

BETWIXT GIRL AND WOMAN: A QUALITATIVE EXPLORATION OF HISPANIC
GIRLS' PERCEPTIONS AND VALUES ABOUT MENARCHE

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To the Dean of the Graduate School:

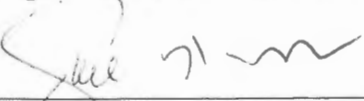
I am submitting herewith a dissertation written by Irasema Garcia entitled "Betwixt Girl and Woman: A Qualitative Exploration of Hispanic Girls' Perceptions and Values About Menarche." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Child Development.

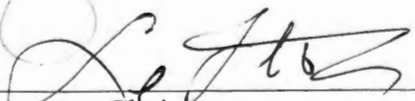


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We have read this dissertation and recommend its acceptance:








Department Chair

Accepted:



Dean of the Graduate School

DEDICATION

Dedicated to my parents, Rafael and Olidia,
who taught me my values, my work ethic,
and everything else that matters in life.

Dedicated to my siblings,
Anabel, Raquel, Juan, and Eduardo
for their love and support.

Dedicated to my loving husband, Genaro Martinez
for his unconditional patience, love, and support
throughout this process.

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I want to thank my husband who put up with me throughout my academic journey and has never once complained about the countless sacrifices and concessions. I am so grateful to have in him my best friend and my biggest cheerleader.

I acknowledge my sister Raquel, who encourages my efforts and believes in me, even when I am filled with self-doubt. I am grateful for her friendship and positive spirit especially at times when I am immobilized by exhaustion or petrified by fear. I could not be who I am without her love and encouragement.

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ABSTRACT

IRASEMA GARCIA

BETWIXT GIRL AND WOMAN: A QUALITATIVE EXPLORATION OF HISPANIC GIRLS' PERCEPTIONS AND VALUES ABOUT MENARCHE

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The purpose of this phenomenological study was to explore the perceptions and values about menarche of pre-adolescent Hispanic females within the framework of Victor Turner's (1969) liminal theory. An emphasis was placed on how each girl experienced the socialization process of reproductive education and how each girl experienced the liminal stage of pre-adolescence. The sample consisted of 12 pre-adolescent females of Hispanic origin recruited from an elementary school in a large urban school district in Texas. The researcher conducted two rounds of individual interviews and a focus group session utilizing open-ended questions and prompts designed to elicit the participants' knowledge, experiences, and values surrounding menarche. In the analysis, the participants' narratives revealed four themes: 1) *I Don't Know*; 2) *I Believe*; 3) *Between and Betwixt*; and 4) *I Recommend*. This study found participants received limited information regarding menstruation and widespread myths, negative feelings, and anxiety surrounding menarche and menstruation were evident. Participants identified mostly their mothers or maternal figures as their socializing agents, but some also mentioned female relatives and female peers. A social norm of privacy and secretiveness towards males was prevalent. Participants described menarche as a rite of

passage in “growing up” and as a catalyst for change in personal awareness and behaviors. Participants recommended preparing young girls for menarche to minimize anxiety. The findings of this study supported the benefits of developmentally-responsive reproductive education and of affirmative socialization of girls before and during the liminal event of menarche.

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CHAPTER I

INTRODUCTION

Menarche, the first menstrual period, announces a shift in the physical maturation of a young female. Menarche represents for many females an emotionally-charged event that is full of significance. This milestone often occurs during late childhood, prematurely stripping the female of her childhood status at a time when she is not yet an adolescent. The female finds herself between two stages of development without fully belonging to either stage. This produces feelings of ambivalence and contradiction. Thus, menarche is considered a transitional, liminal, or “between and betwixt” experience (Bettis & Mills, 2006).

Studies show that the early beliefs, attitudes, and values that girls assign to menarche can impact perceptions and attitudes about menstruation, body image, and sexuality across the lifespan (McPherson & Korfine, 2004; Rempel & Baumgartner, 2003). A positive perception towards menarche has been found to beneficially influence females’ later reproductive attitudes and adjustment (Lee, 1994; McPherson & Korfine, 2004; Stubbs & Costos, 2004). This correlation highlights the formative impact of menarche on future attitudes and behaviors about reproductive health.

Statement of the Problem

Statistics reveal a higher incidence in teenage pregnancy and sexually transmitted diseases in adolescents from racial and ethnic minority groups (Martino et al., 2008). According to the American Academy of Pediatrics’ Committees on Psychosocial Aspects

of Child and Family Health and Adolescence (2001), the majority of pregnancies in females between 15 and 19 years old are unplanned and approximately 30% end in abortion. In 2010, the pregnancy rate for Hispanic females ages 15-19 was 32%, as compared to 11% for Caucasian females in the same age group (Heron, et al.). The attitudes and values that girls form during pre-adolescence impact adult perceptions about menstruation and about sexuality in general (Bishop, 2000; McPherson & Korfine, 2004; Stubbs & Costos, 2004). This long-term impact underscored the need to explore Hispanic girls' process of acquiring knowledge, social norms, and attitudes about menstruation.

Historically, studies focused on the experience of menarche from the Caucasian American female perspective (Andrews, 1985; Beausang & Razor, 2000; Bishop, 2000; Britton, 1996; Burrows & Johnson, 2005; Costos, Ackerman, & Paradis, 2002; Frank & Williams, 1999). A void of research existed on diverse ethnic groups, particularly Hispanic American girls and their experience of menarche. It is salient to study this group because Hispanics represent the second fastest growing minority ethnic group in the U.S., and Hispanic girls are reaching menarche sooner than other ethnic groups (Chumlea, et al., 2003; Jean, Bondy, Wilkinson, & Forman, 2009).

This study explored the subjective experiences of Hispanic girls regarding their socialization surrounding the event of menarche. The attitudes and values that participants formed through these socialization experiences were examined. Knowledge and preparation about menarche were factors investigated in relation to their support of healthy sexual identities and attitudes. The participant recommendations for the education of young girls about menstruation were explored.

Statement of the Purpose

With Hispanic teenage pregnancy rates doubling the national rate, and with the lack of studies about the socialization process surrounding pubertal development for this culture, this study explored the phenomenon of menarche as experienced by Hispanic pre-adolescent females (Martino et al., 2008). The purpose of the current research study was to identify Hispanic girls' knowledge, attitudes, and sources of information regarding menarche before or at that developmental milestone to gain an understanding of the experiences and the socialization process surrounding this phenomenon. Participant narratives provided understanding about the transitional stage of pre-adolescence and informed those who offer preparation, education, and support regarding reproductive development to females and their families.

Theoretical Frameworks

Two theoretical frameworks guided the research questions and the study protocol. Phenomenological theory provided the methodological design for the research study, and liminal theory served as the conceptual model that facilitated understanding of the participants' transitional stage of pre-adolescence. The phenomenological approach framed the qualitative nature of the study design in the elicitation and analysis of the participants' subjective experiences of the phenomenon of menarche. Also, the concept of liminality or "between and betwixt" was used as the theoretical framework to explore the participants' transitional developmental stage and the cultural meaning tied to this event.

Phenomenology as a research approach was described by Moustakas (1994) as consisting of first-person narratives of life experiences obtained through conversations and interviews. This study sought to understand the “essence of the experience” of the girl participants (Moustakas, p. 21). The researcher served as a tool throughout the research process and used intuition and self-reflection rather than quantitative measurement instruments to understand the phenomenon of menarche (Moustakas).

In addition, the concept of liminality was used as the theoretical or “perceptual lens” to explore the experiences of the girls approaching menarche because menarche was an event characterized by ambivalence and transition. Victor Turner (1969), while studying rites of passage, defined the liminal person as “neither here nor there” and “betwixt and between” groups or stages (p. 95). Turner also explained that liminal individuals could sometimes belong to two or more groups (“marginals”) and were commonly shunned by those who were not in a liminal stage. A tenet of liminality that resonates with the experience of menarche and puberty is that liminal individuals are considered full of potential as they are soon to reorganize or transform into something new (Bettis & Mills, 2006). Similarly, the liminal experience of menarche is an event that holds much potential for female development because attitudes towards menstruation and sexuality seem to emanate from this experience.

Definitions

Specific terms and their contextual meanings particular to this study are defined to accurately understand the study:

1. For the purpose of this study, the term menarche was defined as “the first menses” (Andrews, 1985, p. 9).
2. Menses was defined as the flow of blood and cellular debris from the uterus that begins at puberty in females.
3. Pre-menarcheal was a term that used throughout the study to describe a female who had not reached menarche or who had not experienced her first menses.
4. Post-menarcheal was a term that was used to describe a female who had already reached menarche and had already experienced her first menses.
5. Puberty was used with particular reference to the female body changes that included menarche along with “growth of pubic and axillary hair, growth of breasts, and widening of the pelvic girdle” (Andrews, 1985, p. 9).
6. Menstruation was defined as the cyclical and periodic flow of blood and other tissue from the uterus that occurs in women after puberty and before menopause.
7. Menopause, as used in this study, referred to the permanent end of the menstrual cycle in females occurring approximately at age 51.
8. Period was used interchangeably with the word menstruation throughout the study and it was defined as the colloquial term for menstruation or an occurrence of menstruation.
9. Adolescent was used interchangeably with the word teenager and it was defined as a person ranging in age from 13 to 18 years old.

10. Pre-adolescent was used interchangeably with the word girls and for the purposes of this study it was understood to be a female ranging in age from 8-12 years old.
11. Hispanic was defined as a person of “Mexican, Puerto Rican, Cuban, Central or South American, or some other Hispanic origin. It should be noted that persons of Hispanic origin may be of any race” (U. S. Census Bureau, 2000).
12. For this study, the term liminality was derived from Victor Turner’s liminal theory or philosophy regarding a transitional period associated with rites of passage where the individual is said to experience a state of ambiguity (Bettis & Mills, 2006).

Researcher Perspective

The researcher brought biases or presuppositions to the research about the phenomenon being studied. Following the phenomenological research approach, the researcher clarified personal “values, beliefs, knowledge, and biases” before seeking to understand the phenomenon (Cutcliffe, p. 443).

The researcher was currently employed at a different site as a school counselor in the same district. This researcher’s experiences during a decade as a public school teacher and a school counselor have contributed to the formation of personal knowledge and individual beliefs regarding the phenomenon of menarche. The researcher believed menarche to be an experience characterized that heightened emotional maturity and female bonding and not necessarily a negative or anxiety-ridden experience.

As a researcher, my cultural background also deeply impacted personal values and beliefs. I am a as a Hispanic female and a first-generation immigrant of Mexican origin. My family moved to the United States shortly before I was born and my family's values and traditions are closely tied to the culture of rural Mexico. In my culture, females follow pre-defined matriarchal roles and enjoy status within the family structure.

I learned about menstruation from my two older sisters when I was approximately seven years old and was explained the process in terms of pragmatics (what to do when I started menstruating). In school, I received reproductive education (biological focus) from my classroom teachers and from books. When I was about 8 years old, I remember the teacher dismissed the boys to go to physical education class and kept the girls to talk about menstruation. This early socialization experience taught me to keep this information secretive with regards to male peers.

My personal recollections about menarche are not characterized as negative. I reached menarche at age 10 during the winter vacation (from school). I remember telling my oldest sister about it and she then told my mother. Both of my parents entered my room and addressed the topic very briefly by asking me if I knew what that (menstruation) meant. I answered that it meant I could have babies. They did not continue the conversation for much longer and exited the room. I recall their conversation, albeit brief, being friendly and comfortable. My sisters brought me sanitary pads and told me where to find some more. Later, I remember being filled with wonder regarding the emotional significance of the event. I also recall feeling ambivalence about what to call myself, a child or a young lady.

As an educator of 11 years, I hold the strong belief that all students (including males) should be educated regarding reproductive development in public school. I believe that abundant knowledge can inform a person's decisions and create healthier perceptions and behaviors regarding sexuality. I also believe the current state of reproductive education in public schools is tragic because from personal experience pre-adolescents are not receiving the information they need to readily adjust to pubertal changes.

Assumptions

Based on a phenomenological approach, researcher assumptions are clarified at the inception of the study. Some assumptions about this study included the following:

1. Early socialization experiences regarding pubertal development were important and formative in later reproductive health.
2. The researcher acknowledged that although she bracketed her own biases, her background and experiences contributed to the construction of meaning about the phenomenon being studied (Patton, 2002).
3. Each participant had a unique life history with varied experiences, perceptions, values.
4. The participants were willing to share their perceptions and beliefs and were honest about their experiences with the researcher.
5. Menarche was a difficult topic for the girl participants to discuss and thus required sensitivity and empathy from the researcher in the design and execution of the study.

6. Some of the girl participants may have reached menarche (post-menarcheal) by the time of the interview and some may have not (pre-menarcheal).

Research Question

Instead of starting with a hypothesis, the researcher started with a research question and worked towards uncovering patterns of meaning from the participants' experiences shared during the interviews (Denzin & Lincoln, 2008). In phenomenological research, Moustakas (1994) explained that the research question held "social meaning and personal significance" to the researcher. In accord with Moustakas's philosophy, this study's research question reflected the "interest, involvement, and personal commitment of the researcher" (p. 21). The research question that guided this study focused on the meanings or values the participants assigned to menarche. The central, overarching research question was: What are the prevalent cultural attitudes and social norms regarding menarche that Hispanic girls have, and what is the nature of those beliefs and values?

In addition, some sub questions branched out of the central research question:

1. What are the girls' levels of understanding regarding the biological function of menarche?
2. What are some of the expectations and perceptions that pre-menarche and post-menarche girls have regarding menarche, and when and how did these develop?
3. Are liminal attributes evident in the socialization process of menarche? If yes, how so?
4. What are their recommendations for the preparation of young girls for menarche?

Delimitations

The first delimitation of this study was that it included only females. The rationale for this delimitation was that the phenomenon being studied was menarche and the focus of the study was to gain first-person perceptions and values regarding this phenomenon.

The second delimitation was that the females invited for this study were in the 4th and 5th grade, otherwise known as pre-teens or pre-adolescents. The reason for this delimitation was that Chumlea, et al. (2003) found that 12.43 years was the median age of menarche in the United States and that “Mexican American girls were only significantly earlier than the Caucasian girls at 25%” (p. 110). Therefore, the participant sample of 4th and 5th grade females included some who were going to experience menarche in the future, or be considered pre-menarcheal, and some who experienced menarche recently, or were considered post-menarcheal. This way, the researcher insured that participants’ knowledge, expectations of menarche, and experiences regarding the socialization of menstruation was concurrent or recent and would not be affected by hindsight, such as in the case of retrospective studies.

Furthermore, this study included only girls of Hispanic descent living in a large urban city in Texas. Several studies elucidated that cultural beliefs and values influenced a female’s response to the event of menarche (Jean et al., 2009; Uskul, 2004). There was a void in the research literature regarding the experience of menarche among diverse ethnic groups, particularly Hispanic American girls, and this study sought to begin to fill that void.

Also, girls of mixed ethnic descent (Hispanic and other ethnic group) were not considered to participate in this study. The reason for this delimitation was that the study focused specifically on Hispanic girls' cultural attitudes and social norms. The perceptions and values of girls of mixed ethnic backgrounds might have reflected the cultural influences of their non-Hispanic backgrounds, and thus, fell outside the parameters of this study.

The purposive, convenience sample was drawn from an elementary school in a large urban school district in Texas. This delimitation was due mostly to logistical reasons. The researcher lived in the same city where the study took place and was employed as a school counselor at a different elementary school located about four miles away. The proposed site allowed the researcher for relatively easy access for the on-site interviews. Also, being familiar with the geographical area, the culture, and with the school district, helped the researcher inform the study results with contextual details and knowledge.

Summary

This chapter introduced this qualitative research study that explored the experiences and perceptions of menarche of Hispanic girls. The study utilized a phenomenological approach to elicit the participants' expectation or experience of menarche and utilized liminal theory as the theoretical "lens" to explore menarche as a stage of transition. The rationale for this exploration grew out of the historical lack of research that explored the contemporaneous experiences of Hispanic girls regarding the phenomenon of menarche. Furthermore, the research questions that guided the individual

interviews between the researcher and the female participants were presented in this section. Finally, this section presented the definitions, the researcher's perspective, the assumptions, and the delimitations of this study.

CHAPTER II

RESEARCH LITERATURE REVIEW

A survey of the research literature as it related to this research study is presented in this chapter. The existing research literature on the theoretical frameworks and the methodology used in this study was surveyed. Existing studies on the cultural implications and value systems involved in the developmental milestone of menarche were explored. Furthermore, studies about the girls' sources of information regarding menarche and the significance that the factor of preparedness played in the girls' development were presented. Finally, this chapter outlined the relevant literature on reproductive development education in public schools.

Theoretical Frameworks

Two theories framed the research study. The phenomenological approach was utilized to drive the interview and focus group methodology and to assist in exploring the experiences of the participants regarding the phenomenon of menarche. Liminal theory was used to inform the analysis of the data regarding the developmental stage of the participants.

Phenomenology

This study utilized a qualitative research approach. Qualitative research stresses the reality that individuals socially construct and the subjective meaning they assign to their lived experiences (Denzin & Lincoln, 2008). Phenomenology is a particular qualitative philosophy that focuses in the individual reality of lived experiences. The

beliefs and perceptions shared by the participants were related to the social, political, cultural, economic, and gender value system of each individual (Denzin & Lincoln). This study used a phenomenological approach to explore and to ground the phenomenon of menarche by uncovering themes in the participants' narratives (Giorgi, 2005).

A number of qualitative studies were found in the research literature that explored the event of menarche. Weisgarber and Osborne (1990) explored the menarcheal experiences of four Canadian females, ages 15, 17, 37, and 65 years using the phenomenological approach. Teitelman (2004) used a qualitative open-ended method to interview 22 adolescent females. The participant narratives revealed that preparation at menarche assisted in the females' adjustment to this event (Teitelman). Also, Uskul (2004) employed the focus group format to study the feelings experienced at the time of menarche by 53 participants from 34 different countries. The themes about menarche found in this research study were: "the importance of mother's reactions to their daughter's first menstruation, difficulties around understanding the meanings attached to menarche by others, managing menstrual products, as well as making sense of formal education related to menstruation, and the age of menarche" (p. 672).

Liminal Theory

In conjunction with the phenomenology approach, liminal theory framed the study methodology in the selection of participants who were in the developmental transitional stage of pre-adolescence. Menarche is a rite of passage event characterized by ambivalence and transition.

The literature review uncovered some studies where the researchers did not directly identify liminal theory as their theoretical framework, but named elements of this theory. For instance, Britton (1996) utilized an anthropological approach to explore menarche and found that menarche could be characterized as rite of passage in the life of the participants. Ruble and Brooks-Gunn (1982) found that menarche created feelings of ambivalence and confusion in young females. Weisgarber and Osborne (1990) concluded that menarche was a critical period in the initiation into womanhood.

Furthermore, Uskul's qualitative study uncovered rites of passage celebrated in different cultures when menarche was reached (2004). The participants in the study by Uskul disclosed that in "Zambia, the girls also get new pajamas, dresses, and towels and are kept home until their first period is over; they are not supposed to do any work and are treated like queens. In South India, a big celebration is organized for the menstruating girl. A lot of people are invited to the feast and the girl is given jewelry" (p. 676). Uskul also found that not all the rites of passage described by the participants were positive. For instance, "in Turkey a girl would get a slap from her mother or any other woman who is present at the time the girl starts menstruating" (p. 676)

Some researchers have explicitly identified liminal theory in their research and applied it to the adolescent stage of development. For example Nicol (2001) studied the "transitional experiences of adolescents crossing the bridge to adulthood" (p. 2). Nicol explored the narratives and survey results of a group of 12th grade students close to graduation and shortly after graduation. She found that graduating from high school could be characterized as a liminal period as this was a time of transformation and

uncertainty (Nicol). Furthermore, Torres (1994) also applied the theory of liminality to examine the stage of puberty. She proposed a model for creating and implementing modern rites of passage activities for females to facilitate their adjustment during the transitional stage of puberty (Torres). Torres's methodology included a 4-day retreat for 14-year-old girls and their mothers where the dyads were engaged in experiential and reflection activities to facilitate the female adolescents' gaining of status. Lastly, Apprey (1983) published an article proposing that liminality be considered when conducting psychotherapy with pubertal females to lend sensitivity to the therapist about the adolescents' affective (emotional) state.

Retrospective Studies

Most of the studies found in the literature focused on adult women's personal recollections of menarche and thus were retrospective in nature (Beausang & Razor, 2000; Bishop, 2000; Costos et al., 2002). For instance, Beausang and Razor (2000) took written recollections of menarche from 332 young women enrolled in a sexuality course in a community college in Midwestern United States. Similarly, Bishop (2000) explored the recollections of menarche of 100 young women ages 18-30 recruited through community centers and clinics. Costos et al. (2002) interviewed 138 women who ranged in age from 26 to 60 years. Moreover, Britton (1996) interviewed 20 women and explored how they had first learned about menstruation and the effect this experience had had on their lives. Also, McPherson and Korfine (2004) surveyed 327 college-aged women concerning their menarcheal experiences.

Quantitative Studies

Furthermore, a survey of the research literature found that the quantitative research approach was the preferred approach to examine the experience of menarche (Brooks-Gunn & Ruble, 1980; Brooks-Gunn & Ruble, 1982; Roberts, 2004). Quantitative measures were designed to collect information regarding menstruation in general, and not designed to elicit information about the process of socialization surrounding menarche.

