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Shattering the Silence: Holistic Narratives of Menstruation

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## Abstract

### Background

This social justice research elevates menstruators' voices and validates experiences by curating their stories through narrative inquiry and creative expressions. Researchers posit that menstruation is more than blood, it is a holistic experience mediated by natural bodily processes and sociocultural influences (**Bobel**, 2010; **Fahs**, 2016; **Peranovic & Bentley**, 2017). **Fahs** (2016) recommends action, stating "we need new menstrual stories, ones that adequately capture the ways that seemingly ordinary processes of the body can have extraordinary implications for social justice movements" (p. 6). These key perspectives focused this research to explore personal menstruation experiences within one's unique web of social, cultural, and political spheres of influence, though the bodily experience remains inseparable. The silences of menstruation experiences need shattering to allow for wider understandings of the lived experiences of women. These stories have potential to enable actionable interventions to improve menstrual health and dignity.

### Aims & Objectives

It takes one brave voice to share their stories for others to realise they are not alone, and this is supported by those who create safe spaces for them to be heard. Therefore, the main aim of this research was to provide a space for participants to explore their menstruation experiences in-depth with a trusted researcher. The data gathered and presented here makes a significant contribution to menstrual and women's health research discourses while maintaining a uniquely holistic and participant-led format. The guiding research questions are as follows:

Main Research Question: How do social, cultural, and political contexts affect individual menstruation experiences around the globe?

Research Sub-Question 1: How do menstrual stigmas affect the personal experience through social, cultural, and political interactions?

Research Sub-Question 2: Can sharing menstruation stories reduce stigma around menstruation and promote progression of true gender equality?

### Methods

This research utilised a feminist approach with narrative inquiry through six in-depth one-hour long interviews with five participants over six months. Interviews were conducted through Zoom, as participants were located in various parts of the world (United States of America, Norway, Italy, India, and Kenya). Participants also had the option to share creative

expressions to supplement their narratives (**Clandinin & Connelly**, 1990, p. 4; **Denzin & Lincoln**, 2018, p. 100). The interviews were semi-structured, meant to support and prompt discussion while flexible enough for the participant to lead. Interviews were transcribed and then member-checked by participants, aiding the trustworthiness of the data. The first cycle of analysis involved analytic memos in the form of words and drawings on the margins of the transcripts. I also explored the emotions and physical experiences described by participants through dance and movement, embodying their narratives. The second cycle of analysis focused on coding to bring structure and organisation to the data. Through these analysis methods, I created a layered account of the data.

Participants were chosen based on pre-existing trusted friendships, higher education, and history of open and deep discussions on menstruation or similar topics with myself. Mutual trust was paramount to gaining the depth and vulnerability that this research required, which supports the choice to recruit friends as participants (**Tillmann-Healy**, 2003, p. 733). Trust was strengthened throughout the interviews, with me trusting each participant to share and explore personal experiences and them trusting me to respect and honour their stories. Ultimately, they all expressed thankfulness for the space to discuss menstruation in such depth and the care I showed in guiding our conversations.

### Findings and Discussion

Concepts such as self-surveillance, sexualisation of female bodies, isolation, silence, men's reactions, pain, PMS (pre-menstrual syndrome), lack of effective and empathetic healthcare, and desire to share more were discussed with each participant. For those who shared creative expressions, the importance of mind and body connection was highlighted. Participants noted that this research sparked an interest to learn more about menstruation, recognition of how impactful it is to everyday life, and a drive to increase knowledge and awareness in their spheres of influence. Through reflecting on early experiences, the participants came to a greater understanding of their present experiences and thoughts on menstruation. This research followed **Fahs'** (2016) call to action and found that sharing stories is a vital part of increasing knowledge, decreasing stigmas, and can inspire social justice actions around menstruation experiences.

### Conclusion

This research curated in-depth narratives and creative expressions of menstruation experiences from five participants. These narratives were then discussed thoroughly alongside other research, firmly grounding the importance of holistic understandings of menstruation. The findings begin to reduce the stigma and silence around menstruation and show the power

of sharing stories. Participants found empowerment and the strength to reclaim their bodies and stories through the interviews and creative expressions. They were also inspired to take action to improve menstruation experiences for themselves and others because of their involvement in this research. Their reflections have the power to guide future research and interventions to improve menstruation experiences world-wide within social, cultural, and political spheres of influence. This emotive report demonstrates the value of women-led research, menstruators' voices, and creative ways of knowing that can lead to acceptance, empathy, and action to improve menstrual experiences around the world. Our voices and stories will no longer be silenced or ignored, our bodies no longer used to oppress us through stigma and shame.

Key Words: menstruation, period, social, cultural, political, narrative, stigma,

### Lay Summary

In this research, I wanted to understand the role menstruation plays in individuals' lives. Previous research has shown that menstruation as an experience is affected by various influences. The stigma around menstruation has a significant impact on individuals health and well-being. The focus of this research is on the individual experience. From the literature review, three spheres of influence on personal menstruation experiences were defined, Social, Cultural, and Political. There are subthemes within each of these spheres, such as self-surveillance, medicalisation of menstruation, and religion. Each sphere of influence shares some subthemes with another sphere, none of the aspects of menstruation are isolated experiences. Emphasis on the personal menstruation experience is the focus of this research, meaning that cross over between the spheres of influence and subthemes are unique for each participant. Participants shared their menstruation stories in six interviews. Due to the stigma and silence around menstruation, it was important to give participants the opportunity to explore and share other ways of communicating their unique experiences. This was achieved by inviting participants to share a creative expression of their experiences, to go along with their stories, such as a painting or a dance. Another choice made based on the stigma is that the participants are friends of mine, offering me as the researcher an insider and outsider perspective, making it easier for participants to be open about something personal like menstruation through our already well-formed relationships. We discussed things like home life, education, period products, healthcare, religion, and taboos. I learned that menstruation is a part of the web of everyday life. Many things can influence the menstruation experience and having a menstruating body impacts how an individual moves through life. For example, all of the participants said they are afraid of their period leaking through their clothes. This leads them to choose different clothing, always have extra period products, and be nervous and self-conscious. Some of the participants shared that they felt comfortable discussing periods with their family and got support when they were in pain from it. Others said that family members blamed strong emotions on their period and felt frustration and anger. They all told stories of how they felt a sudden increase in responsibility when they started menstruating, to care for themselves, conceal their menstrual status, and avoid pregnancy. Despite the silence and stigma around menstruation, the participants were brave and open in sharing their menstruation experiences. Each participant dedicated many hours of verbal and creative expression to help me understand their unique menstruation stories in detail. Important findings of this research are the evidence of sharing stories can alleviate shame and foster connection, pain expectations are undefined and underreported, and the impact of menstruation is felt across many areas of life for individuals. This project shows the importance

of sharing the personal story. We can challenge the stigma by continuing to tell stories, listen, and support others.

**Declaration of Own Work and Permissions**

I declare this dissertation is my own work and the version handed in is the final, complete version.

*Morgan C. Ludington*

May 2025

I give permission for the Moray House School of Education and Sport to share my dissertation with students as an example of a dissertation.

*Morgan C. Ludington*

May 2025

### Acknowledgments

Thank you to all the girls, women, menstruators, and researchers who have and continue to advocate for menstrual rights and dignity. I am honoured to be one drop in the ocean of this movement.

Thank you to my parents. Mom and Dad, you have given me all the opportunities in life to make it a better one. To my brother and my sister-in-law for friendship and my nephews and niece for happiness, thank you.

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*"What are we here for if not to help each other?" (Dandelion Africa, 2020).*

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## Introduction: Menarchy

### My Background

My interest in menstruation started from a desire to become more ecofriendly. One day in 2018, I was shocked by how much waste I made from throwing away period products during the week I bled. So, I began searching for alternatives. Menstrual cups seemed intimidating, but reusable cloth pads were intriguing. They come in almost any shape and colour imaginable, and the best part was that I could make them myself. My grandma had recently given me her travel sewing machine. I researched materials, patterns, and tested samples from various sellers before settling onto a few designs that I liked and was able to sew. While doing this research, I inevitably found the corner of the internet focused on menstruation, ecofeminism, and the empowerment of caring for your menstruating body. I read stories from people who shared menstrual difficulties and how having a quirky printed pad to bleed on made their experience better. I wanted to hear more, having suddenly realised that I knew very little about menstruation despite bleeding every month for about ten years at that point.

During this time, I was working on my Master of Public Health degree. I began to focus assignments and research projects on menstruation. For my final research project, I travelled to Kenya to do research with a grass-roots organisation, Dandelion Africa, to gather stories of menstruation from women in the surrounding villages (**Ludington**, 2018a). Since this initial trip, I have been back several times to continue volunteering with Dandelion Africa, primarily in menstruation education and developing a reusable cloth pad programme. While there is still

more I want to read, experience, and understand about menstruation, I am proud of this work and the relationship I have built with Dandelion Africa.

I have researched menstruation experiences of outdoor enthusiasts (**Ludington 2020; Ludington, 2023**), outdoor leaders (**Ludington, 2020, Ludington, 2023**), and people experiencing homelessness (**Ludington, 2018b**). My thesis is built upon this strong academic background, in-field experience, and my personal experiences. I am one person, I am not the whole solution nor likely to be the one to find *the* solution. But I am committed to help as much as I can to end stigmatisation of menstruation and improve menstrual health and dignity for people around the world.

