Meaning of menarche according to adolescents*

Significado da menarca segundo adolescentes

El significado de la menarquia para adolescentes

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ABSTRACT
Objective: To know the meaning of menarche for adolescents in schools in the region of Saint Edward, in the municipality of Embu das Artes, São Paulo (Brazil). Methods: This was qualitative research, with data collected by a focus group technique and with the content of the narratives outlined by means of content analysis. Results: The results were classified into five categories represented as: fertility; repercussions; menstruation and taboo; the fear of dying; and, misinformation and impact. Conclusion: For the adolescents interviewed, menarche was reported as a negative experience, related to feelings of fear and anguish. This view was attributed to social, historical and cultural constructs that do not value dialogue and questions relating to the body. Thus, it emphasizes the importance of demystifying the theme and recommends that sexuality education interventions should be expanded, to reach a larger number of participants beginning at the age of 9 years.

Keywords: Menarche; Adolescent; Adolescent behavior.; Sexuality

RESUMO
Objetivo: Conhecer o significado da menarca para as adolescentes de escolas da região de Santo Eduardo, no município de Embu das Artes, São Paulo. Métodos: Pesquisa de abordagem qualitativa, os dados foram coletados pela técnica de grupo focal e o conteúdo das narrativas foi delineado por meio da Análise de Conteúdo. Resultados: Os resultados foram classificados em cinco categorias representadas por: fertilidade; repercussões; menstruação e tabu; o medo de morrer; desinformação e impacto. Conclusão: Para as adolescentes entrevistadas, a menarca foi relatada como uma experiência negativa, relacionada a sentimentos de medo e angústia. Atribui-se essa visão às construções sociais, históricas e culturais que não valorizam o diálogo e às questões referentes ao corpo. Assim, ressalta-se a importância da desmitificação do tema e recomenda-se que ações de educação em sexualidade sejam ampliadas, atingindo um número maior de participantes a partir da faixa etária de 9 anos.

Descritores: Menarca; Adolescente; Comportamento do adolescente; Sexualidade

RESUMEN:
Objetivo: Conocer el significado de la menarquia para adolescentes de escuelas de la región de San Eduardo, en el municipio de Embu das Artes, Sao Paulo. Métodos: Investigación de abordaje cualitativo, cuyos datos fueron recolectados por la técnica del grupo focal y el contenido de las narrativas fue delineado por medio del Análisis de Contenido. Resultados: Los resultados fueron clasificados en cinco categorías representadas por: fertilidad; repercusiones; menstruación y tabú; el miedo a morir; desinformación e impacto. Conclusión: Para las adolescentes entrevistadas, la menarquia fue relatada como una experiencia negativa, relacionada a sentimientos de miedo y angustia. Esa visión se atribuye a las construcciones sociales, históricas y culturales que no valorizan el diálogo y las cuestiones referentes al cuerpo. Así, se resalta la importancia de la desmitificación del tema recomendándose que las acciones de educación en sexualidad sean ampliadas, alcanzando a un número mayor de participantes a partir del grupo etario de 9 años.

Descritores: Menarquia; Adolescente; Conducta del adolescente; Sexualidad

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INTRODUCTION

Adolescence is the transitional period between childhood and adulthood (1). This is not only a phase of human development, in which biological transformations and manifestations occur, in addition to the typical psychosocial ones. The adolescent life is a phase characterized by interrelationships between the various organic, psycho-emotional and sociocultural dimensions, translated specifically by different societies and cultures (2). At the same time, it is delimited by the age range from 10 to 19 years of age (3).

At this stage of adolescence, the body undergoes profound and rapid transformations due to the hormonal changes that accelerate the physical growth and also the development of secondary sexual characteristics (2).

