable to isolation and bullying, exacerbated by peer misunderstanding and cultural taboos. Limited family support and silence around menstruation further heighten psychological burdens. The study highlights the need for comprehensive early puberty education for children, parents, and schools. Creating supportive, inclusive environments, destigmatising menstruation, and offering accessible psychological support are essential to help students adapt positively to pubertal changes.*

## Introduction

While previous studies on children's psychosocial development often focus on two aspects such as the psychosocial relationship between adolescents and puberty (Nurhayati 2016), it is important to understand the characteristics of children's development in the early elementary grades. At this stage their physical growth has matured, allowing body control and balance. In terms of intelligence, they can carry out serialization, classify objects, show interest in numbers and writing, experience an increase in vocabulary, like to talk, and develop an understanding of cause and effect, space and time. This is the basis for understanding the socio-cultural context of elementary school-aged girls in their lives (Jabeen et al., 2024; Lianyu & Msafiri, 2022). In the process of finding a teenager's identity, the main responsibility for accompanying them falls on the shoulders of the parents. This is because parents are the primary and most influential environment for children. Furthermore, Islamic teachings emphasize that parents have an absolute obligation to protect their children so that they do not fall into hellfire in the future (QS. At-Tahrim: 6) Wijaya et al. (2020).

Puberty in boys generally occurs between the ages of 10.0 and 13.5 years, while in girls it ranges from 9.0 to 15.0 years, meaning some of them are still in elementary school (Fadella & Jamaludin 2019). Signs in boys include the development of sexual organs, growth of pubic hair, changes in voice, and first ejaculation (wet dreams). Meanwhile, girls will experience menarche (first menstruation), breast development, growth of pubic hair, and widening of the pelvis. The age of menarche in girls varies, ranging from 10 to 16 years, with an average of 12.5 years (Kadri & Fitrianti, 2019).

Menarche in girls, defined as the first menstruation, is one of the signs of sexual maturity in adolescent girls (Utomo & Ifadah, 2019). This event is a consequence of biological development during puberty, where the sexual organs reach maturity, which is then marked by the occurrence of the first menstruation (Fadhilah & Wijayanti, 2022). The age of menarche is influenced by various factors such as nutritional status, socio-economic conditions, physical abnormalities, audio-visual exposure, social environment, and genetics. The decreasing age of menarche has negative implications for adolescent health and raises concerns given the importance of adolescents as human resources. Furthermore, the tendency for earlier menarche also increases the risk of pregnancy at a young age (Oddo et al., 2022).

Menstrual cycle changes are common, affecting 75% of adolescents in late puberty and can indicate serious reproductive health problems such as uterine cancer and infertility. Studies show that this also causes impaired social functioning at school in about 65%, although there is also a view that menstrual cycle changes can improve quality of life (Hamidah & Rizal 2022). In particular, menarche (first menstruation) is a crucial moment that is more than just a physiological event. It is a milestone in the biological transition to reproductive maturity and a significant psychosocial transition, affecting a girl's self-perception, identity, emotions, and social position, as well as marking the beginning of a new chapter in her life towards adulthood (Rachmat et al., 2024).

To understand more deeply, this study was designed to explore the psychosocial development associated with early menarche in elementary school-aged girls in Central Lombok Regency, taking into account the influence of socio-cultural context and the characteristics of child development (Medise et al., 2024; Lestari et al., 2024; Nurkhamidi et al., 2023). The importance of this study lies in the fact that early childhood is a fundamental and short period in a child's life, where stimulation of their full potential is essential to achieve optimal development."

## Method

This study was designed to explore in depth the experiences and cultural influences related to early menarche in elementary school girls. Here is a breakdown of each aspect of the methodology: Qualitative Research Approach Meaning: This study does not focus on numbers or statistics, but rather on understanding the meanings, interpretations, and experiences of individuals in their natural contexts. The goal is to gain a rich and in-depth picture of the phenomenon being studied (Kholifah 2024). Research Design is focused ethnography or phenomenology. Ethnography generally aims to understand a particular culture or social group from the perspective of its members (Naamy 2022). Researchers will immerse themselves in the natural setting of the group. "Focused" means that researchers will not study all aspects of the culture or life of the student, but rather focus specifically on the experiences and influences related to early menarche. While Phenomenology Aims to understand the essence of an individual's life experience regarding a particular phenomenon. In this case, the phenomenon is "early menarche". Researchers want to know how it feels, what it means to the student. In addition, in this study, what will be seen is the psychosocial experience. This