My passion for creativity, and specifically crochet, has been a cornerstone of my PhD journey. At the beginning of this study, I knew I wanted to have a year-long project that I could work on every day. My sister-in-law had the brilliant idea of making a scarf that reflected where I was in my menstrual cycle, a row to represent every day. This was the perfect idea as I could complete a row in about ten or fifteen minutes, very achievable even on busy days. These few minutes became a precious time to slow down and reflect. Research by **Varghese and Dunbar (2023)** share how their own experience of sewing alongside their academic careers invited reflection and emotional regulation, “beyond the material fabric to the fabric of life” (p. 455). Creating a tangible piece related to the PhD journey also gave me a sense of accomplishment, which is one of the main benefits of crafting that research has identified (**Corkhill et al., 2014; Varghese & Dunbar, 2023**). Throughout the year, I would bring the scarf with me on trips and residencies which led to sparking a conversation about menstruation with whoever happened to be curious enough to ask what I was making. It was a gentle way of bringing the topic of

menstruation to various spheres in my life. The complete scarf is approximately 1.6 meters long, with 365 rows representing an entire year's worth of menstrual cycles, as seen in Image 1: Menstrual Cycle Scarf.



Image 1: Menstrual Cycle Scarf

The Menstrual Cycle Scarf was invited to be on display at The House of Smalls Art Gallery in Edinburgh, Scotland. The following text, written by me, was published in the exhibit catalogue:

*This scarf was a year-long project undertaken during my first year of PhD research on menstruation narratives. I crocheted a row a day with different colours representing where I was in my menstrual cycle at that time. Grey is for non-bleeding days, red is for*

*period bleeding, pink is for spotting, and the individual various colours indicate ovulation days. The ovulation colours were chosen based on that month's birthstone colour.*

*When I worked on it in public, it became a conversation point – an important tool to break the silence around menstruation. By working on it everyday, I was reminded of where I was in my cycle as opposed to only being aware of when I bled. Crocheting is a calming and mindful practice for me and the connection to menstruation provided me with more time to reflect on my own experiences while researching others.*

*The end result is a physical manifestation of a year's worth of menstrual cycles that can be wrapped around my body many times – representing how menstruation is tangled and intertwined with all aspects of life.*

*Not all women menstruate and not everyone who menstruates is a woman, but it is an important aspect of my lived experience of being a woman. Creating this piece is a reminder of the power we have in strengthening our threads of connection to create art, provide warmth, and inspire curiosity and action.*

*Together, we can free bleeding from shame, stigma, and silence. (Ludington, 2025a)*

My own experience of connecting creative expression to bodily experiences and academic understandings supports the value of creativity from myself and the participants in this research. **Corkhill et al.** (2014) found the benefits creative textile crafting to include clarity of thinking, perseverance, stress relief, connection to tradition, and a sense of accomplishment. It is clear that creative outputs are an important aspect of wellbeing and emotional regulation, especially when exploring a stigmatised topic like menstruation. I hope that it inspires others to

reclaim their own narratives through personal creative expressions. As menstruation has been silenced and shrouded for so long across so many cultures, it is vital to encourage alternative modes of exploring, processing, and expressing experiences. While creativity is an important aspect of this research, I was intentional in the presentation and tone to not distract from the rigour of this study. This was done to make it more accessible to a wider variety of academic disciplines and audiences as menstruation is an important and under researched aspect of women's health which crosses multiple disciplines.

### **Study Background**

Menstruation is an experience that touches everyone at some point, and we are all here because someone once missed their period. It is estimated that one will have about 400 menstrual cycles in a lifetime (**Hill, 2019**). It is a thoroughly human and natural experience, "menstruation is as old as humanity itself", and yet it is often shamed, silenced, and stigmatised (**Bobel, 2020, p. 1**). Stigma, as defined by **Johnston-Robledo and Chrisler (2020)**, "refers to any stain or mark that sets some people apart from others; it conveys the information that those people have a defect of body or of character that spoils their appearance or identity" (p. 182). Menstruation can be a literal and figurative stain, marking one's body as less than an able-bodied privileged man (**Gunter, 2024; Johnston-Robledo & Chrisler, 2020, p. 183**). There has been a lack of attention on this fundamental human experience, leading to a profound gap of knowledge and exposing the power of misogyny and stigma in research (**Bobel, 2020, p. 1; Buckley & Gottlieb, 1988; Cleghorn, 2021, p. 2; Gunter, 2024; Morgan, 2019**). Therefore, it is

important to conduct research that values the female experience and creates a safe space for participants to share their personal experiences.

Globally, millions of people struggle to care for their menstruating bodies safely, effectively, and with dignity (**Dahlqvist, 2018; Wilson et al., 2021; United Nations, 2019 in Winkler, 2020a, p. 9**). There are many who suffer from period pains, heavy bleeding, and social restrictions that can impact education, work, health, and general well-being (**Dahlqvist, 2018; Gunter, 2024; Wilson et al., 2021; United Nations, 2019 in Winkler, 2020a, p. 9**). While it is a material reality, the attached stigmas around menstruation make the experience dependent on sociocultural and historical spaces that menstruators occupy (**Sawo, 2020, p. 99**). Menstruation is understood as a connecting factor throughout life experiences, “menstruation unites the personal and the political, the intimate and the public, and the physiological and socio-cultural” (**Winkler, 2020a, p. 9**). This demonstrates the importance of studying the contexts of the individuals who menstruate, to better understand a holistic view of their experience.

It is important to recognise the challenges of studying a stigmatised topic, as **Fahs (2016)** states, “given this history [of menstrual stigma], it makes sense that women generally approach menstruation from a position of silence and shame” (p. 25). In conjunction with limited research on menstruation experiences (**Bobel, 2020; Clancy, 2023; Gunter, 2024**), there are also barriers from potential participants being ashamed or lacking experience in expressing the embodied nature of menstruation (**Dahlqvist, 2018; Diamant, 2021**). This also supports the drive to rediscover past menstruation stories, to understand how previous cultures viewed them, and the sociopolitical effects. These stories will illuminate common threads of menstrual

experiences to connect present experiences with past ones and highlight that this is not a new issue, but one we can overcome by shattering the silence.

While there is largely silence surrounding menstruation, there are some notable novels, fiction and non-fiction, that have important narrations and passages on this topic. Fictional narratives and characters allow us to explore deeply personal experiences, both “metaphorically and as representations of organizational reality” (Kalkman, 2024, p. 1). Therefore, the inclusion of fiction provides more sources for understanding the stigmatised and silenced experience of menstruation. The variety of sources can illuminate intersections across various experiences of life (Gilligan & Richards, 2018, p. 4). Fiction creates a space where stigmatised, but natural human experiences, can be explored without putting an individual at risk of exposing themselves (Kalkman, 2024). Relying on fiction to understand others and certain experiences is reflective of my own struggles to connect with others in real life but finding resonances and comfort from fictional characters. It was a natural and logical decision to include fictional stories and characters as sources for this research.

Through the following examples, fiction and non-fiction, it is clear that individuals value menstruation differently. For some, it is a welcome reminder of having a healthy female body. For others, it is a negative sign of changing expectations as one grows from child to adult or indicates the absence of a wanted pregnancy. In specific regards to one’s first period, we see research finding that “for some children, menarche can be a moment of pride as they enter womanhood but, for others, it can lead to fear, shame and isolation” reflected in these stories (Wilson et al., 2021, p. 49). For example, **Anne Frank** (1997) writes about her period being her “sweet secret”:

*"I think that what's happening to me is so wonderful, and I don't just mean the changes taking place on the outside of my body, but also those on the inside. I never discuss myself or any of these things with others, which is why I have to talk about them to myself. Whenever I have my period (and that's only been three times), I have the feeling that in spite of all the pain, discomfort, and mess, I'm carrying around a sweet secret. So even though it's a nuisance, in a certain way I'm always looking forward to the time when I'll feel that secret inside me once again" (Frank, 1997, p. 160).*

Her diary is a treasured insight into the life of a young girl going through a traumatic time in history. It provided her with an outlet to confess her thoughts, feelings, and experiences. It seems that her period was a welcome monthly visitor, a reminder that she was growing up, still human, and had a special secret to keep to herself. It is unknown whether she avoided discussing menstruation with others based on stigmas or to have something to herself while living in hiding with seven others. It seems it may have been the only thing besides her diary that was wholly her own and she cherished both.

A different viewpoint of menstruation is given by Jean Louise, also known as Scout, from "To Kill a Mockingbird" (Lee, 2006) and "Go Set a Watchman" (Lee, 2015). She laments how menarche prevents her from continuing to play with boys. As a child, she was able to wear jeans and overalls, but as she enters puberty, her new required attire included almost exclusively dresses. All of these factors reshape the relationships she has with the boys and men in her life; she is treated differently as she grows into a woman.

We will see similar views in the participants' stories. These examples voice common experiences and allow readers to connect, whether in agreement or enlightenment, of what menstruation can mean to someone. It may be invaluable for someone awaiting menarche to hear varied accounts, to know what to expect and be comforted that others also see it as a welcome visitor or a hassle that changes their lifestyle. In short, these narrations break the silence and aid in the conversation to accepting menstruation as a personal and common experience.

### **Notes on the Text**

Many of the topics discussed throughout this research are inherently gendered, even though menstruation is a female biological experience. Therefore, I use "women", "girls", "people who menstruate", and "menstruators" interchangeably. Typically, using "women" and "girls" emphasises a gendered aspect, and "people who menstruate" clarifies the inclusivity and understanding that our reproductive parts do not define our gender. At times when anatomy or biology are the focus, I will use "female" or "female bodies". Not all women menstruate and not all who menstruate are women (**Gunter**, 2024, p. xii; **Hill**, 2019; p. 3). Menstruation is the focal point that highlights intersectional issues for many identities, all of which I endeavour to respect in this writing.

Period products or menstrual products are the terms used almost exclusively in this text, except in direct quotes from sources, irradicating the use of stigmatised terms such as "feminine hygiene" and "sanitary products". These unused terms in my research exclude alternate gender identities, insinuate, and propagate an inherent dirtiness of menstruation,

rather than acknowledging it as a natural part of health. The use of such terms increases the stigma, silence, and misunderstandings around menstruation. Hence my choice to intentionally exclude them from my own writing and acknowledge the tensions of their use in direct quotes.

