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Menstrual Poverty Affecting Young Roma Women in Rural Areas

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Abstract

This study examines the impact of menstrual poverty on self-perception among young Roma women from marginalized rural communities, with particular attention to their emotional well-being, social relationships, self-esteem, and educational participation. Based on focus group discussions and qualitative analysis, the article explores how limited access to menstrual hygiene products, inadequate sanitation, insufficient menstrual health education, and persistent stigma shape the lived experiences of adolescent Roma girls. The findings indicate that menstrual poverty has negative effects on self-esteem, body image, social interaction, and school attendance. Participants reported shame, embarrassment, anxiety, isolation, and reduced educational engagement. The study also highlights the long-term consequences of menstrual poverty, including decreased

psychological well-being and restricted opportunities for social and educational development. The article situates menstrual poverty within broader socioeconomic inequalities and underlines the importance of social work, education, policy advocacy, and community-based support in addressing these challenges.

Keywords

menstrual poverty, self-esteem, Roma community, social stigma

Menstrual poverty is intertwined with social, cultural, and economic factors that exacerbate gender and ethnic inequalities and have profound effects on health, education, and social participation (Borjigen et al. 2019, 586). It is not merely a matter of resource scarcity; it also reflects broader systemic inequities (Ajong et al. 2020, 139). Research by Ludvigh Cintulová, Budayová, and Juhásová (2023, 9) examines the health and social conditions of Roma women living in marginalized communities in Slovakia. Many Roma families in segregated settlements live in extreme economic hardship. Because their household income is very low, families must prioritize essential needs such as food, housing, and utilities. Consequently, menstrual hygiene products are often treated as secondary expenses, which limits access to them for girls and women. Many girls in these communities receive little or no formal education about menstrual health, which may cause confusion, fear, or embarrassment when menstruation begins.

Social interventions focused on strengthening family support systems and improving access to social services are therefore essential for reducing exclusion and mitigating the long-term effects of poverty among Roma women and their families (Pavlikova et al. 2023a).

Roma communities differ from the majority population in ethnicity, cultural experience, perception of the surrounding world, and patterns of social life. Their social position has historically been shaped by exclusion, unemployment, low educational attainment, low income, and poor living standards. Marginalized Roma groups often have limited access to information. The determinants of social exclusion are mutually reinforcing and are frequently associated with life in segregated settlements, where distinctive rules of coexistence and community life emerge (Bujda 2022, 1). These conditions deepen social exclusion and inequalities. As Bujda notes, “marginalized groups are characterized by poverty and social exclusion” (Bujda 2025, 10). As a result, Roma communities often remain on the margins of society and face multiple barriers to integration into social, economic, and cultural life.

The health challenges faced by Roma women in marginalized communities in Slovakia provide key insight into the causes of menstrual poverty. These women often live in extreme poverty, with household income insufficient to cover basic needs, including menstrual hygiene products. Insufficient knowledge about menarche and menstruation constitutes a significant barrier for young girls, particularly in marginalized communities. Studies highlighting the role

of education and cultural perceptions in shaping attitudes and behaviours related to menstrual health (Ludvigh Cintulová, Budayová, and Juhássová 2023, 9). Borjigen et al. (2019, 586) have examined the relationship between menstrual knowledge and psychological stress among adolescent girls, showing that poor understanding contributes to stigma and emotional distress. Similarly, Ajong et al. (2020, 139) has identified disparities in knowledge of peri-menarcheal changes between urban and rural adolescents, emphasizing the need for targeted educational interventions.

The Roma ethnic group faces systemic social exclusion that exacerbates poverty and restricts access to essential resources, including menstrual hygiene products. Gouvernet et al. (2023, 661) demonstrated a strong association between menstrual poverty and mental health outcomes, reporting that women experiencing period poverty exhibited significantly higher levels of psychological distress, including symptoms of depression and anxiety. Nearly half of the women who experienced menstrual poverty reported at least one psychological symptom. These findings underscore the substantial emotional burden associated with limited access to menstrual hygiene resources.