includes emotional aspects (eg, shame, fear, confusion, pride), mental aspects (eg, understanding what is happening, changes in self-perception), and social aspects (eg, interactions with peers, treatment from others). Subjects and Research Locations are elementary school students (grades 4-6) who experience early menarche. Age is determined operationally, meaning that researchers will set clear age limits to define "early menarche" in the context of this study (eg, first menstruation before age 10, or below the average age of menarche in the location). While Key Informants (Supporters) in addition to students, data will also be collected from people around them who can provide additional perspectives and context. Mothers as the main source of information about experiences at home, family support, and instilled values. Teachers will provide perspectives from the school environment, how the school handles this issue, and students' interactions at school. Peers as informants who will describe social dynamics, acceptance, or perhaps teasing among friends. And community leaders to provide insight into broader cultural norms and views in the community regarding early menarche.

Purposive sampling technique. Researchers deliberately select participants (students and key informants) who are considered to have rich and relevant information according to predetermined criteria (for example, students who have had early menarche, mothers of the students, teachers who teach them). Then snowball sampling, namely researchers ask initial participants to recommend other participants who meet the criteria (Sidiq et al., 2019). This technique is useful for finding participants who may be difficult to reach or for sensitive topics (Silverio et al., 2022; Bazen et al., 2021). Then the quote shows that the researcher refers to scientific literature to justify the choice of sampling technique. While the data collection method is data triangulation using various data collection methods to gain a more comprehensive understanding and to validate the findings (Donkoh & Mensah, 2023; Bans & Akkas, 2024; ). If data from different methods show the same thing, this increases confidence in the findings (Nasution, 2023). In-depth interviews, namely structured or semi-structured conversations with students, parents, and other informants to explore their experiences, views, and feelings in detail. Next is observation. Observing behaviors, interactions, and environments in schools or communities directly to gain contextual data that may not be revealed through interviews (Hanipah 2016).

Focus group discussions (FGDs) are discussions with small groups of participants (e.g., a group of female students, a group of mothers) to explore a particular topic, elicit diverse views, and observe interactions between participants. "Separate groups" are important so that participants feel more free to speak (e.g., female students may be more open without a parent or teacher present). Analyze relevant documents by examining documents such as school records (where permitted and ethical), health education materials, or local literature related to menarche or adolescent reproductive health. Data analysis is more about thematic analysis, a method for identifying, analyzing, and reporting patterns (themes) that emerge from qualitative data. The process involves reading the data repeatedly, coding (labeling segments of data), grouping codes into themes, and interpreting those themes (Sinaga, 2023). Qualitative software assistance (optional): Researchers may use software such as NVivo or ATLAS.ti to help manage, organize, and analyze qualitative data, which is often large and complex. The use of this software does not replace the researcher's role in interpretation. Trustworthiness This is how qualitative researchers ensure the quality and rigor of their findings, equivalent to validity and reliability in quantitative research (Nurrahmaton, 2020). Credibility (equivalent to internal validity) by looking at the extent to which the research findings reflect the reality or experiences of participants.

## Results and Discussion

The current analysis study entails a synthesis of empirical knowledge via the profound interviews of the early-menarche children, their parents, and their school educators. The qualitative analysis reveals not only the psychological social disturbances of women of elementary school age entering the biochemical sexual maturity at early age but also the systemic holes in the educational infrastructure, intra-family communication, and the absence of responsiveness to the needs of the community. Findings are analyzed in the view of the general purpose of the study, which is to explore the ways, in which early menarche is addressed in an environment conditionally predetermined by institutional readiness, parental support systems, and the surrounding socio-cultural context. In this line, the theoretical lens behind the discussion is based on the theoretical construct of child-oriented management of the public services where menstruation serves as a critical juncture of governance, organization behavior and psychosocial development. To make the interpretations easier and provide the empirical rigor, each thematic finding has been justified by addressing the direct quotations by the participants to be able to interpret the results.