I utilise the term “menstrual health” according to the definition outlined in **Hennegan et al.** (2021). This definition was created to provide a unified and comprehensive understanding of what menstrual health is, how different sectors can influence menstrual health, and improve communication across research, stakeholders, and policy makers (**Hennegan et al.**, 2021). The definition of menstrual health is:

*Menstrual health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle.*

*Achieving menstrual health implies that women, girls, and all other people who experience a menstrual cycle, throughout their life-course, are able to:*

- *access accurate, timely, age-appropriate information about the menstrual cycle, menstruation, and changes experienced throughout the life-course, as well as related self-care and hygiene practices.*
- *care for their bodies during menstruation such that their preferences, hygiene, comfort, privacy, and safety are supported. This includes accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation and hygiene services, for washing the body*

*and hands, changing menstrual materials, and cleaning and/or disposing of used materials.*

- *access timely diagnosis, treatment and care for menstrual cycle-related discomforts and disorders, including access to appropriate health services and resources, pain relief, and strategies for self-care.*
- *experience a positive and respectful environment in relation to the menstrual cycle, free from stigma and psychological distress, including the resources and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle.*
- *decide whether and how to participate in all spheres of life, including civil, cultural, economic, social, and political, during all phases of the menstrual cycle, free from menstrual-related exclusion, restriction, discrimination, coercion, and/or violence.*

**(Hennegan et al., 2021, p. 32)**

This definition has been reiterated across researchers; “menstruation unites the personal and the political, the intimate and the public, and the physiological and socio-cultural” **(Bobel, 2020, p. 9)**; “menstrual health includes not only menstrual hygiene and the management of menstruation, but also related issues such as pain, stigma and taboo, gender, understanding of the menstrual cycle and overall well-being. Menstrual health also more broadly frames the issue as a right to dignified menstruation” **(Wilson et al., 2021, p. 45)**. Various aspects of life interact to influence an individual’s personal menstruation experience, such as health conditions, disability, age, gender identity, home setting, education, work environment, socioeconomic status, religion, ethnicity, and culture. With these understandings

of menstrual health, it is clear that it is part of global health, gender equality, and human rights (Wilson et al., 2021). Thus, a holistic approach and openness to hearing individual experiences is necessary to form a better understanding of menstruation experiences.

Language is constantly evolving, and my own grasp of appropriate language for this topic is also constantly evolving. I have used the terms that I understand to be the most accurate and inclusive at this time. My own previous research has used terminology that is no longer accurate or inclusive, but was the best I knew at the time. It is also important to realise that sometimes terminology is not as vital as other aspects of menstruation research and activism. For example, the organisation in Kenya that I work with consistently uses the term “sanitary towels”. In our discussions, it is far more important to focus on increasing access to period products than to argue over labels – there is a hierarchy of needs to invoke positive change.

References by women and trans-women authors have been bolded to increase awareness and visibility of their presence in this thesis. Gender was identified based on self-proclaimed identities or pronouns in author biographies. If no author biography was found, then gender was assumed based on first name or photo. The decision to identify women authors was considered early in the writing, though was not done until the final edits. Bolding the authors at this point avoided bias when choosing references and was illuminating to see how many of the referenced authors are women. This practice adheres to the aims of this thesis to value and reveal women's voices and contributions to academic research.

This introduction provides an overview of my journey exploring menstruation experiences. From personal expansion of knowledge to community efforts to increase access to

safe period products, my passion to improve menstruation education and dignity has only increased. The following section, the conceptual framework, provides an explanation of the three spheres of influence on the personal menstruation experience, social, cultural, and political. The spheres of influence are also represented through a figure. All the figures included in this thesis are my own, created from and for this study with the citation embedded in the figure to ensure accurate future referencing. These spheres of influence underpin the rationale for this research and have been used to organise each subsequent section of this thesis.

### Conceptual Framework

The conceptual framework for this research utilises three spheres of influence, Social, Cultural, and Political as context to ground the personal menstruation experience within, and is a result of the expansive literature review undertaken for this research. The choice to refer to these influences as spheres is to reinforce the three-dimensional aspect and their interactions with each other. As spheres, the subthemes found within them can rotate, meaning an individual may experience some subthemes more consciously at times and new connections may rotate into interaction at different points in their life. The influences are constantly in motion and changing, which is difficult to capture and describe in written format. Figure 1: The Conceptual Framework was the first iteration of identifying the influences and subthemes, while Figure 2: The Personal Menstruation Experience is a two-dimensional snapshot of how these influences overlap and interact with each other. Neither is a perfect representation of the reality of the lived experience of menstruation; however, they provide a starting point and structure for the literature review, reflections, and discussion chapters in this study. Both of these figures will be discussed more in depth, but it is first appropriate to discuss a framework that did not inform this study but whose similarities cannot be overlooked.

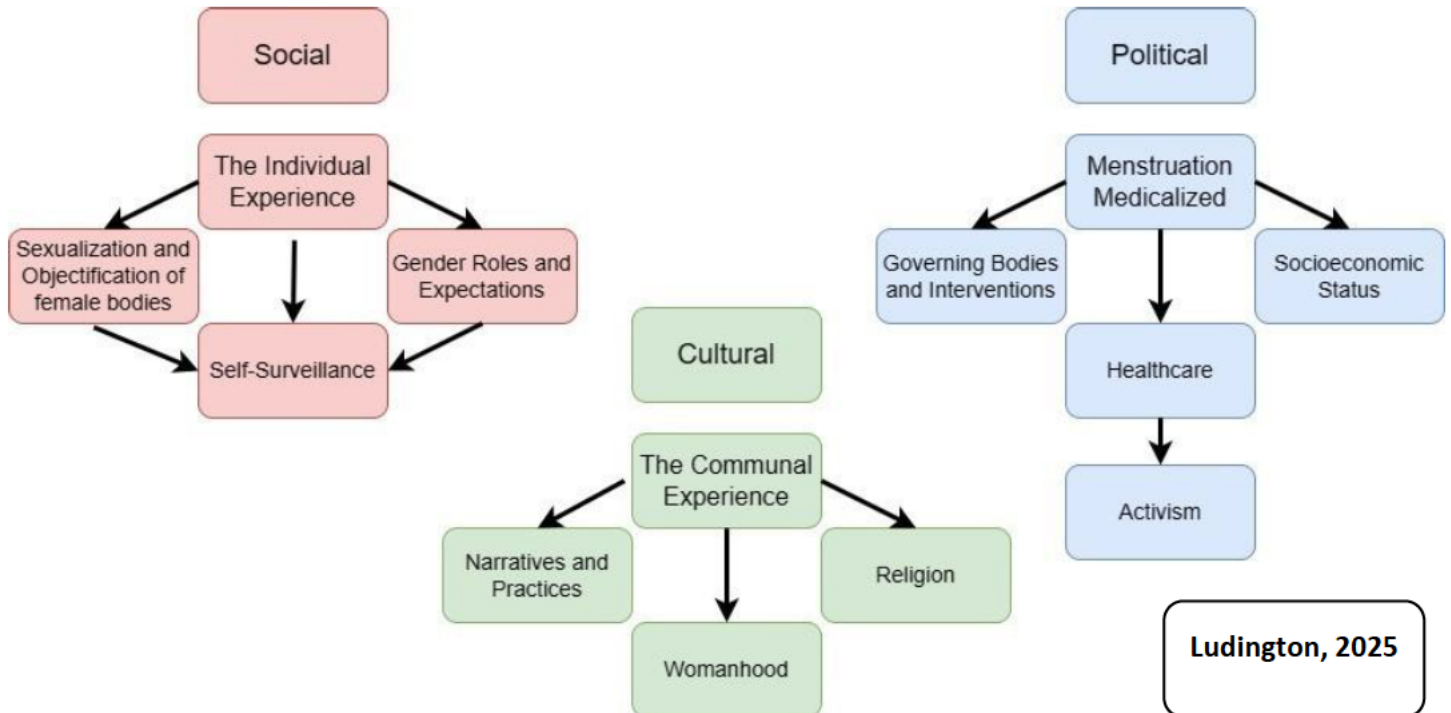
The labels “Social, Cultural, and Political” are reminiscent of the Personal, Cultural, and Structural (PCS) analysis framework developed by Neil Thompson. This framework is based on the view that social problems, social justice, and social welfare are “inextricably connected and exert considerable influence on each other” (Thompson & Stepney, 2023, p. 313). They further state that “PCS analysis is a framework that has been developed to help make sense of the subtle intricacies of power, empowerment, discrimination and oppression” (Thompson &

Stepney, 2023, p. 325). Although there are clear resonances of terminology and intention between my conceptual framework and PCS analysis framework, the differences reflect the literature review and data collated for this study. The main themes of Social, Cultural, and Political encompass the spheres of influence on an individual in relatable, understandable terminology for the participants of this research. My framework also attempts to more accurately portray the changeable nature of the interactions throughout one's life. Spheres of influence as terminology was specifically chosen as it allows for a more visual understanding of the interactions across the main themes. **Gilligan** (1982) favours a web depiction of the lived experience and relationships, "the image of web changes an order of inequality into a structure of interconnection...signifies the embeddedness of both of these images [hierarchy and web] in the cycle of human life" (p. 62). However, the spheres of influence are three-dimensional, emphasising the width, breadth, and vast potential of interactions that the main themes cover.

