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Shadow Pedagogies and Silent Knowledge: Information Sources on Menarche for Adolescent Girls in the Absence of Formal Education

Aaminah Tahseen
Graduate Scholar, Department of Anthropology, Quaid i Azam University Islamabad

ABSTRACT

This article examines the informal knowledge networks through which adolescent girls in rural Dhirkot, Azad Kashmir, acquire information about menstruation in the complete absence of formal reproductive health education. Drawing on qualitative ethnographic research with 31 adolescent girls aged 11-16, the study reveals that in the absence of institutional schooling and structured curricula, girls rely on fragmented, myth-laden information transmitted through elder sisters, mothers, peers, community elders, and increasingly, digital media. These "shadow pedagogies" simultaneously fill critical knowledge gaps while perpetuating menstrual stigma and misinformation. The findings demonstrate how family silence, institutional avoidance, and cultural taboos create an epistemic vacuum where girls must navigate menarche through whispered conversations, euphemistic language, and coded expressions, ultimately reinforcing what scholars identify as both testimonial and hermeneutical injustice. The article argues for culturally sensitive, community-based menstrual health interventions that acknowledge the primacy of informal knowledge systems while challenging damaging myths and structural silences.

***Keywords**: Shadow Pedagogies, Silent Knowledge, Information Sources, Menarche for Adolescent, Formal Education.*

Introduction

Menarche, the biological onset of menstruation, represents one of the most significant developmental milestones in the transition from childhood to adolescence. While biologically universal, menstruation is experienced differently across societies because it is deeply embedded within cultural norms, social expectations, and gendered belief systems that shape how girls perceive and respond to this natural physiological process (Rogol, 2002). Beyond marking reproductive maturity, menarche often symbolizes a transition into womanhood, bringing with it new social responsibilities, behavioral expectations, and cultural restrictions that vary considerably across communities. In many developing and rural settings, however, this important life event is accompanied by confusion, fear, and anxiety due to the absence of accurate and timely information. In rural Dhirkot, Azad Kashmir, adolescent girls encounter menstruation within a socio-cultural environment where discussions surrounding reproductive health remain highly sensitive and formal educational institutions deliberately exclude comprehensive menstrual health education from the curriculum. Consequently, girls experience menarche without adequate institutional guidance, scientifically accurate information, or culturally appropriate educational support. Instead of viewing menstruation as a normal biological process, many girls interpret it through fragmented explanations and inherited cultural narratives that may reinforce misconceptions and emotional distress. Against this backdrop, this article addresses the first objective of the broader research project by examining where adolescent girls obtain information about menstruation in the absence

of formal educational systems and how these alternative sources shape their understanding of menstrual health and hygiene.

The exclusion of menstrual education from schools in Dhirkot reflects a broader pattern of institutional neglect concerning adolescent reproductive health and demonstrates the persistence of what feminist scholars describe as epistemic injustice. According to Fricker (2007), epistemic injustice occurs when particular forms of knowledge and lived experiences are marginalized or excluded from institutional discourse, thereby denying individuals access to reliable information that directly affects their lives. Within educational settings, menstruation remains a largely invisible topic despite its universal relevance to adolescent girls, resulting in the systematic omission of reproductive health education from classroom learning. Data reported by the Kashmir Health Bureau (2023) reveals that approximately 89% of public schools in rural Azad Kashmir lack any structured curriculum addressing puberty, menstruation, or reproductive health education. This educational deficiency creates a significant pedagogical vacuum in which young girls are expected to navigate the physical, emotional, and psychological challenges of menarche independently. The silence of educational institutions is particularly striking when contrasted with the region's rich cultural traditions of transmitting knowledge about marriage, family responsibilities, religious practices, and other important life events through established social mechanisms. Unlike these culturally recognized transitions, menstruation occupies an ambiguous position characterized by silence, secrecy, and avoidance. Drawing upon Turner's (1969) concept of liminality, this situation may be conceptualized as an "unstructured liminality," whereby girls enter a transitional stage of biological maturity without the institutional guidance, ritual preparation, or social support necessary to understand and successfully navigate this critical developmental period. Such conditions often increase vulnerability to misinformation, emotional distress, and unhealthy menstrual practices.