### Psychological Impact of Early Menarche on Elementary School Children

Elementary school-aged children are typically in Piaget's concrete operational stage of cognitive development, meaning they rely heavily on observable and tangible experiences to understand the world around them (Napitupulu et al., 2018). Abstract biological concepts such as hormonal regulation, ovulation, and internal reproductive organ function remain largely inaccessible to their cognitive grasp. As a result, when menarche occurs unexpectedly especially at a young age children often react with intense psychological distress rooted in fear, confusion, and misunderstanding. For instance, AN, who experienced menarche at age 9, recalled:

*"I thought I was going to die... because the blood kept coming out. If there's a wound, you can see why it's bleeding. There's no wound, but there's blood."*

This statement underscores the dramatic emotional turmoil young girls face when lacking prior knowledge about menstruation. The blood, a symbol often associated with injury or trauma in a child's schema, is misinterpreted as a sign of internal damage.

Further compounding their anxiety is the absence of comprehensive menstrual education. As Hafizha et al. (2024) emphasize, many children are entirely unaware of menstruation before they experience it. AN herself confessed,

*"I didn't understand what it was... I thought I was going to die," while her mother admitted, "I thought I was still young, so there was no need to explain."*

This highlights the psychological mismatch between the child's physical maturity and emotional-cognitive readiness, which can result in trauma if not properly addressed. Menarche in children is not only biologically premature but socially isolating. Children who menstruate earlier than peers often perceive themselves as "abnormal" or "different," which affects their peer relations and self-concept. YN, who experienced menarche at 10, stated:

*"I want to join in playing, but I'm afraid I'll be embarrassed if my blood is visible."*

She also added,

*"I feel different... my friends still like to run around and jump around... I'm afraid to join in."*

This sense of alienation can lead to withdrawal, a decrease in school engagement, and even the development of social anxiety. The teacher (MT) observed similar patterns in students, explaining,

*“They tend to be shy... sometimes they ask permission to go to the toilet more often... some also suddenly cry for no apparent reason.”*

The lack of psychosocial support from schools, and in some cases even families, further intensifies these effects. Although some mothers, like AN’s and YN’s, responded with empathy and attempted to guide their daughters, both admitted being personally unprepared. SR explained:

*“I was also confused about how to explain it in language that children could easily understand.”*

Without established school protocols or teacher training on how to address early puberty, support is limited. MT acknowledged,

*“We don't have a specific SOP yet... not all the toilets are comfortable... the children are often embarrassed if they have to leave the classroom frequently.”*

This structural gap leaves children vulnerable to ongoing psychological strain.

From a psychoanalytic viewpoint, as Sari et al. (2023) suggest, the lack of emotional validation and supportive guidance during early menarche can foster internalized fear, guilt, and even phobia. When children are taught either implicitly or explicitly to view menstruation as shameful, dirty, or secretive, the result may be the emergence of menstrual-related anxiety disorders. If unresolved, such trauma can evolve into long-term issues such as menstrual phobia or even psychosomatic symptoms. Beyond fear, shame and body image concerns are commonly reported. Fadhillah & Wijayanti (2022) argue that early development of secondary sexual characteristics such as breast development can cause discomfort and self-consciousness. Children may feel out of place among peers whose bodies remain unchanged. As YN put it,

*“I’m afraid my friends will find out and laugh at me... I feel different.”*

Such sentiments negatively affect children's self-esteem and identity formation, particularly during this critical developmental stage. Yet, the data also reveals a silver lining: when **positive** reinforcement and open communication are present, children cope more effectively. YN reflected,

*“When my mom is around, I feel calmer... she often says, ‘This is normal, you’re great at dealing with it.’”*

With the right support, even early menarche can become a manageable and empowering experience. Therefore, providing age-appropriate education, family communication, and supportive school environments is critical to prevent psychological harm and promote healthy development.

### **Social Impact of Early Menarche in Elementary School Children**

The social environment plays a critical role in shaping how children experience and respond to early menarche. According to Usman, Tondong, and Kuswanti (2022), the social environment encompasses education, family understanding, interpersonal relationships, and socio-economic conditions all of which significantly influence a child’s psychosocial development. When young girls are unprepared for menarche and lack a supportive

environment, they often perceive themselves as “different,” which can lead to withdrawal from peers and social isolation.