The individual lives a new period in her life, seeks to define her role within the social circle in which she belongs. In this new phase of transition from childhood to adulthood, new interpersonal relationships are experienced and established, through interaction within a peer group. Thus, we have the death of the child and the birth of the adult (4), opening a chronological window appropriate to the occurrence of rituals, which will be developed and experienced by adolescents, and are important for the construction and consolidation of identity and social role. According to Outeiral (5), an interesting element is the question of the relationship between adolescents and society with regard to the present “initiation rituals”, in different forms, in all cultures, from the ones we call “primitive” to those considered “modern”.

In addition to the search for adult identity, adolescents, based on the genital organization with the development of sexual organs and the emergence of primary and secondary sexual characters, initiate the process of resolving their sexual identity, which are the corresponding mental characteristics of gender (6). Thus, the biological maturation is accompanied by sexual expression which must be integrated into the personality of the adolescent. Menarche, in the girl, and involuntary ejaculations in the boy, and later, masturbation, are physiological manifestations related to psychological alterations that emerge in adolescent life.

In this context, the object of our study was menarche, the first menstruation, considered an indicator of maturation in the development of women (7); its arrival constitutes an important element determining the transition from being a child to being a teenager. For all adolescents, regardless of their social group, menarche is characterized as one of the few rites of passage that is still valued in modern societies (8). Using this perspective, we highlight the process of adolescence as a period of intense passages that are experienced by young people during this period of development (6).

For some authors (8), menarche is considered a very significant event in the life of the woman, characterized as the beginning of her reproductive life and involving major transformations of somatic, metabolic, neuromotor and psychosocial order. The occurrence of menarche, although not always related to the normal ovulatory cycle, represents the stage of uterine maturity. It does not mean that the girl has reached the stage of full reproductive function; the initial menstrual cycles are usually anovulatory, a period of relative sterility in adolescence, which lasts 1-18 months after menarche. A literature review study showed that the age at which menarche occurs in Brazil is, on average, from 11 to 12 years (8).

Based on the context presented and on our experience with a project of University Extension developed with adolescents, in primary and secondary schools in the municipality of Embu das Artes (Brazil), we developed this study with the intent of guiding the developing activities.

OBJECTIVE

This study had as its objective to understand the meaning of menarche for a group of teenagers.

METHODS

This present qualitative study (9) uses content analysis as a research technique to describe and interpret the narratives from the research subjects. Content analysis (10) is a set of analysis techniques for communication, involving systematic and objective procedures to describe the content of the narratives, providing the ability to obtain qualitative indicators that permit the inference of knowledge concerning the conditions of production / reception of these narratives. It consisted of a form of categorization of verbal data, making the object of analysis the message contained in the oral communications obtained from the subjects of the study. Among the techniques of content analysis, we chose categorical analysis (10), which allowed the completion of data analysis through the complete reading of the reports of each respondent in which we tried to understand whether or not there was interest in the topic. These were read in order to obtain a general sense of the whole of each one. Next, we performed a reading of each report, seeking to identify structural elements to the discourses uttered by teenagers on the researched subject, so that they could be grouped into categories by providing the axis for its analysis.

It is important to note that the present study was the product of a research project entitled “Representations of the adolescent body,” which was approved by the Ethics Committee of the Federal University of São Paulo (UNIFESP), under protocol n.º 1.594/05, following methodological procedures guided by standards establi-
shed by Resolution 196/96, that deal with the Conditions of Human Research (11). We emphasize that ethical and methodological procedures were applied using the Terms of Free and Informed Consent among those responsible and the study subjects, with the assent of the same.

In collecting data, we used the focus group technique, which can be understood as a group of individuals selected and assembled by researchers to discuss and comment on a theme, which is the object of research, based on personal experience (12).

Focus groups constitute a type of group interview that enhances communication between research participants, in order to generate data. This type of data gathering has as its objective to capture, based upon exchanges made in the group: concepts, feelings, attitudes, beliefs, experiences and reactions. It permits bringing forth a multiplicity of viewpoints and emotional processes, by the very context of the interaction it creates (13).