Budayová (2017, 29) further explores the cultural and structural barriers faced by Roma women, emphasizing the need for inclusive social work practices that address their specific challenges. Stressful life circumstances, including poverty and social exclusion, significantly affect menstrual health. Budayová and Bursová (2019, 57) have identified stress as a pervasive factor in human life, particularly among disadvantaged groups. This aligns with the findings of Judák, Amantius et al. (2022, 131), who note that stress and environmental factors may intensify health and social problems among adolescents. These challenges are compounded for Roma women, who often experience heightened stress due to intersecting factors of poverty, gender inequality, and ethnic discrimination (Judák, Tibor et al. 2022b, 110). Kobylarek, Madej, and Roubalová (2022, 11) have also highlighted the influence of lifestyle and community conditions on young people's mental health. The issue of marginalized Roma communities is therefore one of the important topics of contemporary social work. As Bujda states, "marginalized Roma groups are accompanied by determinants that negatively affect their social and economic status" (Bujda 2025, 7). The most important factors include poverty, low levels of education, unemployment, and limited access to basic services.

Within marginalized Roma communities, these difficulties are intensified by broader socioeconomic and cultural conditions. Persistent poverty, limited

infrastructure, and restricted access to education and healthcare create additional barriers to adequate menstrual hygiene management. Menstruation often remains a socially sensitive or stigmatized topic, limiting open discussion and access to reliable information. These circumstances contribute to embarrassment, social withdrawal, and reduced self-confidence among young women.

The age of menarche and awareness of menstruation are critical indicators of menstrual health knowledge. For marginalized groups such as Roma women, however, cultural taboos and limited access to education impede efforts to promote menstrual health. Addressing menstrual poverty therefore requires attention to cultural stigma, access to affordable menstrual products, and the integration of menstrual education into broader social work initiatives.

Menstrual poverty among Roma women is a multifaceted issue that requires comprehensive and holistic approaches addressing both the immediate need for menstrual hygiene resources and the systemic barriers that perpetuate social and economic inequality. Women frequently report difficulties in finding adequate and private spaces to change menstrual products in schools, workplaces, and public environments (Holst et al. 2022, 40).

One's social environment is a critical determinant of psychological and physical development during childhood and adolescence. Family and community contexts substantially influence emotional stability, health behaviour, and social integration among young individuals. Supportive and stable social environments contribute to positive developmental outcomes, whereas conditions marked by socioeconomic deprivation and social exclusion may hinder healthy development and limit access to essential resources (Ludvigh Cintulová 2021, 31).

Despite broader social progress, many families continue to experience personal and social difficulties that manifest at the intrapersonal and interpersonal levels. These challenges often include economic hardship, limited educational opportunities, and social marginalization, all of which shape the everyday experiences of individuals living in disadvantaged environments. Within such contexts, structural inequalities may significantly influence access to basic needs and health-related resources.

Roma women frequently face multiple forms of marginalization based on ethnicity, gender, and socioeconomic status. These intersecting inequalities restrict access to education, employment opportunities, and economic mobility, thereby reinforcing persistent cycles of poverty. As a result, many Roma women encounter structural barriers that limit their ability to improve living conditions and secure adequate health and hygiene resources (Rodríguez-Camacho et al. 2024, 17).

Primary knowledge about menstruation usually comes from personal experience or informal conversations with family members and friends. There is a lack of educational programmes that support menstrual health awareness among Roma adolescents (Gouvernet et al. 2023, 662).

Research by Ludvigh Cintulová et al. (2023, 9) highlights how structural poverty in Slovakia disproportionately affects marginalized communities, particularly Roma populations residing in segregated settlements. In these environments, limited economic resources are primarily allocated to immediate survival needs, including food, housing, and basic utilities. As a result, menstrual hygiene products are frequently deprioritized within household budgets, reflecting not only financial constraints but also broader social and cultural dynamics associated with poverty and exclusion.

The role of education in shaping awareness of menstruation and the influence of poverty on menarche in Roma settlements can be understood through the lens of socioeconomic and educational disparities. The analysis by Weiss et al. (2023, 189) emphasizes the importance of re-education methods as a strategy for improving knowledge and addressing informational gaps related to health within marginalized communities. The economic context further exacerbates these challenges.

As noted by Buzalová et al. (2025, 9), ongoing economic pressures have intensified poverty among vulnerable populations, compounding barriers to menstrual health management and overall well-being. Vulnerable groups, including children, Roma households, and people with low educational attainment or precarious employment, continue to exhibit higher poverty rates, which underscores how structural inequalities contribute to sustained economic hardship and reduced quality of life (Beňo et al. 2020, 95). Poverty in Europe has increased particularly among populations with a lower quality of life. Many Roma families have faced job losses and reduced income, deepening their financial instability and increasing reliance on inadequate social welfare systems (Samohýl et al. 2019, 179).