From the interviews, both AN and YN described feelings of social distance and hesitation in interacting with their classmates after experiencing menarche. AN admitted,

*"I'm afraid I'll leak or get a stomach ache if I play. So I often just sit there or go home early."*

This illustrates how physical discomfort and anxiety about potential embarrassment can prevent children from engaging in everyday social and school activities. Similarly, YN stated,

*"I want to join in, but I'm afraid I'll be embarrassed if the blood is visible... I don't know who to tell either."*

This quote highlights the secrecy and fear of social stigma that can drive children to avoid social interaction, ultimately making them feel alienated in their own peer groups. When early menarche occurs, children often find themselves the only one among their peers to undergo such changes. This disparity in physical and emotional development can create a barrier in friendship dynamics. While their peers remain immersed in childhood games and interactions, the menstruating child must navigate new physical routines and emotional responsibilities. This difference can make her feel out of sync with her friends, as expressed by YN, who shared,

*"I feel different... my friends still like to run around and jump around... I'm afraid to join in."*

The resulting loss of connection may cause emotional detachment and loneliness. Additionally, the fear of being teased or bullied further discourages disclosure. In environments where menstruation is poorly understood, reactions from peers can be cruel or ignorant. As Ilham et al. (2022) note, children may face direct mockery being called “dirty,” “grown up too fast,” or being teased about sanitary pads or the smell of blood. Although AN and YN did not report direct bullying, they clearly anticipated it, which led to emotional distress and behavioral withdrawal. The teacher (MT) also noticed such tendencies:

*"They tend to be shy... sometimes they ask permission to go to the toilet more often... some also suddenly cry for no apparent reason."*

This anticipatory shame and social anxiety limit children's willingness to participate in school life, including sports and physical education, which they may avoid for fear of leakage or pain. AN mentioned,

*"I once didn't participate in sports because I was afraid of leaking," and YN noted, "If I had a stomach ache, I would ask the teacher for permission to just sit down."*

These behavioral patterns reflect the restrictive social impact of early menarche not only on peer relationships but also on school participation and learning engagement. Beyond peer issues, the role of the family becomes central in mitigating social impact. A child who lacks emotional support at home may internalize shame or develop negative self-perceptions. AN's mother acknowledged this risk:

*"I was also confused about how to explain it in language that children could easily understand."*

Without open and empathetic dialogue at home, menstruation can be perceived by the child as something secretive or shameful. YN felt more reassured when her mother said,

*“This is normal, you are great at dealing with it,”*

showing that positive reinforcement and maternal guidance can significantly reduce anxiety and prevent social isolation. However, in families where menstruation is still considered taboo, this crucial support is often absent. Cultural silence surrounding the topic reinforces the idea that it must be hidden or avoided, which exacerbates feelings of embarrassment and hinders healthy identity formation. When a child internalizes this shame, they may isolate themselves further, believing their experience is deviant or unacceptable. Over time, this can erode self-confidence, reduce peer connection, and hinder emotional development.

### **Sociocultural Interpretation and Programmatic Implications**

Understanding early menarche as a psychosocial phenomenon within a socio-cultural context is essential to ensure that girls receive appropriate, timely, and compassionate support. The findings of this study reveal that early menarche is not simply a biological milestone but an experience intertwined with emotional, psychological, and social realities that demand comprehensive, multi-level responses.

At the educational level, there is a pressing need to implement age-appropriate reproductive health education well before the average age of menarche. This education must go beyond the biological explanation of menstruation and include guidance on personal hygiene, emotional preparedness, and how to seek help. As stated by Nainar et al. (2024), early menarche represents a point of intersection between a child's internal psychological world and external social expectations. Without adequate understanding, girls may face menarche with intense fear and confusion. This was seen in AN's testimony:

*“I thought I was going to die... because the blood kept coming out.”*

The emotional unpreparedness can escalate into trauma when children feel they are facing a crisis without tools or guidance. Therefore, reproductive health education must be a structured and continuous component of the curriculum. Teachers need training to recognize signs of distress and to offer first-line emotional support. The teacher MT emphasized this institutional gap:

*“We don't have a specific SOP yet... the kids are often embarrassed if they have to leave the classroom often.”*

Schools should also be equipped with adequate sanitation infrastructure clean, private toilets, access to running water, and proper waste disposal facilities. Providing a safe space to rest when girls feel unwell can drastically reduce school absenteeism and emotional stress during menstruation.