The problem was clearly defined and a single guiding research question was chosen for discussion: how was (or is) the experience with your first menstrual period?

For this, we used a purposive sample (13), by which the participants were selected to reflect a variety of the subjects of the study. The group was composed based on criteria (12) associated with the goals of the research, such as: the heterogeneity of the participants (student status, participating in the activities of the Extension Project), but with enough variation between them so that different or divergent opinions would appear (age range, lifestyle, family setting). Participants were 17 female adolescents, between 14 and 18 years of age who attended the workshops of the sexuality education project sponsored by the University Extension “Embodiment and Health Promotion,” in three state primary and secondary schools in the region of Santo Eduardo, in the city of Embu das Artes, São Paulo state (Brazil). Although it is recommended to form a focus group of no more than 12 participants (12), the number of participants was not a problem; rather, the group was interested in discussing the subject and contributed greatly.

The location of the meetings was one of the schools involved in the research, which favored interaction between the participants. Thus, the interlocution based on three sessions, was performed with the strategy of disposition of the group in a circle, which facilitated the registration forms, characterized by written notes and audio recordings

**RESULTS**

With the structuring of the data obtained in five categories, we sought contours of the system of meaning that, when taken together, revealed the perception of the subjects about menarche, represented by: (1) fertility, (2) repercussions, (3) menstruation and taboo, (4) fear of dying and (5) misinformation and impact.

**DISCUSSION**

The category “fertility” revealed that menarche plays an important role at this stage of psychosocial development, but it remains a landmark that identifies the girl’s passage from childhood to adolescence. From a biological standpoint, this is a physiological event resulting from complex interactions with anatomic - histological repercussions and associated symptoms, that occur with the maturing body as a phenomenon of puberty.

In common sense, menstruation is becoming a “young lady”, it is acquiring a new status in front of the group and family. This is an eagerly awaited moment for girls, and there is even competition among them, creating an expectation of who will be the first menstruating, and when it actually happens, she is esteemed by the entire adolescent social group, finally the girl is a young woman. The fact is due to be phenomenon linked to the reproductive health of women, menarche is also the beginning of the female reproductive capacity; this event related to fertility is very important in her life (14).

Menarche places the young girl under the point of view of erotic object, as an interaction of hormones that are responsible for secondary sexual characteristics occurs during menstruation, configuring the outer shape of a woman. The manner in which the girl is prepared can have an impact on her reaction to menarche and the vision of herself as a woman (15).

The category “repercussions” showed that the arrival of menarche is an important element in defining the transition from childhood to adolescence in all adolescents. Regardless of the social segment, it is characterized as one of the few rites of passage that is still valued in modern societies. Amaral (16) states that menarche is depicted as the passage of status from child to woman, and the awakening of sexuality.

The occurrence of menarche, as a rite of passage, is experienced by the adolescent during the period of her development considered extremely relevant, that must be thoroughly experienced by adolescents. By means of the menarche, a girl discovers her social role, acquiring benefits such as values, attitudes, beliefs, principles and desires to be organized and assumed by her, serving as a basis for the consolidation of her natural process of psychological development (4).

The body transformations that are triggered after puberty cause the teenager to experiment with the unknown. Her mentality is still a child’s, and needs to process not only changes in her body, but also new sensations, some unpleasant or painful that, for her, emerge as uncontrollable. The premenstrual tension and cramps

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Table 1. Presentation of significant categories and units of menarche, according to adolescents.