Cultural stigma surrounding menstruation represents a significant barrier to open communication and adequate menstrual health management. As highlighted by Ludvigh Cintulová, Budayová, and Rottermund (2022, 336), cultural norms and social taboos associated with menstruation often reinforce silence and shame. These attitudes discourage women from discussing menstrual health openly, seeking support, or advocating for their needs. At the same time, socioeconomic conditions within Roma communities further complicate this

issue. Persistent financial constraints mean that many households must prioritize essential expenditures such as food, housing, and utilities. Consequently, menstrual hygiene products are frequently perceived as secondary necessities, limiting women's ability to manage menstruation with dignity and appropriate hygienic resources.

Poverty negatively affects social integration (Pavlikova et al. 2023a), and Roma women experience multiple forms of social exclusion related to ethnicity, gender, household roles, early maternity, and community expectations. Menstrual poverty—defined as the lack of affordable menstrual hygiene products, adequate sanitation facilities, and comprehensive education about menstruation—disproportionately affects marginalized communities, including young Roma women under the age of eighteen. This phenomenon reinforces gender inequality, exacerbates health disparities, and contributes to social exclusion. Pregnant Roma girls in particular experience educational disruption, which restricts their access to critical health and hygiene information, including knowledge related to menstrual health. Social workers have observed that early pregnancies are frequently not accompanied by comprehensive education on personal care and hygiene, thereby perpetuating inadequate menstrual health practices (Ludvigh Cintulová and Novotná 2018, 126).

Reproductive health is a multifaceted concept shaped by the interplay of social determinants and individual factors, including gender roles, limited access to resources, poverty, and segregation. For young Roma women, these factors converge to intensify menstrual poverty and further entrench inequities in sexual and reproductive health. Roma women also experience social stigma related to menstruation (Tkacova et al. 2023, 67). Social media platforms often present idealized images and narratives that can influence attitudes toward self-image, mental health, and coping mechanisms. The uncontrolled sharing of online content may contribute to distorted perceptions or heightened awareness of mental health issues; while such content can raise awareness, it may also encourage unhealthy attitudes if not critically mediated (Pavlikova, Tkacova, and Tsafi 2023b, 79).

1. Methodology

This study employed a qualitative research design based on focus group discussions to explore the experiences of Roma girls related to menstruation, menstrual awareness, and self-perception. Qualitative analysis was conducted using open

coding, which enabled the systematic identification and categorization of patterns within participants' narratives.

The analytical process began with repeated readings of the transcripts to ensure familiarity with the data. During the initial stage, descriptive codes were assigned to text segments representing distinct ideas, experiences, or perceptions expressed by participants. These codes were subsequently grouped into broader analytical categories reflecting shared meanings across the data.

To enhance analytical rigor and reliability, the coding process was conducted collaboratively by members of the research team. Codes and emerging categories were regularly compared and discussed in order to resolve discrepancies and refine interpretations. This process supported consistency in coding and strengthened the credibility of the analysis.

Data analysis was supported by ATLAS.ti 8 software, which facilitated the organization and management of qualitative data. The software enabled systematic coding, visualization of relationships between codes, and the generation of analytical reports that assisted in identifying emerging themes. Through this iterative analytical process, several thematic categories were developed, including experiences of menarche, emotional responses to menstruation, menstrual awareness, and the role of family support. Ethical standards for research involving human participants were observed throughout the study. Participation was voluntary, and all participants were informed about the purpose of the study and the procedures involved. Informed consent was obtained prior to participation, and confidentiality and anonymity were guaranteed.

Sample and data collection

The research sample included 64 Roma girls aged 15–18 years who participated in four focus group discussions. They were recruited from a rural locality in western Slovakia with approximately 2,500 Roma residents, many of whom live in a segregated settlement. The study focused on adolescents from marginalized Roma communities, which are typically affected by persistent socioeconomic disadvantage, inadequate infrastructure and public services, and limited educational and employment prospects. In this context, qualitative research enables exploration of lived experiences and social meanings related to menstrual health and gender roles.

Each focus group consisted of approximately 16–21 participants and lasted between 60 and 90 minutes. The discussions were guided by semi-structured

interview questions, which allowed the researchers to maintain a consistent thematic focus while giving participants the flexibility to elaborate on their personal experiences. The discussion guide included topics such as experiences related to menarche, knowledge and awareness of menstrual health, emotional responses to menstruation, access to menstrual hygiene products, and family and community attitudes toward menstruation. The semi-structured format allowed the moderator to ask follow-up questions and clarify participants' responses, thereby deepening the discussion and capturing a wider range of perspectives. All focus groups were conducted in a supportive and culturally sensitive environment.