For example, in 1980, Brooks-Gunn and Ruble created the Menstrual Attitude Questionnaire instrument to measure attitudes concerning menstruation, and since that time, studies have utilized this questionnaire in their exploration of menarche and menstruation in general (Bishop, 2000; Frank & Williams, 1999; McPherson & Korfine, 2004). Similarly, Koff and Rierdan conducted a number of prominent studies utilizing only quantitative measures such as multiple-answer questionnaires and Likert scales (Koff & Rierdan, 1995a; Koff & Rierdan, 1995b; Koff & Rierdan, 1996). Roberts (2004) created the Menstrual Self-Evaluation Scale to gauge women's attitudes and emotions toward menstruation using concepts such as self-awareness, shameful, life-affirming, and bothersome. Furthermore, Houston, Abraham, Huang, and D'Angelo (2006) used a 35-item survey to explore the prevalence of the menstrual-related morbidities and their relationship to the participants' expectations regarding menstruation.

Study Construction

Several elements of the current study were drawn directly from existing research literature. For example, the research sub questions and the interview questions were drawn from the existing seminal studies by Koff and Rierdan (1995a; 1995b) and from

the multidimensional conceptualization of attitudes about menstruation used by Brooks-Gunn and Ruble (1980) to develop their Menstrual Attitude Questionnaire. Some categories explored included: “beliefs about physiological concomitants of menstruation; styles of dealing with menstruation; menstrual-related effects on performance; and general evaluation of menstruation” (Brooks-Gunn & Ruble, 1980, p. 504).

Moreover, Koff and Rierdan (1995b) asked 224 sixth grade girls about their preparation for menarche, parents’ role, expectations, understanding, characteristics and psychological changes. In another study by the same researchers, Also, Koff and Rierdan (1995a) asked girls what they would recommend to prepare other young girls for menarche. This research inquiry was replicated as an element of the current study to inform recommendations for the preparation of young girls for menarche.

Furthermore, the present study explored the differences in attitudes and values between pre-menarcheal and post-menarcheal females. The idea that pre-menarcheal and post-menarcheal females may differ in their perceptions was explored by several researchers in the research literature (Rembeck, Moller, & Gunnarsson, 2006). For example, Rembeck et al. found that post-menarcheal girls had more negative attitudes towards menstruation than pre-menarcheal girls. Similarly, Frank and Williams (1999) studied pre-menarcheal and post-menarcheal females in the 5th, 6th, and 7th grades and found that females who reported having someone to talk to about menstruation also had higher affirmation scores.

Also, the present study’s methodology replicated the unfinished story prompts used by Moore (1995). In her study, Moore utilized qualitative and quantitative or mixed-

method analyses to assess the beliefs surrounding menarche of 86 girl Australian participants of around 11 years of age. A questionnaire that consisted (besides demographic data) of true-false questions and likert-type items was used to gather information about menstruation (Moore). In addition, a projective instrument that consisted of five unfinished stories relating to menstruation was completed by the participants (Moore). The present study replicated the unfinished story prompts from Moore with some minor changes to reflect cultural-responsiveness.

Cultural Implications

Cultural beliefs and values help create a female's response to menarche and menstruation by forming the perceptions developed by the female (Uskul, 2004). Social norms and values shape the way that the liminal experience of menarche is perceived by the developing female (Beausang & Razor, 2000; Britton, 1996). Thus, the values and perceptions a female acquires about menarche have the potential to positively impact other women's health issues.

Most studies found in the research literature have focused on the experience of menarche from the Caucasian American female perspective (Andrews, 1985; Beausang & Razor, 2000; Bishop, 2000; Britton, 1996; Burrows & Johnson, 2005; Costos et al., 2002; Frank & Williams, 1999). Teitelman (2004) conducted interviews with 22 girls living in the United States aged 14 to 18 years from various ethnic and socio-economic backgrounds, but none of them were of Hispanic origin. Only one study by Jean et al. was found in the research literature that focused on the experience of menarche from the

Hispanic American perspective. There were several studies that explored the construct of menarche as perceived by Mexican pre-adolescent girls living in Mexico.

One study found in the research literature that specifically addressed Hispanic American girls' perceptions and their level of preparedness regarding menarche was completed by Jean et al. (2009). In this Texas study, the researchers conducted focus groups with girls and their parents to find out about the family perceptions of menarche their personal experiences surrounding this event. The researchers found that "a gap in knowledge about the pubertal process" existed between the older and younger girls that participated in the study (Jean et al., p. 1210). This study also found that although both, fathers and mothers were involved in answering questions about puberty and development for the girls, mothers were the primary sources of information for the Hispanic girls (Jean et al.). However, the process of socialization regarding menarche and menstruation was not a question or a focus of that study (Jean et al.).

Maria Luisa Marván completed several studies that explored the experiences of Mexican girls with menstruation. All of these participants from these studies lived in Mexico and thus did not represent a Mexican American perspective. For instance, Marván, Vacio, and Espinosa-Hernandez (2001) used a quantitative survey to explore the beliefs of pre-menarcheal and post-menarcheal Mexican girls. The research results revealed an emphasis on the negative aspects of menstruation (Marvan, et al.). Furthermore, a larger study by the same researchers that compared pre-menarcheal girls from urban and rural parts of Mexico found that girls that lived in rural areas expected slightly more positive changes regarding menstruation (Marván, Vacio, & Espinosa-

Hernandez, 2003). Also, Marván, Vacio, Garcia-Yáñez, and Espinosa-Hernández (2007), using an unfinished story format, found that Mexican pre-menarcheal girls, living in Mexico, reported negative feelings toward menarche and menstruation and held a social norm of secretiveness towards males.

Blessing or Curse

The socialization process regarding menstruation takes place early during pre-adolescence. In the 1980s, and 1990s studies revealed that the beliefs about menstruation of pre-menarcheal girls were pre-dominantly negative (McKeever, 1984; Moore, 1995; Stubbs, 2008; Weisgarber & Osborne, 1990). Menarche and menstruation were ubiquitously characterized by ambivalence, concealment, and social uneasiness in studies with Caucasian participants (Beausang & Razor, 2000; Britton, 1996; Burrows & Johnson, 2005; Moore, 1995; Roberts, 2004; Stubbs, 2008). Furthermore, the majority of the studies on the subject indicated that the attitudes surrounding the phenomenon of menstruation were commonly permeated by feelings of shame and humiliation (Beausang & Razor, 2000; Britton, 1996; Burrows & Johnson, 2005; Costos et al., 2002; Roberts, 2004).

More recent studies, conducted after the year 2000, revealed transforming attitudes towards menstruation that were influenced by affirmative feelings surrounding the experience of menarche (Lee, 2009). These studies revealed that when a retrospective inquiry protocol was implemented, older women were more likely to report more negative experiences and attitudes surrounding menarche and menstruation when contrasted to the reports of adolescent girls (Teitelman, 2004). This result was confirmed

by Jean et al. (2009) who reported that mothers' recollections of their personal experience of menarche were more negative when compared to their daughters' described personal experiences with menarche. These studies may indicate that the attitudes and socialization practices surrounding menarche are changing.

Sources of Information

By the time a girl reaches menarche, her beliefs and values about menstruation are typically well-established (Brooks-Gunn & Ruble, 1982; Koff & Rierdan, 1996; Marván, Vacio, Garcia-Yáñez, & Espinosa-Hernández, 2007). Brooks-Gunn and Ruble studied the sources of information about menstruation over time (Brooks-Gunn & Ruble). The study revealed that the sources of information about menstruation were: “(1) females (girlfriends, female adults, sisters, and overheard conversations), (2) males (male friends, male adults, and brothers), (3) media (television, magazines, and books), (4) health (nurses and health education classes), and (5) parents and doctor (mother, father, and doctor)” (Brooks-Gunn & Ruble, p. 1571). The study found that the amount of information learned from various sources did not vary over time, but girls who learned more from male sources had a tendency to over-report the negative symptoms of menstruation (Brooks-Gunn & Ruble).

Furthermore, mothers, older siblings, or peers were the primary sources of information identified in various studies (Andrews, 1985; Bishop, 2000; Koff & Rierdan, 1996; Marván, Vacio, Garcia-Yáñez, & Espinosa-Hernández, 2007). Other sources for educational information and preparation about menarche and menstruation identified in studies were medical professionals, teachers, coaches, etc. (Kieren, 1992; Rembeck &

Gunnarsson, 2004). In one study, 67% of the female participants reported receiving information about menstruation from school nurses (Rembeck et al., 2006).

Moreover, media was also identified as a socializing agent regarding menstruation in several research studies. Simes and Berg (2001) examined menstruation product advertisements as socialization agents regarding menstruation and found that these advertisements helped to perpetuate negative social norms about menstruation such as concealment and shame. Kissling (2002) examined television and film as a source of information about menstruation and found that public or cultural messages about menstruation were largely characterized by pessimism and ridicule. Similarly, Erchull, Chrisler, Gorman, and Johnston-Robledo (2002) analyzed the contents of booklets from sanitary product companies used for educating young females about menstruation and found them to provide poor information about the menstrual process.

Importance of Preparation

Studies suggest that anxiety regarding menarche is decreased when girls have open communication with someone regarding their sexual development (Frank & Williams, 1999; Lee, 2009; Stubbs & Costos, 2004). When a source of information is lacking, females reported negative beliefs and elevated anxiety surrounding menarche and menstruation (Rembeck et al., 2006).

The perceived level of knowledge or mental preparedness reduced the negative perception and impact of menarche (Rierdan & Koff, 1990; Teitelman, 2004). Aside from ameliorating the immediate impact of confusion, a high level of preparation for menarche can also have long-term positive impact on a female's personal view of menstruation,

sexuality, and even menopause (Bishop, 2000; McPherson & Korfine, 2004; Rempel & Baumgartner, 2003; Stubbs & Costos, 2004). Andrews (1985) described menarche as a crisis in development in response to which girls may develop their own patterns of sexual behavior and contraceptive use (Andrews, 1985).

Rembeck and Gunnarsson (2004) found that active intervention in the form of timely education just before menarche created improved attitudes toward menstruation. Also, in their study, Koff and Rierdan (1995b) found that post-menarcheal girls strongly believed that preparation for menarche helped them better manage this event and also helped to decrease anxiety and other negative feelings. When asked by researchers, 157 female participants suggested that younger girls should be talked to about the “subjective experience of menstruation (how it would actually feel), while down-playing the biological aspects and the link between menstruation and self-definition as a woman” (Koff & Rierdan, 1995a, p. 805). In other words, the participants suggested that the information given to young girls about menstruation should include details that normalized the process of menstruation (Koff & Rierdan, 1995a).

Reproductive Health Education

A prevalent attitude of discomfort has continued to influence public policy in the form of educational codes that have restricted the implementation of sexuality and reproductive development curricula in schools (Kieren, 1992; Lindberg, Santelli, & Singh, 2006; Swenson & Foster, 1995). Reproductive health education can promote healthy behaviors and attitudes regarding sexuality.

Frank and Willson (1999) suggested reproductive health education programs in schools should include ongoing education that was comprehensive and that involved the girls' support system. Martino et al. (2009) suggested that parents and schools move beyond the "big talk" approach and instead provide repetitive communication about sexual topics and sexual development to circumvent risky sexual behaviors. Similarly, Kieren, (1992) also advocated a long-term supportive education approach that introduced the topic of reproductive development before reaching puberty. Diorio and Munro (2000) warned that repressed attitudes about reproductive education would damage "girls' self-image, their conceptions of their roles in society, and their development of positive attitudes towards their bodies and their sexuality" (p. 347).

Lindberg et al. (2006) explored surveys of adolescents and concluded that increased efforts were needed to increase "access to medically-accurate and comprehensive reproductive health information" in schools (p. 182). Swenson and Foster (1995) surveyed 39 school nurses and found that 85% reported boys and girls received instruction about reproductive development at their school but a mere "12% said all content was taught with boys and girls together" and nearly half, "41% said the content taught to boys and girls was different" (p. 678). Furthermore, only 28% of the nurses surveyed reported that parents participated in school educational activities related to menstruation (Swenson & Foster).

Summary

This chapter outlined the theoretical and methodological underpinnings of this study and examined the existing research literature regarding menarche including the

cultural socialization of menarche and the importance of girls' level of preparedness through parental, cultural, and educational socialization. The review of the research literature revealed that further qualitative research is needed to explore the subjective meanings and values that shape Hispanic girls' perceptions of menarche.

CHAPTER III

METHODOLOGY

This chapter explains the research design and procedures utilized in this study. A discussion of research data collection protocols, the sampling methods, protection of human subjects, and methodological rigor is presented. The purpose of this study was to examine the experiences of girls regarding menarche and gain some insight regarding the socialization process of assigning value and meaning to the phenomenon of menarche. This study was conducted utilizing a qualitative, phenomenological approach to elicit and analyze girls' descriptions of their personal experiences and beliefs regarding menarche and drew from a liminal theory or "between and betwixt" perspective to frame the phenomenon of menarche.

Research Design

A deficiency in the research literature existed in the area of Hispanic girls' acquisition of subjective values and beliefs which contributed to their individual understanding of menarche. The primary purpose of the research was to obtain girls' responses based on their individual understanding and meaning of lived experiences (Patton, 2002). Thus, this study utilized a qualitative, phenomenological approach to devise and direct the research methods and a liminal theory approach to understand the participant's transitional stage of pre-adolescence. The data regarding the menarche phenomenon for this study were gathered and analyzed using an open-ended interview protocol.

Before beginning the study, the researcher acquired permission from the institutions involved and from the participants' parents. After permission was granted from the university and the school district, all 4th and 5th grade girls in the after-school program at one elementary school in Texas received a brief explanation of the research study (Appendix A) and were given introductory letters (Appendix B), informed consent forms (Appendix C), participant assent forms (Appendix D), and demographic questionnaires (Appendix E). The girls were told to take these forms home to their parents and only the girls who returned the signed informed consent forms (Appendix C) could participate in the study.

The interviews were conducted face-to-face between researcher and each individual participant to facilitate and encourage discussion (Appendix F). The interview location and time was mutually-agreed upon by the researcher and the parents with convenience and ease for the participant as a priority. The interviews were audio taped with two digital voice recorders to provide back-up for the audio files. The purpose of audio taping the interviews was to ensure accuracy of data collection and to facilitate the flow of conversation by freeing the researcher from taking notes during the interviews. The maximum amount of time the interviews lasted were 45 minutes to prevent participant fatigue. After each interview, the researcher wrote down personal qualitative experiences and any additional questions or areas that needed clarification. These notes helped the researcher develop the content for the focus group discussions.

The focus group sessions were conducted with six participants at a time. The participants were randomly and spontaneously selected based on their availability (had

finished eating their snack) to join the focus group when the researcher arrived at the research site. The focus groups provided the researcher with participant feedback regarding preliminary impressions from the interviews and thus served as an opportunity for member checking. Member checking is the process by which the participants are presented with the researcher's interpretations of the data and they confer about whether the interpretations match their subjective or intended meanings (Patton, 2002). In addition, the focus groups also allowed the researcher to observe group interaction that mirrored "everyday discourses and conversations" regarding the socialization of menarche (Flick, 2002, p. 121).

Before beginning the interviews, the researcher contentiously informed the participants that not all the questions had to be answered. Each participant was told that she may decline to answer questions if she did not know the answer or if she felt uncomfortable answering the question. The second individual interview and the focus group session allowed for familiarity and trust to be built from one session to the next between the girl participants and the researcher.

Throughout the interviews, the researcher included spontaneous probing questions to elicit further details from the participants. Some of these probing remarks were phrased, "Tell me more about that", or "What else?" The participants were given enough time to think and respond to all the questions. In addition, at the end of the interviews, participants were asked if there was anything else they would like to comment, or anything that they thought the researcher should have asked, but didn't.

After data were collected, the parents of the females that participated in the interviews were invited to participate in an informational seminar about how to talk to their daughters regarding female sexual development. The seminar provided current research literature to inform parents about the importance of supportive education and preparation. This informational seminar was offered as a potential benefit for the families of the study participants, but was available for other parents if they wanted to attend. The protocol for the informational parent seminar was described in Appendix H.

Rigor

The researcher ensured qualitative rigor by vigilant and faithful portrayal of the participants' perspectives. Dependability and credibility was achieved by maintaining the integrity of the participants' voices (Moustakas, 1994). Some methods that lent qualitative rigor to this study were bracketing, triangulation, and member checking.

Bracketing

Clarification of presuppositions lent credibility by ensuring that the researcher beliefs were distinguished from girl participants and bracketed throughout the research. In phenomenological research, the term *epoche* refers to suspension of judgment to ensure that the participants' voices are heard (Moustakas, 1994). The process of *epoche* involved identifying and clarifying personal biases upfront and bracketing them "so that they do not influence the object of the study" (Lopez & Willis, 2004, p. 728). Bracketing involved suspending presuppositions and avoiding over identification during data collection and analysis. The researcher recognized personal experiences and differentiated those from participants' experiences. The researcher understood that the

participants' experiences could differ from personal experiences despite the similarities in cultural backgrounds. The focus group sessions served to ensure that the participants verified the researcher's preliminary interpretations. The researcher initially assigned equal importance to all the relevant participant narratives during the data analysis process. Furthermore, to lend transparency to the findings, the researcher supported all of the identified themes and interpretations using excerpts from the narrative data.

Triangulation

Triangulation during the collection and analysis of data added credibility to the research results (Denzin & Lincoln, 2008). Triangulation of data analysis for this study involved using different approaches and/or investigators to analyze the data without collaborating or discussing prior to interpreting or synthesizing the findings (Denzin & Lincoln). Thus, triangulation helped to counterbalance different sources or times of information against each other.

Triangulation during data collection. Triangulation during data collection involved collecting data on the same phenomenon from different sources or at different times. The researcher utilized several data collection points to allow for a rich cross-checking of data. These various data collection sources included two interviews with the same participant, two focus group sessions with different participants, demographic questionnaires filled out by parents, and one parent informational seminar. The second individual interview and the focus group session allowed for some clarification of data and for participant reflection from one session to the next.

Triangulation during analysis. A fellow doctoral candidate with knowledge of qualitative research methods served as a peer debriefer in the data analysis process. The peer debriefer was provided a hard copy of the transcribed interviews to be read and coded independently. The peer debriefer coded the data and then shared the results with the researcher following the peer debriefing protocol outlined by Denzin and Lincoln (2008). The peer debriefer results were compared to the researcher results and no major discrepancies between themes or categories were found.

Member Checking

Member checking was another technique that added credibility to this qualitative research study (Patton, 2002). The focus groups served as an opportunity for member checking. During the focus groups, the researcher asked the participants to clarify some noted initial impressions from the individual interviews (Appendix G). This gave the participants an opportunity to provide feedback and support or dispute the researcher's (initial) conclusions from the individual interviews. Moreover, informal member checking was a technique utilized by the researcher during the individual interviews and focus group sessions via the use of probing questions. These spontaneous probing questions such as, "how so?" or "why is that?" were used to elicit further details from the participants and to clarify the meanings of their responses.

In addition, participants were encouraged throughout the focus group sessions to freely ask questions to the researcher. Furthermore, at the end of the interviews and focus groups, participants were asked if there was anything else they would like to comment, or anything that they think the researcher should have asked, but didn't. These variations of

member-checking techniques allowed the participants to place themselves in the role of the researcher (become co-researchers). In this way, participants could identify areas or concepts that they wanted to explore or develop further.

Research Setting

Participants were interviewed twice on an individual basis and later in a focus group session (in groups of six for each session). The interviews occurred after school as the 12 participants were part of the “after school program”. The researcher obtained permission to use an available empty classroom at the school to conduct the individual interviews and the focus groups. The classroom was a room used by parent volunteers and contained only tables and adult chairs and had no student desks. Large windows lined an entire wall in the room. The windows had curtain valances to frame them. Plenty of natural light came in through the windows and the fluorescent lights in the room did not have to be turned on for the room to be adequately illuminated. A large refrigerator and a microwave oven were kept in the room as well.

The classroom door remained closed but unlocked during the interviews. The classroom door had a small square glass window that remained uncovered to provide visual access from the hallway into the classroom. The researcher ensured interruptions were kept to a minimum during the interviews by posting a sign outside the classroom door for staff, parents, and students to see that read, “Interview in Process, Please Do Not Disturb”.

When the participants entered the room, the researcher greeted them warmly and followed the interview protocol outlined in Appendix F to establish a level of comfort

and trust during the sessions. The participants sat in a chair across the table from the researcher and a single sheet of paper with the interview questions was kept on top of the table for reference as needed. The researcher explained the need for the printed questions to the girl participants. She said, “to remind me about what to ask you because I may forget”. The researcher audio taped the responses with two digital audio recording devices and did not take any notes during the interviews. The researcher explained the need for audio taping to the participants and made it clear that names would not be used during the interviews and only the researcher would have access to these recordings.

Population and Sampling Methods

This study employed nonrandom, purposive sampling methods by soliciting volunteer participants from a target location, age group, and ethnicity. The girls from a Texas school urban school district were verbally invited to participate in the research study. The information session helped the researcher present the purpose of the study and the possible risks and benefits. Parents gave permission via a consent form.

The females that were invited for this study were girls in the 4th and 5th grade, otherwise known as preteens or pre-adolescents. The rationale for inclusion/exclusion on the basis of age was discussed in the delimitations. Exploring current or recent experiences ensured that the perceptions and values of the participants were not affected by hindsight.

Some of the girl participants had reached menarche (post-menarcheal) by the time of the study and some had not (pre-menarcheal). The number of girls that were pre-menarcheal and post-menarcheal was not purposely selected. Instead the girls revealed

their menarcheal status after they agreed to participate and this demographic category reflected what naturally occurs in that sample of the population.