| Categories                        | Significant Units                                                                 |
|----------------------------------|------------------------------------------------------------------------------------|
| Fertility                        | At the moment it has not yet happened to me, but I am having treatment. I think that menstruation in women is very striking, because she is ready to generate a new life. I do hormonal treatment for it. Menstruation I look forward to with anxiety, the doctor said the treatment is finished. Wow! I’m just waiting, it will be an event of great happiness (S1, 14 years). |
| Repercussions                    | The first menstruation occurred at 11 years, it was significant for me. I went to the gynecologist (S5, 16 years). Even my first menstruation was normal, my mother was there with me and gave me a pad and everything else I needed. I thought normal, a normal occurrence (S9, 15 years)! Menstruation, sometimes, makes me nervous: for the most part, I do not have cramps, but I’m full of “do not touch me”, especially with the boys. I do not like that they are touching me when I am like this, but I know many girls who have many problems at this phase (S3, 15 years). It is an important period because the body is structured, the menstrual cycle appears. The cramping is uncomfortable in the first days (S4, 18 years). At 11 years of age, menstruation came, then came other changes such as the growth of everything, like the breasts, it comes every month, the onset of cramps. Today, I do not have cramps, but in the beginning of menstruation, until age 13, I had a lot, too much. I had many problems to accept it (S6, 16 years). |
| Menstruation and taboo            | The first period brought much fear. They say that virgin girls can not eat certain foods, especially during menstruation, because menstruation can be delayed and sometimes rises to the head or many bad things happen. Sometimes I eat and I am afraid, because I met a girl that had it rise to her head, and when menstruation came, she was hospitalized. My mother always says that, during the period, we should not eat certain foods, the blood can rise to the head, for example, you can not eat pineapple or suck lemon. I ate pineapple and sucked lemon and I ended up having a lot of cramping, then it was delayed, did not flow for me and I was frightened, very scared. I was very scared of having it go to my head. Nor can you walk barefoot on the cold ground. Now I’m being treated, I’m taking a medicine, because it gave me a shivering body, I feel a lot of cramping, I get nervous and lose my appetite (S2, 15 years). Today, I realize that every time before having periods, my breasts start to hurt. I get very nervous, no one can come near me, I don’t wear white clothes, black clothes only. Also I do not do food, then I get nauseated eating the food because it’s me who takes care of the house, including making the food. When I am like this, my mouth is making lunch and dinner, because depending on how I am doing, I am nauseous (S14, 16). |
| Fear of dying                     | At first I thought it strange, because my breasts ached when they started to grow, it hurt a lot! It hurt, menstruation at the beginning scared me enough. I menstruated at 14 years of age, I was in the hospital. It began as, can I say? I began to bleed, I was sick, I thought that I was hemorraging. I thought I was dying! I woke up screaming, I did not know what it was. A nurse helped me, asked my age, I said I was 14. She asked if I had ever menstruated, and I said no, as the bleeding did not stop, she took me to a gynecologist, he told me that I was menstruating. I was very scared because I know nothing and could not talk to my parents. They then guided by the gynecologist. He told me not to be frightened that I was normal (S10, 17). |
| Misinformation and impact         | I was 9 years old, my menses came 9 years, it was this that I marked. It came very early. It was Aug. 30, I got up at 6 am and went to buy bread and when I got home my shorts were all full of blood in the back, then my mother asked, “what is it?” I took a bath and gave a scream, not knowing what was happening, not that I did not know, I knew, my mother talked to me, but I did not think it would happen to me so early (S12, 16 years). The first period was very important, it happened when I was 10 years, it shook me so much that I was worried, I did not know. I’m from Maranhão, I’ve been born eight years, there people are ashamed to speak. My mother was embarrassed to explain or she did not know. For me it was a shock, I never imagined that something like menstruation could happen (S13, 18). When I had my first period, I was 11, I did not know what it was, I thought I was injured, I asked my grandmother what was happening, she did not answer (S15, 17). At 11 years I menstruated, I was scared. I shouted and my sister came running. My mother is very shy and hardly talked about it. I learned from others what I know about sexuality (S16, 16). In my first period I had difficulty, I did not know, when it happened. I stayed three days at home, I did not go anywhere. I was 11 years of age when it happened, my parents had gone on vacation and it was a neighbor who spoke to my mother. Then my mother told me that it was a normal thing. The person who spoke about this with me and even today talks about this kind of thing, like sexual relationships, is my neighbor. I was scared and could not stop crying, then who sat down to talk to me was this neighbor who is a great friend. She is 21 and knows a lot (S14, 16). I did not have much conversation with my mother, then my first period came; so I did not know, how to talk to her, it was our first conversation, but I confess that I learned more in school. Because of the lack of information, it was difficult, I get more information out of the house talking to people. Sometimes, I have a lot of cramping, but I take medication (S7, 15 years). The first time that it came to me I was very worried, I thought I had an injury somewhere, I was taking a shower and saw blood dripping on the floor, I became desperate and called my mother. She started to laugh and said that was normal. I had a neighbor who had told me about this event, but by the time I was scared and did not remember (S8, 15 years). Menstruation was important, but I was ashamed. The day that it came for me, was strange, as I was talking to my mother, she had never talked to me about it. It came in the morning, and I was talking to my mother only at night, but just because I could not stand it, it was hard! I knew because I read the books, only it was different, whatever! Wow! I was dying of shame, it is only my mother and I have no women at home. As I have no contact with my mother it is very difficult, I think if I had more freedom, talking with her more would be easier. My father was just looking at me and said, “my daughter is growing.” At home, it is my father and three brothers. It gives me a lot of shame (S17, 16). |
are part of this strange new world, which are related to stress factors and women’s discontent with her role and “oppressed status in society” (16).

