



Original Research Article

Analysing the Impact of Menstrual Education on Psychological Well-Being of Adolescent Girls in Public Schools of Hyderabad City

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Name of Author:

Soujanya Rachakonda¹ and Dr. Prakriti Sushmita²

Affiliation: ¹Nims University, Jaipur, Rajasthan, Research scholar

²Assistant Professor, Nims University, Jaipur, Rajasthan.

Corresponding Author:

Soujanya Rachakonda

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Abstract: Introduction: Adolescence is the transitional period from puberty to adulthood. Puberty typically begins between the ages of 9 and 16 in a healthy child. Puberty is the onset of sexual maturation, the period in which, under the influence of hormones, the child undergoes physical and sexual changes. **Research Methodology:** Descriptive and Purposive sampling technique was chosen. The researcher used Ryff's Psychological Well-Being Scale (PWB Scale) in examining the influence of menstrual education on the psychological well-being of adolescent girls in public schools. **Findings and Conclusion:** The researcher can ascertain a strong negative correlation between menstrual education and the psychological well-being of adolescent girls in public schools due to the lack of menstrual education in the public schools of Hyderabad City.

Keywords: Adolescence, Menstrual Education, Psychological Well-being, Educational Interventions.

INTRODUCTION

Adolescence is the most crucial and delicate phase in a human's life. Adolescence, the second decade of life, is defined as the period ranging from 10 through 19 years according to the World Health Organization (WHO) Expert Committee. The Government of India, in its National Youth Policy, on the other hand, considers the adolescent age group as 13–19 years. Adolescence, the phase between childhood and adulthood, is a period defined by significant biological changes such as physical growth, sexual maturation, and psychosocial development. That time can differ from one person to another — different growth patterns, different potentialities, different limitations. Adolescents are driving social and economic development, redefining social customs and values, and creating the bedrock of the world's future. Adolescents and youth mature earlier than earlier generations in physical and social terms and are full of hope and aspirations for themselves and their societies—how the world could be better. Despite this

remarkable progress, many adolescents, and especially girls, do not yet have the investments and opportunities they need to reach their full potential.

Adolescence is the transition from puberty to adulthood. Puberty will begin when a healthy child is somewhere between the ages of 9 and 16. Puberty is the onset of sexual maturation, the period in which, under the influence of hormones, the child undergoes physical and sexual changes.

Numerous biological differences happen throughout adolescence. The most noticeable are the physical changes, a growth spurt, the acquisition of muscle mass, the redistribution of body fat, and the development of secondary sexual characteristics. The top, intertwining production of a handful of hormone levels from behind the scenes, the growth spurts of late early and mid-adolescence.

Need for Menstrual Education

The most common menstrual problems found in adolescents are amenorrhea, abnormal/excessive uterine bleeding, dysmenorrhea and premenstrual syndrome. Adolescence is a period of sexual development, including the establishment of a menstrual cycle, which can be confusing because adolescents may not know what is considered normal in terms of cycle length, amount, and duration; this inadequacy of knowledge flows both ways: Clinicians may lack understanding of normal ranges of menstrual cycle length, amount, and duration through adolescence. Therefore, a thorough knowledge of adolescent bleeding patterns, the differentiation of normal vs. abnormal menstruation and the appropriate evaluation of the adolescent female is important. Menstrual cycle is a vital sign of the health and may be used as a powerful tool in assessing for normal development and exclusion of the pathologic condition.

REVIEW OF LITERATURE

According to Paola Iannello et. al. (2025), throughout their lives, women cultivate attitudes around menstruation that might influence their physical and psychological health. To date, literature has inadequately examined the correlation between attitudes towards menstruation and specific variables that may influence these attitudes, including women's age, sources of information, educational attainment, and the use of hormonal contraceptives, as well as certain indicators of well-being, such as body appreciation, self-esteem, and emotional regulation.

Badri N. Kark et. al. (2024) sought to examine the perceived effects of menstruation on the ability of secondary school girls in the highland parts of Lumbini Province, Nepal, to attain high school education. The study, centred on the local context, offers a comprehensive analysis of impacts, including the absence of regular teaching and learning activities, inability to submit assignments or homework punctually, failure to attend final examinations, receiving low grades, experiencing anxiety, repeating classes, and vulnerability to early marriage. The research indicated that 93% of females have encountered school absenteeism due to menstruation, which has considerable repercussions for academic performance, mental health, and future prospects.

The study by Kochhar & Ghosh (2022) states country of India is a country of contrasts, with severe wealth and poverty as well as gender-related gaps. As a result, there is a large variance in health and social indices among girls and women. Among the 113 million teenage females, around 68 million are enrolled in approximately 1.4 million schools. It is believed that poor maternal and child health practices and cultural taboos are factors that prevent these girls from attending school.