The participants' cultural background consisted of only Hispanic girls. The population of the chosen research site was made up of approximately 96% Hispanic students. This site was chosen to ensure a high likelihood of participant selection from this target ethnic group. In addition, when the researcher talked to 4th and 5th grade girls in the after school program to introduce them to the study and invited them to participate, the researcher informed them that the focus of this study was Hispanic girls.

The target sample size for this study identified by the researcher was 12-35 participants. The number of participants recruited from the research site hinged on the level of data saturation obtained from the participant narratives (Denzin & Lincoln, 2008). Data saturation consists of circular, spiraling, or similar themes becoming evident in the raw data. Thus, during the data collection process, the researcher continued to interview different participants until a point in which the data become redundant and additional interviews were not likely to advance the understanding of the girls' perceptions and attitudes regarding menarche (Denzin & Lincoln).

The level of data saturation obtained from the participant narratives typically determines the number of participants recruited for a study. However, in this study the permission letter secured by the researcher from the school district specified that only 12 participants total would be recruited from the elementary school. If the saturation point for the data had not been reached at 12 participants, this would have necessitated permission be secured from the school district to recruit additional participants. The

saturation point was reached at 12 participants and thus did not necessitate a request for access to additional participants from the school district.

Protection of Human Subjects

Working with human subjects requires observance of the highest ethical standards to protect vulnerable populations such as children. The researcher observed ethical standards such as informed voluntary consent, and confidentiality in the design and execution of this study. The purpose, potential risks, and benefits of the study were communicated to the participants and to their parent(s) in writing. An information letter and written informed consent letter in their native language was given to the potential participants to examine and review at their leisure (Appendices B & C). The participants' parents signed the informed consent to confirm that they understand the purpose, potential risks, and benefits of the study. The girls whose parents signed the consent letter were asked to sign the participant assent form (Appendix D). All participants were free to withdraw from the study at any time without penalty or repercussion.

A potential benefit to the research participants or their families was that after the data were collected, parents of the participants were invited to an informational seminar about how to talk to their daughters regarding their sexual development. The seminar used current research literature to inform parents about the importance of supportive education and preparation (See Appendix H for Protocol for Informational Parent Seminar). Furthermore, all study participants received a token compensation \$10 gift card to a local supermarket store.

Participants remained anonymous with their identity known only to the researcher. In order to ensure anonymity and protect participant confidentiality, only the primary researcher knew the identity of the participants. A number code was used to match the informed consent forms and demographic questionnaires to the participants. The list of codes was kept in a password protected computer file that could be accessed only by the researcher.

Moreover, only the researcher had access to the audio recordings. The participants' names were not used on the audiotape or the transcriptions. The interview transcripts, without any identifiable information, were viewed by another doctoral student during the data analysis stage to ensure credibility and accuracy of coding. The audio recordings, hard copies of forms and transcriptions, and the text files were stored in a locked filing cabinet in the investigator's home. The digital audio recordings and the text files were erased and the hard copies of the forms and transcriptions were shredded within 2 years of completion of the study. The results were presented in the study without a name or other identifying information.

Because the research involved a sensitive topic, the researcher took into account possible emotional repercussions of participating in the study. Before beginning the interviews, the subjects were reminded that they could stop the interview or skip a question at any time. In addition, the subjects were given a list of therapists in the area along with their copy of the informed consent (Appendix C). They were encouraged to consult with these mental health professionals for services if severe discomfort or emotional issues arose as a result of participating in the research interviews.

Instrument Design

To draw forth rich descriptive data from the participants and to inform the research questions, the researcher collected data for this study using parent demographic questionnaires, qualitative interviews, and focus groups. As discussed in the research literature review, concepts previously identified by other researchers were purposefully integrated into the interview questions and into the unfinished story prompts (Brooks-Gunn & Ruble, 1980; Koff & Rierdan, 1995a; Koff & Rierdan, 1995b; Moore, 1995).

The first open-ended interview consisted of questions regarding the girls' knowledge, socialization agents, personal beliefs, and cultural values regarding menarche. The second open-ended interviews consisted of unfinished stories that related to menstruation and were drawn from Moore (1995). Both of these interview formats were chosen to help facilitate understanding of participants' experiences and the cultural meaning they assigned to menarche and menstruation (Patton, 2002).

The central research question of this study was: What are the prevalent cultural attitudes and social norms regarding menarche that Hispanic girls have, and what is the nature of those beliefs and values? The first individual interview consisted of questions that directly correlated to the research sub questions. This relationship between research sub-questions and interview questions is outlined in Table 1. This study's research questions are presented on the left side of Table 1 and the individual interview protocol questions are presented on the right column of Table 1.

Table 1

Corresponding Interview Questions by Research Sub Question

Research Sub-Questions	Interview Questions
1. What is the girls' level of understanding regarding the biological function of menarche?	<ul style="list-style-type: none"> a. Tell me about menstruation or "period"? What is it? b. What is the purpose of having a period? c. What body organ does the blood come from? d. Does every woman get a period? (age range for menstruation) e. What are symptoms of having a period?
2. What are some of the expectations and perceptions that pre-menarche and post-menarche girls have regarding menarche and when and how did these develop?	<ul style="list-style-type: none"> a. When did you first learn about menstruation/ "period"? Tell me about that experience? Who told you and what words were used? b. What will you probably do when you get your period for the first time? <ul style="list-style-type: none"> o Will you tell anyone at home or at school? o What do you think that person will tell you? c. What are some feelings you have about your first period? What words come to mind?
3. Are liminal attributes evident in the socialization process of menarche? If yes, how so?	<ul style="list-style-type: none"> a. What are some things that having your first period will change for you, or what do you think you will learn from the experience? b. Do you consider yourself a child or an adolescent and how do you decide? c. What are some of the traditions or beliefs your family has about menstruation? Will your family celebrate your first period in any way? How so?
4. What are their recommendations for the preparation of young girls for menarche?	<ul style="list-style-type: none"> a. How would you recommend parents or other adults prepare young girls for the experience of menarche? b. How do you think adults should talk to girls about this subject? c. What do you wish you could find out or learn about getting your period?

If a girl has already reached menarche, the interviewer would ask the following question first (#1a), and then modify the interview questions to the past participle where appropriate (i.e. Tell me about your first period?)

Furthermore, the unfinished stories closely mirrored the unfinished stories used by Moore (1995) but were changed slightly to reflect cultural (Hispanic-American) responsiveness. The story completion prompts that were used in the current study were:

1. Sandra called Daisy to ask her to go swimming. Daisy has her period, what does she do?
2. Linda tells her mother she got her period for the first time. Her father comes into the room . . . What will happen now?
3. On the first day of her period, Janie usually feels bad. What is she probably feeling?
4. Joe loses a book belonging to Ana. Ana is mad at him. Joe says, “You are in a bad mood because you have your period?” What does Ana do?
5. Kimberly was standing at the bus stop when she noticed a couple of boys who seemed to be laughing and talking about her. She turned around to pick up her backpack and noticed a big reddish-brown stain on the back of her dress. What do you think happened next? How did it end?

These unfinished story prompts were considered projective because participants assigned or projected personal meaning to the story based on their own perceptions.

Thus, some of these stories could be categorized under different research sub questions

depending on the meaning projected by the participant. Table 2 shows how some of these unfinished story prompts align with this study's research sub questions.

Table 2

Corresponding Unfinished Story Prompts by Research Sub Question

Research Sub Questions	Unfinished Story Prompts
1. What is the girls' level of understanding regarding the biological function of menarche?	<ul style="list-style-type: none"> a. Sandra called Daisy to ask her to go swimming. Daisy has her period, what does she do? b. On the first day of her period, Janie usually feels bad. What is she probably feeling? c. Joe loses a book belonging to Ana. Ana is mad at him. Joe says, "You are in a bad mood because you have your period?" What does Ana do?
2. What are some of the expectations and perceptions that pre-menarche and post-menarche girls have regarding menarche and when and how did these develop?	<ul style="list-style-type: none"> a. Linda tells her mother she got her period for the first time. Her father comes into the room . . . What will happen now?
3. Are liminal attributes evident in the socialization process of menarche? If yes, how so?	None
4. What are their recommendations for the preparation of young girls for menarche?	<ul style="list-style-type: none"> a. Kimberly was standing at the bus stop when she noticed a couple of boys who seemed to be laughing and talking about her. She turned around to pick up her backpack and noticed a big reddish-brown stain on the back of her dress. What do you think happened next? How did it end?

Moreover, the researcher's first language is Spanish and respondents were encouraged to speak in the language of their choice. By using their primary language, the participants could supply a richer portrayal of their experiences because it allowed for cultural phrases and idioms to be expressed. This, in turn, provided the researcher a clearer understanding of the beliefs and values surrounding menarche.

Treatment of the Data

The participant consent forms were collected by the researcher. After a numerical code was assigned to each participant, the forms were locked for safekeeping until the conclusion of the study when they were submitted to the Institutional Review Board. Before beginning the first interview, the researcher assigned the participant codes and only used number codes to identify participants during the recordings.

The interviews were recorded with two digital recording devices to ensure that if one device failed, the other would serve as a backup. Before beginning each interview the device was tested for clarity and volume. After each round of individual interviews, the researcher audio recorded initial impressions or observations to help with interpretation and to provide context to the interviews. Furthermore, the researcher listened to the audio recordings after each round of interviews to generate follow up or clarification questions for the focus group sessions. The follow up questions relating to the interviews during the focus group sessions ensured accuracy in the interpretation of participants' intended meaning. This is known as member-checking.

Procedures for Analysis of Data

After the individual interviews were completed, the audiotape recordings were transcribed verbatim by the researcher. The content of the interview transcripts was carefully analyzed by the researcher to identify themes, relationships, or patterns that emerged from the raw data. Common or repeated words assisted the researcher in designating categories or themes to the data. These themes were further analyzed and synthesized to lend rigor and trustworthiness to the research results.

Various quotes from the participant responses that exemplified the different themes were presented in the data analysis and discussion sections of this study to help clarify the participants' beliefs and experiences. The themes that emerged from the interviews were compared between the two participant groups, pre-menarcheal and post-menarcheal girls to analyze for similarities and differences. In addition, the themes that were revealed through the data analysis were also compared to those themes found in the literature review to evaluate the experiences of the current study's participant group to the experiences uncovered by other researchers who explored the same phenomenon (Denzin & Lincoln, 2008).

Researcher Role

In the phenomenological approach, the researcher is the research tool and uses intuition and self-reflection to experience the phenomenon with the participants (Moustakas, 1994). Cutcliffe (2003) likened the process of reflexivity in qualitative research to the therapeutic counseling relationship. He proposed that empathy and transference of feelings between client and therapist during a therapeutic interview while

maintaining healthy emotional boundaries was similar to the reflexive process where the researcher impacted the research and vice versa while bracketing personal beliefs and biases (Cutcliffe).

As a counselor, the skills I learned in my training may have facilitated the research process in the form of rapport-building during research interviews. Transference is characterized by the assignation of feelings an individual may have for another person to the helping professional. The researcher shared the same cultural background as the female participants. This could have created a level of familiarity between researcher and participants. For instance, the researcher's physical appearance or mannerisms may have reminded the participants of someone they knew and thus they could have transferred feelings (trust, acceptance) they have about that person to the researcher.

Also, the counseling skills used to facilitate process groups were similar to the skills used to facilitate the research focus groups. In process group counseling, the focus is on the dynamics of interaction within the group members. The group setting is viewed as a microcosm of the interactional patterns that typically occur in the group members' lives. The facilitator is continually aware of the interaction between group members and uses these interactional patterns to understand the group members' approach to others. Similarly, during the study, the research focus groups gave the researcher the opportunity to observe the process of socialization between participants in action.

Trustworthiness

Multiple interpretations or truths can exist in the data as long as they are supported by participant narrative (Patton, 2002). If research conclusions or interpretation

were supported by text from the interview transcriptions, then these interpretations were deemed trustworthy (Patton). In this study, the interpretations made during data analysis were supported with examples from the transcriptions. Various quotes from the participant responses that exemplified the different ideas or themes and helped to clarify the participants' beliefs and experiences were included with the data analysis to support the interpretations.

The researcher asked a fellow doctoral candidate also of Mexican descent to independently analyze and code the data to ensure trustworthiness. After the second coder analyzed the data, these two syntheses were compared. The major themes and central concepts were noted by both the principal researcher and the second coder with no discrepancies. These differences between interpretations were discussed, and substantiated with data from other parts of the transcripts in order to reach a consensus supported by textual narrative references.

Reflexivity

In qualitative research, the "intimate relationship between the researcher and what is studied" is stressed (Denzin & Lincoln, 2008, p 14). However, it is important to know and understand that despite concerted objectivity and neutrality, the researcher's experiences were an inextricable part of the data collection and interpretation of the results, and in turn, the participants' beliefs also impacted the researcher's perceptions. This symbiotic process is known in qualitative research as reflexivity (Cutcliffe, 2003).

Summary

This chapter discussed the phenomenological methodology of this study. The Hispanic girls' values and beliefs regarding menarche were explored using several sources of data. The multiple data points that informed the research question included a short demographic questionnaire filled out by participants' parents, two face-to-face interviews with each participant, one focus group session, and an informational parent seminar. The two interviews included open-ended questions and a section of unfinished stories to explore the girls' attitudes about menarche surrounding specific constructs identified by other researchers. The data were analyzed by categorizing statements according to themes. An independent coder was utilized to lend trustworthiness to the findings.

CHAPTER IV

ANALYSIS OF DATA

The analysis of this phenomenological study on Hispanic girls' experiences and understanding of menarche are presented in this chapter. The data regarding the phenomenon of menarche was gathered using open-ended individual interviews and focus group protocols. Liminal theory was used as the theoretical "lens" to explore the experiences of the female participants approaching menarche who were "betwixt and between" stages of development (Turner, 1969). The researcher interviewed 12 female participants for the study. A description of the research sample, the process of data analysis, and the findings and themes are presented.

The context and essence of each participant's subjective experience was explored using a thick, rich description of their narrative. In phenomenological research, every statement regarding the phenomenon in the participants' narrative was treated as having equal value (Moustakas, 1994). Categories were then formed by grouping common statements from the narratives into themes. These themes were compared between the two participant groups, pre-menarcheal and post-menarcheal girls, to analyze similarities and differences in their "voices" (Moustakas). Attention was given to the sources of information and to their function as socializing agents which served to help construct the girls' perceptions of menarche. The significance that perception of personal preparedness played in the girls' development was analyzed. Furthermore, the themes from this study were compared to themes found in the literature review. The reason for this was to

evaluate the experiences of the participant group in this study in the context of the experiences uncovered by other researchers who explored the same phenomenon.

The central research question that guided the data collection and analysis asked, “What are the prevalent cultural attitudes and social norms regarding menarche that Hispanic girls have, and what is the nature of those beliefs and values?” Research sub-questions that branched out from the main research question included:

5. What are some of the expectations and perceptions that pre-menarche and post-menarche girls have regarding menarche, and when and how did these develop?
6. What are the girls’ levels of understanding regarding the biological function of menarche?
7. What are their recommendations for the preparation of young girls for menarche?
8. Are liminal attributes evident in the socialization process of menarche? If yes, how so?

Procedures for Collection of Data

All methods for research sampling and data collection were approved by the Texas Woman’s University Institutional Review Board and the Department of Accountability and Data Quality from the school district where the data was collected. A convenience sample was drawn from the “after school program” at the elementary school where the study took place. The school was chosen due to proximity to the researcher and the predominantly Hispanic student population.

Pre-adolescent girls shared their experiences and perceptions through one focus group session and two individual interviews that included unfinished story prompts and

open-ended questions. A brief demographic questionnaire was obtained from the parent(s) that inquired about each child's background and whether the child had reached menarche. Another data source was the researcher's field notes that captured observations, reflections and initial perceptions about the data.

Analysis of Data

The researcher transcribed the interviews verbatim from the digital voice recordings. The transcripts or raw data was then analyzed using a multi-level inductive approach consisting of note-making, category constructions, and inference of themes (Flick, 2002). A theme is a category or idea that is evident throughout the data and is central to the phenomenon being studied (Flick). Using an open coding method, common or repeated words assisted in forming preliminary categories (Patton, 2002). Using a selective coding method, commonalities and inferences in the initial categories were consolidated into themes (Patton).

A fellow doctoral candidate with knowledge of qualitative research methods served as a peer debriefer during data analysis. The peer debriefer read and coded the data independently and discrepancies were analyzed and discussed to arrive at common themes. Changes made during this stage of data analysis were incorporated into the findings section of this chapter.

Description of Research Site

The research site was an elementary school in a large urban school district in North Texas. The school serves grades 3rd through 5th and has a population of approximately 400 students. The school was established in the 1930s and is located in a

residential area that is approximately three miles from a major interstate and includes some warehouses due to its proximity to a small commercial airport. The research site is a “neighborhood school” as most students walk to school and don’t have to cross any major roads. Within three blocks of the school are a Boys and Girls Club, a middle school, a high school, and a public library. The neighborhood where the school is located consists of modest homes built in the 1930s and 1940s with several apartment complexes and a large government-subsidized housing complex built in the 1990s.

Participants underwent two individual interviews and one focus group session with six participants in each session. The 12 participants were part of the “after school program” which provides enrichment activities for students from 3:00 p.m. to 6:00 p.m. The interviews and focus group sessions occurred in an available empty classroom typically used by parent volunteers during the school day. All participants were present for the interview sessions.

Description of Sample

The demographic questionnaires yielded descriptive data for the participants. The data collected in these questionnaires included: date of birth, number of years child and parents have lived in the United States, free or reduced lunch eligibility (to determine SES status), parents’ age, parents’ ancestral origin, people the child resided with, whether the child had reached menarche, age of onset of menarche, and whether siblings (if applicable) had reached menarche and at what age. Also, the demographic questionnaire contained an open-ended question for the parent(s) to elaborate on their opinion of their child’s level of preparedness before reaching menarche.

Nine participants indicated having been born in the United States. All of the participants indicated that they received free or reduced lunch at school, which indicates a self-reported family income below federal poverty guidelines. All participants' parents identified Mexico as the country of ancestral origin. Nine participants indicated that their parents arrived to the United States as adults. These participants are considered first generation immigrants. Three participants indicated that their parents were born in the United States or arrived to the United States as children. These participants are considered second generation immigrants. This distinction between first- and second-generation immigrants is important because it denotes the level of acculturation of the family. Parents who are second-generation immigrants, ones who were raised in the United States, adopted the language and values of those living in the United States. First-generation immigrants arrived to the United States as adults and brought with them their language, values, and culture.

The demographic questionnaire revealed that eight participants lived with both parents, two participants lived with only their mother, and two lived with their grandparents. The ages of the participants ranged from 9 to 11 years with one participant being 9 years old, seven participants being 10 years old, and four participants being 11 years old (Table 3). Eight of the participants had not reached menarche and four participants had already reached menarche (Table 3).

Table 3

Participants' Age and Menarche Status

Participant	Age	Pre/Post Menarcheal
1	10	Pre-menarcheal
2	10	Pre-menarcheal
3	11	Pre-menarcheal
4	10	Pre-menarcheal
5	9	Pre-menarcheal
6	11	Post-menarcheal
7	10	Pre-menarcheal
8	10	Pre-menarcheal
9	11	Post-menarcheal
10	10	Post-menarcheal
11	10	Post-menarcheal
12	11	Pre-menarcheal

Furthermore, the demographic questionnaires filled out at the beginning of the study also provided information about the family composition and menarcheal status (Table 4). The demographic questionnaires revealed that two participants were an only child. One participant was the only female in her family (one older male sibling and one younger male sibling). Six participants were the oldest female among siblings.

The three remaining participants had older sisters and all three reported that least one older sister had reached menarche (Table 4). Within those three participants with older post-menarcheal sisters, only one had reached menarche herself (Tables 3 & 4). In other words only one participant reported that herself and her female sibling were post-menarcheal.

Table 4

Participants' Birth Order, Siblings' Gender, & Sisters' Menarche Status

Participant	Birth Order/# of Siblings	Sibling Gender & Pre/Post Menarcheal
1	First/3	F (Pre), M
2	Second/2	F (Post)
3	First/3	M, F (Pre)
4	Only	N/A
5	Fourth/5	F (Post), F (Post), F (Pre), M
6	Second/3	M, M
7	Only	N/A
8	First/3	M, F (Pre)
9	First/4	F (Pre), F (Pre), M
10	First/3	M, F (Pre)
11	Second/4	F (Post), F (Pre), M
12	First/2	M

Parental Contribution

The parents of the participants contributed to the depth and richness of the research data by completing a demographic questionnaire and answering an open-ended question regarding their perception of their daughters' level of preparedness for menarche. In addition, the parents also attended an informational parent seminar presented by the principal researcher. During this seminar, there was an exchange of ideas where parents listened to the researcher's presentation about how to talk to their daughter regarding menarche, and the parents also shared some of their views, ideas, and concerns regarding the topic.

Parent Perceptions Regarding Level of Preparedness

The demographic questionnaire asked parents if their daughter was prepared for her first menstrual period. There were four parents who answered no to this question, with 1 grandparent admitting not having talked to the granddaughter about it yet. This question was left blank in two questionnaires.

One parent indicated that her daughter might not be prepared because while talking to the daughter, the daughter: “takes it like something normal”. This parent perceived her daughter to be overly confident and thus not prepared. Another parent said, “A little prepared. I only explained what is in my reach. I don’t know how to tell her about those things.”