In contexts where formal education fails to provide essential reproductive health knowledge, adolescent girls inevitably turn to alternative sources of information that scholars have described as "shadow pedagogies" or informal systems of knowledge transmission (Chris, 2018). These informal educational networks typically consist of mothers, elder sisters, grandmothers, female relatives, close friends, neighbors, and, in some cases, community health workers who offer guidance based on personal experience rather than standardized scientific knowledge. Although these interpersonal channels partially compensate for the absence of school-based menstrual education, the information transmitted is often inconsistent, incomplete, and deeply influenced by local cultural beliefs, religious interpretations, and longstanding social taboos. Consequently, explanations of menstruation are frequently accompanied by myths, euphemisms, restrictions, and narratives emphasizing impurity, secrecy, or shame instead of biological understanding and positive health practices. Such informal learning environments may inadvertently perpetuate misconceptions regarding menstrual hygiene, dietary restrictions, physical activity, religious participation, and social interaction during menstruation. At the same time, these networks also provide emotional reassurance and practical coping strategies that formal institutions currently fail to offer, highlighting their complex and sometimes contradictory role in adolescent development. This article therefore investigates how adolescent girls in rural Dhirkot

negotiate these informal knowledge networks, evaluates the reliability and limitations of the information they receive, and examines the broader implications of these learning experiences for menstrual knowledge, self-confidence, health behavior, and overall well-being. By focusing on the intersection between institutional silence and community-based knowledge transmission, the study contributes to a deeper understanding of menstrual education gaps in rural Pakistan and provides evidence to inform culturally sensitive educational and public health interventions.

Theoretical Framework

This study is grounded in an interdisciplinary theoretical framework that integrates perspectives from medical anthropology, feminist theory, and critical pedagogy in order to examine how adolescent girls in rural Dhirkot experience and understand menstruation in the absence of formal educational support. The framework recognizes menstruation not merely as a biological event but as a social and cultural phenomenon shaped by power relations, knowledge systems, and community practices. A central concept guiding the analysis is the "mindful body" proposed by Margaret Lock and Nancy Scheper-Hughes (1987), which challenges the reduction of the body to a passive biological object. Instead, the body is understood as a site where cultural meanings, social norms, political structures, and personal experiences intersect. In rural Dhirkot, adolescent girls often encounter menarche without prior preparation, scientific explanation, or open family discussion. As a result, their bodily experiences are interpreted through culturally embedded narratives of silence, modesty, shame, and taboo. The first menstrual experience therefore becomes not only a physiological transition but also a socially mediated event in which girls learn how their bodies should be perceived, controlled, and discussed within their community. By applying the mindful body perspective, the study highlights how menstruation is simultaneously experienced at the biological, social, and symbolic levels.

Feminist theory provides an additional and particularly powerful lens for understanding the systematic marginalization of female reproductive knowledge within educational and social institutions. The concept of epistemic injustice developed by Miranda Fricker (2007) is especially relevant to the context of Dhirkot, where adolescent girls frequently lack access to reliable information about menstruation and reproductive health. Two dimensions of epistemic injustice are evident. First, girls may experience testimonial injustice, whereby their questions, fears, or experiences related to menstruation are dismissed, minimized, or treated as inappropriate topics of discussion. Second, they may suffer hermeneutical injustice, which occurs when individuals lack the conceptual resources and language necessary to interpret and explain their own experiences. In practical terms, many girls encounter menstruation without understanding its biological basis, leading them to rely on fragmented explanations and culturally coded euphemisms. The notion of "silenced knowledge" (Bashir, 2017) further deepens this analysis by illustrating how information about menstruation may exist within the community yet remains intentionally withheld because of stigma, notions of modesty, and fears surrounding discussions of female sexuality. Consequently, the absence of menstrual education is not simply a lack of information; it is also a reflection of broader gendered power structures that regulate what kinds of knowledge are considered acceptable for public transmission.