Most participants came from families in which parents had completed only primary education, reflecting broader patterns of limited formal educational attainment within the community. Living conditions in the settlement were characterized by inadequate hygienic standards, including limited access to clean water; insufficient sanitation infrastructure; and a shortage of basic hygiene products. These environmental and socioeconomic factors significantly affected participants' health and well-being and contributed to difficulties in managing menstrual hygiene.

Educational participation among the girls was also affected by these conditions. On average, participants reported approximately 180 hours of school absence, with 17% of these absences related to menstruation. These absences may reflect a combination of factors, including financial hardship, limited access to menstrual hygiene products, family responsibilities, and cultural attitudes toward menstruation. Such circumstances also contribute to limited access to reliable information about menstrual health and hygiene practices.

2. Results

Menarche, defined as the onset of a girl's first menstruation, represents a significant biological and psychosocial milestone in female development. It often marks the transition from childhood to adolescence and may influence identity formation, body perception, and social roles. The findings of this study reveal several interrelated challenges experienced by Roma girls in relation to menstrual development and self-perception.

Emotional challenges: Many participants reported feelings of embarrassment, shame, and lowered self-esteem associated with bodily changes during menarche.

These emotional responses were frequently intensified by a lack of prior information about menstruation and limited opportunities for open discussion within families or schools. Several girls also described anxiety before menarche due to uncertainty and inadequate preparation for this developmental stage.

Gender-role expectations: The findings also indicate that social and familial expectations significantly influenced participants’ perceptions of womanhood. Many girls associated becoming a woman primarily with motherhood and reproductive roles. These perceptions reflect traditional gender norms within the community and may contribute to limited aspirations regarding education and future employment opportunities.

Body image and socioeconomic constraints: Participants frequently expressed dissatisfaction with their physical appearance and reported having a negative body image. Some girls associated these feelings with socioeconomic disadvantage, noting that financial constraints prevented them from purchasing personal care or cosmetic products that might enhance their self-confidence. This situation illustrates how economic deprivation can influence body perception and self-esteem.

Limited menstrual knowledge and persistent stigma: A significant finding of the study was the limited level of menstrual knowledge among participants. Many girls reported insufficient preparation for menarche and a lack of accessible information about menstrual hygiene management. Menstruation was often treated as a taboo subject within families and communities, which contributed to misinformation, embarrassment, and reduced confidence in managing menstrual health.

Table 1. Biological and psychosocial milestones in female development

Code	Description	Participants' answers
Emotional challenges	New emotional challenges, such as anxiety or uncertainty about bodily changes, which influence self-esteem and resilience	"I felt embarrassed." "It makes me feel ashamed." "I have low self-esteem." "I felt stressed before menarche."
Gender-role expectations	Linked with notions of womanhood and maturity, influencing how girls perceive their roles within family and society	"In my world, being a woman means giving birth." "Women are not equal; the family priority is giving birth."
Personal attitudes toward the body	Perceptions and feelings about bodily changes during and after menarche	"I do not like myself, I do not feel pretty." "I do not have money to look pretty."

Code	Description	Participants' answers
Low preparation and limited awareness	Lack of education and dialogue about menstruation, leading to stigma and misinformation	"It is taboo; we do not talk about menarche and menstruation."
Inadequate access to menstrual hygiene products	Limited availability of or financial barriers to obtaining necessary menstrual products	"Lack of access, awareness, financial issues, social stigma, and segregation."

The findings reveal a complex set of factors influencing awareness of menstruation among marginalized communities, particularly the Roma population. These factors include stigmatization, low awareness, poor sanitation and hygiene conditions, weak health habits and hygiene attitudes, cultural beliefs and taboos, and the family and social environment that shape Roma lifestyles. Stigmatization was a major theme, with menstruation often viewed as taboo, leading to shame and embarrassment. This contributed to social isolation, as participants feared judgment if menstruation became visible to others. Low awareness was also common, with many participants reporting a lack of education on the topic, which led to confusion and poor hygiene practices.

Meanwhile, poor sanitation and hygiene conditions further exacerbated these challenges, as participants struggled with limited access to clean water, private spaces, and menstrual products, resulting in health risks and missed opportunities for education or work. Cultural beliefs and taboos surrounding menstruation hindered open discussion and perpetuated stigma.

Finally, the family and social environment within Roma communities played a significant role in shaping attitudes toward menstruation, with traditional gender roles and social norms limiting the exchange of information and support. These findings highlight the importance of addressing cultural, educational, and infrastructural barriers to improve menstrual health and reduce stigmatization.