On the other hand, several parents felt that their daughters were prepared. One mother answered, “She was prepared (post-menarcheal). We had everything for them (pads). We all had talks with them. They have no embarrassment when it comes to talking with us, but I also think they were not prepared for the pain and feelings it also brings.” Another grandmother wrote, “I think my granddaughter is kind of scared and wondering how it is going to feel like. I have talked with her and I’m sure her mother has too. I think she is close to starting because she is having signs.” Another mother wrote, “Yes, I told her that after eight years old every woman’s body starts to change; every month she is going to get her menstrual period. And that she has to be careful.” Another parent said, “I think she is prepared because we have talked about her period and I give her confidence for her to talk to me about her things and have told her what to do when that moment comes. If it happens at school to go to the nurse’s office for them to give her

a pad, and if it is at home much better and being prepared (although I think that there are many feelings involved). For instance, one of her female cousins has explained to her how to put on a pad step by step.”

Parent Requests for Researcher

The researcher had contact with some of the parents of the participants during the informational parent seminar, which was conducted as a benefit for participating in the research study. During this meeting, a mother privately approached the researcher and asked for suggestions in helping her daughter be more comfortable with her body and the changes that were occurring. She mentioned that her daughter would wear a sweater or “hoodie” every day regardless of the heat outside which she suspected was due to her daughter being self-conscious of her developing breasts and of having to wear a bra. It was noted during the conversation by the parent that she did not feel equipped to teach her daughter and that she viewed the researcher as the possessor of knowledge.

Some parents that attended the seminar expressed the desire for their daughter to gain information regarding menarche via their participation in the research study so that they would not have to address this information themselves. After the informational parent seminar, another parent asked the principal researcher if the girls had already been “taught this” referring to the information shared with them via the seminar. The principal researcher replied that this information was being provided to the parents so that they could, in turn, talk to their daughter about it. One mother wanted to transfer the job of talking to her daughter to another entity and the researcher noted that this parent may have found it difficult to disseminate the information regarding menarche to her daughter

personally. This transferring of responsibility from the parent to the “expert” was also supported by the following parent’s response in a demographic questionnaire, “I think she is aware, but is not prepared for her period yet. Hopefully, this will give her a better understanding and prepare her for when that day comes.” This parent believed the research study would serve as an educational experience, where her daughter would gain information. The research study was explained in the informed consent to be a data collection event where the researcher would gain understanding of the participant’s values and perceptions regarding menarche. The informational parent seminar was explained in the informed consent as a forum for parents to gain ideas on how to talk to their daughters about reproductive development.

Research Question

The research questions guided the data collection and facilitated elicitation of meanings or values that each participant assigned to menarche. The central research question was: What are the prevalent cultural attitudes and social norms regarding menarche that Hispanic girls have, and what is the nature of those beliefs and values? The four research sub questions that branched out from the main research question were 1) What are the girls’ levels of understanding regarding the biological function of menarche? 2) What are some of the expectations and perceptions that pre-menarche and post-menarche girls have regarding menarche, and when and how did these develop? 3) Are liminal attributes evident in the socialization process of menarche? If yes, how so? 4) What are their recommendations for the preparation of young girls for menarche? Each of the study participants was presented with interview questions and unfinished story

prompts that related to the four research sub questions. Tables 1 and 2 in Chapter III outlined how each research sub-question correlated to the interview questions and to the unfinished story prompts.

Themes

The participants' responses to the interview questions and unfinished story prompts revealed the nature of their prevalent attitudes and social norms regarding menarche. After analyzing, coding, and synthesizing the data, the findings of this study uncovered several themes that provided a rich and deep understanding of the phenomenon of menarche as experienced by the participants. The themes and subthemes as they related to the research questions are discussed in this section.

In the analysis, the participants' narratives revealed four themes: 1) *I Don't Know*; 2) *I Believe*; 3) *Between and Betwixt*; and 4) *I Recommend*. The data on the biological functions of menarche revealed several sub-themes: a) *lack of knowledge* regarding menstruation; b) *widespread misinformation and myths* regarding menstruation; and c) *participants sought to obtain information* during the interviews. The research questions that explored the perceptions, values, and social norms of the girl participants uncovered the following sub-themes: a) the process of *socialization and perception development* occurred close to menarche and the socialization agents were mostly mothers or maternal figures, but also included female relatives and female peers; b) association of *negative feelings* and expectations associated with menarche; and c) a social norm of *gender exclusivity* where information about menstruation was only shared amongst females. The questions regarding liminal theory and menarche revealed the

following themes: a) *menarche was viewed as a threshold* in development or a *rite of passage* in “growing up”; b) menarche was a catalyst for a change *in personal behaviors*; c) *widespread ambivalence* in self-identifying as being more like a child or a young lady; and d) *lack of evident traditions or rites*. The participants’ recommendations for the education of young girls revealed several themes: a) *context of education* should consider age and timing of education in order to reduce anxiety; b) *content of information* should include biological information, pragmatic information, and a plan of action; and c) the preparation of young girls served as a *protective factor against anxiety and/or fear*.

I Don’t Know

The 1st research sub question was: what are the girls’ levels of understanding regarding the biological function of menarche? During the 1st individual interview, the participants were asked a series of interview questions designed to elicit information regarding their level of understanding of the biology of menarche and menstruation.

Every participant was asked:

- a. Tell me about menstruation or “period”? What is it?
- b. What is the purpose of having a period?
- c. What body organ does the blood come from? Does every woman get a period?
- d. What are the symptoms of having a period?

During the 2nd individual interview every participant heard some unfinished story prompts that were designed to present common misconceptions or myths and to reveal the participants’ level of knowledge. The participants were asked to complete the stories

by telling what would happen next. The following unfinished story prompts were presented to the participants:

- a. Sandra called Daisy to ask her to go swimming. Daisy has her period, what does she do?
- b. On the first day of her period, Janie usually feels bad. What is she probably feeling?
- c. Joe loses a book belonging to Ana. Ana is mad at him. Joe says, “You are in a bad mood because you have your period?” What does Ana do?

The theme that emerged through data analysis of this research sub question was *I Didn't Know*. The participant responses to this research sub question during both interviews and focus group session demonstrated that the participants severely lacked accurate biological and physiological knowledge or deep understanding regarding the basic process and function of menstruation. The participants' lack of knowledge caused rampant misinformation and produced anxiety and fear. Moreover, the participants used the focus group session as an opportunity to ask questions in order to discard myths and to learn more about menstruation. Table 5 outlines and explains the various sub themes under the theme *I Didn't Know*.

Lack of Knowledge

The research data revealed that the majority of the participants did not know the purpose for having a period. The few that could identify the purpose had only a superficial understanding. The data revealed that the participants did not know basic

anatomical terms. During the focus group process, the participants were uninhibited about asking questions to fill gaps in their knowledge or to debunk myths.

Table 5

Theme and Subthemes of Research Sub Question 1

Theme: <i>I Don't Know</i>	
Sub Themes	Explanation
a. Lack of Knowledge	<ul style="list-style-type: none"> • Biological function and process of menstruation • Anatomical terms
b. Misinformation & Myths	<ul style="list-style-type: none"> • Negative symptoms amplified • Body fat being part of menses • Peers and media as socializing agents • Anxiety-producing
c. Information-seeking Opportunity	<ul style="list-style-type: none"> • Questing on biology and function • Questions to discard myths

Definition of menstruation. The participants were asked to define menstruation or “period”. Two participants responded that they did not know what menstruation was. The other participant responses communicated an accurate, albeit limited understanding of what menstruation is. For example, some responses included: “It’s when blood comes out”, “When you just start bleeding down there”, and “You drip blood from your private part”. The following 2 responses demonstrated a lack of understanding: “Something that

is red and something that is like pee but it is especially red”, “It’s for girls to start something private”.

Biological function of menstruation. The participants were asked to describe the purpose for menstruation and were asked why women menstruated and not men. The majority of the participants (n=8) did not know the purpose for menstruation. For instance, one participant said, “I think women because boys and girls because mmmm... I don’t know”. Another participant said: “Because we are like women, and we got to have a period. . . It has no purpose”. Some additional inaccurate responses included: “Because girls take more care of themselves than the boys do...”, “It is all of that like body fat and our body is throwing it away”, and “so when you drink water you make some blood”. Only three participants had a *basic* knowledge of the function of menstruation:

Because men are not going to have babies, only the women

If you’re in your period you are not going to have no babies. I think that when women have babies . . . they tell me that they stop their period when they have babies; and the men don’t have babies

I think it is the just the blood the body doesn’t need. It gets it out of your body

Biological process of menstruation. The participants were asked at what ages a female menstruated. They were asked to identify a typical age to reach menarche and a typical age to reach menopause, or to stop menstruating. All participants estimated correctly regarding the typical age of menarche. They identified this range as 9 years to 13 years of age, with 10 years old being the identified by the most number of participants

(n=4). On the other hand, participants' estimates regarding the typical age of menopause were a lot more varied and inaccurate. One participant said that she did not know the answer to the question and asked to skip the question. The replies ranged between 21 years to 90 years of age. Only 1 participant identified age 50 (correct answer) to be the typical age of menopause.

Typical menses. The participants were asked to identify the typical number of days the menstrual flow lasted. The responses ranged from "three-four days", to "I think it never stops...or when you have a baby". Some participants estimated inaccurately that it may last "two weeks" and others said it may last "four or five months". However, the majority of the participants had an accurate estimate of four-seven days (n=5). These accurate responses included: "I think it is one week.", "probably five days", and "like four-seven days".

Typical cycle. The participants were asked to identify the typical length of the menstrual cycle. Inaccurate responses varied from "once a week", to "twice a month". However, the majority of the participants accurately identified a typical cycle being about 28 days. Typical responses were highly personalized descriptions of the day of the month and included: "on the 23rd of the month", "on the 1st of every month", and "a week before the month ends". A few participants used numerical values such as "29 days", or "in like 23 days".

Anatomical terms. The findings also revealed that none of the participants used anatomically-correct vocabulary none could identify the uterus by name when asked what body organ the blood originated from. The participants were also asked to name the body

organ that the blood originated from. None of the participants could identify the uterus by name, although one girl did allude to her grandmother having “taken it out”, but said she could not remember the name. The most popular inaccurate answer (n=4) of where the blood originated from was the stomach. Additional incorrect responses included: “inside of us”, to “our lungs”, to “our bladder”, and “our heart”. None of the female participants identified the word vagina by name and mostly used terms such as, “private part”, “part”, “your middle”, or “between your legs”. Overall, it appears these girls seem to have an extremely basic knowledge, or incomplete information.

Misinformation and Myths

The interview transcripts revealed a prevalence of misinformation and myths among many participants. Some misinformation or myths identified by the participants were harmless (except for the lack of factual information). On the other hand, some misinformation was the source of anxiety and negative perceptions for some participants. For instance, one pre-menarcheal participant shared that she was worried she would get pregnant after she reached menarche. Moreover, several pre-menarcheal participants believed that you could not exercise when you were menstruating or ride a bicycle. A post-menarcheal participant said that her mother took her out of boxing lessons after she reached menarche. A common misconception was that “whenever you start your period you are supposed to stay home” and not go to school. For example, when a participant asked in the focus group session a question regarding staying at home during menstruation, several participants responded affirmatively, and a post-menarcheal girl said “only for the first day”.

Harmless misinformation. Some misinformation that the girls identified was harmless. For example, one participant attempted to present an explanation for feminine discharge to another girl by saying, “You want to spit it out [phlegm] and you don’t and you swallow it and it comes down and out your private”. Additionally, some information that was accurate except for the fact that it was paired with menstruation. This information was considered harmless because it is considered factual, good advice even if a person is not menstruating. One such harmless advice received by a friend who had just reached menarche was, “take care and not let anyone hit my stomach”. Similarly, good advice shared by another participant: “Whenever you start your period you should drink water”. What made these pieces of advice misinformation was that they were explained as something to do because you are menstruating.

Body fat. Another harmless myth that was found several times throughout the transcript data dealt with body fat. This myth may have originated to explain the growth and reconstitution of the female body during puberty. The participant responses revealed that they believed “grease” was eliminated via the process of menstruation. One participant said, “she [cousin] told me well if you have it [period] you can lose more weight”. Another participant while suggesting how to talk to young girls about menstruation said, “Tell them it is nothing wrong it’s just that all that grease that you have is going out, and it’s nothing to be afraid of”.

Symptoms. The participant responses revealed that a gross exaggeration of negative, incapacitating symptoms of menstruation. Only one post-menarcheal participant said, “You don’t feel anything”. The majority of the participants (n=11), indicated pain or

discomfort as a typical symptom of menstruation. The symptoms ranged from feeling pain between legs, stomach ache, headache, and “cramps” identified as pain in your stomach area. Some sample responses were:

Her private hurts because she is in her period.

Probably feeling like a stomach ache or a head ache.

Cramps...Cramps are when you start hurting like right here by your stomach.

Cramps (*What does that feel like?*) Like your stomach doesn't feel good, it feels different than usual

Weak...you feel wet and your part starts hurting.

It changes their attitude. (*In what way?*) Sometimes they get like mad or frustrated they feel different.

Sources of misinformation. Some participants identified the media (in the form of television and movies) as a socializing agent for the myths regarding reproductive health and sexuality. For instance, one participant said, “I saw it in the movie that a man had a baby” and another participant mentioned a television show by name when referring to underarm hair. Others cited peers such as sisters, cousins, and friends. My cousin said “whenever you start your period you have to be careful because once you start your period you can have a baby”.

Furthermore, the socialization regarding a focus on the negative symptoms of menarche was described by two participants like this: “we were about to do laundry and my sister was on the chair and she was really crying because it hurt. I told her, ‘Just get up Anne it is not that bad’. She just kept up crying...so I learned that it really does hurt”,

and another participant said, “My cousin had her period and she said she had a headache, stomach ache, and also her [private] part hurt”. One participant said, “Well my cousin she’s eight or nine and she already went through hers and she said that she was screaming and that it hurt”.

Anxiety-producing. The myths and misinformation the girls absorb from media and peers help to foment fear and panic regarding menarche. Thus, when asked what feelings came to mind when they thought about menarche, anxiety and fear were the most common emotions that the participants associated with menarche. Additionally, one pre-menarcheal participant said that she was worried she would get pregnant after she reached menarche. Another participant was worried about starting her “period” in a public place and it just “comes out”. A peer responded, “Just go home”. Yet another participant responded, “It doesn’t come out like you are opening a faucet, you start leaking slowly”.

Information-Seeking

During the individual interviews, three participants articulated confusion about the physiological aspects of menstruation. When asked to elaborate about their confusion, they cited wanting to find out “how long it will last”, or when they “will get it”. Moreover, during the focus groups, some girls mentioned that the individual interviews had prompted conversations with their teachers and parents regarding menstruation. One participant said that after the interviews, “I told her [mother] what you [researcher] asked me and she talked to me a little more about it”. Another participant said, “I asked my

mother if there was anything I shouldn't eat and she said, 'no you can eat regularly'".

Another participant said, "I asked my teacher why we have a period and boys don't".

Furthermore, during the focus groups, many participants seized the opportunity as a forum to ask question. The participants asked variety of questions regarding the biological aspects of menstruation. After each question was posed, the researcher would echo the question and allow the other participants from the focus group to respond. Sometimes the researcher provided some additional information in the interest of accuracy. The questions participants asked during the focus group session were as follows:

Do all grownups [women] have periods? Even when you are an "abuelita"
[grandmother]?

Whenever you start a period do you lose blood? Do pads last for 3 hours?

How do you put pads on? Is it like it like a diaper? Does it feel comfortable?

So it does hurts...the period?

Is it true that when you are on your period you are always mad, you get mad
easily?

Can people exercise when they are on their period?

My cousin she says she saw a white thingy [discharge] and it feels funny. What is
that?

What if you are in a school and then you take off you pad and you dump it in the
toilet...if you put your pad in there wouldn't it flood? There are no trash cans...
so where do you put it?

If your stomach hurts when you start your period do you go to school or do you stay at home?

What happens if you get your period for the first time at school and you don't have pads?

What happens if you are like in a pool party and they don't have like restrooms and then you get your period and then it just comes out ... the period?

After noting all the questions the girls were posing during the focus groups, the researcher asked if the participants had been taught about menstruation at school. All of the participants exclaimed that they hadn't been taught anything regarding the topic at school. They emphatically indicated that they would like some education programs to exist in elementary school regarding their reproductive health. One research participant said that she believed that these programs did exist in middle school or high school.

I Believe

The 2nd research sub question examined the sources of information and the process socialization in the development of perceptions regarding menarche. It asked: What are some of the expectations and perceptions that pre-menarche and post-menarche girls have regarding menarche and when and how did these develop?

During the first interview, the participants were asked several questions regarding menarche. These questions sought to elucidate the main "socializing agents" and explore how perceptions were passed on (socialization process) to the participants regarding menarche. The participants were asked the following questions:

- a. When did you first learn about menstruation/ “period”? Tell me about that experience? Who told you and what words were used?
- b. What will you probably do when you get your period for the first time? Will you tell anyone? (At home or at school?) What do you think that person will tell you?
- c. What are some feelings you have about your first period, what are some feeling words that come to mind when you think of menstruation/period?

During the 2nd interview, one unfinished story prompt was designed to elicit information about the social norms and expectations surrounding menarche. The participants were presented with the following unfinished story during the individual interviews:

- a. Linda tells her mother she got her period for the first time. Her father comes into the room . . . What will happen now?

Furthermore, when participants were presented with the two unfinished story prompts below, some participants responded with information regarding their perceptions and values about menarche. Thus, although these prompts were designed to elicit information in other research categories, they will be included in this section because they yielded information regarding the participants’ social norms about gender:

- b. Joe loses a book belonging to Ana. Ana is mad at him. Joe says, “You are in a bad mood because you have your period?” What does Ana do?
- c. Kimberly was standing at the bus stop when she noticed a couple of boys who seemed to be laughing and talking about her. She turned around to

pick up her backpack and noticed a big reddish-brown stain on the back of her dress. What do you think happened next? How did it end?

The responses to these series of questions shed light on to the process of socialization and on the social norms and perceptions of the participants assign to menarche. The theme that emerged from the participant responses is *I Believe*. Table 6 outlines the various sub themes on the development of participant perceptions regarding menarche.

Table 6

Theme and Subthemes of Research Sub Question 2

Theme: <i>I Believe</i>	
Sub Themes	Explanation
a. Process of Perception Development	<ul style="list-style-type: none"> • Age of introduction • Socializing agents
b. Negative Feelings Amplified	<ul style="list-style-type: none"> • Negative feelings • Shame and ridicule
c. Gender Exclusivity	<ul style="list-style-type: none"> • Between girls only • Father and other adult males • Male peers

Process of Perception Development

Age of introduction. Different responses were given to the question, “When did you first learn about menstruation/‘period’?” Among these responses, were two girls who

did not provide specific ages and just replied with general statements like: “a long time ago”, and “I forgot”. The majority of the girls however, responded with specific ages or school grade levels. For example, 1 participant said that she had first learn about menstruation/‘period’ when she was in the 3rd grade (about eight years old). Also, five of the participants indicated that they were around nine years old when they learned about this topic by indicating the specific age (three participants) or saying that they were in the 4th grade (two participants). Finally, two participants indicated they were 10 years old when they first learned about menstruation.

Socializing agents. The person or entity that conveys the information, knowledge, and norms to the participants regarding menarche is known as the “socializing agent”. All 12 participants identified the mother (grandmother or aunt in maternal role in two cases) as the main “socializing agent” regarding menarche. Next, cousins (mentioned four times) and sisters (mentioned three times) were identified by the participants as the people that instructed them in the topic of menstruation. Finally, television, fathers and friends were also mentioned (two times each) by a few participants as “socializing agents”.