The framework is further strengthened through practice theory, particularly the work of Michel de Certeau (1984), which examines how individuals develop everyday strategies to navigate systems that exclude or constrain them. In contexts such as rural Dhirkot, where formal institutions provide little guidance regarding menstruation, adolescent girls acquire what de Certeau describes as "tactical knowledge"—practical, improvised, and often informal methods for coping with social restrictions and informational gaps. These tactics may include seeking advice from trusted female relatives, observing peers, adapting household practices, or privately experimenting with menstrual management techniques. Although such strategies demonstrate agency and resilience, they also reveal the unequal conditions under which girls are required to learn about their bodies. This dimension of the framework connects closely with Pierre Bourdieu's concept of symbolic violence, through which dominant social norms become internalized by individuals and appear natural or unquestionable. In the case of menstruation, girls may come to accept secrecy, restriction, and shame as normal aspects of womanhood, even when these beliefs limit their autonomy, mobility, and educational participation. By combining practice theory with the concept of symbolic violence, the study demonstrates how adolescent girls simultaneously resist, negotiate, and reproduce the cultural norms that shape their menstrual experiences.

Together, these theoretical perspectives provide a comprehensive analytical framework for understanding menstrual knowledge in rural Dhirkot. Medical anthropology explains how bodily experiences are culturally constructed, feminist theory exposes the gendered dynamics of knowledge exclusion and silence, and practice theory reveals the everyday tactics through which girls navigate institutional and social constraints. The integration of these approaches allows the study to move beyond a purely biomedical understanding of menstruation and instead examine it as a multidimensional phenomenon involving culture, power, education, and social practice. This framework is therefore particularly well suited to investigating how adolescent girls obtain information about menstruation, how they interpret their first menstrual experiences, and how broader structures of inequality influence their understanding of reproductive health and their transition into womanhood.

Methodology

This qualitative ethnographic study employed a critical ethnographic approach to explore how adolescent girls in rural Dhirkot comprehend and negotiate menarche where there is a lack of formal reproductive health training. Three key data collection techniques were utilized: unstructured interviews, participant observation, and ethnographic field immersion.

Field Site: Dhirkot, located in Azad Jammu and Kashmir's Bagh District, is a socioeconomically backward and far-flung tehsil characterized by difficult terrain, poor infrastructure, and deep cultural conservatism. Approximately 80% of schools in Azad Kashmir lack WASH (Water, Sanitation, and Hygiene) facilities, disproportionately affecting girls' educational retention rates and menstrual health management (Kashmir Welfare Trust, 2023).

Participants: The research focused on 31 adolescent girls aged 11-16 who had already experienced menarche, recruited across one government and two private schools. All participants were Muslim and belonged to lower- or middle-income households.

Data Collection: Unstructured interviews served as the primary tool for probing how adolescent girls interpreted, embodied, and negotiated the experience of menarche. The

adaptive, free-flowing style allowed participants to contribute personal stories and metaphors without the restriction of a fixed script. Participant observation was complemented by ethnographic field immersion, with the researcher spending prolonged periods in the field observing daily routines, peer interactions, and school environments. Thematic analysis was employed to interpret the data, following the six-step framework by Braun and Clarke (2006).

Ethical Considerations: Strict ethical procedures were adhered to, including informed verbal consent, confidentiality, and anonymization of participants' identities. Special attention was taken to de-stigmatize the issue in interviews, beginning with informal conversation to lead into the topic and provide participants with a comfortable environment.