Table 2. Open coding: Impact of menstrual poverty on Roma self-perception

Category	Codes Identified	Description	Impact	Coping Mechanisms	Long-term Consequences
Self-esteem	Low self-worth	Feeling ashamed or less confident due to lack of access to menstrual products	Reduced confidence and motivation	Hiding menstruation or avoiding interaction	Persistent low confidence; reduced opportunities
Body Image	Negative perception	Viewing the body as „problematic“ or „dirty“ during menstruation	Increased feelings of inadequacy.	Avoiding discussions about menstruation	Persistent body dissatisfaction
Social Relationships	Avoidance of social interaction	Fear of leaks or odours leads to withdrawal from peers and activities	Isolation and loneliness	Avoiding events or limiting friendships	Difficulty forming or maintaining relationships
Educational Opportunities	Reduced participation	Missing school due to lack of supplies and fear of stigma	Lower academic performance	Using makeshift materials; missing classes	Decreased future opportunities and income
Emotional well-being	Stress and anxiety	Constant worry about managing menstruation discreetly	Decreased mental health stability	Internalizing stress; avoiding help-seeking	Chronic stress and anxiety disorders

The research aimed to explore the impact of menstrual poverty on self-perception among marginalized communities and to identify associated coping mechanisms and long-term consequences. Through focus group discussions, the study examined self-reported experiences of individuals facing menstrual poverty, with particular attention to emotional well-being, social relationships, and self-esteem.

The results indicate that menstrual poverty significantly affects self-esteem, body image, and social interactions. Many respondents reported shame and embarrassment due to the inability to purchase menstrual products, which contributed to negative perceptions of their bodies (Králik et al. 2022, 157). This was especially pronounced among young participants who also struggled with school absence, limited educational engagement, and reduced academic performance. Social exclusion was another common theme, with participants often avoiding social events or withdrawing from peer interactions to prevent embarrassment related to potential leaks or odours (Samohýl et al. 2019, 180).

Key findings include:

- Self-esteem: A substantial number of participants expressed a decline in self-worth and confidence due to menstrual poverty. This affected their ability to fully engage in daily activities and contributed to isolation.
- Body image: Menstrual poverty intensified feelings of disgust and inadequacy, with some individuals describing their bodies as “dirty” or “problematic”.
- Social relationships: Fear of stigma and judgment led many participants to withdraw from social interaction, which contributed to increased isolation and loneliness.
- Educational opportunities: School attendance was frequently affected, as participants missed classes because of a lack of menstrual products, and their academic performance suffered as a result.
- Emotional well-being: Chronic stress and anxiety about managing menstruation discreetly were reported, leading to emotional strain and worsening mental health.

3. Discussion

The findings of this research correspond with the broader literature on social exclusion, poverty, and mental health. Budayová's study (2017) highlights how marginalized groups, particularly Roma communities, face compounded challenges, including social exclusion and economic deprivation, which may lead to low self-esteem and mental health problems. In this context, menstrual poverty serves as another dimension of social exclusion, with individuals from disadvantaged backgrounds disproportionately affected. Budayová's research emphasizes the significant barriers these individuals face in accessing essential resources and maintaining basic human dignity, which resonates with the findings of this study regarding the emotional toll of menstrual poverty (Budayová 2017, 26).

The study also intersects with research on the social determinants of health in marginalized populations. Ludvigh Cintulová, Budayová, and Juhássová (2023, 10) discuss how Roma communities in Slovakia often experience poor health outcomes due to marginalized living conditions, including limited access to basic health resources such as menstrual products. The inability to manage menstruation properly affects not only physical health but also emotional well-being, social participation, and educational attainment, thereby contributing to the cycle of poverty and exclusion. Addressing menstrual poverty in a systematic and compassionate way could significantly improve the mental health, social engagement, and academic success of individuals facing such difficulties.

The current study builds on this perspective by showing that menstrual poverty is not only an issue of material deprivation but also a psychological and social challenge that can further isolate individuals and affect their ability to thrive in society. This phenomenon is shaped not only by economic deprivation but also by social, cultural, and structural inequalities (Maturkanič et al. 2024, 32). In marginalized Roma communities, entrenched cycles of poverty limit households' ability to allocate resources for menstrual hygiene, which is often deprioritized in relation to basic survival needs (Rosenberg, Kováč, and Králik 2025, 181). Supporting the experience of meaningfulness in life and fostering secure attachment relationships have been identified as significant ways to enhance effectiveness in the helping professions and to support vulnerable populations (Dávidová, Hardy, and Hamarová 2017, 67).