Different responses were given to the question: “Tell me about that experience? Who told you and what words were used?” The researcher noted the kind of information that was passed on (“socialization process”) to the participants. The responses given by the participants are as follows:

My mother said, ‘that is a woman’s period, when blood comes out’ (P 1)

I saw a red stain in my sister's pants. I asked my sister if she would explain it, and she started telling me, 'Like when you are big you have to have your period'. And like a lot of stuff like that. So, she said, 'all the women have it when they get big'. (P 2)

My cousin [told me]. She told me that when you get it my stomach is going to start hurting. That a lot of blood is going to start coming out. And that you cannot swim. That when you walk it might hurt a little...Also my aunt---And she told me to be careful...and if I don't want to tell my mom to just call her....I have talked to my mom a little bit. (P 4)

My sister [told me]...because there was blood in the restroom. She said that she was going to start her period. She said that it's like for girls that you are going to start your period if you are going to have a baby or not. If you're in your period you are not going to have no babies. (P 5)

The first time I got my period I went to the restroom. I saw it and I went and called my mom. When you saw it in the restroom I already knew what it was. I had already heard it from my cousins. I just knew I was starting. I already knew. I kind of felt like I was going to cry....My mom and my cousins taught me how to put the pad...how to put it on... My mom told me that I had to remember to take the pads when it starts and when it finishes. It's 'cause it starts and if finishes it starts and it finishes (*irregular*),... right now I haven't gotten it since January. (P 6)

My mom told me about starting my period... That whenever you start you are supposed to tell your mom so she can buy little pads... and you are supposed to take more care of yourself so you won't get hurt. Whenever you start your period it won't hurt you will just feel something go down. If you are in school just put toilet paper and go to the nurse. (P 7)

My cousin. She asked if I knew that I would be bleeding from my private part. I told her no and then I asked her why? She said, 'I am just telling you if you know you had your period'. My mom has talked to me a little bit about it... Whenever I feel bad she asks if I have been bleeding from my private part and I tell her no, then she tells me more about it. Also a friend ...she is my neighbor. She asked me if I had my period too, and she asked me if my stomach hurts a lot that means I am going to have my period... When you have a tummy ache and it stops then you get it. (P 8)

One night I overheard my mom talk about it...and once I saw the blood in the restroom and I asked her [mother] what it was and she explained it a little bit. She said, 'It something that happens to girls. All the blood that your body doesn't need your body takes it out'. When I got my period for the first time I went to the restroom and my underwear was reddish brown and I yelled for my mom and then she started explaining it to me what it was." (*Okay, what words did she use?*)
"Mmmm like it always happens it is going to be every month and I started crying because I didn't want it every single month. And she just told me I would get used

to it. Because it is the first month you don't feel very comfortable...and after that you will get used to it. (P 9)

My mom was explaining it to my sister when she had it and my mom told me to sit down and talk. I don't remember what words she used; I just remember my sister being nervous. And then I was changing in the morning, I put my pants and I was checking my belt until I saw a red stain and went back and I had blood. *So, what happened then?* I told my mom and she gave me the pad. *And what did she tell you?* In the morning she was explaining what was going to happen. And I went to school that day. *(What happened at school?)* I was nervous. I just told one of my friends that I trusted. *(Has she started her period?)* Yes. *(So, what did she say?)* She said to take care and not let anyone hit my stomach.” (P 10)

My sister started on the summer and so I knew about it and she told me about it. I asked my mom, ‘What is a period?’ ‘It’s when girls start bleeding from their middle. It’s not bad it’s just telling you that you are starting to be a woman.’ The first time I started it was at night. I saw the paper brown and told my mom to come see and she just told me ‘I don’t know just go to bed and see what happens the next morning because we don’t know if you are in your period’. The next morning I told my sister, ‘I think I started because there is blood in the toilet’. *(And then what happened?)* Me and my sisters were alone because my parents were at work. She called my mom at work and told her I started my period and during her lunch time she said I’ll be right there and then congratulations you are becoming a woman. My dad also said congratulations. They did not have too

much time because they only have an hour for lunch, but they were going to take me to dinner. Because any time a girl starts her period they should take them to dinner. (P 11)

First it was my cousin she was 13 she told me and then I asked my mom what it was and she told me. My mom used the Spanish words “te va a bajar la regla” and my cousin just called it period. .. My cousin told me that it’s a girl step in growing up and you like bleed from your private part. And my mom was like it’s also a step in growing up and there is nothing to be scared of because it happens to everybody. (P 12)

Negative Association

The majority of the participants described menstruation as an unpleasant or negative experience. Some participants said: “When I first got my period, I felt like I was going to cry”, “I started crying because I didn’t want it every single month”. Some research items were designed to explore the perceptions and feelings the participants possessed regarding menstruation.

Negative feelings. The participants were asked: “What are some feelings you have about your first period or what are some words that come to mind when you think if menstruation/period?” The participants identified their values and perceptions using feeling words. In addition to participants’ responses to this question, feelings words were extrapolated from the entire transcript data. The majority of the feelings articulated by the participants had a negative connotation. For instance, the words “frightened” or “scared” appeared 12 times throughout the transcripts. When asked to elaborate, one participant

said that she was scared because “it probably hurts”. Also, the participants expressed feelings of anxiety surrounding the topic of menstruation as the words “nervous” or “worried” appeared 11 times in the transcripts. The word “embarrassed” was mentioned seven times throughout the transcripts. The words unhappy or “sad” appeared five times in the interview transcripts. The word “confused” appeared three times, and the word “stressed” appeared two times. Finally, the girls also expressed the following words and phrases: “uncomfortable”, “feels nasty” when “wearing a diaper”, “disgusting”, and “gross”.

Shame and ridicule. Self-consciousness and paranoia regarding being ridiculed is a theme that emerged from the participant responses. For instance, one participant chose the word “worried” to describe her feelings about menstruation and explained that she worried because “maybe it [menarche] will happen at school and people will laugh”. Another participant said she would be embarrassed when she reached menarche, “Because they [cousins] are going to make fun of me that I am barely starting it”.

Gender Exclusivity

The participants also expressed a widespread attitude that could be characterized as being selective or feeling privileged to maintain information surrounding menstrual topics exclusively amongst females. For instance, one participant expressed an expectation of the experience of menarche as that of secrecy. She said that when she reached menarche she expected to tell her mother and when the researcher asked her what she thought her mother would tell her, the participant responded that her mother might say: “Don’t tell your dad or anything”. Throughout the research transcripts, the

participants expressed a need to keep the topic of menstruation “private” and between girls only. One participant said that the talks to girls about menarche should take place in a “in a secret place, private...cause you don’t want anyone to know”. Another participant said, “boys should not hear about it”. Another participant said, “I don’t think that you should talk about it because it should be between girls only and it involves your private parts”.

Between girls only. The researcher noted that in some instances, the participants seemed to enjoy having private knowledge that was not shared with boys. During the focus group session, ambivalence regarding boys learning about menstruation was expressed. Finally, the consensus became that the boys should know and that “moms should not tell them since they are little, they should tell them when they are grown”.

Interestingly, some participants said they would share information about having reached menarche with other females they trusted and would ask them to keep it a secret and “not tell anyone”. This sharing of personal information was sometimes described by the participants as a bonding experience and expression of trust between female peers. One participant said, “At school, I just told one of my friends that I trusted.” A different participant said that they would tell their friend and, “I would ask them not to tell anybody”. Another female participant described how telling her friend was a reciprocal demonstration of trust towards her friend: “I told my friend [I reached menarche] because she told me [before] that she was on her period...” (P 11)

Fathers. The following unfinished story was designed to elicit the participants’ values and perceptions regarding communicating with fathers about menstruation, “Linda

tells her mother she got her period for the first time. Her father comes into the room . . .

What will happen now?" It was interesting that some of the participants mentioned telling their father and yet other participants spoke specifically about keeping it a secret from their dad.

The participant responses revealed that six participants thought it was okay to talk to the father about menstruation, either in the story or in their personal life, and five participants felt that the father should not be part of that conversation and only the mother should be talked to. Moreover, one participant did not respond. Their responses were as follows:

No answer. (P 1)

They are all telling her because she is probably embarrassed. (*Okay, so is she going to talk to her dad about it.*) No. (*Do you think her dad knows about menstruating or period?*) I don't know. (P 2)

They will stop talking. (*So if it was you, would share with your dad?*) Mmmm (yes), I would tell him. (*Okay, but in the story Linda would not tell her father?*)

No. (P 3)

She might be frightened of her conversation with her father. (*So she would not want to talk to him about it?*) Uhuh (no). (*Do you think her dad should know about periods?*) No, probably. (P 4)

You should have privacy. (*Who should she with talk about it?*) Only her mom. (P 5)

She is going to stop talking . . . I think she is shy. (P 6)

Maybe the dad would be kind of like...maybe he would be like surprised. (*Would be okay for him to find out?*) Yes. (P 7)

Tell her mom and dad so they can talk about it. (P 8)

She will tell her father it's girl stuff. (*She would not share her experience with him?*) No, only with her mom. (*Do you think that fathers know about periods?*)

Yes, but I feel more comfortable talking to a girl. (P 9)

Maybe the father will ask what are they talking about. (*Okay, and what will happen next?*) Maybe the mother will tell her what will happen to her daughter. (*Okay, what will happen from there?*) Maybe he will try to help her. (*Like in what way?*) Like explain to her what is going to happen. (P 10)

She will tell him because he is the father. (*So Linda thinks it is important that her dad finds out?*) (Shook head yes) (P 11)

She is shy to talk about it. She will tell her mom and if her dad hears, she has to confront her fears and tell her dad. (P 12)

Male peers. Participant responses revealed ubiquitous self-consciousness regarding menstruation when dealing with male peers. An unfinished story prompt presented a boy who blamed a girl's anger on her period to deflect personal responsibility after losing a book belonging to the girl. The participants were asked what the girl should do. Some participants said they would seek adult help "tell somebody, an adult, or go home and tell her mother or father" because they felt boy was ridiculing or victimizing the girl. One participant said, "It is not okay to say that to a girl". One participant replied that the girl from the story felt "embarrassed" because the boy might tell others. Another

participant said that she would try to get the boy's cooperation and ask him not to tell anyone. Still other participants said they would ignore or deny his claims.

Another unfinished story prompt introduced a scenario where a girl noticed some boys laughing and discovered that she had a bloody stain on her clothes; the participants were asked to finish the story. Most girls expressed feelings of shame, embarrassment and anxiety when responding to this projective story prompt. For example, some responses to this prompt included feeling "bad" and that the girl would "start crying" because the boys were laughing. One participant responded to this unfinished story prompt saying, "she [girl in the story] just wants to run and hide".

Education for males. When the participants were asked if adult males knew about menstruation, their responses were mostly affirmative. For example, one participant said, "I think they already know when they have babies. Like my uncle, I think he already knows because he already has a little daughter (who is annoying)...he taped a video about his wife giving birth (made a screaming sound)...blood was coming out because the baby was coming out. And I went 'eww', why did you tape everything!" After thinking about the question for a while, another participant replied, "Maybe the [male school] principal does know because he had a daughter".

Similarly, during the focus group session, when the participants were asked if they thought male peers should be informed about menstruation, the responses were mostly affirmative. They gave the following supporting reasons: 1) "Yes. I think they should know because some girls start their period and maybe they wouldn't like worry if they [males] see your pad" and another participant said, 2) "Maybe they should know

about it already because sometimes girls get embarrassed about them [male peers] knowing...maybe moms should tell them [male peers] when they are grown. Not when they are little”.

Between and Betwixt

The 3rd research sub question examined liminal attributes evident in the socialization process of menarche. During the individual interview, every participant was asked several questions designed to elicit information regarding being “between and betwixt” stages and the concept of rites of passage (Turner, 1969). The participants were presented with the following questions:

- a. Do you consider yourself more a child or an adolescent and how do you decide?
- b. What are some things that having your first period will change for you, or what will you learn from the experience?
- c. What are some of the traditions or beliefs your family has about menstruation? Will your family celebrate your first period in any way? If so, what way?

The responses to these series of questions demonstrate that the participants viewed menarche as a cultural and social threshold and felt ambivalence between two stages. Interestingly, the participants identified several traditions or rites of passage surrounding menarche. The theme that emerged from the participant responses to this research sub question was *Between and Betwixt*. Table 7 outlines the various subthemes on liminality discovered through data analysis.

Table 7

Theme and Subthemes of Research Sub Question 3

Theme: <i>Between and Betwixt</i>	
Sub Themes	Explanation
a. Threshold in Development	<ul style="list-style-type: none"> • Cultural and social meaning • Socializing agents
b. Identity Ambivalence	<ul style="list-style-type: none"> • Biological changes • Behaviors • Serious versus carefree
c. Lack of Evident Traditions or Rites	
d. "Marginals" in Society	

Threshold in Development

Throughout the interview transcripts, when the participants were asked what menstruation was, their definition for menstruation was inextricably linked to "growing up". The girls assigned the meaning to menstruation as a threshold stage in the process of maturation. Several responses contained the phrase, "it's a step in growing up. This phrase "step in growing up" implies that menarche was perceived by the participants as an essential juncture in their development. For example, one participant said women "get

it [menstruation] to show they are growing up”. In addition, one participant said, “Because to them [parents], it is like I am growing up...like I am becoming a grownup”.

The cultural and social meaning of menstruation was mostly transmitted by mothers as the following responses exemplify:

One participant shared, “My mom was like, ‘it’s also a step in growing up and there is nothing to be scared of because it happens to everybody”.

One participant said, “Well, my mom tells me that I am a señorita, whatever.”

Another said, that she was told by her mother, “you are turning into a lady”.

When talking about menarche one pre-menarcheal girl said her mother might, “say that I am a big girl”.

In addition to mothers, other agents of socialization that also played a role in the participants’ meaning-making of menstruation included fathers, sisters, and cousins. For instance, some responses included:

My dad said that when girls have their period that means that **they** are turning into women.

My cousin told me that, ‘it’s a girl step in growing up’.

I asked my sister if she would explain it, and she started telling me, ‘Like when you are big you have to have your period’. And like a lot of stuff like that. So, she said, ‘all the women have it when they get big’.

Identity Ambivalence

Some participants were still evaluating if “growing up” was **what** they wanted to do. When participants were asked to self identify, there was a clear **ambivalence**

regarding this “crossing over” process. This sheds light to the process of liminality and being caught between and betwixt these two stages. When participants were asked if they were more like a child or an adolescent, half (n=6) of the participants replied that they considered themselves a child, and half (n=6) of them replied that they considered themselves an adolescent or a young lady. In some instances, ambivalence was evident in the middle of the interviews when asked to self-identify as belonging to either of these two categories. These moments of wavering opinion exemplified the concept of liminality as these girls were living between and betwixt two marked stages (i.e. girl versus woman) of development (Turner, 1969). For instance, a participant responded, “Like a young woman. *In what ways?* I think mmmm...a child more. *In what ways?* Because the way that I act... because if I...my mom says that I act more like a child; I am still a girl maybe I should... she said it anyways”. Another poignant example of the liminal process is the following response: “A young lady...No a kid! I decide being a kid, because I have a lot of fun and I am in 3rd grade ... I’ll be a teenager when I am 18”.

Biological changes. The supporting reasons for self-identifying as either a child or an adolescent included factual data such as age and biological or changes in their body. For instance, some typical responses involving age for self-identification as a child were:

I am more like a child...because I am not a teenager

‘Cause I am little

Because I am still not like [pause] in middle school

I don’t go to high school

On the other hand, some typical reasons for self-identification as an adolescent were the biological changes associated with puberty the participants were going through, including having reached menarche. One participant replied, “I am more like a young lady...because my body is changing.” Another participant responded: “I kinda’ feel older now that I have my period”. Another participant replied that she was more like a young lady because, “You shave your legs.... I have hairs but you can hardly notice them” (examining her leg).

Behaviors. Another category of reasons cited by participants for self-identification as a child or an adolescent, were their actions and behaviors. For instance, some supporting reasons for self-identification as a child included:

Because I am not big enough to make my own decisions

Because I play around

Because sometimes I throw tantrums when I get angry

‘Cause sometimes I have to go to bed early and stuff and teenagers just stay up and have fun

On the other hand, some reasons for self-identification as an adolescent included behaving more serious or having more privileges. For instance, 1 participant replied: “whenever I start my period I don’t act like I used to act”. Other participants responded, “I am more like a teenager...because I can’t be like a child anymore....I am not like my younger sisters anymore”. Moreover, specific changes in behaviors and actions were: “I think I act more like a young lady...because sometimes I help my mom cook and before I didn’t, and sometimes when I go on the weekends to my grandma’s house sometimes she

lets me wash dishes”, “like getting your nails done (pointing at someone’s nails)”, and “sometimes when you are little you don’t want almost nothing, but when you grow up you want anything...sometimes you like toys and now you like something else like iPods, phones, computers...and money”.

Serious versus carefree. The participants were asked by the researcher what things would change when they reached menarche. The girls used the word “serious” and “careful” to indicate concepts such as being somber and less carefree and being more aware of their body. Some participants viewed being a child synonymous with being carefree and “having fun”, while others viewed being a teenager/young lady as a positive due to having more privileges and more independence.

One girl referred to being more somber in her reply: “Like, be more serious about yourself... Not acting like a two year old”. Another participant replied, “That maybe I have to be more serious about yourself. (*In what ways?*) Like you are supposed to be more serious about yourself like whenever you start growing up you might like say you don’t want to play outside”. One girl participant described the following experience to stress the importance of being more aware of her body, “Whenever you start your period I think you should take care of yourself.” (*What does taking care of yourself mean?*) “Cause like the first time it was at night and it got to the sheets and my sister saw the blood. ...and my mother told me I needed to be more careful”.

Lack of Evident Traditions or Rites

When asked about any traditions or ceremonies surrounding the process of menarche, the majority of participants could not identify any. A few participants related

the word ceremony with celebration. For instance, one girl said, “maybe they will surprise me with a cake and other stuff ... I think they should like celebrate like giving me little stuff that you need for your period...like pads”. Another participant said that when she reached menarche, both her parents congratulated her and then celebrated by taking her “out to eat” to a restaurant. She added, “Because any time a girl starts her period they should take them to dinner”.

“Marginals” in Society

Victor Turner (1969) explained that liminal individuals could sometimes belong to two or more groups (“marginals”) and were commonly shunned by those who were not in a liminal stage. In the same way, adults had a hard time knowing how to treat them the post-menarcheal participants to better meet their needs. This was related to the experiences the girl participants shared regarding their school environments not being developmentally-responsive to their needs. The participants shared that the elementary school did not have trash cans in the girls’ bathrooms and the girls had to go through elaborate lengths to dispose of used sanitary pads.

I Recommend...

The 4th research question examined the participants’ recommendations for educating other young girls regarding menstruation. Particular attention was paid to the responses that listed suggested ages, the amount, the content, and the context for this education. The participants’ responses provided the researcher with information regarding what was valued by the participants in terms of preparation or planning for the event of menarche.

During the 1st interview and the focus group session, the participants were asked the following questions:

- a. How would you recommend parents or other adults prepare young girls for the experience of menarche?
- b. How do you think adults should talk to girls about this subject?
- c. What do you wish you could find out or learn about getting your period?

Furthermore, when participants were presented with a question about what they would do when they get/got their period for the first time, some participants responded with information regarding preparation. Thus, that question was included in this section because it yielded projective information about how to prepare young girls for menarche. The question read as follows:

- d. What will you probably do when you get your period for the first time?

During the 2nd individual interview, each participant was presented with the following unfinished story prompt regarding how to prepare a young girl for menarche or unexpected menstruation:

1. Kimberly was standing at the bus stop when she noticed a couple of boys who seemed to be laughing and talking about her. She turned around to pick up her backpack and noticed a big reddish-brown stain on the back of her dress. What do you think happened next? How did it end?

The recommendations the participants made to the researcher projected their own values and educational needs and revealed possible areas lacking in the participants' socialization process. The theme that emerged from the participant responses to this sub

question was *I Recommend*. Table 8 outlines the subthemes from the recommendations the participants made on this subject.

Table 8

Theme and Subthemes of Research Sub Question 4

Theme: <i>I Recommend...</i>	
Sub Themes	Explanation
a. Context of Education	<ul style="list-style-type: none"> • Amount of education • Age of introduction • Timing and format
b. Content of Information	<ul style="list-style-type: none"> • Biological information • Normalizing • Plan of action
c. Preparation as a Protective Factor	

Context of Education

The word “curious” appeared two times in the transcripts when girls were asked what feelings they had regarding menstruation revealing to a longing for more information on the topic. When the participants were asked how much information, at what age, and how adults should talk to young girls about menarche, they replied with suggestions about the context of the education that included amount, age, timing, and format.

Amount of information. Some participants articulated having received inadequate or not enough information from the socializing agents. For instance, one participant told the researcher during the focus group that the research study had sparked a conversation between her and her mother and that her mother had, “talked to me little more about it”. When she was asked if she felt she had gotten enough information, the participant replied, “Mmmm, No”. Wanting more information regarding the topic was a theme expressed throughout the participants’ narrative.

Consequently, the participant responses revealed that the girls preferred to get “a lot of information” about menstruation from adults. When asked how much information should be given to young girls, one participant replied, “1,000% information...a lot of it!”. Feeling prepared was a reason supplied for providing “a lot” of information. For instance, one participant said, “I think they should give a lot of information so they can feel more confident about having their period”. Similarly, another participant said, “they should give a lot of information so the girls won’t be scared and they will be sure it’s not something else”.

Age of introduction. When asked at what age adults should talk to young females about menarche, participants agreed that ages five and six was too young to talk. Another participant suggested that “they should talk to them before they start”. The most common age given by the participants was, “at least 10”. These responses may be due to most of the participants being around 10 years old and believing that at age 10 having knowledge about menstruation becomes more relevant, as it is an impending event in a young female’s life.

Timing and format. The participant responses revealed that the timing to have a talk with young girls should be chosen carefully. Participants recommended that parents should avoid choosing a time when the girl was sad or stressed and that the information should be given slowly and calmly. For instance, one participant recommended talking to young girls about menstruation, *not* “when she is sad, but when she is normal”. Another participant said and that “they should give information slowly, so she can understand the first time”. Similarly, one participant said, “Explain it like it is...calm, not just tell them ‘fix it’”. Another participant suggested allowing the girl to ask questions during the conversation.

Content of Education

When the study participants were asked what type of information they would recommend be given to young girls regarding menstruation, they replied with suggestions that included biological information and pragmatic information that would help normalize the situation and help the girls feel knowledgeable and prepared by the time they reached menarche. Moreover, having a plan of action was also a prevalent sub theme that girls expressed throughout the interview narratives.

Biological information. Participant recommendations for education for young girls included the biological function and process of menarche. For example, some responses were, “why you get your period”, “what is going to happen to their bodies”, and “how long does the cycle lasts”. These details were also some of the things that participants did not know during the interviews and later posed questions about during the focus group sessions.

Normalizing information. In addition, participants recommended that girls be taught the normal sensations and experiences of the event. Among participant responses were, “how it feels to have your period”, “What kind of things you are supposed to do and not do”, “Does it hurt”, “how does it feel like”, and “what color is normal...like with the pad, what color is normal...is it red or brown?”. Some of the participants articulated a lack of knowledge regarding how to put a sanitary napkin on and likened them to “diapers”. Thus, their recommendation for adults was to train young girls on “how to put on a pad step-by-step...like by pointing”.