Further, the personal identity and life experience is constantly evolving due to the influences from these three spheres, making each menstruation experience unique. Thus, leading to the primary research question of, "How do social, cultural, and political contexts affect individual menstruation experiences around the globe?". By exploring the perceived social, cultural, and political impacts on menstruation, light was shed on how stigmas are internalised and externalised for menstruators. These influences and interactions have been explored in depth within the literature review. This framework is a simplified representation of a tangled web of spheres of influence and subthemes of the embodied experience of menstruation. There is overlap between all the aspects, the illusion of separation is merely to

aid in understanding the holistic experience. The following figure, Figure 1., is a visual representation of the initial conceptual framework for this research.

Figure 1: Social, Cultural, and Political Spheres of Influence on the Personal Menstruation Experience



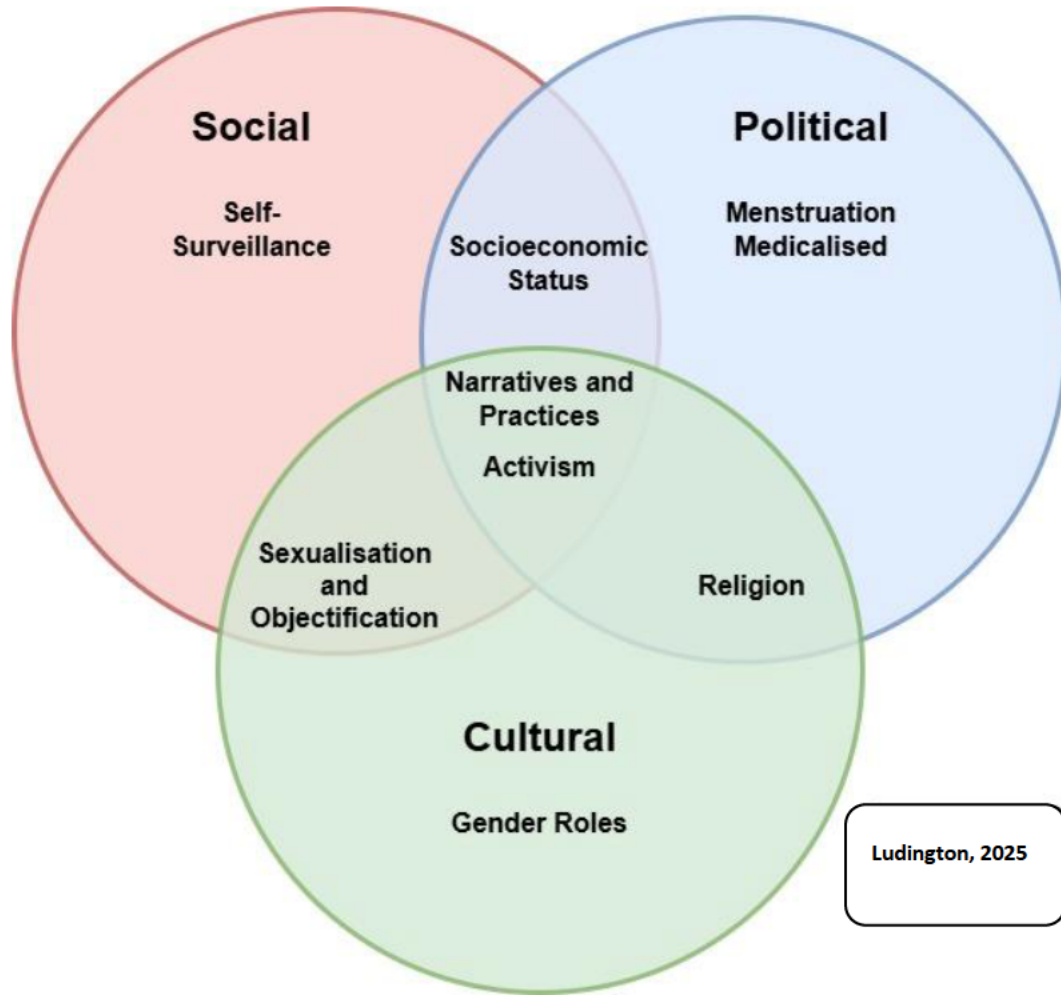
Social, Cultural, and Political spheres of influence are depicted separately within the initial conceptual framework. Each sphere of influence is depicted branching out to sub-themes, which in the embodied experience, would be overlapping and extending influence onto each other.

This framework was utilised in the development of the interview outlines. Within these interview outlines, the spheres of influence and subthemes were included to aid in guiding the discussion. Specifically, for the interview designed to focus on the social sphere of influence included topics such as capitalism, gender roles, education, and products. For the interview framed on cultural spheres of influence, topics such as religion, taboos, rituals, stories, and

myths were brought as focus points. And for the interview around the political sphere of influence, we discussed laws around healthcare and education, taxation of products, power dynamics (in personal and community relations), and patriarchy. This structure aided the conversations in the interviews and the overall research design as it allowed for the participants to lead the discussions to share their personal experiences within all these spheres. The interviews also informed the refinement of this initial conceptual framework. Reflexive engagement illuminated the messy nature of menstruation as a personal embodied experience, the spheres of influence and subthemes interact, compound, and contradict each other simultaneously and in ever evolving ways for individuals.

After the data collection and analysis, the importance of some of the subthemes was identified, as were the connections across each sphere of influence. This resulted in a revised conceptual framework which better represents the data from this research. The visualisation of the conceptual framework based on the spheres of influence, which identified key influencing sub-themes and interactions across and between them, is represented diagrammatically in Figure 2. The Personal Menstruation Experience.

Figure 2: The Personal Menstruation Experience



This depiction is an improved representation of the personal menstruation experience, though still not a complete depiction of the interconnected and changeable spheres of influences that form the experience of menstruation.

This thesis consists of seven chapters presenting the research. Highlighting the activism inherent in this research and the value of narratives, each chapter title is significant in telling the story of this journey. “Menarchy”, the title for the introduction, is a play on “menarche”, the term for one’s first menses, and menstrual anarchy. Menstrual anarchy is a movement born

in response to the negativity surrounding menstruation and fights to improve and reconceptualise menstruation experiences (**Docherty**, 2010; **Fahs**, 2016). The title “More than Blood” for the literature review is in direct reference to the book, “It’s Only Blood” by **Anita Dahlqvist** (2018). In no sense is menstruation “only blood”. On a biological level, it consists of blood, tissue, and mucus (**Gunter**, 2024). The literature review definitively confirms that menstruation is not “only blood” within each of the spheres of influence and subthemes of the conceptual framework. The methodology chapter describes how this research was designed to shatter the silence around menstruation, through verbal and creative modes of data collection and expression. The research design, methods of data collection, approach to analysis, and ethical considerations are included in the methodology chapter. The reflections chapter title, “Our Words, Our Stories”, plays a riff on the book “Our Bodies, Ourselves” and emphasises the importance of personal narratives in this research (**Boston Women’s Health Book Collective**, 2011). In the reflections chapter, each participant’s data has been presented within the same structure of the spheres of influence and subthemes with the addition of unique subthemes that were identified. Once we reach the discussion, the focus shifts to reclaiming our bodies, our stories, and our futures through menstrual activism. This chapter explores the connections and differences across the participants’ stories and the literature review. And finally, the conclusion presents a call for action to free bleeding from pain, shame, poverty, silence, and stigma. These titles are meant to engage and excite readers. Now, it is time to explore the many ways that menstruation is more than blood by reviewing relevant literature.

## Literature Review Chapter: More Than Blood

### Introduction

Throughout this chapter, I provide evidence supporting the foundational argument that menstruation is more than blood. Menstruation is more than a natural biological process; it is a fundamental human experience (**Bobel**, 2020, p. 4; **Erchull**, 2020, p. 403; **Patkar**, 2020, p. 502). Researchers posit that menstruation is a holistic experience mediated by natural bodily processes and sociocultural influences (**Bobel**, 2010; **Fahs**, 2016; **Peranovic & Bentley**, 2017; **Ussher**, 2006). **Fahs** (2016) argues, “menstruation provides the perfect platform through which to examine the synthesis of serious things: political identities, body consciousness/knowledge, gender issues and identities, the insidious aspects of inequalities, and the possibilities inherent in activism and resistance” (p. 6). Beyond exploring the interplays of context on personal menstruation experiences, literature from **Fahs** (2016), **McHugh** (2020), **Patkar** (2020), and **Ussher** (2006) have also demonstrated the connection between menstruation stigma and gender inequalities.

Interestingly, few of the sources utilised in this research define patriarchy, though it is occasionally referenced as a key influence on the gendered experience of menstruation (**Bobel**, 2010; **Ussher**, 2006). Sources do, however, often refer to the efforts of feminism, which is a direct response against patriarchal structures (**Bobel**, 2010; **Fahs**, 2016; **Ussher**, 2006). For this research, patriarchy is defined as the standpoint that gender is a binary, there is a gender hierarchy, and shame and silence are often used to maintain this hierarchy (**Gilligan & Richards**, 2018). In patriarchy, men are seen as superior and women are oppressed (**Gilligan & Richards**,

2018). **Gilligan** (1982) explicitly stated that “we have listened for centuries to the voices of men...so we have come more recently to notice not only the silence of women but the difficulty in hearing what they say when they speak” (p. 173). Feminism is a liberation movement acting to increase inclusion, freedom from oppression, and ultimately reach equality for all (**Bobel**, 2010; **Fahs**, 2016; **Gilligan & Richards**, 2018). The influence of patriarchy and feminism on menstruation is a common thread throughout this research. Feminism uses the power of speaking out and making oppression visible to dismantle the patriarchal structures of shame and silence.