Findings

Family as the First Site of Secrecy

Within Dhirkot's close-knit families, menstruation is rarely mentioned until it happens and then only briefly and in hushed tones. Mothers, themselves products of silence, tend to replicate the same behaviors and patterns with their children. One participant's narrative illustrates this pattern:

"Jab mujhe pehli dafa bleeding Hui to mujhe laga mein Marne wali hoon. Na Kisi ne kabhi bataya, Na school mein kabhi yeh topic discuss hua. Jab mein ne ammi ko bataya to unho ne kaha ke yeh baat kisi ko mat batana, yeh sharam wali baat hoti hai." [Translation: "When I had bleeding for the first time, I thought I was going to die. No one had ever told me about it, and it was never discussed at school. When I told my mother, she said not to tell anyone—it's a shameful matter."]

The trembling in her voice explained how initial periods are presented not as biological landmarks but as moral transgressions. Family culture makes secrecy the norm, presenting it as a virtue rather than a care deficit.

Elder Sisters as First Teachers

In most Dhirkot families, older sisters serve as the first information channels. Yet what they pass on is a combination of disconnected biomedical facts and inherited myths. One participant recounted:

"Meri baji ne mujhe bataya tha ke jab bleeding ho tou paani se door rehna. Lekin usne yeh nahi bataya tha ke yeh roz hota hai ya kab band hota hai. Jab mujhe hua tou mein bohot confuse ho gayi." [Translation: "My sister told me to stay away from water when bleeding, but she didn't say how long it lasts or how often it happens. I was really confused when it started."]

Another girl shared:

"Baji ne kaha tha ke period ka matlab hai ab shadi ke laayak ho gayi ho. Mujhe bohot dar laga." [Translation: "My sister said having your period means you're ready for marriage. I got really scared."]

These accounts reveal how information transmitted is rich with cultural ideas of modesty, marriageability, and physical purity.

Peer Groups and Courtyard Talk

Peers particularly classmates and neighborhood friends constitute an important but unreliable source of menstrual education. Peer talk typically occurs in low tones, often involving euphemism and joking that both covers up and naturalizes misinformation.
"Class mein meri dost ne kaha tha ke agar blood zyada aaye tou doodh nahi pina chahiye. Mein ne phir school ke Pani Ka bottle bhi chor diya." [Translation: "My friend in class said if you bleed too much, don't drink milk. After that, I even stopped drinking water from my school bottle."]
Another shared:
"School ke washroom mein kisi ne likha tha ke agar yeh waqt aajaye tou dua parhna chhor do. Mujhe laga ke mein gunaah kar rahi hoon." [Translation: "Someone had written in the school washroom that if you get your period, stop praying. I thought I was committing a sin."]
This way, peer transmission, though important, ends up spreading misinformation and fear.

Mothers and Timing of Disclosure

The mother-daughter bond remains central to the process of menstrual knowledge transmission. However, disclosure tends to be reactive rather than proactive mothers tend to speak only after the onset of menarche. This timing tends to catch girls by surprise and leave them emotionally upset. Mothers sometimes lack correct information themselves or feel culturally hindered from talking openly.
One participant's experience illustrates this pattern:
"Jab mein ne ammi se poocha ke pehle kyun nahi bataya tou unka kehna tha: 'Agar pehle bataya hota tou jaldi hojaata.' Mujhe laga mein beemaar ho gayi hoon." [Translation: "When I asked my mom why she didn't tell me earlier, she said, 'If I had told you, it would've started early.' I thought I was ill."]
This reveals how the myth that informing girls early will cause premature puberty (see section 4.2.3.6) contributes to delayed information and heightened emotional damage.

Community Elders

In some areas of Dhirkot, especially in more rural hamlets, information comes from older women or dai-type healers some of whom serve as informal educators, midwives, and herbalists. One adolescent narrated:
"Mujhe dadi ne kaha tha ke jab period's aayein tou peeli mitti ki goli Lena. Waqt se pehle band ho jayein Ge. Yeh unka nuskha tha." [Translation: "My grandmother told me to eat yellow clay tablets when I get periods she said it would make them stop early. That was her remedy."]
Another said:
"Gaon ki ek aunty ne kaha ke neem ke Patton ka paani peena chahiye warna zehar ban jata hai blood." [Translation: "An aunty in the village said to drink neem leaf water during periods, or the blood turns into poison."]
These oral remedies, though part of indigenous knowledge systems, are usually not medically accurate and can have dangerous health consequences if adopted uncritically.