In light of the results, social work must play a central role in addressing menstrual poverty. Social workers are in a unique position to advocate for policies that ensure access to menstrual products for all, particularly marginalized

groups, and to offer emotional and social support to those experiencing menstrual poverty (Bundzelová, Ludvig Cintulová, and Noga 2025, 60). Several studies on burnout have identified a correlation between stress experienced by social workers and the challenges of providing support in marginalized Roma communities. This stress is often intensified by entrenched cycles of poverty, social exclusion, and limited access to resources, which increase the emotional and practical demands on professionals in helping roles (Kováč et al. 2025, 55). In particular, Bundzelová et. al. (2025, 59) emphasize the complex communication strategies social workers must employ to engage effectively with clients in marginalized Roma communities. These challenges highlight the importance of systemic support, professional training, and mental health resources for social workers addressing menstrual poverty, educational gaps, and broader social inequalities in Roma settlements across Slovakia.

Social workers should also provide education on menstrual health and collaborate with schools, healthcare providers, and community organizations to ensure that menstruation is not a source of stigma or exclusion (Vansač and Belovičová 2019, 218). Because social work with the Roma minority requires long-term and continuous engagement, it should not be evaluated solely through past failures. Pastoral care for Roma communities may contribute to reducing poverty, or at least the psychological deprivation associated with living in poverty. Bujda points out that social work cannot be limited to distributing material aid. Pastoral care can offer Roma communities an opportunity for participation and self-realization. Their difference from the majority is respected, and the good present in the community is supported; individuals are given the opportunity to demonstrate their gifts and talents and thus to develop a sense of equality and acceptance (Bujda 2021, 2). Moreover, the promotion of empathy and emotional and social intelligence is essential for personal development during adolescence and can strengthen the capacity of young people to engage constructively with marginalized communities (Davidova and Hardy 2025, 8).

Conclusions

Menstrual poverty among Roma women cannot be attributed to a single cause; rather, it results from a complex interaction of structural and social factors. Economic deprivation remains central, as many families in marginalized communities lack sufficient financial resources to afford basic menstrual hygiene

products. At the same time, limited access to education restricts opportunities for young girls to obtain accurate and comprehensive information about menstrual health. Insufficient knowledge about menarche and menstruation contributes to uncertainty, stigma, and inadequate hygiene practices. Cultural perceptions and social taboos surrounding menstruation further reinforce these challenges by discouraging open discussion and preventing the dissemination of reliable information within families and communities.

This study explored the challenges faced by Roma girls aged 15–18 years regarding menstruation, focusing on biological and psychosocial milestones. Key findings include emotional struggles such as embarrassment, shame, and low self-esteem, largely resulting from social stigma and a lack of menstrual education. Participants also expressed traditional role expectations, in which womanhood was closely linked to motherhood, limiting aspirations beyond family roles. Negative attitudes toward the body were common, with financial constraints affecting participants' ability to maintain personal appearance and self-confidence.

A lack of preparation and awareness regarding menstruation, coupled with limited access to menstrual hygiene products, have contributed to stigma and poor hygiene practices. These barriers have been exacerbated by economic hardship and cultural taboos surrounding menstruation. The study demonstrates the need for targeted interventions to improve menstrual health education, reduce stigma, ensure better access to hygiene products, and support the emotional well-being and empowerment of girls from marginalized communities.

References

- Ajong, Atem Bethel, Nkengazem Nerry Tankala, Martin Ndinakie Yakum, Ikei Solange Azenoi, and Bruno Kenfack. 2020. "Knowledge of Peri-Menarcheal Changes and a Comparative Analysis of the Age at Menarche among Young Adolescent School Girls in Urban and Rural Cameroon." *BMC Public Health* 20 (1661): 1–10. <https://doi.org/10.1186/s12889-020-09787-y>.
- Beňo, Pavol, Pavel Štukovský, Lucia Ludvigh Cintulová, and Martin Samohýl. 2020. "Analysis of the Poverty Risk in European Countries." *Acta Missiologica* 14 (1): 92–101.
- Borjigen, Altangarvdi, Chi Huang, Mengxiang Liu, Jing Lu, Huiting Peng, Chandrakala Sapkota, and Jiangming Sheng. 2019. "Status and Factors of Menstrual Knowledge, Attitudes, Behaviors and Their Correlation with Psychological Stress in Adolescent Girls." *Journal of Pediatric and Adolescent Gynecology* 32 (6): 584–589. <https://doi.org/10.1016/j.jpag.2019.08.007>.