The power of voices and the systematic oppression and silencing that men have enforced on women’s voices is discussed in depth by **Gilligan** (1982). She highlights how this omission indicates a lack of care and disregard for women’s rights (**Gilligan**, 1982, p. 21). Throughout the spheres of influence, this oppression is evident and perpetuated by patriarchal structures. Historically and now, we largely remain blinded to the “truth of women’s experience” and there is a need for “reinterpretation of women’s experience in terms of their own imagery” (**Gilligan**, 1982, p. 62). This supports the flexibility within this research; the semi-structured interviews and invitation for creative expressions were designed to empower the participants to share their experiences in their own way. My approach in this doctoral study is based on the belief that it is vital to include women’s voices to support efforts to increase “universality of the need for compassion and care” (**Gilligan**, 1982, p. 98). In order to achieve equality for all, we need to hear and value all voices. **Gilligan’s** (1982) research suggests “that men and women may speak different languages that they assume are the same...contain a propensity for systematic mistranslation...and limit the potential for cooperation and care” (p.

173). This provides strong support for this study to focus on women's voices as direct sources of knowledge on the lived experience of menstruation across all the spheres of influence. Although this chapter gives the initial illusion of clean distinctions between the spheres of influence and subthemes, the reality is the opposite. Each of these aspects of life influence each other and are experienced differently across individuals, "In many cases, an intersection of factors such as gender *and* disability; or gender, religion, *and* caste determine menstrual experiences."

(Winkler, 2020a, p. 11). Adhering to the conceptual framework, I have classified these topics in a methodical way using the individual perspective to determine the "felt" level of impact.

Meaning, topics such as self-surveillance, gender identity, and period products, which appear to have a visible and direct influence are categorised under the main topic of "Social". Broader topics, like religion, womanhood, gender, and pop culture, that tend to be reflective of an individual's participation within a group are discussed in the "Cultural" heading. Less perceivable and seemingly indirect influences are situated under the topic of "Political", which includes discussion on interventions, government influence, and healthcare. The perceptions of influence were determined based on an overall understanding of the literature as a whole and in alignment with the data collected from the participants. It is acknowledged that for some topics, a decision had to be made on where to place them within the context of the entire chapter. Some topics, such as stigma, clearly straddle across all the topics and thus have been included in each main section.

In this order, I examine various social, cultural, and political spheres of influence on human life and how they impact our relationship with menstruation. I draw from a variety of academic sources, grey literature, personal publications, and fiction and non-fiction novels.

Most of these sources are from female authors, which is important generally for research, but especially for research on a typically female experience. Historically, research has been conducted by men on men, even research about menstruation (Buckley & **Gottlieb**, 1988, p. 209; **Cleghorn**, 2021; **Gunter**, 2024). This means that there are likely biases and misinterpretations of the female experience and menstruation (Buckley & **Gottlieb**, 1988, p. 209). This aligns with **Simone de Beauvoir's** (2015) statement, "It is difficult for men to measure the enormous extent of social discrimination that seems insignificant from the outside and whose moral and intellectual repercussions are so deep in woman that they appear to spring from an original nature" (p. 20). As was mentioned in the introduction of this thesis, women authors have been bolded to raise awareness of their presence throughout this thesis.

### **Social Sphere of Influence: Individual Responsibility, Concealment, and Silence**

The Social Sphere of Influence on menstruation experiences is focused on daily noticeable influences on personal lives: self-surveillance, concealment, silence, gender identity, language, products, and product marketing. Menstruation experiences are mediated by the influence of gender role expectations and the perpetuation of female self-surveillance (**Frank & Dellaria**, 2020, p. 69; **Winkler**, 2020a, p.10). These expectations may be portrayed and perceived differently across the social spheres of family, friends, and partners. Within patriarchal societies, gender is understood as "inherently relational, oppositional, and ultimately hierarchal" (**Perianes & Ndaferankhande**, 2020, p. 423). Further, the context also mitigates these expectations, such as home, education, and work environments (**Winkler**, 2020a). The final mediating factors explored in this section are product availability and marketing strategies. The overarching theme throughout this section is the stigma of

menstruation resulting in normalcy of concealment, silence, and individual responsibility (**Bobel**, 2020, p.1; **Ludington**, 2020; **McHugh**, 2020, p. 410). Silence refers to literal silence around menstruation: the lack of stories, the use of euphemisms and limited language to express experiences, and oppression of women's voices. The argument asserted by **Simone de Beauvoir** (2015) that, "A woman is not born, she is made" (p. 283), informs this section as it moves through the expectations of women and menstruation as a factor of womanhood.

### ***Gender Expectations***

The *Second Sex* by **Simone de Beauvoir** (2015) begins with her speculating, "What is a woman?", "Are women humans with uteruses?", "Or is a woman a feminine being?", questioning the assumed ties between feminine, female, and woman, and wondering if feminine qualities can be gained or lost (p. 7). These assumed ties are reflected in **Harcourt** (2009), stating that the biological ability to give birth is one of the most powerful constructs of feminine identity (p. 38). The distillation of a person based on their physical form and physical capabilities disregards the complexity of humans. **Simone de Beauvoir** (2015) states further, "humanity is male, and man defines woman, not in herself, but in relation to himself; she is not considered an autonomous being" (2015, p. 7). This plays into the underlying assumption of a gender binary, either male or female (**Erchull**, 2020, p. 395). There is also an assumed hierarchy of genders in patriarchal societies (**Harcourt**, 2009). Human experiences and expressions utilise the male perspective as the baseline; anything outside of this is treated as other and lesser (**Cleghorn**, 2021; **Gunter**, 2024; **Valenti**, 2024). Thus, by these definitions, a woman is feminine based on her ability to conceive and give birth; menstruation is the natural precursor in fertility.

Menstruation is seen as a definitive marker of womanhood (**Bobier**, 2020), but we must move through the world as if we are not bleeding (**Johnston-Robledo & Chrisler**, 2020; **Lynch**, 1996, p. 7; **Persdotter**, 2020, p. 363). There is belief that a normal body is not a bleeding body (**Roberts**, 2020a, p. 56; **Vora**, 2020, p. 33). We must conceal our bleeding bodies from men, but maintain a healthy, regular menstrual cycle to be women (**Lynch**, 1996, p. 7; **Persdotter**, 2020, p. 363). **Bobier** (2020) argues that, “these feelings largely stem from societal taboos concerning female bodily processes and sexuality, the corresponding medicalisation, and the consequent pressure to sanitise and conceal these functions, including the supposed hygienic crisis that is menstruation” (p. 304). Thus, the social expectation of women is to maintain silence and concealment of our menstruating bodies from menarche to menopause (**Lynch**, 1996, p. 7; **McHugh**, 2020, p. 412; **Roberts**, 2020b, p. 177). These contradicting messages lead to confusion and shame when girls and women attempt to reach these impossible standards, resulting in an isolating experience and increased level of self-sustaining responsibility starting from a young age.

This silence and culture of concealment perpetuates menstrual stigma (**Wood**, 2020, p. 322). If one is restrained from sharing experiences, a sense of isolation increases. Many believe the narratives that are fed to women and reduce female experiences to the androcentric view of femininity based on biologically determined gender myths (**Cleghorn**, 2021, p. 10). Together, these practices lead to isolation of menstruating bodies, with no one to talk to or be with during times of menses. This forces individuals to constantly self-police and compare themselves to others (**Ussher**, 2006, p. 31). **Persdotter** (2020) claims that there is no way to normalise or break menstrual taboos on a global level, as there will always be different perceptions of right and

wrong (pp. 366-367). However, **Ussher** (2006) posits that if we can identify specific forms of self-policing, we can then challenge and overcome them (p. 59). Following **Ussher's** belief that we can challenge menstrual stigmas, we must look to where they first start impacting our lives.

Main differences in how girls and boys are treated and expected to act begin to diverge during puberty (**Wilson et al.**, 2021). Girls are expected to take on household responsibilities while boys are allowed to explore more freely within the community (**Wilson et al.**, 2021). In some cases, these restrictions are based on menstrual taboos that separate, exclude, and sometimes banish menstruating women from public spheres (**Diamant**, 2021; **Wood**, 2020, p. 322). Behaviour changes during menses such as trying to stay clean, altering activities, avoiding being seen as irritable or unsexy begin during puberty (**Wood**, 2020, p. 322; **Ussher**, 2006). Researchers believe menarche to be a psychologically dangerous time for girls, though there is sparse evidence that girls make this connection or that it has a lasting impact over their life course (**Bobier**, 2020, pp. 306-309; **McCarthy & Lahiri-Dutt**, 2020, p. 25). The lack of evidence points to the need for more research and attention on menarche.

Within the gendered expectations of how girls and women are to act, there is a specific expectation of etiquette around menstruation. While it is understood to be a natural biological process, it is also expected to remain concealed and private, especially hidden from boys and men (**Erchull**, 2020, p. 395; **Lynch**, 1996, p. 7). Due to the silence and stigma around menstruation, research conducted in Australia and the United States indicates that fathers struggle to discuss puberty, sexuality, and sexual health with their children (**Erchull**, 2020, p. 401). Therefore, young girls are limited to finding guidance from non-familial males on how to

present themselves. This, then, often leads to sexualisation and self-objectification at an early age.