Euphemistic Language and the Loss of Expression

Language is an influential vehicle through which social norms are expressed and enforced. Menstruation is rarely spoken in explicit terms in Dhirkot. Rather, a variety of euphemisms and coded expressions are used, each imbued with modesty, discretion, and moral opinion. Common expressions include:

- "Wo din" (those days)
- "Paak nahi hon" (I am not pure)
- "Mahine ka masla" (monthly issue)
- "Bimaar ho gayi hon" (I have fallen ill)
- "Allah ka system chalu ho Gaya" (God's system has started)
- "Mehman a gay" (guest have arrived)

These phrases, though socially accepted, actively suppress open dialogue and create discomfort around the natural process of menstruation. The usage of such terms prevents adolescents from developing a healthy or empowered understanding of their bodies.

"TV pe kabhi kabar pads ka ad dekha tha lekin samajh nahi aaya tha. Jab period's shuru huay to purani kapray istemal kiye. Ammi se nahi kaha kyunke dar lagta tha. Baad mein infection ho Gaya." [Translation: "I had seen pad ads on TV but never understood them. When my periods started, I used old cloth. I didn't tell my mom because I was scared. Later, I got an infection."]

This narrative illustrates how euphemistic and avoidance language creates harmful silence. The lack of proper terms for sanitary products or her condition meant she lacked the vocabulary to request sanitary products or describe her condition, leading to improper hygiene and health issues.

New Literacies through Smartphones

As access to smartphones increases, some girls use YouTube, TikTok, and Google when no one in their household gives them clarity. These virtual spaces provide contemporary explanations, health advice, and solidarity.

"Mein ne phone pe 'why girls bleed' likha tou video mili jahan doctor ne explain kiya tha. Tab mujhe pata chala ke yeh normal hai. Mein ne pehli baar feel kiya ke mein pagal nahi hoon." [Translation: "I searched 'why girls bleed' on my phone and found a doctor explaining it. That's when I realized this is normal. For the first time, I didn't feel crazy."]

Discussion

The findings of this study demonstrate that, in the absence of formal menstrual health education, adolescent girls in rural Dhirkot rely on a complex and interconnected network of informal knowledge sources that simultaneously facilitate learning while reinforcing cultural stigma surrounding menstruation. Rather than receiving systematic, scientifically accurate, and age-appropriate information through schools, girls acquire fragmented knowledge through interpersonal interactions within families, peer groups, and the wider community. These informal channels function as what Chris (2018) describes as "whispered pedagogies" private, discreet, and often secretive mechanisms through which sensitive knowledge is transmitted outside institutional settings. While such pedagogies provide essential guidance in contexts where formal education is absent, they also reproduce the cultural norms, myths, and silences embedded within the community. The findings indicate that menstrual knowledge is not simply transferred but socially constructed through gendered expectations that emphasize modesty, secrecy, and social conformity. Consequently, menstruation is presented not merely as a biological process but as a socially regulated experience requiring concealment and careful behavioral management. These findings reinforce the argument that educational exclusion creates alternative systems of knowledge transmission that are

simultaneously adaptive and restrictive, providing practical information while perpetuating long-standing misconceptions and stigma.