The category “menstruation and taboo” that still exists today unveiled taboos about menstruation, which are passed from one generation by “ancestral culture history” (16). Menstruation has been the object of numerous symbolic meanings in various cultures through the ages (16).

In this sense, Pliny (60 AD) described the menstrual blood as a deadly poison that corrupts and decomposes, it destroys the fertility of the seeds, the plants wither, flowers wither, and fruit decays. He argued that once the period coincided with a lunar or solar eclipse, evil was the incurable result, and sexual intercourse with a menstruating woman could be fatal to humans (17).

Menstruation was an incomprehensible and inexplicable phenomenon, which generated fear and, therefore, joined the realm of magic, witchcraft and alchemy, a notion that persisted for centuries (18). In the eighteenth century, a woman’s body was seen as a scenario over which God and the Devil clashed, menstrual blood was considered poisonous and had magical powers; the woman was seen as a victim of bad effluence and at the same time, held mysterious powers (19). The amount of names and nicknames that menstruation receives is extremely rich and diverse, highlighting the necessity to make use of euphemisms to discuss the matter. In reading and studying the diaries of young women in Victorian England there was no mention of menstruation as an experience, because there was not, in the list of socially acceptable words, a term appropriate for talking about it (20).

In the vast majority of religions, blood is linked to concepts, dogmas, ritual purification or the macabre, and with the menstrual blood it is no different. This symbolism, which may be of sin and destruction or of power and creation, is closely linked to the type of religion. In monotheistic religions, or in those in which male gods predominate, menstruation is predominantly linked to sin and destruction. In the polytheistic religions, those with female deities, or those linked to nature, especially the earth, the menstrual blood of the great mother remains on earth and is seen as something powerful, connected to fertility, able to create and give life (21).

In the narratives of the study participants, these myths that demonize menstruation and blame women persist in the habits, fears and social practices today. The sentiments presented by adolescents are accompanied by shame and insecurity that is socially imposed upon menstruation. This is due to beliefs that evolved into myths about menstruation, emphasizing here the subtle manner in which that culture is transmitted through the ages. As current discourse, we see “if menstruating and you touch food it will spoil or rot,” “sex is forbidden,” “wash the head”, “cooking”, “barefoot”, “eating acidic foods, eggs or fish” (17). If the girl does not follow these recommendations, there will be complications, such as the myth that menstruation can “go to the brain,” reversing the conception that it “comes from the brain.” That is, the whole process starts in the brain, when the hypothalamus produces gonadotropin releasing hormone that goes to pituitary gland, where it determines the production of follicle-stimulating hormone that reaches the ovaries and stimulates the maturation of eggs resulting during menstruation (22).