### ***Self-Surveillance, Objectification, and Sexualisation***

Female self-surveillance practices are based on the male gaze in patriarchal societies (**Roberts**, 2020a, p. 56; **Wood**, 2020, p. 325). Adherence to these practices is reinforced by the negative reactions (disgust and exclusion) of both men and women towards anyone who fails to meet the expected behaviours (**Roberts**, 2020a, pp. 56-57). **Levitt** and **Barnack-Tavlaris** (2020) address this by explicitly stating that rather than a female gaze, women internalize the male gaze that reinforces these moral upholdings in a similar manner (p. 565). As discussed in the previous section, maintaining silence and concealment of menstruation is the accepted norm, “menstrual concealment is imperative for women to consider themselves “good” based on patriarchal standards of femininity that require women’s docile bodies” (**Wood**, 2020, p. 329). Successfully concealing menstruation to maintain participation and appearances in society requires constant effort of self-surveillance and objectification of oneself, it is a survival strategy (**Wood**, 2020). This leads to women becoming disembodied through these disempowering self-surveillance and objectification practices (**Wood**, 2020, p. 327). When one is not successful in concealing menstruation, it results in shame for not meeting gender expectations (**Jackson**, 2021; **Roberts**, 2020a, p. 54; **Vora**, 2020, 35). Therefore, one must always know when to expect their period, “one of the consequences most frequently noted in the literature is self-consciousness and hypervigilance associated with concerns about the revelation of one’s menstrual status” (**Johnston-Robledo & Chrisler**, 2020 p. 187). **Johnston-Robledo** and **Chrisler** (2020) further explain the impact of such self-surveillance, “the self-monitoring for leaks and

odors and the self-policing of behavioral or emotional clues to menstrual status is a waste of women's time and psychic energy that could be spent on more important or interesting pursuits" (p. 190). It is beneficial for men in patriarchal societies to retain power if girls and women are preoccupied with their appearances and concealing their leaking bodies (**Mbongo et al.**, 2023; **Sang et al.**, 2021). Self-surveillance and hyper-awareness of menstruation results in a heavy burden for girls and women trying to fit into society.

The constant self-surveillance and burden of awareness to maintain concealment of menstruation results in negative physical and emotional experiences for girls and women (**Johnston-Robledo & Chrisler**, 2020, p. 190). In **Vora's** (2020) research, "the majority of the women interviewed... framed their monthly bleed as an emotional and painful period, rife with negative sensations, such as irritability, stress, vulnerability, and symptoms of low mood as well as anxiety and depression." (p. 35). **Wood** (2020) expands this phenomenon by stating, "as women self-objectify through a patriarchal body-hating view of themselves, menstrual concealment offers women a way to "free" themselves from their menstrual body" (p. 327). These practices illuminate the disembodiment, or separation from self, that women can experience in relation to their menstrual cycle (**Roberts**, 2020a, p. 56; **Wood**, 2020, p. 327). These experiences may be based on biological causes, but the sociocultural influences can also impact menstruation. **McHugh** (2020) states that period shame is connected to body shame, health, sexuality, well-being, and social status (p. 411-413). The mental load of menstruation is one of many aspects that make menstruation more than blood.

Through self-surveillance, women and girls learn to separate their bodies from their personhood as a form of self-objectification (Fredrickson & **Roberts**, 1997; **Wood**, 2020, p. 326).

**Langton** (2009) describes female objectification as the, “reduction to a body or body parts, focus on appearance, and silencing” (p. 228-229). As **Wood** (2020) states, “this contributes to women’s alienation from their subjective experiences and is a form of de-selfing as women replace their own sense of self with an outsider’s (male) gaze” (p. 326). Further, separating oneself from appearing feminine can be beneficial in being respected in a patriarchal society (**Wood**, 2020, p. 327). **Wilson et al.** (2021) state a connection between menstruation and bodily and personal autonomy. Menstruators designate a significant portion of their lives to maintaining menstrual concealment, and the research shows that this has a negative impact on selfhood and autonomy (**Langton**, 2009; **Wilson et al.**, 2021; **Wood**, 2020). Thus, self-objectification creates a baseline of shame which menstruation compounds for many menstruators.

This constant effort to separate personhood from menstruating bodies creates voids of contextualising and expressing menstruation experiences (**Wood**, 2020, p. 328). **Wood** (2020) also found that women who score high on self-objectification tend to report more negative emotions and attitudes towards menstruation. **Roberts** (2020a) concurs, “...research has shown that indeed under conditions of body exposure or objectification, women (but not men) react with feelings of intense body shame and anxiety, which disrupts their cognitive concentration and diminishes their capacity to be effective.” (p. 60). Silence and stigma decrease the language and narrative from which menstruators can compare their own experiences too, leaving menstruation to be a mysterious, shameful, and incomprehensible experience.

One of the main goals of this self-surveillance and menstrual etiquette is to retain the appearance of sexual availability and desirability to men (**Bobier**, 2020, p. 305; **Lynch**, 1996, p.

7; **Wood**, 2020, p. 327). A study by **Peranovic** and **Bentley** (2017) found “men appear to think of menstruation as more negative and debilitating than women do...and [it] should be kept secret” (p. 114). Their responses shared beliefs such as “construction of the female body as unclean and in need of controlling” (**Peranovic & Bentley**, 2017, p. 114). **Lynch** (1996) found that many people consider menstruation to be, “polluted discharge, the reason for irrationality or emotional volatility...therefore affecting the sexual enjoyment of men” (p. 8). Many women find having sexual desirability is powerful; model **Emily Ratajkowski** (2021) writes, “it had seemed obvious to me that the most desirable, attractive woman was always the most powerful in any given room” (p. 43). She later reflects how her mindset shifted, “it had never occurred to me that the women who gained their power from beauty were indebted to the men whose desire granted them that power in the first place. Those men were the ones in control, not the women the world fawned over” (**Ratajkowski**, 2021, p. 47). Her essay collection provides a unique perspective of questioning beauty and power through her years of introspection. These studies depict the influence that objectification and men have on menstruation experiences from puberty into adulthood.

Menarche is a pivotal event that signifies the transition from asexual children to sexually objectified women (**Bobier**, 2020, p. 303). **Bobier** (2020) states that reproductive maturity marked with menses puts girls at risk of pregnancy in concert with other bodily changes that signal sexual maturation to the male gaze (p. 311). The fear of rape and pregnancy demonstrates that young girls realise that their bodies are not under their control and are objectified by men (**Bobier**, 2020, p. 311). **Johnston-Robledo** and **Chrisler** (2020) found that there is a connection between menstrual shame and sexual shame, leading to partaking in high-

risk sexual activities (p. 189). **Bobier's** findings support that menstruation and sexual activities are linked. This link also results in hesitation to use period products that are inserted into the body, as young girls want to avoid "phallogentric sexual activity" (**Bobier**, 2020, p. 309). **Roberts'** (2020b) findings also highlight that limited discussions make it difficult for girls to understand their changing bodies, or to feel empowerment or enjoyment in these developments (p. 178). **Bobier** (2020) believes that menarche is a crucial moment that interventions could aid in regaining sexual identity and agency, redefining womanhood, and questioning gendered power relations (p. 315). Religion also has a major influence on sexuality and womanhood, which will be discussed later in this chapter. Restructure of the concepts of gender, sexualisation, and objectification on sexual maturity and reproductive autonomy, in both men and women, is necessary to improve equality of female experiences and quality of life.

*Fringe Group Experiences with Menstruation: Trans, Genderqueer, and Intersex*

So far, I have focused on exploring implications of the binary assumptions of male/female and masculine/feminine. However, there are people and experiences that do not fit into this binary. The fringe groups discussed here are focused on various gender identities.

Aligned with the previous arguments, I continue exploring the assumed gendered aspect of menstruation as "menstruation is embodied and intertwined with social expectations, norms and stereotypes of femininity" (**Frank & Dellaria**, 2020, p. 69). Thus, menstruation as an experience is unique for people who do not adhere to the societal expectations of women. **Frank** and **Dellaria** (2020) expand this concept stating that, "given the interactional development of the self and the body as socio-historical politic, trans and genderqueer people

who menstruate must contest their identity with the persistence of the socially constructed female body in the interactions with individuals and institutions” (p. 69). Studies by **Pryzbylo** and **Fahs** (2020) found that “periods can also trigger gender dysphoria” and that non-bleeders are left out of “womanhood” (p. 387). **Patkar** (2020) states, “the silence and taboo around periods is further exacerbated for trans men, who report stigma, discomfort, annoyance, disgust, and pain linked to menstrual periods.” (p. 498). The menstruation experiences of trans men highlight the importance of a human and holistic approach, and that menstruation is a powerful entry point to understand and redefine femininity and masculinity (**Patkar**, 2020, p. 498). As menstruation is one of many aspects of womanhood that may be undesirable or unattainable for trans and genderqueer folk, it is important for more research to understand and improve this reoccurring natural life event.

There are also some practicalities to consider when reviewing the gendered experience of menstruation. Research from **Frank** and Dellaria found four spheres of social life that are impacted by menstruation for trans and genderqueer people, which are “(1) gender/sex identity (2) public bathroom attendance and navigation (3) product marketing and messaging and (4) healthcare” (**Frank & Dellaria**, 2020, p. 69). Society has rigid expectations for how men and women are supposed to dress and act, which leaves room for confusion, doubt, and judgment for people who do not adhere to these rigid frameworks (**Butler**, 2004; **Pfeffer**, 2008). While gendered bathrooms may seem insignificant to those who adhere to typically female/feminine or male/masculine presentations, it can be a source of discomfort or even risk of physical assault to trans and genderqueer people (**Fahs**, 2016; **Hill**, 2019; **Levitt & Ippoliti**, 2014). In healthcare, there is a similar confusion of gender identity versus physical sex, leading to poor or

avoidance of healthcare (**Fahs**, 2016; **Levitt & Ippoliti**, 2014). A trans man may still need to have gynaecological check-ups, for example. Body dysphoria or general unease may be a result, which can have negative impacts on an individual (**Fahs**, 2016; **Frank & Dellaria**, 2020; **Hill**, 2019; **Levitt & Ippoliti**, 2014; **Pfeffer**, 2008). The assumed connection of menstruation to women/feminine needs to be dispelled in order to care and support all menstruating bodies.