The family emerged as the most influential institution in shaping girls' initial understanding of menstruation, with mothers and elder sisters serving as both primary educators and guardians of cultural norms. Their role, however, is characterized by a significant contradiction. On the one hand, mothers provide emotional reassurance, practical advice, and essential information once menstruation begins. On the other hand, they frequently reinforce silence by delaying discussions until after menarche or by communicating through indirect language and culturally acceptable euphemisms. This pattern illustrates that families are not simply sources of information but also mechanisms through which social values regarding female modesty and reproductive secrecy are reproduced across generations. The reactive rather than proactive nature of maternal communication is particularly significant. Instead of preparing girls before menarche, many mothers wait until menstruation has already occurred, leaving daughters to experience their first menstrual cycle with fear, confusion, embarrassment, and uncertainty. The widespread belief identified in the findings that informing girls about menstruation before puberty may somehow trigger early menstruation or premature physical development serves as a powerful cultural barrier to preventive education (see Section 4.2.3.6). Such beliefs illustrate how misinformation can become institutionalized within families despite the absence of scientific evidence. This pattern strongly reflects Fricker's (2007) concept of hermeneutical injustice, whereby girls are denied the interpretive resources necessary to understand and explain their own bodily experiences. Without appropriate conceptual frameworks, menarche becomes an unexpected and emotionally distressing event rather than a normal stage of adolescent development.

Peer networks constitute the second major source of menstrual knowledge and emotional support identified in this study. Friends, classmates, and age-mates often become trusted confidants because they share similar experiences and can discuss menstruation in ways that feel less intimidating than conversations with adults. Peer interaction helps reduce feelings of isolation by normalizing menstrual experiences among girls who otherwise have limited opportunities for open discussion. However, the findings also reveal that these networks frequently operate as channels for misinformation. Because peers themselves rely on incomplete or culturally mediated knowledge acquired from older family members, inaccurate information is repeatedly circulated and reinforced. Discussions commonly involve coded expressions, symbolic language, and euphemisms rather than direct references to menstruation, reflecting the continuing social discomfort associated with the topic. Such linguistic avoidance extends beyond communication style; it actively shapes how girls perceive menstruation by framing it as something embarrassing, impure, or inappropriate for public discussion. Over time, these communication practices contribute to the intergenerational transmission of stigma, whereby each cohort inherits not only practical knowledge but also the cultural expectation that menstruation must remain hidden. These findings support previous research demonstrating that language plays a central role in constructing social attitudes toward menstruation and sustaining menstrual taboos within conservative societies.

The findings further indicate that community elders, traditional birth attendants, and informal healers remain important repositories of reproductive knowledge in rural Dhirkot, particularly where access to professional healthcare services is limited. Their authority is rooted in age, social respect, cultural legitimacy, and accumulated experiential knowledge rather than formal medical training. Consequently, many families place considerable trust in their advice regarding menstrual practices, dietary restrictions, pain management, and behavioral norms during menstruation. Although these individuals often provide culturally valued guidance and emotional reassurance, their teachings may also incorporate myths, misconceptions, and medically unsupported practices that have been transmitted over generations. The reported reliance on traditional remedies, ritual practices, and unverified health advice illustrates how cultural authority can sometimes outweigh biomedical evidence in shaping health-related behavior. As Sommer (2015) argues, dependence on informal reproductive health advice in contexts lacking comprehensive menstrual education may inadvertently expose adolescent girls to preventable health risks, delayed treatment, and poor menstrual hygiene practices. These findings therefore highlight the importance of integrating culturally respected community figures into future menstrual health interventions while simultaneously strengthening their access to scientifically accurate reproductive health information.

A particularly significant finding of this study is the growing role of digital media and internet-enabled technologies as emerging sources of menstrual knowledge among adolescent girls. Although access to smartphones and internet services remains uneven in rural communities, girls who possess digital connectivity increasingly seek information independently through online videos, educational websites, social media platforms, and health applications. Unlike traditional interpersonal sources, digital platforms offer immediate access to biomedical explanations of menstruation that challenge many culturally embedded myths and misconceptions. These resources enable girls to compare traditional beliefs with scientific information, fostering greater confidence in understanding their own bodies and reducing anxiety associated with menarche. Importantly, digital media also provide a degree of privacy that is often unavailable within family or community settings, allowing girls to explore sensitive questions without fear of judgment or embarrassment. This finding supports Bobel's (2018) argument that digital literacy creates alternative knowledge spaces capable of generating counter-narratives that challenge dominant menstrual taboos and empower young women through access to evidence-based information. Nevertheless, digital media should not be viewed as a complete substitute for comprehensive school-based education because online information varies considerably in quality and accessibility. Instead, these findings suggest that digital resources can serve as valuable complementary tools within broader menstrual health education strategies designed to address institutional gaps.