- Budayová, Zuzana. 2017. *Social Exclusion of the Roma Ethnic Group in the Interests of Social Work*. Warszawa: Fundacja Art Przeciw Przemocy.
- Budayová, Zuzana, and Janka Bursová. 2019. *Stressful Situations in Human Life*. Łódź: Wydawnictwo Uczelnia Nauk Społecznych.
- Bujda, Stanislav. 2021. "Rómska pastorácia v kontexte sociálnej práce." *Prohuman*, May 18, 2021. <https://www.prohuman.sk/socialna-praca/romska-pastoracia-v-kontexte-socialnej-prace>.
- Bujda, Stanislav. 2022. "Život v rómskych osadách, ako základný determinant sociálnej exklúzie Rómov." *Prohuman*, March 7, 2022. <https://www.prohuman.sk/socialna-praca/zivot-v-romskych-osadach-ako-zakladny-determinant-socialnej-exkluzie-romov>.
- Bujda, Stanislav. 2025. *The Quality of Life Determinants of Roma Marginalized Groups in the Slovak Republic*. Nowy Sącz: Nova Sandec.
- Bundzelová, Katarína, Lucia Ludvigh Cintulová, and Vladimír Noga. 2025. "Impact of the COVID-19 Pandemic on Communication Strategies of Social Workers with Clients." *Review of Theology, Social Sciences and Sacred Art* 6 (1): 53–68. <https://doi.org/10.63393/sbcr.28115473.2025.1.04>.
- Buzalová, Szilvia, Michaela Davidová, Peter Mlynarčík, and Vladimír Noga. 2025. "Generation Z and Their Attitudes to Parenting." *Clinical Social Work and Health Intervention* 16 (3–4): 16–28. https://doi.org/10.22359/cswhi_16_3_4_02.
- Dávidová, Michaela, Mária Hardy, and Mariana Hamarová. 2017. "Perception of Meaningfulness and a Safe Type of Relationship Bond as an Important Means of Assistance for Helping Professions." *Acta Missiologica* 11 (2): 60–82.
- Dávidová, Michaela, and Mária Hardy. 2025. "Empathy, Emotional and Social Intelligence as Factors of Students' Development in Adolescence." In *Edukacja zorientowana na ucznia: Indywidualizacja, dobrostan i nowoczesne podejścia w procesie kształcenia*, vol. 2, edited by Izabela Bieńkowska and Ernest Zawada, 13–28. Kraków: Wydawnictwo Scriptum.
- Gouvernet, Brice, Fabrice Sebbe, Pierre Chapillon, Amine Rezrazi, and Julie Brisson. 2023. "Period Poverty and Mental Health in Times of Covid-19 in France." *Health Care for Women International* 44 (5): 657–669. <https://doi.org/10.1080/07399332.2022.2070625>.
- Hennegan, Julie, Zay Yar Swe, Kyu Kyu Than, Calum Smith, Lidwien Sol, Hilda Alberda, Justine N. Bukenya, Simon P. S. Kibira, Fredrick E. Makumbi, Kellogg J. Schwab, and Peter S. Azzopardi. 2022. "Monitoring Menstrual Health Knowledge: Awareness of Menstruation at Menarche as an Indicator." *Frontiers in Global Women's Health* 3: 832549. <https://doi.org/10.3389/fgwh.2022.832549>.
- Holst, Anna Sofie, Constanza Jacques-Aviñó, Anna Berenguera, Diana Pinzón-Sanabria, Carme Valls-Llobet, Jordina Munrós-Feliu, Cristina Martínez-Bueno, Tomàs López-Jiménez, M^a Mercedes Vicente-Hernández, and Laura Medina-Perucha. 2022. "Experiences of Menstrual Inequity and Menstrual Health among Women and People Who Menstruate in the Barcelona Area (Spain): A Qualitative Study." *Reproductive Health* 19 (45): 1–16. <https://doi.org/10.1186/s12978-022-01354-5>.