Intersex individuals may have a unique relationship with menstruation and the concept of femininity (**Hill**, 2019). At birth, identifying genitalia may appear ambiguous, resulting in a misidentification of gender or genital surgery for the intersex infant (**Blackless et al.**, 2000; **Clancy**, 2023, p. 16). It is estimated that intersex occurs as often as two percent of live births (**Blackless et al.**, 2000; **Clancy**, 2023; **Morrison et al.**, 2021). Alongside with a misidentification and the gendered upbringing, someone who is intersex may have confusion around their identities and trying to fit in with society's narratives of men and women (**Morrison et al.**, 2021). Blume is a content creator who shares their experiences of being intersex and interviews other intersex people on their YouTube channel. At birth, they were identified as female; identified and related to feminine energies growing up; and now they identify as non-binary after discovering they are intersex (Blume, 2023). As a teenager, they underwent a variety of medical tests to determine why they had not yet menstruated. These resulted in discovering that biologically they are male with complete androgen insensitivity syndrome (Blume, 2023). In their story, they highlight how alone they felt trying to navigate this new knowledge of being intersex. They use social media platforms to educate, increase awareness, and show other intersex people that they are not alone (Blume, 2023). Their advocacy efforts are based on the importance of talking and sharing stories to break the silence of intersex experiences. While

they do not menstruate, it was an important factor in their life and story to discovering they are intersex.

The intersection of trans, genderqueer, intersex and menstruation creates a unique positioning for individuals. There may be added confusion and discrimination due to their anatomy and physiology not aligning with their identity (**Fahs**, 2016; **Frank & Dellaria**, 2020; **Hill**, 2019; **Levitt & Ippoliti**, 2014). This can impact many areas of life such as healthcare, public bathrooms, sports, and period products (**Fahs**, 2016; **Frank & Dellaria**, 2020; **Hill**, 2019; **Levitt & Ippoliti**, 2014). It is important to reframe menstruation as a human experience, rather than a female one. Periods do not define people.

### *Language*

The language surrounding menstruation is a key factor influencing experience, especially since it is so often silenced. Silence and stigma around menstruation is so pervasive that many people use euphemisms when referring to it (**Barnett**, 2019; **Johnston-Robledo & Chrisler**, 2020, p. 187). **Johnston-Robledo** and **Chrisler** (2020) state that if there was not stigma towards menstruation, there would be no reason to not call it by the formal name (p. 187). **Gottlieb** (2020) supports this claim and states, “words tell a story. So do efforts to avoid words. The discursive act of substituting euphemisms for certain words brings us straight to the territory of taboo” (p. 145; **Barnett**, 2019). Language can frame experience by controlling how we express ourselves to others and is crucial to self-reflection (Banister, 1994, p. 8; **Squier & Vedder**, 2000, p. 324). **McHugh** (2020) states, “using euphemisms to discuss menstruation hides the shame of periods and the “offensive feelings associated with it” (p. 411-412). **Barnett** (2019) lists six

pages of euphemisms for periods (pp. 278-283). One of the categories for these terms relates to the discussion on sexual availability with men, with terms such as “blow-job week” and “mistress time” (**Barnett**, 2019, pp. 279-280). These alternative terms reveal that men’s sexual appetite is more important than women’s and that menstruation interferes with their access to penile-vaginal intercourse. Further, such euphemisms may restrict women from orgasms, which can provide relief from menstrual cramps (**Barnett**, 2019; **Hill**, 2019; **Karchmer**, 2019, p. 222). Euphemisms aid in separating our bodily experience from our self, objectifying this aspect of our physical being, and shaming a natural biological cycle.

I included fiction writings in my literature review as fiction illustrates the impact of language and narratives are often a reflection of society (**Bruce**, 2008). For a topic like menstruation that has limited language for varied expressions of experience, fiction writings can help fill this gap and initiate the formation of a new reality (**Bruce**, 2008). The fiction novel “Native Tongue” by linguist **Suzette Haden Elgin** (2019) presents us with a futuristic patriarchal society and a group of rebel women. The cherished weapon of these women is language, they risk everything creating a book that shares their experiences and hopes. By having the right language, they can connect and gather strength to change their world. Part of this fictional language includes a litany of words available to describe menstruation experiences. These create a reality in which the women can situate their lived experience within the story of the communal experience, better understanding and expressing menstruation as a whole. In juxtaposition, I am reminded of Newspeak in “1984” by George Orwell (1949), the distillation of language to eradicate concepts in order to control individuals’ experiences and limit their capacity to imagine or fully understand their human experience in the world. There is also a

term described in the non-fiction book “The Body Keeps Score” by Bessel Van Der Kolk (2014), “alexithymia”, which he describes as not having words for feelings and thus not understanding feelings. He explains that “many traumatized children and adults simply cannot describe what they are feeling because they cannot identify what their physical sensations mean” (Van Der Kolk, 2014, p. 98). Going further, he states that “not being able to discern what is going on inside their bodies causes them to be out of touch with their needs, and they have trouble taking care of themselves” (Van Der Kolk, 2014, p. 98). These examples show us the real and potential power of language on menstruation experiences.

### *Menstrual Hygiene Management*

The language used in laws and interventions is paramount to the effectiveness of improving menstruation experiences. Menstrual Hygiene Management (MHM) is a term used by Water, Sanitation, and Hygiene (WASH) and partner organisations to describe interventions that include awareness of menstruation needs (**Diamant, 2021; McCarthy & Lahiri-Dutt, 2020**). While intervention is needed to improve health and wellbeing, often the focus is on hygiene based on Western ideals (**Bobel, 2010; McCarthy & Lahiri-Dutt, 2020, p. 17**). This means that local cultural and social ideals are negated, “contemporary MHM initiatives...assume a universal human subject with rights to ‘dignity’, ‘privacy’, ‘hygiene’, ‘health’, and ‘productivity’... cannot be separated from the violent construction of colonised, feminised, ‘dirty’, ‘lazy’ bodies as the ‘other’” (**McCarthy & Lahiri-Dutt, 2020, p. 17**). The impact of colonisation harms indigenous communities by pathologising social practices regarding hygiene and menstruation (**Bobel, 2010; Dahlqvist, 2018; Diamant, 2021; McCarthy & Lahiri-Dutt, 2020, p. 17; Mohanty, 1988**). Considering the varied narratives and practices around menstruation that exist worldwide, it is

clear that interventions to improve experiences will also necessarily need to be tailored to respect social and cultural frameworks.

Interventions within communities often focus on education and behaviour change, but not infrastructure improvements. **McCarthy and Lahiri-Dutt (2020)** argue, “these programs create a trap, in which slum dwellers without access to adequate sanitation infrastructure can never be clean enough to shatter ideas of their innate proclivity toward filth” (p. 20; **Sommer et al., 2015**). Another consideration for MHM is the responsible party, which is often women “to ‘manage’ their own bodies rather than on society to ‘manage’ its expectations” (**McCarthy & Lahiri-Dutt, 2020, p. 17; Sommer et al., 2015**). By framing menstruation as a personal hygiene issue, those without adequate infrastructure and education are doomed to fail, leading to shame (**Bobel, 2010; Sommer et al., 2015**). This indicates a need to shift hygiene from being an individual pursuit to becoming a public issue (**McCarthy & Lahiri-Dutt, 2020, p. 17**). By creating interventions that only focus on the hygiene aspect, issues of mental health, infection and disease, and economic status are ignored. Organisations and communities then are left with the illusion of aid, but in reality, they are severely lacking in providing culturally appropriate care and improvement. This reveals that menstruation interventions are social justice issues rather than only health and wellbeing needs (**Sommer et al., 2015**). They expand this thought, “by rendering menstruation a technical, hygienic crisis, these initiatives at best ignore and at worst stigmatise the very things that make menstruation meaningful in the lives of women and girls in informal settlements” (**McCarthy & Lahiri-Dutt, 2020, p. 26**). To address these failings, improved holistic and respectful interventions are necessary.

***Menstruation Education***

Stigmatisation, silence, and censorship of menstruation directly affect current education practices. **Fahs** (2016) states, “the censoring of these experiences, however unintentional, reduces and redefines women’s experiences of their bodies in ways that further alienate them from the power and cultural significance of menstruation” (p. 62). This creates a disconnect with past human experiences, reinforces stigmas, and mystifies female puberty experiences and periods.

Studies frequently find that inadequate or absence of education about menstruation can lead to girls experiencing menarche with distress, anxiety and fear (**McCarthy & Lahiri-Dutt**, 2020, p. 19; **McHugh**, 2020, p. 410; State Department for Gender, Kenya; **Wilson et al.**, 2021). **Erchull** (2020) found that a significant portion of girls report not feeling prepared for menarche and having negative attitudes towards menstruation in the United States and Italy (p. 396-398). The immediate effects of poor menstrual literacy results in lower school attendance, whether due to, “menstrual pain, perceptions of increased sexual vulnerability, and parental and cultural influences that discourage girls from attending school especially when menstruating” (**Wilson et al.**, 2021). In some areas of the world, school age girls are at risk of relying on transactional sex in exchange for period products (State Department for Gender, Kenya; **Wamoyi et al.**, 2010; **Wilson et al.**, 2021). This can also impact girls for the rest of their lives by instilling shame and fear of not knowing their own bodies (**Wilson et al.**, 2021). Ignorance hurts the individual and the community (**McCarthy & Lahiri-Dutt**, 2020, p. 19; **Wilson et al.**, 2021). **Wilson et al.** (2021) found that keeping girls in school leads to delay of marriage, delay of first birth, healthier

babies, improved financial stability and empowerment. Good and consistent education is key to empowering girls and improving individuals and communities.

Education on menstrual health is necessary for girls' and women's well-being, and should encompass social, cultural, political, economic, and environmental determinates that impact one's life (**Fahs & Perianes**, 2020, p. 449; **Guidone**, 2020, p. 278). Mothers are the primary source of information about periods, and girls also learn from their peers, the media, and in school (**Erchull**, 2020, p. 396; **McHugh**, 2020, p. 410). **Johnston-Robledo** and **Chrisler** (2020) found that educational booklets did more to enforce the stigma around menstruation than to educate (p. 186). This evidence points to a need to improve educational resources.