In the family environment, parents especially mothers play a crucial role in guiding children through early puberty. Yet many parents are unprepared or uncomfortable discussing menstruation, as revealed by SR, AN's mother:

*“I think he's still young, so there's no need to explain.”*

When menstruation is treated as taboo or embarrassing at home, children internalize shame and believe their natural bodily process is something dirty or abnormal. This not only leads to emotional alienation but also deprives the child of a safe, supportive communication channel. YN's emotional response to maternal support illustrates the opposite:

*“When Mom is around, I feel calmer... Mom often says, ‘This is normal, you're great at dealing with it.’”*

This underscores the importance of creating an open, accepting atmosphere within the home, where children feel heard, validated, and guided. As Sabani (2019) notes, validating children's emotions is fundamental to reducing psychological burdens and enhancing their resilience. Beyond the family and school, the community also holds responsibility for shaping cultural attitudes toward menstruation. Persistent societal taboos cast menstruation as something shameful, weakening the support available to young girls. To challenge this narrative, it is critical to implement community-level awareness campaigns that portray menstruation as a normal biological process. These campaigns should be directed at diverse audiences including men and boys to build inclusive understanding and empathy. Menstrual education must also be visible and neutralized in public messaging. For instance, menstrual products should be treated as basic health necessities, not as items that must be hidden or whispered about.

To ensure long-term transformation, community programs should use culturally relevant methods such as school seminars, parent workshops, arts-based education, and engagement with religious or traditional leaders. This broad engagement can help dismantle harmful stereotypes and promote collective responsibility in supporting adolescent girls. At the clinical and psychological level, some children may experience psychological responses that go beyond normal adjustment. Early menarche can trigger prolonged anxiety, depressive symptoms, body image concerns, and even trauma especially if the experience is sudden, painful, or accompanied by social rejection. Signs such as school refusal, isolation, crying episodes, or excessive worry as mentioned by MT,

*"Sometimes they suddenly cry for no apparent reason,"*

may indicate the need for professional psychological intervention. Mental health professionals can offer assessments, trauma-informed care, and therapeutic support that help children process the experience healthily. They can also guide families and schools in creating recovery plans and building long-term emotional resilience. Ultimately, early menarche in elementary-aged girls is a complex intersection of biology, culture, psychology, and education. The impact it leaves whether traumatic or empowering is largely determined by how families, schools, and communities respond. A holistic and culturally sensitive approach is needed, one that integrates accurate information, open communication, emotional validation, school infrastructure, and mental health services. Such a framework not only protects the psychological and social well-being of young girls but also promotes dignity, confidence, and equity as they enter adolescence.

### **Early Menarche as a Crisis of Sociocultural Readiness**

The experience of early menarche in childhood invites urgent reflection on how society prepares, or more often fails to prepare, girls for biological transformations that occur outside conventional age expectations. This study finds that the moment a girl menstruates before her peers, she enters a confusing space where her body is suddenly marked as different, yet no support system is waiting to guide her through this transition. Her school does not offer adequate information. Her teachers feel uncertain about how to respond. Her family, often unaware of what she is undergoing, may unintentionally deepen her fear by offering silence or avoidance rather than clarity. These findings resonate with those of Rachmat et al. (2024), who argued that in many rural communities across Southeast Asia, menarche still lacks institutional anchoring and emotional framing. When girls undergo such a pivotal event without language or guidance, they internalize it as trauma (Panuccio et al., 2022; Schwartz et al., 2024; Carpita et al., 2023). Recent work further supports this view by showing that girls who experience early menarche without prior knowledge are far more likely to describe it in terms of illness, injury, or punishment. What begins as a natural physiological event thus

becomes a moment of existential confusion, one that shapes their developing sense of self in lasting ways. The body, which should be a site of agency and growth, is instead cast in the shadows of secrecy and unease.