Plan of action. When asked to make recommendations for talking to other young girls regarding menarche, the participants expressed that having a pragmatic plan should be a key component of such education. Some girls shared that they wanted to know in clear terms what to do and where to go in case “they started their period at school for the first time”. When asked to elaborate about feeling prepared, one participant said about her experience, “my sister was there and she was a lot of help”. All participants were asked, “What will you probably do when you get your period for the first time (at home or at school)?” Some participants answered to this questions regarding what they viewed as a plan of action. Some such responses were as follows:

I’ll tell my mom if it happens at home. Mmmm, she will ask me if it hurts. She will ask, ‘Do you want to go to the doctor to check me?’ and, if I am okay or if I am fine. I would ask the teacher to let me go to the restroom if it happens at school...I am going to tell the teacher if I can go to the principal’s office to call my mom. (P 1)

If it happens at school I will go tell the nurse that I started my period. She'll probably tell me something. (*Like what?*) Call your parents. (*And what would your parents do?*) Bring me pads and an extra pair of pants. (P 2)

If it happens at home, I will call my aunt and tell her to go to the store and buy me some of those, whatever they are called. (*Like sanitary pads?*) Yeah pads. (*What if you are at school?*) Tell the teacher if I can go to the office really fast to call my aunt. (*What would your aunt tell you?*) That, I think she would try to get here as soon as possible. (P 3)

If it happens at school I would call my mom to bring me a pair of pants. (P 5)

If it is at home, stop, sit there, and tell my mom and if I am at school put toilet paper and tell my teacher and she would send me to the nurse and they will call my mom. (P 7)

My mom told me about starting my period... She said, 'If you are in school just put toilet paper and go to the nurse.' (P 8)

My mom has told me if it's in school to go to the nurse's office and ask for a pad. And if it is in the house just tell her and if it's in school and I get my pad then tell her and she will go and buy some. (P 12)

Preparation as a Protective Factor

The participants cited the reduction of fears and anxiety as the main reason for educating and preparing girls for menarche. For instance, one of the participants stated: "because if they have it and their mom's haven't talk to them about it they would get really afraid and they would think it's something wrong with them". Another said they

should be given information regarding menarche, “so they won’t get confused and get the wrong idea about it and feel like scared because they might think they are the only ones having it and they might not talk to anyone about it”. Finally, another participant said they should get information, “so they will know what it is and not think they are dying or anything...when they start and they don’t know what it is”.

Furthermore, some participants suggested that the adults provide normalizing or reassuring information. For instance, they suggested that the mother share her own experience regarding menarche: “how it happened to the mother”. Another participant said, “I think they should just tell them it’s a step in growing up and they don’t really have to be afraid of it”.

Summary

This chapter presented a description of the research sample, the process of data analysis, and the findings. The raw data from 12 individual interviews, two focus groups, field notes, parent seminar, and demographic questionnaires was analyzed using an inductive or reductionist approach. Liminal theory was used as the theoretical “lens” to explore the experiences of the female participants approaching menarche who were “betwixt and between” stages of development (Turner, 1969). The themes that were uncovered helped understand the phenomenon of menarche and textual references were used to support the themes that emerged.

CHAPTER V

DISCUSSION OF FINDINGS

This qualitative phenomenological research study explored the perceptions and values about menarche of Hispanic pre-adolescent females within the framework of Victor Turner's (1969) liminal theory. An emphasis was placed on how each girl experienced the socialization process of reproductive education, and how each girl experienced the liminal stage of pre-adolescence. The research data was derived from four research sub questions. The research sub questions were:

1. What are the girls' levels of understanding regarding the biological function of menarche?
2. What are some of the expectations and perceptions that pre-menarche and post-menarche girls have regarding menarche and when and how did these develop?
 - a. Are the perceptions of pre-menarcheal and the post-menarcheal girls different or the same?
3. Are liminal attributes evident in the process of socialization of menarche? If yes, how so?
4. What are their recommendations for the preparation of young girls for menarche?

The participants' narratives, parent information seminar, and the researcher's observations yielded information regarding the phenomenon of menarche. A summary of the research study and a discussion of the findings are presented in this chapter. Also,

limitations of the study and implications are addressed. Furthermore, recommendations for educators, parents, and future research are proposed.

Summary of the Study

This study utilized a qualitative, phenomenological approach to explore Hispanic girls' knowledge, attitudes, and sources of information regarding menarche before or at that developmental milestone to gain an understanding of the socialization experience surrounding this phenomenon. The study targeted a population largely ignored by the literature to learn about the cultural attitudes and social norms that Hispanic females may have. The primary focus was the experiences of Hispanic females in the liminal stage of pre-adolescence.

A purposive sample of 12 pre-adolescent females of Mexican origin was recruited from an elementary school in a large urban school district in Texas. All of the participants indicated receiving free or reduced lunch which indicated the family income fell below the national poverty guidelines. The data-collection protocol utilized open-ended questions and unfinished story prompts designed to elicit rich, thick descriptions of the participants' perceptions and lived experiences surrounding menarche. Participant narratives were compiled from the two individual face-to-face interviews and one focus group session. Audio recordings of the interviews were transcribed and analyzed for themes and categories evident in the data. Methodological rigor was ensured via triangulation, member checking, peer debriefing, and bias clarification. Upon consensus, four themes and 12 sub-themes were identified in the participants' narratives and other research data.

Discussion of Themes

After analyzing, coding, and synthesizing the research data, several themes emerged. The themes and subthemes as they relate to the research sub questions were:

Table 9

Themes and Subthemes by Research Sub Questions

Research Sub Question	Theme
1. What is the girls' level of understanding regarding the biological function of menarche?	<i>I Don't Know</i> <ul style="list-style-type: none"> • Lack of knowledge of process and function • Widespread misinformation and myths • Information-seeking
2. What are some of the expectations and perceptions that pre-menarche and post-menarche girls have regarding menarche and when and how did these develop?	<i>I Believe</i> <ul style="list-style-type: none"> • Timing and socializing agents • Negative feelings amplified • Gender exclusivity
3. Are liminal attributes evident in the socialization process of menarche? If yes, how so?	<i>Between and Betwixt</i> <ul style="list-style-type: none"> • Threshold in development • Identity ambivalence • Lack of evident traditions or rites • "Marginals" in society
4. What are their recommendations for the preparation of young girls for menarche?	<i>I Recommend...</i> <ul style="list-style-type: none"> • Context of Education (timing, age, reason) • content (biology, normalcy) • preparation as protective factor

I Don't Know

The participant responses revealed a prevalent lack of knowledge regarding the biological function and process of menstruation. The participants did not use correct anatomical terms throughout the interviews. Misinformation and myths were rampant and the negative and debilitating symptoms of menstruation were amplified or exaggerated. The participants identified the media in the form of television and film as well as other female peers as the socializing agents of misinformation and myths. The lack of knowledge combined with the misinformation and myths fomented feelings of anxiety and panic regarding menstruation in the participants. Moreover, the participants used the focus group sessions as an opportunity to seek knowledge regarding the biology and function of menstruation and to dispel some myths demonstrating their desire for knowledge on the subject.

Lack of knowledge. The data revealed that participants had received limited information regarding menstruation. They knew only the basics: you will bleed from “your part”, it’s part of becoming a woman, it might hurt, and how to use a sanitary pad. However, the data revealed that the “specifics” about menstruation were not known. While some participants had a sense that the purpose of having a period may have been related to having babies, the majority really had no idea why females menstruated. The participants did not know how long the average menstruation cycle was and how long a typical menses would last. They also did not know the age range for menstruating in relation to the length of time in their lives (re typical beginning and end ages).

Misinformation and myths. The participants' beliefs and knowledge base was plagued by misinformation and myths. Some myths identified by the participants were harmless (except for the lack of factual information). One example was a belief that body fat was eliminated via the process of menstruation. This myth may have originated to explain the growth and reconstitution of the female body during puberty. On the other hand, some misinformation was the source of anxiety and negative perceptions for some participants. For instance, one pre-menarcheal participant shared that she was worried she would get pregnant after she reached menarche. Moreover, several pre-menarcheal participants believed that you could not exercise when you were menstruating or ride a bicycle. A post-menarcheal participant said that her mother took her out of boxing lessons after she reached menarche. A common misconceptions was that "whenever you start you period you are supposed to stay home" and not go to school.

Information-seeking. The participants had many questions regarding menarche: What will happen, when, and why? They seized the opportunity of participating in this research study on the topic, to gain more information. The participants took the opportunity to ask question as an open invitation to seek knowledge about the topic. The participants asked a variety of questions regarding the biological aspects of menstruation during the focus group session. After each question was posed, the researcher would echo the question and allow the other participants from the focus group to respond. The reason for opening the question to the group was two-fold, first the researcher was interested in observing the dynamics of peer socialization in action and second, to empower participants to share their experiences to help others better understand the phenomenon.

Sometimes the researcher provided additional information in the interest of accuracy and education when participants were reinforcing myths or providing incomplete or inaccurate information.

I Believe

The participants' perceptions and values were well formed by the time they participated in the study (age 8-10). The participants identified the socialization agents to be mostly mothers or maternal figures, but some also mentioned female relatives and female peers. The participants' responses expressed widespread negative feelings and a fear of shame and ridicule when discussing menarche and menstruation. A social norm of privacy and secretiveness surrounding menstruation was prevalent. Menstruation was a topic only to be discussed with other females and it should be kept private from males.

Timing and socializing agents. The typical ages the participants identified for first learning about menstruation/period were between 8 years old and 10 years old, with the most common response being 9 years old. For those girls who had already started their period, their experiences all seemed fairly similar (bathroom, blood, tell mom). All of the participants listed females (mother or mother figure) as the primary socializing agents. Other females listed as sources of information were a teacher, nurse, or counselor which they referred to with the pronoun "she" after asked to elaborate about the experience.

Negative feelings. Although none of the participants knew the organ where the menses originated from, mostly all of the participants expressed an exaggeration of the negative, incapacitating symptoms of menstruation. Thus, when asked what feelings

came to mind when they thought about menarche, anxiety and fear were the most common emotions that the participants associated with menarche. The participants were aware that blood was involved in menstruation and may have associated feeling physical pain with bleeding.

In addition, myths and misinformation the participants received from television, film, and female peers helped to foment fear and panic regarding menarche. Menarche was something to keep hidden or secretive because it was “embarrassing” for others to know about. This negative stigma was connected to an undercurrent of denial to avoid shame and ridicule.

Gender exclusivity. Privacy was a prevalent theme throughout the participants’ narratives. The participants clearly expressed delineations of gender roles as part of the social norms and values surrounding menstruation. Menstruation was repeatedly portrayed by the participants as an “all-female” topic. One that should be discussed only with other females, typically the mother.

Participants expressed a belief that menstruation should be concealed from males including fathers and peers. The participants’ comments about being shy and embarrassed denoted anxiety about involving the father in the conversation about menstruation. The researcher noted that in some instances, the participants seemed to enjoy having private knowledge that was not shared with male peers.

Between and Betwixt

Tenets of Victor Turner’s (1969) liminal theory are evident in the process of female development. The participants viewed menarche as a threshold in development

that would signify moving towards maturity and acting more serious and less carefree. They assigned cultural and social meaning to the experience of menarche by using words such as “a step in growing up”, becoming a “young lady” or a “senorita”. The participants demonstrated ambivalence regarding self-identifying as a child or as an adolescent or “young lady” and did not express any evident traditions or rites surrounding menstruation. Furthermore, the participants’ marginal stage of development or between and betwixt two stages of development created some challenges in their school environments designed to meet only the needs of pre-menarcheal girls.

Threshold in development. It appeared that some participants had the understanding that menarche was a rite of passage in “growing up” and that it lead to a change in their behaviors. They equated menarche with maturity and how they should act. Other participants focused more on the behaviors: what to do and what not to do both in their “normal” everyday behaviors, as well as those specifically associated with their periods (using pads, being “careful”...such as with the sheets).

Identity ambivalence. Some participants were in the middle of evaluating if “growing up” was what they wanted to do. When participants were asked to self identify, there was a clear ambivalence regarding this “crossing over” process. This shed light to the process of liminality and being caught between and betwixt these two stages. Half (n=6) of the participants replied that they considered themselves a child, and half (n=6) of them replied that they considered themselves an adolescent or a young lady. It was interesting that the majority of the participants that self-identified as a child did not use *not* having reached menarche as a reason to base their decision. The participants made the

determination about being a child based on age or on behaviors (liked to have fun, play, weren't allowed to stay up, threw tantrums). For the self-identified "young ladies" or teenagers, they based their decisions on pubertal changes in their bodies or on having reached menarche.

Lack of evident traditions or rites. When asked about any traditions or ceremonies surrounding the process of menarche, the majority of participants could not identify any evident rites or ceremonies in their experiences. The participants were selective and felt privileged in maintaining information surrounding menstrual topics exclusively amongst females. The researcher noted that in some instances, the participants seemed to enjoy having private knowledge that was not shared with boys. Perhaps the acculturation of secrecy and privacy surrounding menarche is a tradition in its own right.

"Marginals" in society. Victor Turner (1969) explained that liminal individuals could sometimes belong to two or more groups ("marginals") and were commonly shunned by those who were not in a liminal stage. In the same way, adults had a hard time knowing how to treat them the post-menarcheal participants to better meet their needs. This was related to the experiences the girl participants shared regarding their school environments not being developmentally-responsive to their needs. The participants shared that the elementary school did not have trash cans in the girls' bathrooms and the girls had to go through elaborate lengths to dispose of used sanitary pads.

I Recommend...

The participants recommended giving a lot of information to young girls regarding the topic of menstruation at an age of “at least 10” years old. They suggested parents should find a time when the young girl was not sad and should explain the topic slowly and calmly so the girl would understand. The participants recommended that the information contain biological facts and the pragmatics regarding what to do in case of an emergency to help the girls feel prepared, more confident, and to normalize the situation.

Context. While a few participants believed that the education regarding menstruation needed to be delivered in a “need to know basis”, the majority seemed to want information (and generally lots of it) in order to make it less scary and help to alleviate anxiety. Information would help them not to be surprised when they reached menarche. When asked at what age adults should talk to young females about menarche, participants agreed that ages five and six was too young to talk. Another participant suggested that “they should talk to them before they start”. The most common age given by the participants was, “at least 10”. Some participants said that they wanted the information to be presented “nicely” and “calmly” and allow the young girl time to ask questions.

Content. Participant recommendations for education for young girls included information about the biological function and process of menarche. For example, some participants wanted young girls to receive information about, “why you get your period”, “what is going to happen to their bodies”, and “how long does the cycle lasts”. In addition, participants recommended that girls be taught the normal sensations and

experiences of the event. This information would help the young girls normalize the situation. Other participants shared that they wanted to know in clear terms what to do and where to go in case “they started their period at school for the first time”. The study found that participants valued personal preparedness and having a pragmatic plan of action as a protective factor in the education of young girls regarding menarche.

Researcher’s Voice

The principal researcher has worked and lived in the school district where the interviews were conducted. Having been a school teacher and a school counselor for over 10 years allows the principal researcher to possess background knowledge and understanding of the culture and school system of the girl participants being studied. Furthermore, the researcher is a female of Mexican descent. Many of the researcher’s lived experiences are similar to the participants’ described experiences.

The researcher’s shared cultural background with the participants’ lent sensitivity during the collection and interpretation of the data and helped build rapport with the participants. The participants were allowed to speak Spanish to express their experiences during the interviews. This helped to build a relationship of trust and empathy that may not have otherwise existed between the participants and a researcher from a different cultural background. Even though the study involved a sensitive topic, the researcher did not have difficulty accessing to the sample and the volunteers for the study. This may have indicated the parents’ willingness to allow their daughters to participate in a study led by a researcher with similar background, norms, and values as their own. The level of comfort was evident in the participants’ openness and willingness to ask questions that

exposed their lack of knowledge and made them emotionally vulnerable during the focus group sessions. Some participants viewed self-disclosure as acceptable due to the level of comfort and rapport between the participants and the researcher.

Reflexivity Revisited

Reflexivity was defined by Cutcliffe as a process in qualitative research where “the researcher has an effect on the research and vice versa” (p. 136). The impact of the researcher on the research was explored in previous sections of this study but can never be completely understood. In qualitative research, the researcher makes personal biases explicit in the beginning of the research and then acknowledges any changes to these biases that may have been “prompted by his or her interaction with the research” at the end (Cutcliffe, p. 443).

The researcher was deeply impacted by the research as some of her beliefs and values were altered. For example, the research affirmed personal beliefs about the need for comprehensive, consistent education for all children throughout their public school career. In addition, the results of the study stirred up feelings of surprise and shock to find out how little the participants knew about menstruation and how they were not being taught the essentials of reproductive development at a stage when this information was most relevant. After conducting this study, I believe that the emotional (and potentially the physical) well-being of children was being sacrificed because sexual development was an uncomfortable topic for adults (educators and parents) to discuss. Also, discovering that the girls’ developmental need for trash cans in the bathrooms was not being met, generated feelings of outrage because a seemingly trivial detail for adults was

producing undue stress and discomfort for the girls. This situation also created for me an urgency to present the girls' voices via this study and tell their story to create awareness in educators and parents about this tragic situation that can be easily rectified.

Study Conclusions

The participant narratives revealed that they lacked basic understanding and knowledge about menstruation. The majority of participants at least knew that blood exited the body. However, their knowledge was extremely limited regarding the detailed aspects and functions of menstruation. This lack of knowledge did not seem to be a developmental issue (that they couldn't understand due to immaturity or other factor); rather, based on the data, the participants merely did not receive that information.

The participants acquired social norms from maternal figures (mother, grandmother, and aunt) as well as female relatives (sisters and cousins) and peers (neighbors and friends). Other sources of information identified by the participants were the school nurse, teachers, television, or film. The participants clarified that the information the school personnel provided them regarding menstruation was on informal question-answer terms, and not as part of a formal curriculum that would be delivered to all students. The participants did not cite the Internet or magazines as sources of information regarding menstruation or menarche.

Overall, anxiety and confusion were prevalent feelings expressed by the participants in relation to menstruation. The participants mentioned feeling "nervous", "worried", or "scared". These negative feelings partly stemmed from a lack of

preparation and information about menstruation in general, and partly from the socialization they had received which focused on the negative symptoms of menstruation.

The recommendations the participants made to the researcher regarding what and how to talk to young girls about menarche projected their own values and educational needs. Some of the needs projected by the participants included receiving a lot of information and learning about what sensations are “normal”. Other needs expressed by the participants were receiving information about what to do in case they reached menarche at school.

Participants stressed the idea that feeling prepared protected females from experiencing anxiety or shock when that moment (menarche) arrived. For example, the post-menarcheal participants that shared personal experiences of being somewhat prepared for menarche, expressed more confidence and more positive attitudes towards menstruation. On the other hand, the participants who revealed that they lacked information or knowledge regarding menstruation expressed more negative feelings including unhappiness about menstruation.

This study revealed that tenets of Victor Turner’s (1969) liminal theory were evident in the process of female development. The female participants viewed menarche as a threshold in development that would signify moving towards maturity and acting more serious and less carefree. Also, belonging to a marginal stage of development or existing between and betwixt stages created some challenges in the participants’ school environment which was designed to meet only the needs of pre-menarcheal girls.

Comparison to Existing Research Literature

In addition, when the current study's findings were looked at in relation to the larger body of research the themes revealed in this study matched those themes found in the literature review (Denzin & Lincoln, 2008). For instance, this study matched the majority of the studies on the subject which indicated that the attitudes surrounding the phenomenon of menstruation were commonly permeated by feelings of shame and humiliation (Beausang & Razor, 2000; Britton, 1996; Burrows & Johnson, 2005; Costos et al., 2002; Roberts, 2004). Similarly, the findings from this study were aligned with the studies from the literature review that revealed the primary sources of information were the mother, older female siblings, or female peers but included television and film (Andrews, 1985; Bishop, 2000; Kissling, 2002; Koff & Rierdan, 1996; Simes & Berg, 2001). Moreover, the findings of this study mirrored the studies that suggested anxiety regarding menarche is decreased when girls have open communication with someone regarding their sexual development (Frank & Williams, 1999; Lee, 2009; Stubbs & Costos, 2004).

Implications

The results of this study assisted in developing understanding about the phenomenon of menarche and menstruation and the socialization process involved. Victor Turner (1969) posited that liminal individuals were considered full of potential due to their imminent reorganization or transformation into something new. The liminal experience of menarche is an event that holds much potential in female development because attitudes towards menstruation and towards sexuality in general can emanate

from this experience. Thus, providing supportive education of females throughout their pubertal development can positively impact future reproductive health issues.

The impact of preparedness as a protective factor on other female reproductive health issues is important in posing recommendations for supportive education of females by family members or educators throughout their pubertal development. “Individuals and society benefit when children are able to discuss sexuality with their parents and/or other trusted adults” (National Guidelines Task Force, 2004, p. 20).

Implications for Parents

Some implications for parents of pre-adolescent females are that:

1. It is important for both parents to participate in ongoing supportive education of girls that is timely and repetitive.
2. It is important that the girls receive education that contains both, the biological function and process of menstruation, as well as the sensations that are normal.
3. It is important that parents prepare the young female with a pragmatic plan of action to help diminish fear and anxiety.
4. It is important that the negative symptoms of menstruation be balanced with discussions about menstruation being a healthy event or an indication of a healthy reproductive system.

Implications for Education

The state of education regarding reproductive topics is fragmented and lead by political dispute, yet the implications of improving our current health educational system are far reaching. It is suggested that reproductive health be a topic regularly and openly

addressed by the elementary school curriculum. Reproductive health, particularly the subject of menstruation, is not an ideologically or morally charged subject and *all* students can be educated about it as a preparedness and prevention factor.

