



MENSTRUAL HEALTH CULTURE: MEDICAL, SOCIAL AND PSYCHOLOGICAL ASPECTS

Tillayeva Zarina Zafarbekovna

zarina_tillyayeva@tues.uz

<https://orcid.org/0009-0000-9394-5324>

Utanova Maftuna Baxtiyorovna

Termez University of Economics and Service

Abstract

Menstrual health is an essential component of women's and girls' general health, dignity, education, social participation and psychological well-being. Although menstruation is a normal physiological process, in many societies it is still surrounded by silence, stigma, misinformation and cultural restrictions. A healthy menstrual culture means more than access to menstrual hygiene products; it includes correct medical knowledge, safe hygiene practices, psychological support, respectful communication, social acceptance and timely access to healthcare. According to UNICEF, around 1.8 billion people menstruate every month worldwide, yet many of them cannot manage menstruation in a dignified and healthy way because of poverty, lack of information, inadequate sanitation, stigma and limited access to healthcare. WHO has emphasized that menstrual health should be recognized not only as a hygiene issue, but also as a health, human rights and gender equality issue. This article analyzes menstrual health culture from medical, social and psychological perspectives and highlights the importance of education, stigma reduction and healthcare-based support.

Keywords: menstrual health, menstruation, menstrual hygiene, reproductive health, menstrual stigma, adolescent girls, psychological well-being, women's health.

Introduction

Menstruation is a natural biological process that reflects reproductive and hormonal function in the female body. It usually begins during puberty and continues until menopause, except during pregnancy, lactation or certain medical conditions. Despite being a normal part of life, menstruation is often treated as a private, shameful or uncomfortable topic. This creates barriers to education, healthcare access and open communication.

Menstrual health culture refers to the way individuals, families, schools, healthcare systems and society understand, discuss and manage menstruation. A positive menstrual culture is based on scientific knowledge, dignity, hygiene, emotional support and the absence of discrimination. A negative menstrual culture, on the other hand, is characterized by shame, myths, secrecy, poor hygiene conditions, fear of seeking medical help and normalization of menstrual pain.

The relevance of this topic is increasing globally. WHO and UNICEF reported in 2024 that only 39% of schools worldwide provide menstrual health education, and less than one third of schools globally have bins for menstrual waste in girls' toilets. These figures show that menstrual health is not only an individual issue, but also an educational, infrastructural and public health problem.

Menstrual health has medical, social and psychological dimensions. Medically, irregular cycles, severe pain, heavy bleeding or absence of menstruation may indicate underlying conditions such as polycystic ovary syndrome, thyroid disorders, anemia, endometriosis or reproductive tract disease. Socially, stigma and lack of sanitation can limit school attendance, work participation and social confidence. Psychologically, menstrual shame and discrimination may contribute to anxiety, emotional distress and low self-esteem.

Materials and Methods



This article was prepared as a descriptive literature-based review. Information was collected from international public health sources, including WHO, UNICEF, World Bank materials and recent PubMed-indexed scientific literature. The analysis focused on three main dimensions of menstrual health culture: medical aspects, social aspects and psychological aspects.

The reviewed materials included global reports on menstrual health and hygiene, school-based menstrual education data, studies on menstrual stigma, psychological outcomes of menstrual inequity and publications discussing menstruation as a health and human rights issue. The information was synthesized in an academic narrative form suitable for educational and conference purposes.

Medical Aspects of Menstrual Health

From a medical perspective, menstruation is an important indicator of reproductive and general health. A regular menstrual cycle reflects the coordinated function of the hypothalamus, pituitary gland, ovaries and uterus. Normal menstrual cycles may vary between individuals, but sudden changes in cycle length, bleeding volume, pain intensity or menstrual regularity should not be ignored.

Common menstrual problems include dysmenorrhea, heavy menstrual bleeding, irregular menstruation, premenstrual syndrome, amenorrhea and abnormal uterine bleeding. Dysmenorrhea, or painful menstruation, is one of the most frequent complaints among adolescent girls and young women. Although mild discomfort may be common, severe menstrual pain that interferes with daily activities should not be considered normal. It may be associated with endometriosis, pelvic inflammatory disease, uterine fibroids or other gynecological conditions.

Heavy menstrual bleeding can lead to iron deficiency anemia, fatigue, reduced concentration and decreased academic or work performance. Irregular cycles may be linked with hormonal disorders, thyroid disease, stress, excessive exercise, eating disorders or polycystic ovary syndrome. Therefore, menstrual history should be treated as an important part of routine medical assessment, especially in adolescent and reproductive-age patients.

Menstrual hygiene is another major medical aspect. Poor menstrual hygiene may increase discomfort, skin irritation, reproductive tract infections and urinary tract infections. To manage menstruation safely, girls and women need clean water, private toilets, soap, appropriate menstrual products and correct information about changing and disposing of products. The World Bank notes that effective menstrual health management requires access to water, sanitation and hygiene facilities, affordable menstrual materials, reliable information and a supportive environment free from embarrassment or stigma.

Healthcare professionals play a central role in improving menstrual health culture. Doctors, nurses and midwives should provide evidence-based information, explain what is normal and abnormal, identify warning signs and encourage timely consultation. Menstrual pain, heavy bleeding and irregular cycles should not be dismissed as “ordinary women’s problems.” They require careful evaluation when they affect quality of life.

Social Aspects of Menstrual Health Culture

Menstruation is not only a biological event; it is also shaped by cultural norms, family beliefs, religious interpretations, school environment, economic conditions and gender roles. In many communities, girls learn about menstruation through silence, fear or incomplete information. This may lead to embarrassment, poor hygiene practices and delayed healthcare seeking.

