ISSN 2598-3180 (Online)
JOURNAL OF MIDWIFERY
Research and Practice
Accredited by SINTA 4th

Article

The Relationship Between Readiness For Menarche And Attitudes Toward Menstrual Myths Among Early Adolescents At Mi Nidhomiyah Jombang

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SUBMISSION TRACK

Recieved: May 19th,, 2026
Final Revision: May 30th, 2026
Available Online: June 30th, 2026

KEYWORDS

Early adolescents, Menarche, Menstrual myths, Readiness, Reproductive health

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A B S T R A C T

Menarche is a critical developmental phase for early adolescents, often accompanied by anxiety and misinformation regarding menstrual myths. This study aimed to investigate the relationship between readiness for menarche and attitudes toward menstrual myths among early adolescents at MI Nidhomiyah Jombang. A quantitative research design with a cross-sectional approach was employed with 93 respondents selected through purposive sampling. Data were collected using questionnaires and analyzed using the Chi-Square test. The results showed that 57.0% of respondents were prepared for menarche, while 52.7% held a positive attitude toward menstrual myths. Statistical analysis confirmed a significant relationship between readiness for menarche and attitudes toward menstrual myths ($p=0.021$). Adolescents who were well-prepared demonstrated more rational and positive attitudes, whereas those who were unprepared were more susceptible to internalizing negative myths. These findings suggest that readiness acts as a protective cognitive filter. Therefore, schools and healthcare providers should implement targeted reproductive health education to enhance adolescent readiness and foster critical thinking to debunk persistent menstrual myths effectively.

https://doi.org/10.25077/jom.11.1.58-63.2026
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I. INTRODUCTION

Early adolescence is a critical developmental phase, typically spanning from ages 10 to 12, marked by the onset of puberty and menarche (first menstruation).(1) Menarche serves as a primary indicator of biological maturity and is influenced by a complex interplay of nutritional, genetic, and socioeconomic factors.(2)

Despite its natural occurrence, many early adolescents face significant challenges in preparing for menarche. Inadequate knowledge often leads to anxiety, fear, and confusion, as girls struggle to distinguish between accurate health information and pervasive cultural myths.(3) Global reports indicate that approximately 52% of adolescent girls in developing countries experience anxiety during menarche due to a lack of informational readiness.(4) UNICEF data highlights that over 500 million women and adolescents worldwide are influenced by menstrual stigmas, with 40% to 60% of early adolescents in South Asia and Africa believing in at least one menstrual myth.(5) Similar trends are observed in Indonesia, where national surveys report that 43% of adolescent girls have not received formal menstrual education before menarche, and over 50% continue to adhere to restrictive myths regarding diet and activity.(6) A preliminary study at MI Nidhomiyah Jombang revealed that 6 out of 10 respondents felt unprepared for menarche, relying primarily on informal sources and internalizing various non-medical restrictions.

Readiness for menarche is fundamentally shaped by knowledge, psychological support, and family environment.(7) Attitudes formed during this period are critical, as they influence reproductive health behaviors in later life.(8) Therefore, this study aims to scientifically investigate the relationship between readiness for menarche and attitudes toward menstrual myths. The findings are expected to provide relevant data to support the planning of targeted, culturally sensitive reproductive health education at MI Nidhomiyah Jombang.

II. METHODS

This study utilized an analytical research design with a cross-sectional approach. This method is appropriate for investigating the relationship between exposure or risk factors (independent) and consequences or effects (dependent), where data collection for both variables is carried out simultaneously. The research was conducted at MI Nidhomiyah Jombang on April 6, 2026.

The study population consisted of all female students in grades V and VI, totaling 122 students. Based on the Slovin formula with a 0.05 margin of error, 93 respondents were selected using a purposive sampling technique. The inclusion criteria were: female students in grades V and VI, categorized as early adolescents, who had experienced or were in the early phase of menarche, and were willing to participate. Exclusion criteria included absence during data collection or failure to complete the questionnaire.

The study employed two primary variables. The independent variable, Readiness for Menarche, was measured using a questionnaire covering knowledge, emotional, attitudinal, and behavioral aspects, categorized as "Prepared" or "Unprepared" based on the median score. The dependent variable, Attitudes toward Menstrual Myths, was measured using a questionnaire assessing cognitive, affective, and conative components, categorized as "Positive" or "Negative" based on the median score. Data collection involved primary data from respondents and secondary data from school administrative records. Univariate analysis was used to describe respondent characteristics, while the relationship between variables was analyzed using the Chi-Square test at a 0.05 significance level. The study adhered to ethical principles including non-maleficence, beneficence, autonomy, anonymity, justice, confidentiality, veracity, informed consent, and non-inducement.

III. RESULT

The subjects in this study were 93 students of MI Nidhomiyah Jombang who met the research inclusion criteria and were willing to participate as respondents.