This narrative illustrates the fact that the girl is inserted into a social group that produces and reproduces representations that were and still are appropriate and experienced. Another recurring theme in the narratives is menstruation represented and associated with dirt, disgust and shame, which is contradictory, for while it is an indicator of fertility it also creates insecurity and embarrassment (17). The notion presented is the result of something that was constructed and produced in the culture, it is embedded in each particular society’s logic for understanding the world (23). Like sexuality, menstruation is an infrequently discussed subject, belonging to and becoming allied only to women, acquiring a power of its own, for the simple reason that it is not openly discussed (16).

The category “fear of dying” is a natural event, but, one which is in fact the most frightening of life, certainly the biggest one against which we have no control, ability to forecast, nor any understanding.

Normally, we flee from death, as it scares us and we have no psychosocial means to deal with it from an emotional standpoint (24). The fact becomes more daunting when the adolescent relates menstrual blood to the feeling of death, of injury, passing on the notion of the inexistence of family or social guidance and support referring to menarche. Several interviewees noted the difficulty of facing this situation without proper parental guidance; parents, in turn, for cultural or religious reasons or lack of expertise, deprive children of basic orientation regarding the body, which is so necessary to the moment. Besides these aspects, menarche was related to the feeling of death, when the adolescent is faced with the unknown and the difficulty of seeking someone to help her. Our study corroborates that of Amaral, (16) that despite all the horror and perplexity, nevertheless, many do not tell anyone, guarding the secret, which covers menstruation with this attribute, the shame of being exposed surpasses even the fear of dying.

The category of “misinformation and impact” revealed that menstruation was associated with the notion of impurity, illness or contamination due to an unpleasant moment of nature.
Menstruation presents itself as an evil of women, which is why, many times, the menstrual period is termed as uncomfortable and dirty, making this episode have negative images about women. From this conception, the menstruation ceases to be a normal process of female physiology, becoming instead a moment of shame for a woman. The fact represents a process surrounded by taboos and special conduct, which were created symbolically to make a menstruating woman vulnerable, and an attempt to protect man from the danger of pollution of the menstrual blood, which reinforces the position of inferiority to the man (25). Here we see how power relations are embedded in the socialization of these girls, and are present in the medical, religious, legal and philosophical discourses that are elaborated and re-elaborated in the culture.

According to the narratives, there is a discourse that girls should not be proud of their physical maturity and their bodies. Menarche can be a magical and fascinating moment in the life of the girl, a moment when they can learn a lot about the body and its vicissitudes. In the majority of cases, the family gives too little attention to this fact, or treats it like a punishment of “heaven.” The moment is shrouded in secrecy and dread; perhaps this is due to the fear of parents to admit that their daughters have grown up and soon these bodies, now seen as children, will be seen as bodies likely to be desired.

Ignorance and silence by the family about sexuality frequently begins to provoke a separation, an alienation and resentment between parent and child. There is a separation of shame and lack of pride, and a separation within the girl herself. By developing within a silent family system, the girls form two identities: one that is “themselves” and another for “sex,” thus creating a duality where, on one hand, she has the patriarchal definition of sex and knows that questions about the body indicate a wanton attitude and are shameful, and the other hand, it is a form of pleasure.

Perrot (26) calls attention to the silence that surrounds women, stating that although the female body is exposed in the speech of poets, doctors and politicians, women themselves do not talk about it. In this context, to interpret the narratives of these girls, we realized that the speech is organized in the practice of secrets maintained by the mothers regarding the body. The silence about the body translates to misinformation and neglect. In the culture that we are analyzing, the body transformations of adolescents are marked by silence or murmurs from mother to daughter and become lost in their modesty, and menarche turns out to be a surprise almost always lived in fear and shame.