Menstrual stigma is one of the most important social barriers. Stigma makes menstruating individuals feel dirty, weak, impure or limited. In some cultures, menstruating girls and women may



be restricted from cooking, praying, attending school, participating in sports or social activities. These restrictions may harm self-confidence and reinforce gender inequality.

Schools are a key environment for menstrual health culture. If schools do not provide menstrual education, clean toilets, privacy and waste disposal, girls may feel unsafe or ashamed during menstruation. WHO and UNICEF data show major gaps in school-based menstrual health support: only 2 out of 5 schools worldwide provide menstrual health education, and menstrual waste disposal facilities remain unavailable in many schools.

Period poverty is another social problem. It refers to limited access to menstrual products, hygiene facilities, pain relief, information and supportive services. Period poverty can affect school attendance, work participation and dignity. UNICEF reports that 1.8 billion people menstruate every month, yet many cannot manage their cycle in a dignified and healthy way.

A healthy menstrual culture requires community-level change. Parents should speak openly and respectfully with daughters. Boys and men should also receive basic menstrual education to reduce stigma and teasing. Teachers should be trained to support students. Healthcare systems should make menstrual care accessible and confidential. Public policy should include menstrual products, WASH infrastructure and reproductive health education as basic health and dignity needs.

Psychological Aspects

Menstruation has a strong psychological dimension. The first menstruation, or menarche, may be experienced with pride, fear, confusion or shame depending on how well a girl has been prepared. If menstruation is presented as something shameful, girls may develop negative attitudes toward their own bodies.

Menstrual stigma can affect emotional well-being. Recent scientific literature shows that menstrual inequity is associated with anxiety, distress and depressive symptoms, especially when individuals experience discrimination, lack of education or limited access to menstrual healthcare.

Premenstrual symptoms may also influence mood and behavior. Some individuals experience irritability, sadness, anxiety, fatigue, sleep changes and concentration problems before menstruation. In more severe cases, premenstrual dysphoric disorder may significantly impair daily functioning. These symptoms should be recognized medically and psychologically rather than dismissed as exaggeration.

Psychological support is especially important for adolescents. Girls need reassurance that menstruation is normal, but they also need to know when symptoms require medical attention. Open communication can reduce fear and improve body literacy. Body literacy means understanding one's own body, cycle, symptoms and health changes.

Digital technologies, including menstrual tracking applications, may help individuals understand cycle patterns, pain, mood changes and bleeding characteristics. However, privacy and data protection must be considered carefully. Menstrual data can be useful for health monitoring, but it should not become a source of surveillance, discrimination or anxiety.

Discussion

Menstrual health culture should be understood as a multidimensional public health issue. It combines medical care, education, sanitation, gender equality, psychological support and social justice. A society with a strong menstrual health culture does not hide menstruation, does not shame girls and women, and does not normalize severe pain or suffering.

One of the major problems is the normalization of menstrual pain. Many girls are told that severe pain is natural and must be tolerated. This belief may delay diagnosis of conditions such as endometriosis or other gynecological disorders. Healthcare workers should ask about menstrual symptoms actively and treat menstrual complaints seriously.



Another key issue is the gap between biological knowledge and cultural practice. Even when people know that menstruation is normal, social taboos may continue to shape behavior. Therefore, menstrual health education should not only explain anatomy and physiology but also address myths, stigma, hygiene, emotional well-being and respect.

Schools and universities have a major role. Menstrual education should be age-appropriate, scientifically accurate and inclusive. It should teach cycle physiology, hygiene, pain management, warning signs, emotional changes and when to seek medical help. School toilets should have privacy, water, soap and waste disposal. Without infrastructure, education alone is not enough.

In healthcare systems, menstrual health should be integrated into primary care, adolescent medicine, gynecology, mental health and public health programs. Menstrual history can help identify endocrine, hematological, gynecological and psychological problems. WHO has called for menstrual health to be framed as a health and human rights issue rather than only a hygiene issue.

Conclusion

Menstrual health culture is an important indicator of medical awareness, gender equality and social development. Menstruation is a normal physiological process, but the way society understands and manages it can either support or harm girls' and women's health.

A positive menstrual health culture requires accurate medical knowledge, safe hygiene practices, emotional support, open communication and access to healthcare. It also requires eliminating stigma, improving school sanitation, ensuring affordable menstrual products and recognizing menstrual symptoms as legitimate health concerns.

Medical professionals, teachers, parents, policymakers and communities must work together to create an environment where menstruation is discussed respectfully and managed safely. Improving menstrual health culture is not only about hygiene; it is about dignity, health, education, psychological well-being and human rights.

References

1. World Health Organization. WHO statement on menstrual health and rights. 2022.
2. World Health Organization and UNICEF. Global report on menstrual health and hygiene in schools. 2024.
3. UNICEF. Menstrual hygiene.
4. UNICEF. 10 Fast Facts: Menstrual health in schools. 2024.
5. World Bank. Menstrual Health and Hygiene.
6. García-Egea A., et al. Mapping the health outcomes of menstrual inequity. PubMed. 2025.
7. Delray K., et al. Tracking mood symptoms across the menstrual cycle. 2025.
8. WHO Europe. Menstrual health is a fundamental human right. 2024.
9. World Bank. Menstrual health and hygiene empowers women and girls.
10. Global Menstrual Health and Hygiene Monitoring Group. Menstrual health indicators and school WASH monitoring.