1. Univariate Analysis

Table 1. Frequency Distribution of Respondent Characteristics

Characteristics	Category	f	%
Age (years)	10–11	33	35.5
	12–13	60	64.5
Grade	V	42	45.2
	VI	51	54.8
Menarche Status	Menarche	56	60.2
	Pre-menarche	37	39.8
Info Source	Parents	49	52.7
	Teacher/Peer	44	47.3

Based on Table 1, the majority of respondents were in the 12–13 age range (64.5%) and were students in grade VI (54.8%). Regarding menarche status, more than half of the respondents had experienced menarche (60.2%), and parents were the primary source of information regarding menstruation for 52.7% of the respondents.

Table 2. Distribution of Readiness for Menarche

Category	f	%
Prepared	53	57.0
Unprepared	40	43.0
Total	**93**	**100.0**

Based on Table 2, it was found that 57.0% of respondents were categorized as "Prepared" for menarche, while 43.0% remained in the "Unprepared" category.

Table 3. Distribution of Attitudes toward Menstrual Myths

Category	f	%
Positive	49	52.7
Negative	44	47.3
Total	**93**	**100.0**

Table 3 shows that 52.7% of respondents possessed a positive attitude toward menstrual myths, whereas 47.3% held a negative attitude.

2. Bivariate Analysis

Table 4. The Relationship between Readiness for Menarche and Attitudes toward Menstrual Myths

Readiness for Menarche	Attitudes Toward Menstrual Myths				Total		P-Value
	Positive Attitude		Negative Attitude				
	f	%	f	%	f	%	
Prepared	37	39.8	16	17.2	53	57.0	0.021
Unprepared	12	12.9	28	30.1	40	43.0	
Total	**49**	**52.7**	**44**	**47.3**	**93**	**100.0**	

Based on Table 4, it can be seen that among respondents who were "Prepared" for menarche, a higher proportion demonstrated a positive attitude (39.8%) compared to those who were "Unprepared." The Chi-Square test yielded a p-value of 0.021, which is less than α (0.05). This indicates a significant relationship between readiness for menarche and attitudes toward menstrual myths among early adolescents at MI Nidhomiyah Jombang.

IV. DISCUSSION

The majority of respondents were in the age range of 12–13 years (64.5%), indicating they are in the early phase of adolescence (10–14 years), a critical period of transition characterized by significant physiological changes, including menarche. The finding that 57.0% of respondents were "Prepared" for menarche suggests that the majority have a foundational understanding of the transition; however, the 43.0% who remain "Unprepared" is concerning. This indicates that despite being in the optimal age for reproductive health education, a significant portion of early adolescents still lacks the psychological and informational readiness required to navigate menarche. This aligns with previous research suggesting that readiness for menarche is not merely a biological occurrence but a multifaceted process involving psychological adaptation and knowledge acquisition.(9)

Regarding attitudes toward menstrual myths, this study found that 52.7% of respondents held a positive attitude, while 47.3% held a negative attitude. This implies that nearly half of the students at MI Nidhomiyah Jombang still rely on or are influenced by unscientific beliefs. This result is consistent with findings that suggest early adolescents are highly susceptible to internalizing cultural narratives when they lack sufficient medical-based literacy.(1) The influence of the home environment is evident, as 52.7% of respondents cited parents as their primary source of information. If these information sources are not equipped with accurate medical knowledge, there is a risk that myths regarding dietary restrictions and hygiene will be perpetuated through generations.

The bivariate analysis using the Chi-Square test yielded a p-value of 0.021 ($p < 0.05$). This confirms a statistically significant relationship between readiness for menarche and attitudes toward menstrual myths. Respondents who were "Prepared" were more likely to demonstrate positive, rational attitudes toward menstrual myths, whereas those "Unprepared" were significantly more likely to hold negative, myth-based attitudes. This suggests that readiness acts as a protective cognitive filter. When an adolescent is prepared, she is better equipped to critically evaluate information and reject groundless taboos. In contrast, the absence of this readiness leads to uncertainty, making adolescents more reliant on myths as a mechanism to understand their bodily changes.(10)

This finding supports the health behavior theory which posits that cognitive readiness is the precursor to rational health attitudes.(11) Furthermore, recent evidence highlights that the integration of reproductive health education is essential to bridge the gap between biological readiness and social perception.(12) By providing accurate information, the cycle of myth-based attitudes can be interrupted. Therefore, the significant relationship found in this study provides a clear rationale for schools and healthcare providers to implement targeted interventions that focus on both informational readiness and critical thinking regarding menstrual health, moving beyond traditional instruction to address the cultural myths that persist in early adolescent environments.

V. CONCLUSION

Research conducted at MI Nidhomiyah Jombang regarding the relationship between readiness for menarche and attitudes toward menstrual myths yielded several important findings. In

general, more than half of the early adolescents in this study are prepared for menarche, yet a significant proportion still holds negative attitudes toward menstrual myths, indicating that unscientific beliefs remain prevalent.

The results of the data analysis confirmed a significant relationship between readiness for menarche and attitudes toward menstrual myths. This indicates that readiness serves as a protective factor; adolescents who are well-prepared for menarche are more likely to possess positive and rational attitudes, whereas those who are unprepared are more susceptible to internalizing myths. Therefore, comprehensive reproductive health education is essential to improve readiness and foster critical thinking to debunk persistent menstrual myths.

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