In this sense, everything that takes place about the body and sex itself already contains claims about gender. So, we think of the body as a system that produces and reproduces meanings, and is produced by them in simultaneous and combined actions. There is not a body a priori, but it is constructed by discourse, bodies, bodies that exist in the experience. The bodies are what they are produced in the culture and there is a natural body, but, also a body produced by gender expectations. In this sense, Laurel (27) states that individuals are examined, classified, sorted, named and defined by the brands that are assigned to their bodies. Each group and culture elects legitimate ways of interpreting the brands and characteristics of the bodies to define the subjects: brands of race, gender, ethnicity, social class or nationality, brands that decide the social place of every person.

In a study conducted with more than 3,000 girls and women, it was identified that 78% reported that their mothers did not mention menstruation; 72% said they did not feel well prepared, because the discussion was minimal. Only 12% of parents discussed menstruation with their daughters. However, the study indicated that 81% of women acquired most of their information in school, through classes and friends (28). Heilborn (29) shows that not all social groups make the experience of the first menstruation an opportunity for dialogue between mother and daughter. The practice of talking about menstruation with the mother or receiving information about sexuality, contraception or sexually transmitted diseases is an experience more frequent in groups with higher cultural capital and in the southern and southeastern regions of the country. Brandão (30) states that even though questions relating to sexuality are “a very widespread language,” the conversations in the family are very scarce. Therefore, the dialogue established between the two generations is devoid of broader issues, making this a moment of prescriptive considerations about the body.

**FINAL CONSIDERATIONS**

The present study signaled the importance of projects designed to deconstruct conceptions, myths and taboos about the issues of menarche.

We considered it to be a remarkable fact that only one teenager awaited menarche with a positive expectation, because of fertility. We attribute this view to social prejudices and family legacy, and to the lack of guidance about menarche. Although girls referred to it as a remarkable period in their lives, that moment was surrounded by fears and anxieties, by ignorance and above all, by a lack of care and family and social support to face this new phase of life.

We found that the girls were quite vulnerable when faced with menarche; ignorance combined with a culture surrounded by myths and taboos, placed them in situations of risk, such as teenage pregnancy.
Thus, the meaning of menarche for these girls is loaded with feelings of terror and foreboding, a fact we attribute to a culture that does not value dialogue and understanding of questions regarding the body. The girl is initiated into the culture not as someone who one day will grow, develop her body and be a woman, but rather as an eternal child or worse, one who will learn the transformations through which she will pass with greater suffering, in the absence of any family or social support.

Finally, we emphasize the importance of this study to obtain data regarding the orientation of the programmatic content of the activities developed in the workshops on sexuality education project developed with professors, scholars, adolescents and young people attending the partner schools of the Extension Project “Embodiment and Health Promotion “.