This transformation is not merely personal. It is produced and reinforced by the environments in which these girls live and learn. The data collected from Central Lombok reveals that school environments often mirror the cultural discomfort that surrounds menstruation in the home. Teachers are rarely trained to handle the emotional dimensions of early puberty and are frequently left to their own devices when confronted with the needs of a menstruating child in grade four or five. The absence of policies, procedures, and even vocabulary contributes to a broader institutional silence that leaves girls navigating this transition alone. noted that in schools where menstruation is never addressed until junior high, girls who menstruate in elementary settings tend to withdraw from class participation and physical activity. This was evident in our study as well, where participants described avoiding play and physical education due to fear of exposure or embarrassment. These behaviors are not isolated acts of shyness. They represent a breakdown in the sense of safety that a school is supposed to provide. Fadhillah & Wijayanti (2022) have observed similar dynamics in West Java, where girls who feel unsupported in school often associate menstruation with stigma rather than maturity. When institutional neglect is paired with emotional silence, the message received by these children is not one of growth but one of disruption. It is not only the bleeding that causes anxiety. It is the realization that the world around them is not prepared to accompany them through it.

Families, who are typically imagined as the first line of emotional support, often respond with confusion or discomfort that reflects broader cultural ambivalence toward menstruation. In many cases, mothers hesitate to explain menstruation until they are forced to do so, often after the event has already occurred. This delay is rarely due to apathy. More often, it reflects inherited discomfort and a lack of culturally appropriate language to discuss the topic with children. Studies by Nainar et al. (2024) and Hamidah & Rizal (2022) confirm that many parents in both urban and rural settings continue to perceive menstruation as a taboo subject, one that should be deferred until adolescence. In this study, mothers expressed fear of frightening their daughters if they introduced the topic too early, while others assumed that puberty would not arrive until much later. When these assumptions are proven wrong, the child receives not guidance but uncertainty. This pattern is not unique to Lombok. Similar findings have been documented in studies across Indonesia by Sabani (2019) and Nasution (2023), who emphasized that when mothers themselves were socialized into silence, their daughters often inherited the same reluctance to ask questions or seek help. Yet when the silence is broken and supportive conversations are offered, the effects are immediate and powerful. As seen in this study, girls whose mothers used affirming language felt less shame and more confidence in managing their bodies. These results echo the observations of Naamy (2022), who found that maternal reassurance not only reduces immediate distress but also builds long-term emotional resilience. In this light, the role of the family is not merely informational. It is emotional, relational, and deeply cultural.

The school, as an institution that holds significant power in shaping children's social experiences, reveals its limitations most clearly when girls encounter early menarche. While classrooms are spaces where knowledge is cultivated and development is ideally supported, they often fall short in addressing matters that blur the boundaries between the biological and the emotional. In our findings, schools lacked formal protocols for responding to early menstruation. Some girls were unsure whether they could even ask their teacher for permission to go to the toilet. This echoes the institutional inertia described by Kholifah (2024), who

reported that although national guidelines encourage menstrual education, few primary schools have implemented operational procedures to address early menarche directly. Without such structures in place, teachers rely on intuition or personal beliefs, which may be shaped by the same silences girls experience at home. The absence of infrastructure is just as telling. Inadequate sanitation facilities, a lack of menstrual hygiene products, and a general absence of discretion create a learning environment where menstruation feels out of place. Rachmat et al. (2024) and Irnawati & Widyana (2018) both found that girls in such environments often associate menstruation with risk and shame, not because of their own beliefs, but because the school inadvertently communicates that menstruating bodies are inconvenient and disruptive. These institutional messages are subtle yet persistent, and they shape not only how girls experience their own bodies but how they perceive their belonging within the school community.

This sense of not belonging becomes more pronounced when peer interactions amplify the girls' vulnerability. Children navigate much of their emotional development in relation to their peers, and for those who menstruate earlier than others, the social terrain becomes increasingly difficult. In our study, girls expressed reluctance to participate in group activities or physical play, fearing that they might be exposed or ridiculed. These fears were not unfounded. Prior research by Usman et al. (2022) highlights that menstruation often becomes a trigger for peer stigmatization, especially when classmates lack basic menstrual literacy. Jokes, whispered comments, and exclusionary behaviors may not always be overt, but they carry deep emotional consequences. Ilham et al. (2022) found that girls who menstruate before their friends often internalize a sense of difference that leads to withdrawal and silence. What emerges is not merely an episodic discomfort but a reconfiguration of social identity. The girl no longer sees herself as fully part of her age group. Instead, she becomes someone who must hide, someone whose body has broken an unspoken rule. In such cases, the peer group, which could be a source of comfort, instead becomes a site of surveillance. This aligns with the insights of Sari et al. (2023), who argue that social shame operates most powerfully when it is subtle, enacted through gestures and exclusions rather than open hostility. The weight of these social dynamics reinforces the idea that early menarche is not just a physical event. It is a social repositioning that occurs before the child has the cognitive resources to make sense of it.