According to N. Singhal et al. (2020), effective counselling services are crucial for improving both the academic performance of students and the overall school climate. Teens of both sexes reported decreased stress after participating in group therapy, despite some differences in the types of reactions based on gender.

The study by Ghimire (2017) investigated that girls' adolescence has been acknowledged as a unique time that marks the passage from girlhood to womanhood. In culture, menstruation is typically viewed as impure. A negative attitude towards this phenomenon has been strengthened by the family's isolation of menstruating girls and limitations placed on them.

Objective of the Study

- To assess the impact of menstrual education on the psychological well-being of adolescent girls in public schools

RESEARCH METHODOLOGY

The research methodology is a research approach that systematically sketches out the way of completing research problems. Research Approach is considered as more of a framework to organize the process of data collection with respect to the study goals.

Hypothesis

- There will be a significant positive relationship between menstrual education on the psychological well-being of adolescent girls in public schools

Geographical Area for the Study and Collection of Primary Data: The research is conducted in the Hyderabad region of Andhra Pradesh.

Sampling Technique: The purposive sampling technique was chosen

Sample Size: A sample size of 150 adolescent girls from public schools of Hyderabad aged between 10 and 16 years was considered for counselling, surveys, and interviews. Respondents were chosen using a convenience sample method, which is not based on probability.

Variables:

Independent variables

- Menstrual Education

Dependent variables

- Psychological well-being of Adolescent girls in public schools (Autonomy, Environmental Mastery, Personal Growth, Positive Relations, Purpose of life and Self)

Ryff's Psychological Well-Being Scale (PWB Scale)

The researcher used Ryff's Psychological Well-Being Scale (PWB Scale) in examining the influence of menstrual education on the psychological well-being of adolescent girls in public schools. Ryff's PWB Scale serves as an effective tool for assessing their well-being.

Further, the researcher utilized SPSS to conduct a statistical analysis of the survey data, employing it for graphical representation, frequency distribution, and the application of several statistical analysis methods.

Analysis and Interpretation

According to Table 1 of the descriptive statistics, the mean value is 1.51, and the standard deviation is 0.501, accompanied by minimal standard errors of the mean regarding awareness of menstrual education in public schools. According to Table 1, the mean value and standard deviation are 1.59 and 0.493, respectively, accompanied by minimal standard errors of the mean for Menstrual Education provided by public schools in Hyderabad. The data presented in Table 1 indicate that the skewness values for awareness and menstrual education are -0.054 and -0.384, respectively. This suggests that both variables fall within the range of -1.96 to +1.96, with skewness values approaching zero, thereby indicating that the data distribution is nearly perfectly symmetrical for both variables.

Table 1: Descriptive Statistics for Menstrual Education in Public Schools

		Are you aware of Menstrual Education	Is Menstrual Education provided by the schools
N	Valid	150	150
	Missing	0	0
Mean		1.51	1.59
Std. Error of Mean		.041	.040
Std. Deviation		.501	.493
Variance		.251	.243
Skewness		-.054	-.384
Std. Error of Skewness		.198	.198

From the table below, the value of r^2 is 0.005, and the value of adjusted r^2 is 0.000025. It indicates that there is a very minute positive relationship between menstrual education and the autonomy level of adolescent girls in the public schools of Hyderabad. High scores indicate that the respondent is independent and regulates her behavior independently of social pressures, but in the case of adolescent girls in public schools, their behavior is not regulated independently of social pressures.

Table 2: Regression Analysis between Menstrual Education and Autonomy in Public Schools

Model	R	R Square	Adjusted R-Square	Std. Error of the Estimate
1	.059 ^a	.005	.000025	1.06178

a. Predictors: (Constant), Menstrual Education provided by the School

b. Dependent Variable: Autonomy

The table below indicates that low scores suggest the respondent struggles to effectively utilize opportunities and exhibits a limited sense of mastery in handling environmental factors and activities, including managing daily affairs and creating situations that serve personal needs.

Table 3: Regression Analysis between Menstrual Education and Environmental Mastery in Public Schools

Model	R	R Square	Adjusted R-Square	Std. Error of the Estimate
1	.113 ^a	.013	.006	.98744

a. Predictors: (Constant), Menstrual Education provided by the School

b. Dependent Variable: Environmental_Mastery

Furthermore, the table below shows that the value of r^2 is 0.030, and the adjusted r^2 is 0.024, indicating a low degree of positive relationship between menstrual education and its positive impact on the personal growth of adolescent girls in public schools in Hyderabad. Low scores recognize slow improvement in behavior over a period of time.