Some ways to enhance menstrual education would be to:

1. Provide comprehensive, supportive education to all students including males regarding reproductive health.
2. Provide supportive education to parents regarding reproductive health and ways to talk to their children about such topics.
3. Ensure that supportive education is provided to females before they reach menarche.

Limitations

The sample size in this study limits the generalization of the findings. The sample is adequate for a qualitative study design, where the purpose is to gain a deep understanding of a phenomenon; however, only using 12 participants limits the generalizability of the study. The 12 female pre-adolescent Hispanic participants were purposively sampled to participate in the study. The participants were recruited only from the after-school program at the research site. The study's sample was self-selected and the participants who chose not to participate may have had contributed differing opinions and social norms regarding menstruation.

This study design only utilized member checking during the data collection period of the study. The researcher presented initial impressions and findings to the participants during the interviews and the focus group session to get clarification and feedback from

the participants. After the results were analyzed, the researcher did not utilize member checking by consulting with participants regarding accuracy of results.

Another limitation of the study was the word choice of one unfinished story prompt. The story prompt was taken directly from another research study by Moore (1995) and its purpose was to explore the depth of participants' knowledge regarding myths. The prompt read, "On the first day of her period, Janie usually feels bad. What is she probably feeling?" Thus, the question may have perpetuated an assumption that menstruating felt *bad* (symptoms). It is possible that if this story prompt would have biased the results and if worded neutrally, the participant responses regarding menstruation symptoms might have revealed something different.

The females who volunteered to participate in the study were representative of those willing to talk about the topic of menarche. This self-selection may have underrepresented those more reluctant to talk about menstruation. The volunteers' possible higher level of comfort regarding the topic may have created a positive bias in the findings. Thus, as a result of this self-selection a more affirmative perception of menstruation may have been reflected in the participant narratives than what actually existed in the target population.

Recommendations for Future Research

The results of this study illuminated several areas that could be examined further. Some recommendations for further research would be:

1. Combining quantitative and qualitative measures with instruments that might shed light on topics not shared by the participants during the study.

2. Including reflective journal entries as part of the study to provide the participants with privacy and time to reflect on experiences (metacognition) versus answering in real time during interviews.
3. Exploring the experiences of pre-menarcheal girls that lived only with their fathers to explore their socialization process.
4. Research the effects that a parent information seminar has on parent-daughter communication.
5. Giving a voice to pre-adolescent boys through a qualitative research inquiry about their perceptions and views regarding menstruation.
6. Providing an information seminar to teachers and other school personnel to promote attunement to the girls' needs in this liminal stage of development.
7. Exploring attitudes and norms regarding different types of sanitary products.

Throughout the research narratives the participants only mentioned sanitary pads and none mentioned tampons. It could be an age thing or maybe culture played a factor as well (i.e. tampons somehow affect virginity).
8. Studying the developmental-responsiveness of elementary schools to post-menarcheal females.
9. Studying high school girls' knowledge and experiences regarding reproductive education received at school and at home.
10. Studying both menstruation and body image of pre-adolescent girls. Some parents of this study mentioned the girls being self-conscious about pubertal body changes.

Recommendations for Parents

Research has indicated communication about reproductive health topics and sexuality are more fruitful in promoting future healthy behaviors when the communication is friendly, open, and supportive (Beausand & Razor, 2000; Costos et al., 2002). Parents are encouraged to be the first teachers regarding sexuality education for their children. Parents are encouraged to maintain open lines of communication with their child throughout the lifespan versus providing a one-time talk regarding reproductive health (Martino, et al., 2009).

Furthermore, using the information from media or other sources as “teachable moments” to bring up the topic of reproductive health and dispel myths or misinformation. This is a way parents can seize opportunities and counteract the confusing messages received by children.

Moreover, parents are encouraged to explore the developmental responsiveness of the school environment towards their daughters. Does the school where your daughter attends have trash cans in the restrooms? Is there a vending machine in the restroom that sells sanitary products in case your daughter unexpectedly starts menstruating at school? What is the teacher’s policy regarding the girls accessing their lockers on the way to the restroom, or taking a purse to the restroom?

Parents can also get involved in public policy decisions regarding reproductive health education and promote the open access to knowledge and factual information regarding reproductive health. Parents can consult with their child’s school to find out what type of education curriculum on reproductive health is being implemented, if any.

Parents are encouraged to review curricula and timelines to understand and reinforce the information the child is getting at school. This way, the reproductive education of the child is a collaborative and shared effort between the school and the parents.

Recommendations for Educators

This study contributes insight about the process of socialization surrounding menarche for those who provide preparation, education, and support regarding pubertal development to females and their families. Supportive involvement in the socialization of girls before and during the liminal event of menarche is paramount in promoting healthy sexual behaviors and attitudes. An ancillary finding of this study was that the female participants were not allowed to take their purse to the restroom which made it hard to handle an already difficult and secretive situation. Moreover, the elementary school where the research was conducted did not have trash cans in the restroom where the girls could dispose of used sanitary pads. School administration personnel are encouraged to be responsive to the developmental needs of maturing females and promote policies to provide trash cans in the restrooms of elementary schools. Menarche typically occurs between ages 10-12 in American females and Mexican American females reach menarche 25% earlier than Caucasian females (Chumlea et al., 2003). Therefore, a considerable number of girls (especially of Hispanic origin) will reach menarche while attending an elementary school.

Summary of the Chapter

The chapter discussed the findings of the research study on Hispanic girls' perceptions and values of menarche. Conclusions about the findings were made and

implications of the study on public health education were explored. Some recommendations were made for parents and educators to be better attuned to the needs of girls at this stage of development.

Summary of the Study

A limited number of studies existed on the contemporary experiences of young females regarding the socialization process of menarche. Limited studies were found that focused on Hispanic girls' qualitative experiences. This qualitative, phenomenological study explored the aspects of socialization of Hispanic girls at or close to the experience of menarche through the "lens" of Victor Turner's liminal theory. The findings of the study support the conclusion that affirmative involvement in the education and socialization of girls before and during the liminal event of menarche is paramount in promoting healthy sexual behaviors and attitudes.

REFERENCES

- American Academy of Pediatrics Committee on Psychosocial Aspects of Child and Family Health and Committee on Adolescence (2001). Sexuality education for children and adolescents. *Pediatrics*, 108(2), 498-502.
- Andrews, S. (1985). The experience of menarche: An exploratory study. *Journal of Nurse-Midwifery*, 30(1), 9-14.
- Apprey, M. (1983). Liminality as metaphor in adolescent psychotherapy and psychoanalysis. *Journal of Psychoanalytic Anthropology*, 6(1), 3-16.
- Beausang, C. C., & Razor, A. G. (2000). Young western women's experiences of menarche and menstruation. *Health Care for Women International*, 21(6), 517-528.
- Bettis, P. & Mills, M. (2006). Liminality and the study of a changing academic landscape. In V. A. Anfara, & N. T. Metz (Eds.), *Theoretical frameworks in qualitative research* (pp. 59-71). Thousand Oaks, CA: Sage.
- Bishop, T. A. (2000). *A qualitative study of young adult women's recollections of menarche*. Doctoral dissertation, The California School of Professional Psychology at Alameda, United States -- California. Available from Dissertations & Theses. (UMI No. 9945869).
- Britton, C. (1996). Learning about 'the curse': an anthropological perspective on experiences of menstruation. *Women's Studies International Forum*, 19(6), 645-653.
- Brooks-Gunn, J., & Ruble, D. N. (1980). The Menstrual Attitude Questionnaire. *Psychosomatic Medicine*, 42(5), 503-512.

- Brooks-Gunn, J., & Ruble, D. N. (1982). The development of menstrual-related beliefs and behaviors during early adolescence. *Child Development*, 53(6), 1567-1577.
- Burrows, A., & Johnson, S. (2005). Girls' experiences of menarche and menstruation. *Journal of Reproductive & Infant Psychology*, 23(3), 235-249.
- Chumlea, W. C., Schubert, C. M., Roche, A. F., Kulin, H. E., Lee, P. A., Himes, J. H., & Sun, S. S. (2003). Age at menarche and racial comparisons in US girls. *Pediatrics*, 111, 110-113
- Costos, D., Ackerman, R., & Paradis, L. (2002). Recollections of menarche: Communication between mothers and daughters regarding menstruation. *Sex Roles*, 46(1/2), 49-59.
- Cutcliffe, J. R. (2003). Reconsidering reflexivity: Introducing the case for intellectual entrepreneurship. *Qualitative Health Research*, 13(1), 136-148.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2008). *Strategies of Qualitative Inquiry* (3rd ed.). Thousand Oaks, CA: Sage.
- Diorio, J., & Munro, J. (2000). Doing harm in the name of protection: Menstruation as a topic for sex education. *Gender & Education*, 12(3), 347-365.
- Erchull, M. J., Chrisler, J. C., Gorman, J. A., & Johnston-Robledo, I. (2002). Education and advertising: A content analysis of commercially produced booklets about menstruation. *Journal of Early Adolescence*, 22, 455-474.
- Flick, U. (2002). *An introduction to qualitative research*. London: Sage.

- Frank, D., & Williams, T. (1999). Attitudes about menstruation among fifth-, sixth-, and seventh-grade pre-and post-menarcheal girls. *Journal of School Nursing, 15*(4), 25-31.
- Gearing, R. E. (2004). Bracketing in research: A typology. *Qualitative Health Research, 14*(10), 1429-1452.
- Giorgi, A. (2005). The phenomenological movement and research in the human sciences. *Nursing Science Quarterly, 18*(1), 75-82.
- Heron, M., Sutton, P. D., Xu, J., Ventura, S. J., Strobino, D. M., & Guyer, B. (2010). Annual summary of vital statistics: 2007. *Pediatrics, 125*(1), 4-15.
- Houston, A. M., Abraham, A., Huang, Z., & D'Angelo, L. J. (2006). Knowledge, attitudes, and consequences of menstrual health in urban adolescent females. *Journal of Pediatric Adolescent Gynecology, 19*, 271-275.
- Jean, R., Bondy, M., Wilkinson, A., & Forman, M. (2009). Pubertal development in Mexican American girls: The family's perspective. *Qualitative Health Research, 19*(9), 1210-1222.
- Kieren, D. K. (1992). Redesigning menstrual education programs using attitudes toward menstruation. *Canadian Home Economics Journal, 42*(2), 57-63.
- Kissling, E. A. (2002). On the rag: Menarche in film and television. *Sex Roles, 46*, 5-12.
- Koff, E., & Rierdan, J. (1995a). Preparing girls for menstruation: Recommendations from adolescent girls. *Adolescence, 30*(120), 795-811.
- Koff, E., & Rierdan, J., (1995b). Early adolescent girls' understanding of menstruation. *Women Health, 22*, 1-21.

- Koff, E., & Rierdan, J., (1996). Premenarcheal expectations and postmenarcheal experiences of positive and negative menstrual related changes. *Journal of Adolescent Health, 18*, 286–291.
- Lee, J. (1994). Menarche and the (hetero)sexualization of the female body. *Gender and Society, 8*, 343–362.
- Lee, J. (2009). Bodies at menarche: Stories of shame, concealment, and sexual maturation. *Sex Roles, 60*(9), 615.
- Lindberg, L.D., Santelli, J.S., & Singh, S. (2006). Changes in formal sex education: 1995-2002. *Journal of Perspectives on Sexual and Reproductive Health, 38*(4), 182-189.
- Lopez, K. A., & Willis, D. G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research, 14*(5), 726-735.
- Martino, S. C., Elliott, M. N., Corona, R., Kanouse, D. E., & Schuster, M. A. (2008). Beyond the "big talk": The roles of breadth and repetition in parent-adolescent communication about sexual topics. *Pediatrics, 121*: 612-618.
- Marván, M., Vacio, A., & Espinosa-Hernández, G. (2003). Menstrual-related changes expected by premenarcheal girls living in rural and urban areas of Mexico. *Social Science & Medicine, 56*(4), 863-868.
- Marván, M., Vacio, A., Garcia-Yáñez, G., & Espinosa-Hernández, G. (2007). Attitudes toward menarche among Mexican pre-adolescents. *Women & Health, 46*(1), 7-23.

- Marván, M., Vacio, A., & Espinosa-Hernandez, G. (2001). A comparison of menstrual changes expected by pre-menarcheal adolescents and changes actually experienced by post-menarcheal adolescents in Mexico. *The Journal of School Health*, 71(9), 458-461.
- McKeever, P. (1984). The perpetuation of menstrual shame: Implications and directions. *Women & Health*, 9(4), 33-47.
- McPherson, B.A., & Korfine, L. (2004). Menstruation across time: Menarche, menstrual attitudes, experiences, and behaviors. *Women's Health Issues*, 14, 193–200.
- Moore, S. M. (1995). Girls' understanding and social constructions of menarche. *Journal of Adolescence*, 18, 87–104.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- National Guidelines Task Force. (2004). *Guidelines for comprehensive sexuality education: Kindergarten-12th grade* (3rd ed.). New York: SIECUS.
- Nicol, J.E. (2001). "A slushy time": *The transitional experiences and changing images of adolescents crossing the bridge to adulthood*. Doctoral dissertation. University of British Columbia, Canada – Vancouver. Available from Dissertations & Theses. (UMI No. NQ71513).
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Rembeck, G. I., & Gunnarsson, R. K. (2004). Improving pre- and postmenarcheal 12-year-old girls' attitudes toward menstruation. *Health Care for Women International*, 25(7), 680-698.

- Rembeck, G. I., Moller, M., & Gunnarsson, R. K. (2006). Attitudes and feelings towards menstruation and womanhood in girls at menarche. *Acta Paediatrica*, 95, 707–714.
- Rempel, J. K., & Baumgartner, B. (2003). The relationship between attitudes towards menstruation and sexual attitudes, desires, and behavior in women. *Archives of Sexual Behavior*, 32(2), 155-163.
- Roberts, T. (2004). Female trouble: The Menstrual Self-Evaluation Scale and women's self-objectification. *Psychology of Women Quarterly*, 28(1), 22-26.
- Simes, M., & Berg, D. (2001). Surreptitious learning: Menarche and menstrual product advertisements. *Health Care for Women International*, 22(5), 455-469.
- Stubbs, M. L., & Costos, D. (2004). Negative attitudes toward menstruation: Implications for disconnection within girls and between women. *Women & Therapy*, 27(3), 37.
- Stubbs, M. L. (2008). Cultural perceptions and practices around menarche and adolescent menstruation in the United States. *Annals of the New York Academy of Sciences*, 1135, 58–66.
- Swenson, I., & Foster, B. (1995). Menstruation, menarche, and sexuality in the public school curriculum: School nurses' perceptions. *Adolescence*, 30(119), 677-685.
- Teitelman, A. (2004). Adolescent girls' perspectives of family interactions related to menarche and sexual health. *Qualitative Health Research*, 14(9), 1292-1308.
- Torres, C. B. (1994). *Modern rites of passage for adolescent girls (Midwifing the birth of the feminine)*. Master thesis. Institute of Transpersonal Psychology. United States -- California. Available from Dissertations & Theses. (UMI No. EP15316).
- Turner, V. (1969). *The Ritual Process: Structure and Anti-Structure*. Chicago: Aldine.

- U. S. Census Bureau. (2000). *Hispanic population of the United States current population survey definition and background*. Retrieved October 1, 2009, from <http://www.census.gov/population/www/socdemo/hispanic/hispdef.html>
- Uskul, A. K. (2004). Women's menarche stories from a multicultural sample. *Social Science & Medicine*, 59, 667–679.
- Weisgarber, J., & Osborne, J. W. (1990). Experience of menarche. *Atlantis*, 15(2), 27-39.

APPENDIX A

PROTOCOL FOR
ORAL INVITATION FOR GIRL PARTICIPANTS

PROTOCOL FOR ORAL INVITATION FOR GIRL PARTICIPANTS

Location: Invitation to participate will be held in the school auditorium with approval of after-school coordinator(s) and principal. Principal researcher will secure approval.

Time: Invitation to participate will take place during the after-school program. After attendance is taken and the students have eaten their snack, the 4th and 5th grade female students will be guided to go to the auditorium to meet with the principal investigator.

Timing: Invitation to participate will take approximately 10-15 minutes

Outline:

1. Introduce self
2. Introduce reason for being here “to invite them to participate in a research study”
3. Distribute copies of informed consent form to each student. Read “name of study” and “purpose of study” and allow time for questions .
 - a. Explain that the study will include only Hispanic girls
4. Describe study methods to participants
 - a. Girls will take the “Introductory Letter” and “Informed Consent Form” to their parents
 - b. If their parents sign the “Informed Consent Form” agreeing to allow them to participate
 - i. The parents will be asked to fill out a “Demographic Questionnaire” about the girls and their families
 - ii. The girls will be asked to read and sign a “Participant Assent Form”
 - c. Only the first 12 girls with all the 3 forms (Informed Consent, Demographic Questionnaire, & Participant Assent Form) completed will be asked to participate in the study
 - d. All the interviews will be conducted after school while the girls are participating in the after-school program
 - e. There will be two interviews that will not exceed 45 minutes
 - f. The girls will be asked to come back for a focus group session that will not exceed 45 minutes

5. Describe foreseeable risks, confidentiality
 - a. Explain to the girls that there are no foreseeable risks for them to participate in this study
 - b. Explain to the girls that their participation in the study, lack of participation, or their responses will have no bearing on their progress in school or in their participation in the after school program
 - c. Explain procedures in place to safeguard privacy with emphasis on how a special coding system will be used so their names will never be attached to the individual interview data
 - d. Explain that during the focus group sessions anonymity is impossible and confidentiality cannot be guaranteed
6. Describe potential benefits
 - a. Explain that participants who complete the study (2 interviews and 1 focus group) will receive a \$10 gift card to a supermarket
 - b. Explain that their parents will be invited to a seminar about how to discuss issues regarding female development with them
 - c. Explain to the girls that an indirect benefits for participating may be that the interviews might help them reflect on their experiences with menarche
7. Reinforce rights
 - a. Emphasize that I think it is an important study, but girls should feel no obligation to participate
 - b. Repeat that their decision will have no bearing on their status at school or their participation in the after-school program
 - c. Remind girls that they can discontinue participation at any time and for any reason
8. Details
 - a. Encourage girls to finish reading the “Introductory Letter”, “Informed Consent Form” and the “Participant Assent Form”
 - b. Encourage girls to take the forms to their parents and invite their parents to read over them
 - c. Invite questions from the girls and respond
 - d. Ensure that girls know where they need to go after the meeting and monitor their prompt arrival to their respective areas

APPENDIX B

INTRODUCTORY LETTER
ENGLISH AND SPANISH VERSION

Texas Woman's University
Early Childhood Development and Education Program
Family Sciences Department

BETWIXT GIRL AND WOMAN: A QUALITATIVE EXPLORATION OF HISPANIC
GIRLS' PERCEPTIONS AND VALUES OF MENARCHE

INTRODUCTORY LETTER

Dear Parent,

I am a doctoral student at Texas Woman's University College of Professional Education completing my research in Early Childhood Development and Education. The administration at FWISD has agreed to allow me to contact you and your daughter about collecting information for my major scholarly work.

I am studying the feelings, beliefs, and values of Hispanic girls in regard to the first event of menstruation. Your daughter is important to my research because she is typical of girls her age. She can participate regardless of whether or not she has menstruated.

In order to learn more about my topic, I am asking you, as a parent, to fill out a brief paper and pencil Demographic Questionnaire about your daughter. In addition, I would like to interview your daughter by herself. Furthermore, I would like to talk to your daughter about menstruation during a focus group with other girls. All the girls who choose to participate in the study will be interviewed in the spring semester of 2010.

Please read the enclosed Informed Consent to Participate in Research Letter. If you agree to allow your daughter to participate in the study, please sign the Informed Consent Letter. In addition, please find the enclosed Participant Assent Form. Have your daughter read this form and, if she agrees to participate, sign it and return it to me. Finally, please fill out the enclosed Demographic Questionnaire and return it to me along with the signed consent and assent forms. Only participants who have completed and returned forms can participate in the study.

Please place all of the completed forms in the enclosed envelope and give them to the after school program teacher. Thank you for your consideration.

Sincerely,

Irasema Garcia, B.I.S., M.Ed.

Texas Woman's University
Early Childhood Development and Education Program Family Sciences Department

CARTA DE INTRODUCCIÓN

Estimados Padres,

Soy una estudiante de doctorado en la universidad Texas Woman's University y estoy completando una investigación en el desarrollo de la infancia temprana y educación. La administración de FWISD me ha permitido ponerme en contacto con usted y su hija para recopilar información para mi mayor proyecto escolar.

Estoy estudiando los sentimientos, creencias, y valores de las niñas hispanas concerniente al primer evento de menstruación. Menstruación es el ciclo femenino que a veces se le llama el período o regla. Su hija es importante para mi investigación porque ella es típica de las niñas de su edad. Ella puede participar independientemente de si ella ha empezado su regla.

Para poder aprender más acerca de este tema, yo le estoy pidiendo a usted, como padre/madre, que llene un breve cuestionario de papel y lápiz acerca de su hija. Adicionalmente, me gustaría hablar con su hija a solas acerca de la menstruación. Además, me gustaría hablar con su hija junto con otras niñas acerca de la menstruación durante un grupo de enfoque. En el grupo de enfoque, su hija y otras niñas hablaran conmigo en más detalle acerca de la menstruación. Todas las niñas que elijan participar en el estudio serán entrevistadas durante el semestre de la primavera de 2010.