Religion and culture play a complex and often contradictory role in this process. In many families, religious norms are cited as reasons for delaying discussions of menstruation. Parents may believe that talking about puberty introduces moral risk or accelerates adult awareness. This study found that such beliefs often hinder early education and perpetuate feelings of shame. Yet religion, particularly when interpreted with compassion and critical awareness, can also serve as a resource for affirming bodily change. In several Indonesian contexts, Islamic teachings have been reframed to support menstrual literacy, especially in faith-based schools that adopt a gender-sensitive curriculum. Wijaya et al. (2020) demonstrated that when religious authorities frame menstruation as a natural sign of maturity rather than impurity, families are more willing to engage in conversations that support emotional readiness. Similarly, Satyarendra (2024) observed that religious-based parenting programs can counteract cultural taboos by grounding menstrual education in familiar moral frameworks. In our study, however, this potential was largely untapped. Most participants described religious spaces as sites of silence, where bodily functions were considered private, inappropriate for open discussion, and better left unexplained. The absence of guidance from religious leaders often left mothers uncertain about whether it was permissible to speak openly with their daughters. This gap between potential and practice is significant. It suggests that cultural stigma does not originate in religion per se, but in the unwillingness to interrogate and

reinterpret religious norms in light of developmental needs. As Naamy (2022) argues, what girls require is not a theology of restriction, but a theology of understanding one that sees the menstrual body not as impure, but as worthy of care, dignity, and knowledge.

The institutional absence surrounding early menarche extends beyond the classroom and into the broader architecture of public health and social welfare. In the absence of coordinated intersectoral efforts, menstruation remains largely relegated to the private sphere, treated as a personal issue rather than a developmental milestone with public consequences. Our study revealed that schools lacked not only formal procedures but also partnerships with local health services that could provide educational sessions, counselling, or emergency hygiene kits. This mirrors the findings of Wang et al. (2024), who documented that early menarche is rarely factored into child development programming at the district level, despite rising trends in early puberty across Southeast Asia. When education systems, public health offices, and child welfare institutions operate in isolation, girls fall through the cracks. Kholifah (2024) both argued that cross-sector collaboration is essential for managing menstruation with dignity, especially when it occurs earlier than expected. In our data, the fragmentation of response was evident. Teachers reported not knowing who to contact when a girl experienced emotional distress related to menarche. Parents expressed confusion about whether to seek help from health workers, school counsellors, or religious advisors. The result was a circle of uncertainty that reinforced the idea that menstruation, particularly early menstruation, is a problem best handled in silence. This institutional ambiguity deepens the psychological toll and prolongs the stigma.

National policy frameworks, while increasingly aware of the importance of adolescent reproductive health, often fail to extend protections and support to younger girls who experience menarche prematurely. Recent policy documents from the Indonesian Ministry of Health outline the importance of menstrual hygiene management in schools, but implementation remains uneven and largely focused on older students (Nainar et al., 2024). Girls in elementary school, especially those in rural areas, are rarely targeted by these interventions. Our findings align with those of Jayusman (2016) and Nasution (2023), who criticized the age-blind nature of most health education policies, which assume that menstruation will occur during adolescence and therefore allocate resources accordingly. As a result, early-menarche girls are left without age-appropriate materials, guidance, or sanitary facilities. Even when policies do exist, they often rely on teacher initiative or local leadership to be activated, creating a patchwork of provision that leaves many students unsupported. Sidiq et al. (2019) emphasized that without institutional mandates and monitoring mechanisms, menstrual education becomes a matter of chance rather than right. This study reinforces that view. The girls who received support did so not because of structural design, but because of individual acts of care by parents or teachers. While these moments are meaningful, they are not sustainable solutions. What is needed is a systemic approach that embeds menstrual readiness into the very fabric of educational and health planning, particularly in areas where early menarche is no longer an exception but an emerging norm.