Table 4: Regression Analysis between Menstrual Education and Personal Growth in Public Schools

Model	R	R Square	Adjusted R-Square	Std. Error of the Estimate
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1	.174 ^a	.030	.024	.97672
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a. Predictors: (Constant), Menstrual Education provided by the School

b. Dependent Variable: Personal Growth

From the below mentioned table number 5, the value of r^2 is 0.000, and the value of adjusted r^2 is -0.006. This indicates that there is no relationship between menstrual education and positive relations of adolescent girls in the public schools of Hyderabad. Negative scores reflect the respondent's engagement in unmeaningful or no relationships with others.

Table 5: Regression Analysis between Menstrual Education and Positive Relations in Public Schools

Model	R	R Square	Adjusted R-Square	Std. Error of the Estimate
1	.022 ^a	.000	-.006	1.29844

a. Predictors: (Constant), Menstrual Education provided by the School

b. Dependent Variable: Positive Relations

The regression analysis presented in Table 6 reveals a very low level of positive relationship between menstrual education (independent variable) provided by public schools to adolescent girls and their purpose in life (dependent variable).

Table 6: Regression Analysis between Menstrual Education and Purpose in Life of Adolescent Girls in Public Schools

Model	R	R Square	Adjusted R-Square	Std. Error of the Estimate
1	.082 ^a	.007	.000	1.05953

a. Predictors: (Constant), Menstrual Education provided by the School

b. Dependent Variable: Purpose in Life

Further from Table 7, mentioned below, the value of r^2 is 0.001, and the value of adjusted r^2 is -0.006. It indicates a very low degree of negative relationship between menstrual education provided by the public schools and self-acceptance of adolescent girls in the public schools of Hyderabad. Negative scores indicate that adolescent girls have no positive attitude toward themselves.

Table 7: Regression Analysis between Menstrual Education and Self-Acceptance Level of Adolescent Girls in Public Schools

Model	R	R Square	Adjusted R-Square	Std. Error of the Estimate
1	.034 ^a	.001	-.006	1.14921

a. Predictors: (Constant), Menstrual Education provided by the School

b. Dependent Variable: Self-Acceptance

Findings

The significance p-value of only one variable (personal growth) is less than 0.05, while the p-values of the other five variables (autonomy, environmental mastery, positive relations, purpose in life, and self-acceptance) exceed 0.05. Therefore, according to the hypothesis, the researcher can conclude that there exists a significant negative relationship between menstrual education and the psychological well-being of adolescent girls in public schools. Only one variable (personal growth) has a significance p-value below 0.05, whereas the p-values for the remaining five variables (autonomy, environmental mastery, positive relationships, purpose in life, and self-acceptance) surpass 0.05. Consequently, based on the hypothesis, the researcher can ascertain a strong negative correlation between menstrual education and the psychological well-being of adolescent girls in public schools due to the lack of menstrual education in the public schools of Hyderabad City.

Despite being a normal biological occurrence, menstruation is frequently surrounded by stigma, false information, and cultural taboos, as the reviewed literature makes clear. Adolescent females have had negative psychological, emotional, and scholastic effects as a result, especially in environments with few resources. Numerous studies show that females' low self-esteem, emotional stress, poor hygiene habits, and absenteeism are all influenced by inaccurate menstruation instruction.

Girls attending private schools are more knowledgeable, have easier access to sanitary goods, and are in more supportive situations than their public-school counterparts, according to several studies. Higher levels of psychological well-being, body confidence, and consistent attendance at school are indicators of these differences among females attending private schools.

CONCLUSION

Comprehensive menstrual education enables girls to understand the anatomical causes of menstruation, so alleviating their worries, confusions, and misconceptions. Girls who receive accurate information about their bodies before menarche will enhance their self-esteem, confidence, and emotional stability. Conversely, ignorance frequently results in worry, humiliation, and a detrimental self-image, which can impede personal development. Menstrual education enhances self-esteem and body acceptance. Discussing the normalcy of menstruation should encourage females to see their bodies with respect rather than shame. This acceptance fosters assertiveness, empowerment, and resilience—essential attributes during the transformative adolescent years.

Furthermore, menstrual education enhances social and communication competencies. Informed girls exhibit greater confidence when discussing health issues with parents, educators, and peers. This transparency fosters relationships with others and mitigates the social isolation stemming from menstruation-related stigma.

From a behavioral perspective, menstruation education promotes accountability and self-care practices, encompassing hygiene maintenance and the seeking of medical aid as required. These strategies promote disciplined behavior and maturity. Furthermore, understanding menstrual health enables women to challenge stereotypes and cultural taboos, promoting critical thinking and self-empowerment. In conclusion, menstrual education significantly influences the personality development of adolescent girls.

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