- Judák, Viliam, Amantius Akimjak, Jan Zimny, Viktoriya B. Kurilenko, and Miroslav Tvrdoň. 2022. "The Importance of Social and Spiritual Bridging in Relation to Post-COVID Society Polarization in Slovakia." *Acta Missiologica* 16 (1): 126–137.
- Judák, Viliam, Tibor Máhrik, Joachim Nowak, Lubomír Hlad, and Beáta Akimjaková. 2022. "Current Crisis Leadership in the Light of the Religious Paradigm in the Context of the Moses Example." *Acta Missiologica* 16 (2): 99–115.
- Kobylarek, Aleksander, Martyna Madej, and Marie Roubalová. 2022. "Communication Community in the Prefigurative World." *Journal of Education Culture and Society* 13 (2): 7–16. <https://doi.org/10.15503/jecs2022.2.7.16>.
- Kováč, Ernest, Roman Králik, Jozef Belko, Tomáš Kováč, and Mária Jozefína Krnáč. 2025. "Multidimensional Analysis of Burnout Syndrome in Social Workers." *International Review for Human and Natural Sciences* 15 (2): 55–78. <https://doi.org/10.59505/IRHNS.22352007.2025.2.04>.
- Králik, Roman, Marie Roubalová, Lubomír Hlad, Viliam Judák, and Amantius Akimjak. 2022. "Compassion and Solidarity with the Poor in Tanakh and Rabbinic Judaism." *Acta Missiologica* 16 (1): 154–168.
- Ludvigh Cintulová, Lucia. 2021. *Aspekty a vývoj chudoby v sociálno-demografických podmienkach Slovenskej republiky*. Veľké Leváre: Protect Work.
- Ludvigh Cintulová, Lucia, Zuzana Budayová, and Ingrid Juhássová. 2023. "Health of Roma People Living in Marginalized Communities in Slovakia." *Clinical Social Work and Health Intervention* 14 (1): 7–15. https://doi.org/10.22359/cswhi_14_1_01.
- Ludvigh Cintulová, Lucia, Zuzana Budayová, and Jerzy Rottermund. 2022. "Impact of a Coronavirus Pandemic on the Risk of Alcohol Abuse." *Acta Missiologica* 16 (1): 330–343.
- Ludvigh Cintulová, Lucia, and Jana Novotná. 2018. "Social and Mission Work with Pregnant Roma Girls at Age of Nearly 18." *Acta Missiologica* 12 (2): 119–132.
- Maturkanič, Patrik, Irena Konečná, Marian Šuráb, Ernest Kováč, and Roman Králik. 2024. "The Values of Czech Culture and Its Psycho-Spiritual Significance for the Current Era." *Acta Missiologica* 18 (2): 29–39.
- Pavlíková, Martina, Patrik Maturkanič, Amantius Akimjak, Sławomir Mazur, and Tsafi Timor. 2023. "Social Interventions in the Family in the Post-COVID Pandemic Period." *Journal of Education Culture and Society* 14 (1): 106–123. <https://doi.org/10.15503/jecs2023.1.106.123>.
- Pavlíková, Martina, Hedviga Tkáčová, and Tsafi Timor. 2023. "Grief of the Bereaved in a Social Media Environment as One of the Prominent Consequences of the COVID-19 Pandemic." *Acta Missiologica* 17 (2): 75–84.
- Rodríguez-Camacho, María Félix, María José Sanchís-Ramón, Gaby Ortiz-Barreda, Daniel La Parra-Casado, and Diana Gil-González. 2024. "Menarche and Reproductive Health in Spanish Roma Women from a Reproductive Justice Perspective: A Qualitative Study." *Reproductive Health* 21 (17): 1–11. <https://doi.org/10.1186/s12978-023-01726-5>.

- Rosenberg, Rivka, Ernest Kováč, and Roman Králik. 2025. "Social Work in a Changing World: New Challenges and Perspectives." *Clinical Social Work and Health Intervention* 16 (3–4): 180–184. https://doi.org/10.22359/cswhi_16_3_4_18.
- Samohýl, Martin, Pavol Beňo, Katarína Hirošová, Ľubica Argalášová, Pavel Štukovský, Lucia Ludvigh Cintulová, and Jana Jurkovičová. 2019. "Health Care of Slovak Homeless in the Period 2015–2017: A Space for a Dialogue in Interdisciplinary Cooperation Aimed at Examining Economic Aspects." *Acta Missiologica* 13 (2): 178–183.
- Tkáčová, Hedviga, Martina Pavlíková, Mahmoud Azizi, and Kseanela Sotiropfski. 2023. "Oversharing of Content Online by Children during the Holidays and Parental Control." *Acta Missiologica* 17 (2): 60–74.
- Vansač, Peter, and Mária Belovičová. 2019. "The Importance of Dialogue and Respecting Anthropological and Cultural Aspects in the Evangelisation of Roma." *Acta Missiologica* 13 (2): 214–222.
- Weiss, Ervin, Beáta Akimjaková, Gabriel Paľa, and Yulia Nickolaeva Biryukova. 2023. "Methods of Re-Education of Specific Learning Disorders." *Journal of Education Culture and Society* 14 (1): 185–197. <https://doi.org/10.15503/jecs2023.1.185.197>.