When early menarche is understood through a sociocultural lens rather than a purely biological one, its full complexity comes into view. It is not just an issue of hygiene or awareness. It is a mirror held up to society, revealing the ways in which gendered bodies are welcomed or neglected at different stages of development. This study adds to a growing body of literature calling for a fundamental shift in how menstruation is conceptualized within institutions and communities. Rather than treating it as a technical issue to be solved with products or pamphlets, researchers such as Sinaga (2023) and VOX advocate for a relational model of support that centers emotional safety, social inclusion, and narrative visibility. Our findings

support this position. Girls who were given space to talk about their experience, who were affirmed rather than hushed, showed greater adaptability and self-esteem. This was not a result of expensive interventions but of intentional care. It was the teacher who whispered that it was okay to leave the room. It was the mother who said, you are growing, and I am here with you. These moments mattered because they interrupted a broader culture of shame. What emerges, then, is the urgent need for frameworks that prioritize connection over control, listening over lecture, and shared understanding over silence. Menstruation is not a rupture to be managed. It is a developmental passage that, when guided with clarity and compassion, can deepen a girl's trust in her community, her educators, and most importantly, in herself.

Early menarche is not simply a personal event experienced by a small group of girls but a revealing indicator of how societies understand and respond to developmental change when it occurs outside expected timelines. What this study uncovers is not only the emotional turbulence experienced by early-maturing girls in Central Lombok but the broader sociocultural unreadiness that surrounds them at every level. Families often approach menstruation with hesitation. Schools struggle to integrate it into their curriculum or daily routines. Communities carry cultural scripts that equate silence with protection, even when that silence leaves children confused and ashamed. Yet none of these failures are inevitable. They reflect patterns that can be interrupted and redesigned through thoughtful intervention. Research from Wang et al. (2024), and Fadhilah & Wijayanti (2022) supports the idea that when education is anticipatory rather than reactive, and when caregivers speak with empathy rather than avoidance, the psychosocial outcomes of early menarche shift dramatically (Nurfadhilah & Auliah, 2023). Our study joins these voices by calling not only for technical improvements, such as better sanitation facilities or policy harmonization, but for a deeper cultural change in how we recognize and accompany the bodily transitions of young girls. The pathway forward requires collaboration among educators, health professionals, religious leaders, and families, not in silos but in solidarity. It also requires more longitudinal research that centers the lived experiences of girls and follows them over time, mapping how early menarche influences self-image, academic trajectories, and relationships into adolescence. What begins as a moment of bleeding becomes, if mishandled, a source of psychic rupture. But when held within a net of informed, compassionate care, it can become a moment of grounding, connection, and strength. That possibility, still fragile in many contexts, is the horizon toward which this research aims.

### **Conclusion and Suggestion**

To conclude, early menarche among elementary-aged girls must be recognized not as a biological irregularity but as a deeply revealing developmental event that brings into focus how society prepares its children for embodied change. This study has shown that when menstruation arrives before it is culturally expected, girls often face it alone, navigating confusion, fear, and emotional vulnerability in environments that offer neither preparation nor protection. The silence that surrounds early menarche is not accidental. It emerges from inherited discomfort, institutional neglect, and a cultural habit of deferring conversations about the body until long after the body has begun to speak. What we see in the lives of these girls is not only the absence of information but the absence of accompaniment. Schools struggle to respond, families hesitate to explain, and community structures often reinforce taboos that leave children with no interpretive tools. Yet this same study also reveals something more hopeful. In moments when mothers offered reassurance or teachers responded with quiet understanding, the meaning of menarche began to shift. It was no longer only a source of disruption. It became something understandable, something manageable, even something quietly affirmed. These instances, though inconsistent, suggest that support

does not require perfection. It requires presence. It requires the willingness to speak when silence feels easier, to prepare even when timing is uncertain, to listen even when discomfort lingers. This research calls for a wider cultural transformation in how early puberty is approached, understood, and supported. Future studies should explore how early menarche shapes a girl's sense of self across time and how different cultural and institutional responses either soften or sharpen that experience. What is needed is not more surveillance of the body but more space for girls to be seen, heard, and held. This is not a burden to be carried by mothers or teachers alone. It is a shared responsibility across families, schools, communities, and policies. The way a society receives a girl in the moment her body begins to change will echo in how she learns to receive herself.

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