Overall, the discussion demonstrates that menstrual knowledge acquisition in rural Dhirkot is shaped by the interaction of family traditions, peer relationships, community authority, and emerging digital technologies. Each source contributes valuable forms of support while simultaneously reproducing particular cultural assumptions about menstruation. The persistence of silence, stigma, and misinformation indicates that the absence of formal educational provision does not create an absence of knowledge; rather, it shifts learning into informal spaces where information is filtered through cultural beliefs and gendered

expectations. Viewed through the study's theoretical framework, these findings illustrate the operation of epistemic injustice, whispered pedagogies, tactical knowledge, and symbolic violence in everyday menstrual experiences. Addressing menstrual health therefore requires more than simply providing biological information. It necessitates transforming the social environments in which knowledge is produced, transmitted, and legitimized by integrating comprehensive menstrual education into school curricula, strengthening family communication, engaging trusted community leaders, and promoting accessible digital health literacy. Such a multidimensional approach would help replace secrecy and stigma with informed understanding, enabling adolescent girls to experience menstruation as a normal aspect of health, dignity, and human development.

Conclusion

This article examined how adolescent girls in rural Dhirkot, Azad Kashmir, acquire knowledge about menstruation in the absence of formal menstrual health education, thereby addressing the first objective of the broader study. The findings reveal that menstrual knowledge is primarily transmitted through fragmented and informal social networks, including mothers, elder sisters, peers, community elders, traditional healers, and, increasingly, digital media, rather than through structured educational institutions. While these informal networks provide emotional support and practical guidance during a critical stage of adolescent development, they simultaneously reproduce misinformation, reinforce cultural taboos, and perpetuate the silence surrounding menstruation. As a result, girls often encounter menarche with fear, confusion, embarrassment, and limited understanding of their own bodies. The study demonstrates that the exclusion of menstrual education from schools creates an epistemic vacuum in which scientifically accurate knowledge is replaced by myths, euphemisms, and culturally sanctioned silence. Viewed through the lenses of medical anthropology, feminist theory, critical pedagogy, and practice theory, these findings illustrate how menstrual experiences are shaped by broader systems of culture, gender, education, and power. The persistence of whispered pedagogies, hermeneutical injustice, and symbolic violence highlights that menstrual knowledge is not simply a matter of access to information but is deeply influenced by social structures that determine whose knowledge is legitimized and whose experiences remain marginalized.

The findings carry important implications for educational policy, public health, and community engagement. They underscore the urgent need to integrate comprehensive, age-appropriate, and culturally sensitive menstrual health education into school curricula so that girls receive accurate information before the onset of menarche rather than after experiencing fear and uncertainty. At the same time, interventions should extend beyond schools by actively involving parents, community elders, health workers, and religious leaders, who remain influential sources of menstrual knowledge within rural communities. The growing availability of smartphones and digital platforms also offers valuable opportunities to complement formal education by providing accessible, private, and evidence-based reproductive health information while challenging long-standing myths and misconceptions. Ultimately, improving menstrual knowledge requires more than curricular reform; it demands a broader cultural transformation that normalizes conversations about menstruation, promotes informed family communication, and recognizes menstrual health

as a fundamental component of adolescent well-being, dignity, gender equality, and human rights. As reflected in the voices of the participants, the greatest aspiration is not merely to receive information but to receive it before menarche, enabling girls to approach this natural life event with confidence, preparedness, and dignity rather than fear and shame.

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