REFERENCES

1. Aberastury A, Knobel M. Adolescência. Porto Alegre: Artes Médicas; 1990.
2. Brêtas JR, Muroya RL, Goellner MB. Mudanças corporais na adolescência. In: Borges AL, Fujimori E. organizadores. Enfermagem e a saúde do adolescente na atenção básica. Barueri (SP): Manole; 2009, p.82-115.
3. Saúde reprodutiva de adolescentes: uma estratégia para ação. Uma declaração conjunta OMS/FNUAP/UNICEF. Genebra: Organização Mundial de Saúde; 1989.
4. Brêtas JR, Moreno RS, Eugenio DS, Sala DC, Vieira TF, Bruno PR. Os rituais de passagem segundo adolescentes. Acta Paul Enferm. 2008; 21(3): 404-11.
5. Outeiral JO. Adolescenc. Rio de Janeiro: Revinter; 2008.
6. Silva CV, Brêtas JR, Ferreira D, Correa DS, Cintra CC. Uso da camisinha por adolescentes e jovens: avaliação da sequência dos procedimentos. Acta Paul Enferm. 2004;17(4):392-9.
7. Eveleth PB. Menarche. In: Ulijaszek SJ, Johnston FE, Preece MA, organizers. Human growth and development. Cambridge: Cambridge University Press. 1998. p. 288.
8. Klug DP, Fonseca PH. Análise da maturação feminina: um enfoque na idade de ocorrência da menarca. Rev Educ Fís. 2006;17(2):139-47.
9. Gil AC. Métodos e técnicas de pesquisa social. São Paulo: Atlas; 2006.
10. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 1995.
11. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução n.19 de 10 de outubro de 1996. Diretrizes e normas regulamentadoras de pesquisas em seres humanos. Mundo Saúde. 1996; 21(1):52-61.
12. Gatti BA. Grupo focal na pesquisa em ciências sociais e humanas. Brasília (DF): Livros Livros; 2005.
13. Kitzinger J. Grupos focais. In: Pope C, Mays N, organizadores. Pesquisa qualitativa na atenção à saúde. Atlas; 2005.
14. Bouzas I. As principais queixas ginecológicas na adolescência. Adolesc Saúde. [Internet]. 2006 [citado 2011 Fev 22]; 3(3). Disponível em: http://adolescenciasaude.com/detalhe_artigo.asp?id=132
15. Rodrigues JC. Tabu do corpo. Rio de Janeiro: Fiocruz; 2006.
16. Amaral CE. Percepção do significado da menstruação para as mulheres. [dissertação]. Campinas: Universidade Estadual de Campinas, Faculdade de Ciências Médicas; 2003.
17. Coutinho E. Menstruação: a sangria inútil. São Paulo: Genebra; 1996.
18. Venson AM. Entre vergonhas e silêncios, o corpo segregado. Práticas e representações que mulheres produzem na experiência da menstruação [Internet]. [s.d] [citado 2009 Fev 8] Disponível em: http://www.cfh.ufsc.br/abho4ul/pdf/ Anamaria%20Venson.pdf.
19. Del Priore M, organizador. História das mulheres no Brasil. São Paulo: Contexto; 1997. Magia e medicina na colônia: o corpo feminino; p.78-114.
20. Walker AE. The menstrual cycle. London: Routledge; 1997.
21. Torselli M, Lanzara G. Menstruação. São Paulo: Expressão e Arte; 2005.
22. Bouzas I, Braga C, Leão L. Ciclo menstrual na adolescência. Adolesc Saude. 2010;7(3): 59-63.
23. Vargiello G O limpo e o sujo. São Paulo: Martins Fontes; 1996.
24. Levy C. A morte ser vista com naturalidade. [Entrevista com Roosevelt Cassola. J Unicamp [Internet]. 2004 [cited 2011 Fev 12]; Nov 1-15. Disponível em: http://www.unicamp.br/unicamp/unicamp_hoje/ju/novembro2004/ ju272pag11.html
25. Parker RG. Corpos, prazeres e paixões: a cultura sexual no Brasil contemporâneo. São Paulo: Nova Cultural; 1991.
26. Perrot M. Os silêncios do corpo da mulher. In: Matos MI, Sohier R. Corpo feminino em debate. São Paulo: UNESP; 2003. p.13.
27. Louro G, Neckel JF, Goellner SV. Corpo, gênero e sexualidade. Petrópolis (RJ): Vozes; 2003.
28. Hite S. Relatório Hite sobre a família: crescendo sob o domínio do patriarcado. Rio de Janeiro: Bertrand; 1995.
29. Heilborn ML, Aquino EM, Bozon M, Knauth DR, organizadores. O aprendizado da sexualidade: reprodução e trajetórias sociais de jovens brasileiros. Rio de Janeiro: Garamond/Fiocruz; 2006.
30. Brandão ER. Iniciação sexual e afetiva: exercício de autonomia juvenil. In: Heilborn MI, organizador. Família e sexualidade. Rio de Janeiro: FGV; 2004. p.63-86.