Por favor lea la "Carta de Consentimiento Informado para Participar en la Investigación" (2 copias) adjunto. Si está de acuerdo en permitir que su hija participe en el estudio, por favor firme una copia y quédese con la otra copia para sus records. Por favor devuélvame solo la copia firmada. Además, encontrará el Formulario de Aprobación de la Participante ("Participant Assent Form"). Pídale a su hija que lea esta forma y que la firme si acaso ella está de acuerdo en participar. Finalmente, por favor complete el Cuestionario Demográfico y devuélvalo con las formas firmadas de consentimiento y aprobación. Sólo participantes con todas las 3 formas completadas y entregadas participarán en el estudio.

Favor de poner todas las formas completadas en el sobre adjunto y entregarlas a la maestra del programa de después de escuela "After School Program". Gracias por su consideración.

Atentamente,

Irasema Garcia, B.I.S., M.Ed.

APPENDIX C

INFORMED CONSENT
ENGLISH AND SPANISH VERSION

TEXAS WOMAN'S UNIVERSITY
INFORMED CONSENT TO PARTICIPATE IN RESEARCH

Before you agree to allow your daughter to participate in this research study, it is important that you read and understand the following explanation of the purpose and benefits of the study and how it will be conducted.

Title of the study: Betwixt girl and woman: A qualitative exploration of Hispanic girls' perceptions and values about menarche

Principal Investigator: Irasema Garcia.....817.992.0410
Advisor: Karen Petty, Ph.D.940.898.2698
Texas Woman's University/Department of Family Sciences

Explanation and Purpose of the Research

You are being asked to participate in a research study for Ms. Garcia's dissertation at Texas Woman's University. The purpose of this phenomenology research study is to explore girls' perceptions of menarche commonly known as the first "period". In particular, this study will explore 4th and 5th grade Hispanic girls' understanding of and feelings about menarche at a time they are beginning to menstruate.

Research Procedures

For this study, parents will be asked to fill out a short questionnaire about your daughter and your family. Then, your daughter will participate in 2 face-to-face interviews. Later, your daughter will be asked to come back and be part of a focus group with other girl participants. The interviews and focus groups will be held after school in an empty classroom. During these sessions researcher will ask some questions that will be audio taped. The purpose of the audio taping is to insure the accuracy of the reporting of the information being discussed in the interview. interview or focus group session will not exceed 45 minutes.

Potential Risks

Potential risks related to participation in the study include loss of confidentiality, coercion, fear of retribution, fatigue, or embarrassment and/or emotional discomfort. The researcher will take steps to minimize each of these risks. A possible risk as a result of participation in this study is the potential release of confidential information and/or loss of anonymity. Confidentiality will be protected to the extent allowed by law. The researcher will not reveal participant names to anyone associated with Fort Worth Independent School District. Also, the interviews will take place after school in an empty classroom.

Parent/Guardian Initials

Also, the participants' names will not be used on the audiotape or the transcription. Rather, a number code will be used to match this informed consent and assent forms and demographic questionnaires to the participants. The list of codes will be kept in a password protected computer file that will be accessed only by the principal researcher. Only the Ms. Garcia will have access to the audio recordings. The audio recordings, hard copies of the transcriptions, and other research files will be stored in a locked filing cabinet in the Ms. Garcia's home and accessed only by her.

The design of the research study includes a focus group session, and due to the semi-public nature of focus groups, confidentiality or anonymity is impossible during that particular phase of the research study. Before beginning the focus group meeting, Ms. Garcia will ask that participants "keep the names of other participants private and the topics that are shared in the group within the group". However, confidentiality or anonymity cannot be guaranteed in a group setting.

The digital audio recordings and the electronic text files will be erased and the hard copies of the forms and transcriptions will be shredded within 2 years of completion of the study. It is anticipated that the results of the study will be published in Ms. Garcia's dissertation and may be published in a professional journal or presented at professional meetings. However, no names or other identifying information will be included in any publication.

Involvement in this research study is completely voluntary, and you or your daughter may discontinue participation in this study at any time without penalty. Whether you choose to allow your daughter to participate or not in this research project, her participation in any other school activities will not be affected. Your decision will have no bearing on your daughter's status at school or her participation in the after-school program.

If the participants experience fatigue or emotional discomfort regarding the interview questions, they may take a break (or breaks), "skip" or decline to answer any of the questions at any time. A referral list for available therapists will be provided with this consent form in case anyone continues to feel emotional discomfort after each interview and after the focus group session.

Also, participants may end the session at any time and for any reason without any consequence to them. The interviews or focus group session will not exceed 45 minutes to avoid fatigue.

The researcher will try to prevent any problem that could happen because of this research. You should let the researcher know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

A direct benefit of this study to you is that at the completion of this study an informational seminar will be held for the parents of the participants to discuss how to talk to your daughter about her development. Also, your daughter will be given a \$10 gift card to a supermarket for her participation in the research study.

Questions Regarding the Study

If you have any questions about the research study you may ask the researcher or her advisor; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this study or the way this study conducted, you may contact the Texas Woman's University of Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu. You will be given a copy of this consent form to keep.

Participant (daughter's) name

Your signature below indicates that you agree to allow your daughter to participate in this study.

Signature of Parent or Guardian

Date

If you would like to receive a summary of the results of this study, please provide an address to which this summary should be sent:

TEXAS WOMAN'S UNIVERSITY
CONSENTIMIENTO INFORMADO PARA PARTICIPAR EN LA INVESTIGACION

Antes de que usted en permita que su hija participe en este estudio de investigación, es importante que lea y comprenda la siguiente explicación del propósito y los beneficios del estudio y cómo se llevará a cabo.

Titulo de la investigación: Entre niña y mujer: Una exploración cualitativa de las percepciones y valores de menarquía de niñas hispanas

Investigadora Principal: Irasema García.....817.992.0410

Profesora: Karen Petty, Ph.D.940.898.2698

Texas Woman's University/Departamento de Ciencias de Familia

Explicación y propósito del estudio

Se le está pidiendo participar en un estudio de investigación para el estudio de la Sra. García en la Universidad de Texas de Mujeres. El propósito de este estudio investigativo es explorar las percepciones con respecto la menarquía comúnmente conocida como la primera "regla". En particular, este estudio explorará el entendimiento y los sentimientos que tienen las niñas hispanas de 4 ° y 5º en cuanto a la menarquía durante el tiempo que están empezando a menstruar.

Procedimientos del estudio

Para este estudio, a ustedes, como padres, se les pedirá llenar un corto cuestionario acerca de su hija y su familia. Entonces, su hija participara en 2 entrevistas cara-a-cara. Después, se le pedirá a su hija que vuelva a ser parte de un grupo de enfoque con otras niñas que ayudaran a clarificar temas específicos acerca del estudio. Las entrevistas y el grupo de enfoque se llevarán a cabo después de escuela en un aula desocupada. Durante estas sesiones, la Sra. Garcia hará preguntas que serán grabadas en audio. El propósito de las audio grabaciones es asegurar entender correctamente la información que se esta compartiendo en la entrevista. Cada una de las entrevistas y el grupo de enfoque no excederán 45 minutos.

Riesgos potenciales

Los riesgos potenciales que se pueden relacionar con participar en el estudio incluyen perdida de confidencialidad, coerción, miedo de retribución, fatiga, y vergüenza o molestia emocional. La investigadora (la Sra. García) tomara medidas para minimizar cada uno de estos riesgos.

Un posible riesgo es la potencial pérdida de información confidencial o la pérdida de anonimato. La confidencialidad será protegida al grado permitido por la ley. La Sra. García no revelara los nombres de las participantes a ninguna otra persona asociada con el distrito escolar de Fort Worth. Las entrevistas individuales se llevaran a cabo después de la escuela en un aula vacía.

Los nombres de las participantes no serán usados en las audio grabaciones o en las transcripciones. En vez, un código numérico será usado para entablar los consentimientos y los cuestionarios demográficos a las participantes. La lista de códigos será mantenida en un archivo de computadora protegido por una clave al cual solo la Sra. García tendrá acceso. Solo la Sra. García tendrá acceso a las audio grabaciones. Las audio grabaciones y las copias de las transcripciones serán guardados en un archivero con llave en la casa de la Sra. García, el cual solo ella podrá acceder.

El diseño del estudio de la investigación incluye una sesión del grupo de enfoque, y debido a la naturaleza semipública de los grupos, es imposible mantener confidencialidad y anonimato durante esa fase particular del estudio de la investigación. Antes de comenzar la reunión del grupo de enfoque, la Sra. García pedirá que las participantes “mantengan los nombres de las otras participantes privados y que los asuntos que se compartan en el grupo se queden dentro del grupo”. Sin embargo, el secreto o el anonimato no se pueden garantizar en un ambiente de grupo.

Los audio grabaciones digitales y los archivos de las transcripciones en texto serán destruidas y/o destrozadas al plazo de 2 años después de se termine el estudio. Se anticipa que los resultados del estudio serán publicados en la disertación de la Sra. García y que tal vez se publiquen en un diario profesional o que se presenten en reuniones profesionales. Sin embargo, ningún nombre u otra identificación serán incluidos en cualquier publicación.

La cooperación en este estudio de investigación es totalmente voluntaria, y usted o su hija pueden discontinuar su participación en este estudio a cualquier momento sin penalidad. Si acaso usted elije permitir a su hija participar o no en este proyecto de investigación, su participación en cualquier otra actividad escolar no será afectada. Su decisión no tendrá consecuencia en el estado escolar de su hija o su participación en el programa después de la escuela.

Si acaso las niñas experimentan fatiga o vergüenza, o incomodidad emocional debido a las preguntas de la entrevista, pueden tomar un descanso (o descansos), pueden brincar o negar contestar cualquier pregunta en cualquier momento. Con esta forma de consentimiento, se le proveerá una lista de referencias de terapeutas disponibles en caso que alguien continúe sintiendo incomodidad emocional después de cada entrevista y después del grupo de enfoque.

Iniciales de padre/guardián

También, las niñas pueden dejar la entrevista a cualquier hora y por cualquier razón sin consecuencia para ellas. Las entrevistas y la sesión de grupo no excederán 45 minutos para evitar la fatiga.

La Sra. Garcia intentará prevenir cualquier problema que podría suceder debido a este estudio. Usted debe dejar saber inmediatamente a la Sra. Garcia si hay algún problema y ella le ayudará. Sin embargo, la universidad Texas Woman's no proporciona servicios médicos o ayuda económica para daños que pudieron suceder por participar en esta investigación.

Participación y ventajas

Una ventaja de este estudio es que después de que terminé el estudio, un seminario informativo se llevará a cabo para los padres de las participantes para platicar de cómo hablar con su hija sobre su desarrollo. También, se le dará a su hija una tarjeta de regalo de \$10 a un supermercado por su participación en este estudio.

Preguntas con respecto al estudio

Si usted tiene cualquier pregunta sobre el estudio de investigación, puede preguntar a la Sra. García o a su profesora; los números de teléfono están arriba de esta forma. Si tiene preguntas sobre las sus derechos como participante en esta investigación o de la manera este estudio fue conducido, puede contactar a la oficina de investigaciones y programas patrocinados de la universidad Texas Woman's en el (940) 898-3378 o por medio de email en IRB@twu.edu.

Nombre de la participante (hija)

Su firma abajo indica que usted está de acuerdo en que su hija participe en este estudio.

Firma del padre o guardián

Fecha

*Si quiere recibir un resumen de los resultados de este estudio, por favor proporcione una dirección a la cual este resumen deba ser enviado:

List of Therapists/Lista de Terapistas

Mr. MacArthur Gilmer, *MS, LPC*
Counselor/Therapist
4200 South Freeway Suite # 2315
Suite 2315
Fort Worth, Texas 76115
phone: (817) 927-8584
fax: (817) 927-8608

Fort Worth Brief Therapy Center,
LLC
3113 S. University Dr. #201,
Fort Worth, TX 76109
www.fortworthbrieftherapy.com
phone: (817) 923-1444
fax: (817) 870-1085

Jim Landers
Family Counseling
Fort Worth, Texas 76107
phone: (817) 877-3707
fax: (817) 810-9585

Listening Ears Counseling Center
Counseling/Therapy Services
Hwy 377
Fort Worth, TX 76126
phone: (817) 560-3232

David Welsh PhD
Counselor/Therapist
6040 Camp Bowie Boulevard, # 52
Fort Worth, TX 76116
phone: (817) 735-8299
fax: (817) 377-0720

The Parenting Center
Counseling/Therapy Services
2928 West Fifth Street
Fort Worth, Texas 76107
www.theparentingcenter.org
phone: 817.332.6348
fax: 817.332.6489

APPENDIX D
PARTICIPANT ASSENT FORM

Texas Woman's University

PARTICIPANT ASSENT FORM

Dear Student,

I am studying the socialization, feelings and beliefs of Hispanic girls in regard to the first event of menstruation. Menstruation is often called a period.

I would like you to participate in my study. You are important to my research because you are typical of girls your age. Your responses will help me to understand the feelings and beliefs of girls like you regarding menstruation. You do not have to have had your first period in order to participate in this study.

If you agree to participate, I will ask your parent(s) to fill out a short form about you and then I will invite you to 2 interviews to talk to you and ask you some questions about menstruation. You will be given an opportunity to respond after each question. There are not right or wrong answers. Then, you will be invited to a focus group to talk with other participants.

The information you share information will be audio recorded to assist me in remembering what was said. Only I myself will listen to these recordings and know your identity. Your responses during the individual interviews will be confidential and you will *not* be identified personally by name in the study. However, during the focus group sessions, you will be asked to talk with other participants. During this part of the research, your identity cannot remain anonymous and your responses may not remain confidential.

Your participation is voluntary. That means you have a choice whether or not to participate. Whether you choose to participate or not in this research project, your participation in any other school activities will not be affected. If you choose to participate in the study will be interviewed in the spring semester of 2010.

Please return this form along with the parent consent form to Ms. Garcia.

Sincerely,

Irasema García, B.I.S., M.Ed.

I would like to participate in the research study.

Signature

Date

APPENDIX E

DEMOGRAPHIC QUESTIONNAIRE

DEMOGRAPHIC QUESTIONNAIRE

Child's Full Name: _____ Child's Date of Birth: _____

Child's number of years in the US? _____

Does your child receive free or reduced lunch at school? Yes ☐ No ☐

Father's Ethnicity & Country of Ancestral Origin: _____

Father's Age: _____ **Father's** number of years in the US? _____

Mother's Ethnicity & Country of Ancestral Origin: _____

Mother's Age: _____ **Mother's** number of years in the US? _____

Who does child live with (list all)? _____

Has child started her period? Yes ☐ No ☐ If yes, when (month & year)? _____

Number of siblings: _____

Sibling #1 Age: _____ Sex: _____ Has started menstruating? Yes ☐ When _____
No ☐ Not Applicable ☐

Sibling #2 Age: _____ Sex: _____ Has started menstruating? Yes ☐ When _____
No ☐ Not Applicable ☐

Sibling #3 Age: _____ Sex: _____ Has started menstruating? Yes ☐ When _____
No ☐ Not Applicable ☐

Sibling #4 Age: _____ Sex: _____ Has started menstruating? Yes ☐ When _____
No ☐ Not Applicable ☐

(use back of page if necessary)

Sibling #5 Age: _____ Sex: _____ Has started menstruating? Yes ☐ When _____

No ☐ Not Applicable ☐

Sibling #6 Age: _____ Sex: _____ Has started menstruating? Yes ☐ When _____

No ☐ Not Applicable ☐[illegible]

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CUESTIONARIO DEMOGRÁFICO

Nombre completo de la niña: _____

Fecha de nacimiento de la niña: _____

¿Número de años que la niña ha estado en los Estados Unidos? _____

¿Su niña recibe almuerzo gratis o reducido en la escuela? Sí ☐ No ☐

Etnicidad y país de origen ancestral del **padre**: _____

Edad del padre: _____ ¿Número de años que el padre ha estado en los Estados Unidos? _____

Etnicidad y país de origen ancestral de la **madre**: _____

Edad de la **madre**: _____ ¿Número de años que la **madre** ha estado en los Estados Unidos? _____

¿Con quién vive la niña vivo (enliste a todos)? _____

¿La niña ha comenzado su período? Sí ☐ No ☐ Acaso Sí, cuando (mes y año)? _____

Número de hermanos/hermanas: _____

Hermano/a #1 Edad: _____ Sexo: _____

¿Ella ha comenzado a menstruar? Sí ☐ No ☐ No aplica ☐

Acaso Sí, cuando (mes y año)? _____

Hermano/a #2 Edad: _____ Sexo: _____

¿Ella ha comenzado a menstruar? Sí ☐ No ☐ No aplica ☐

Acaso Sí, cuando (mes y año)? _____

Hermano/a #3 Edad: _____ Sexo: _____

¿Ella ha comenzado a menstruar? Sí ☐ No ☐ No aplica ☐

Acaso Sí, cuando (mes y año)? _____

(Utilice detrás de la página en caso necesario)

Hermano/a #4

Edad: _____ Sexo: _____

¿Ella ha comenzado a menstruar? Sí ☐ No ☐ No aplica ☐

Acaso Sí, cuando (mes y año)? _____

Hermano/a #5

Edad: _____ Sexo: _____

¿Ella ha comenzado a menstruar? Sí ☐ No ☐ No aplica ☐

Acaso Sí, cuando (mes y año)? _____

Hermano/a #6

Edad: _____ Sexo: _____

¿Ella ha comenzado a menstruar? Sí ☐ No ☐ No aplica ☐

Acaso Sí, cuando (mes y año)? _____

¿Usted piensa a su hija esta *o estuvo* preparada para su primer regla? ¿Cómo?

(Utilice detrás de la página en caso necesario)

APPENDIX F
INTERVIEW PROTOCOL

PROTOCOL FOR INTERVIEWS

Location: Interviews will be held in an empty classroom. Classroom door will remain closed but unlocked during the interviews. The classroom doors have a window that will remain uncovered to provide visual access from the hallway into the classroom. A sign will be placed that asks people to not disturb because an interview is in progress.

Time: Invitation to participate will take place during the after-school program. After attendance is taken and the students have eaten their snack, the 4th and 5th grade female students that have turned in completed: informed consent forms, participant assent forms, and demographic questionnaires will be asked to meet with the principal investigator.

Timing: Interviews will not exceed 45 minutes

Outline:

1. Thank them for participating. Re-introduce self.
2. Introduce reason for being here “to ask questions about your personal experiences and beliefs about menstruation or ‘period’”
 - a. Reassure that there are no wrong answers
 - b. Remind her that she can ask questions at any time during the interview
 - c. Remind girls that they can speak in Spanish if they wish to do so
3. Reinforce rights
 - a. “If you don’t want to answer a question just let me know that you want to skip it and it will be okay.”
 - b. “If you want to stop the interview at any time and for any reason, just let me know and we will stop.”
 - c. What you tell me during these individual interviews is confidential which means that I will not be sharing any of your responses with anyone in the school.
 - d. Your name will not be used at any time during the interview. Instead, I will use a number to identify your responses.
4. Details
 - a. “The purpose for recording is that I cannot remember everything that is said here because I am not taking notes”
 - b. Invite questions from the participant and respond
 - c. Ensure that girls know where they need to go after the meeting and monitor their prompt arrival to their respective areas

APPENDIX G
FOCUS GROUP PROTOCOL

FOCUS GROUP PROTOCOL

Location: In an empty classroom at the elementary school site after permission is secured.
Time: Focus groups will take place during the after-school program.
Number: Each focus group will have approximately 6 participants.
Timing: Will not exceed 45 minutes

Outline:

1. Introduce self
2. Introduce reason for being here “to talk more about some ideas that came up during the interviews”
3. Explain ground rules to participants
 - a. Do not interrupt other participants when they are talking
 - b. Do not make fun of or laugh at other participants
 - c. The focus group will not exceed 45 minutes
4. Describe foreseeable risks, confidentiality
 - a. Request respect for participant anonymity “please don’t share the names of other group participants”
 - b. Request respect for participant confidentiality “what is said in the group stays in the group”
 - c. Explain loss of anonymity
 - d. Explain limits of confidentiality
5. Reinforce rights
 - a. Emphasize that I think it is an important study, but girls should feel no obligation to participate
 - b. Their participation is voluntary and they can skip any question, take a break, or leave at any time and for any reason without penalty
 - c. Repeat that their decision will have no bearing on their status at school or their participation in the after-school program
6. Begin Focus Group Discussion
 - a. Discuss some of the questions or ideas that were identified in the field notes
7. Question and Answer
 - a. Invite questions from the girls and respond

8. Closing

- a. Thank the girls for participating
- b. Give each girl an envelope with a \$10 gift card for them and an invitation for their parents to the parent informational seminar that will take place at the school in a few weeks.
- c. Ensure that girls know where they need to go after the meeting and monitor their prompt arrival to their respective areas

APPENDIX H

PROTOCOL FOR
INFORMATIONAL PARENT SEMINAR

PROTOCOL FOR INFORMATIONAL PARENT SEMINAR

Location: Parent seminar will be held in the school auditorium with approval of principal. Principal researcher will secure approval.

Time: Parent seminar will take place during a week night in the evening hours from 6-7 p.m.

Timing: Parent seminar will take approximately 1 hour.

Outline:

1. Welcome and introduce self
2. Introduce reason for being here “informational parent seminar for parents of the girls that participated in the study”
3. Review the topic “How to talk to your daughter about her development”
4. Review research literature on the needs of pre-teenage girls
5. Review research on the benefits of preparation for menarche
6. Highlight the importance of open communication regarding development issues throughout the lifespan
7. Describe some useful conversation starters and reflection communication techniques
8. Describe some essential elements during any conversation (timing, atmosphere, positive approach, etc.)
9. Details
 - a. Invite questions from the parents and respond
10. Closing