Social change for equality begins by improving education provided by schools to “deconstruct negative messages about women's bodies” (**Allen et al.**, 2011, p. 153). Primarily, exclusion of boys from menstruation education is problematic (**Allen et al.**, 2011, p. 130; **Aszed**, 2018). Many schools separate boys and girls for puberty education, which indicates to boys that they do not need to understand or deal with it (**Aszed**, 2018; **Erchull**, 2020). Lack of menstruation education reflects and reinforces patriarchal social structures that privileges male bodies, causing boys to use menstruation as a way to assert dominance over girls (**Erchull**, 2020, p. 399). **Fahs** (2020) explains the impact of this, “the limited ways that boys learn about menstruation – or are expected to know about it – shows both how boys and men are not framed as invested in women's bodies and health, but also how menstruation becomes a key criterion for how men learn to discount and insult women.” (p. 351). This can continue into adulthood: “men frame the female body as a problem to be contained; they devalue an essential part of womanhood to something ugly that should be denied and concealed” (**Allen et**

al., 2011, p. 152). This reinforces self-surveillance efforts of menstruators to maintain concealment and silence of menses, sometimes to the point of behaviour change (**Erchull**, 2020). Those who know they can never fully understand menstruation may feel this puts them at a disadvantage when the topic comes up and avoid discussing it at all (**Allen et al.**, 2011, p. 152). Though, **Erchull** (2020) found these negative views appear to soften as men age (p. 398-399). Talking about menstruation with boys and men in family and school contexts can help them form a less stigmatised view of menstruation (**Aszed**, 2018; **Peranovic & Bentley**, 2017, p. 114). **Fahs** and **Perianes** (2020) explain that education on menstruation can also impact broader social justice issues, “particularly as education becomes a force working against stigma, shame, and silence around menstruating bodies.” (p. 449). Health decision-making and body literacy are developed through good education (**Fahs & Perianes**, 2020, p. 449). With a strong education, girls and women will be better able to advocate for themselves in healthcare situations. This can then have a wider impact of advocating for other women and ideally lead to improved healthcare for all women.

### ***Products and Marketing***

The marketing and availability of period products is reflective of the social narrations of menstruation, meaning there is emphasis on concealment and femininity in social settings. According to **Pryzbylo** and **Fahs** (2020), most period product advertisements are, “grounded in representations of menstruating bodies on white, cisgenderist, ableist, fatphobic, and heteronormative terms” (**Pryzbylo & Fahs**, 2020, p. 375). As **Mendlinger** (2020) states, “the use of products can have a profound effect on how women deal with menstruation in their daily lives”, supporting the importance of discussing them (p. 445). Concealment is the main

motivator for choosing a period product, concealment of blood, odour, and the period product itself while worn and stored (**Johnston-Robledo & Chrisler**, 2020, p. 184; **Thornton**, 2013).

Marketing tactics reinforce the stigma necessitating the concealment of menstruation and sell products that put this responsibility on the individual to choose the correct product.

Marketing promises that if you buy the correct product, you will be successful in covering any scent of menstruation and protect your menstrual status from leaking out to others' awareness. Odour and heaviness of menstrual flow are largely based on individual perception and comparison to one's own previous periods (**Gunter**, 2024, p. 46). In medical parameters, a normal amount of blood loss during menstruation is any amount less than 80 ml over seven days (**Gunter**, 2024, p. 197). It is recommended to consider quality of life for anyone who perceives their menstrual flow as heavy; specific indicators can include: large blood clots (greater than 2 cm), feeling like they are "flooding" or "gushing" during menstruation, needing to change period products more than every 1-2 hours, needing to use two period products at the same time (i.e. a tampon and a pad), or leaking through period products and clothing (**Gunter**, 2024, p. 197). Some individuals may choose to change their period products more often due to comfort or convenience, and others may not be able to change products because of financial or privacy restrictions. The fear of making your menstrual status known drives and is re-enforced by product companies.

The way period products are marketed can support or lessen stigmas. Historically, period product advertisements rely on misogynist discourses, "portraying menstruation as shameful and unmentionable, vaginas themselves are the sources of squalor and filth, and menstrual blood as requiring containment, concealment, and sanitization through euphemism and blue-

liquid advertising” (**Przybylo & Fahs**, 2020, p. 375). Product companies sell the idea that it is up to the individual menstruator to choose the right period product to prevent leaks, cover smells, and avoid shame and embarrassment by concealing their bleeding bodies (Berg & Coutts, 1994; **Kissling**, 2006; **Przybylo & Fahs**, 2020, p. 377; **Sang et al.**, 2021). Products and marketing reinforce these stigmas but could be a useful method to change the narratives around menstruation and decrease stigmas.

Due to the prevalence of advertising on many platforms, “women and girls in the United States typically face a lifetime of negative messages about menstruation” (**Fahs**, 2016, pp. 25, 94-95) saying it is dirty, inconvenient, unnecessary, and disabling (**Johnston-Robledo & Chrisler**, 2020, p. 184; **Przybylo & Fahs**, 2020, p. 377; **Wood**, 2020, p. 319). **Allen et al.** (2011) explored how menstrual product manufacturers utilise taboos to sell their products (p. 153). Taboos generate product names such as “sanitary pads” and “feminine hygiene” and marketing focused on the discretion of the packaging (SMCR, n.d., pp. 1-2; **Weiss-Wolf**, 2017, p. 6). These marketing strategies reinforce perceptions that menstruation is unclean, embarrassing, and should be kept a secret (**Johnston-Robledo & Chrisler**, 2020, p. 186; **Wood**, 2020, p. 319). This also reinforces self-surveillance to ensure concealment of menstrual status.

Further, there is a constant discourse in advertisements that menstruation should not stop people who menstruate from participating in all aspects of life and, conversely, society blames menstruation as the reason women cannot achieve the same levels in society as men (**Bobel**, 2010, p. 35; SMCR, n.d., pp. 1-2). They aim to present a way for women to imagine themselves engaged and empowered in their femininity by choosing the right period product (**Przybylo & Fahs**, 2020, p. 378). Companies push these narratives that depict menstruation as, “happy,

celebratory, and above all humorously feminist experience for young feminised and feminist-attuned menstruators” (**Pryzbylo & Fahs**, 2020, p. 381). The discourse of empowerment through menstrual products ignores and negates some menstrual experiences, such as painful periods, gender dysphoria, and mental wellness (**Kissling**, 2006; **Pryzbylo & Fahs**, 2020, pp. 375-376., 382). There is also the “fit bleeding” approach that disengages with the feminisation of menstruation and instead leans into the toughness and sportiness that their period products can allow (**Kissling**, 2006; **Rice & Myers**, 2014; **Pryzbylo & Fahs**, 2020, p. 382). However, this strategy is ableist and equates female sport achievement to male sport achievement, therefore reinforcing misogyny through capitalistic gains (**Kissling**, 2006; **Pryzbylo & Fahs**, 2020, p 385; **Rice & Myers**, 2014; **Vostral**, 2008). As such, these advertising goals further enforce the narrative of separating personhood from menstruation (**Roberts**, 2004), emphasising the need to conceal any sign of menstruation even from the one experiencing it.

Menstrual products and the marketing around them create an illusion of control over and freedom from menstruation (**Kissling**, 2006; **Wood**, 2020, p. 320). However, the reality is that they reenforce the responsibility of self-surveillance and self-objectification that society has placed on menstruators (**Roberts**, 2004; **Wood**, 2020, pp. 329-331). If one does not successfully conceal their menstrual status, **Wood** (2020) postulates that they would experience shame, guilt, or disgust with their own body and lack of control (p. 330). For menstrual concealment to be a true choice, then menstruators must also feel freedom to share their menstrual realities (**Wood**, 2020, p. 330). Advertisements use language to sell the ability for one to hide their menstrual status, while simultaneously invoking anxiety that reinforces self-surveillance. These aspects are all part of the expectations of menstruating bodies to be accepted in society

(**Brumberg**, 1998). It is evident that concealing and remaining silent about menstruation is an individual responsibility based on social expectations.

These social aspects mediate personal menstruation experiences and provide a lens through which to examine women's and girls' experiences on a broader level. **Peranovic** and **Bentley** (2017) assert “how a society views menstruation may be linked to how society views women and girls in general” (p. 113; SMCR, n.d., pp. 1-2). Society blames biology for the behaviour of women, but also neglects to listen and validate their experiences (**Bobel**, 2010, p. 37). There are opposing stances that menstruation is a burden but criticise women who voice their struggles and that women need to maintain appealing appearances despite any pain (**Lynch**, 1996, p. 8; SMCR, n.d., pp. 1-2). Consequently, “menarche introduces girls to the cultural baggage of secrecy and shame, where they must hide and control the messiness that surrounds the evidence of their womanhood” (**Allen et al.**, 2011, p. 132) in Western and non-Western cultures (**Bobel**, 2010, p. 31; SMCR, n.d., pp. 1-2). To create a caring, empathetic, and equal society we must incorporate everyone, men and women, who live in that society (**Aszed**, 2018; **Gilligan**, 1982; **Noddings**, 2010). These concepts and arguments prove that menstruation is more than blood within the social sphere of influence.

### **Cultural Sphere of Influence: Communal Experiences, Practices, and Narratives**

While the previous section focused on the individual experience of menstruation, this section will focus more on the communal experience. **Pope** and **Hugo Wurlitzer** (2017) argue that “The menstrual cycle is not the problem – rather, it’s a culture that says a women should be a certain way and not another” (p. 6). The broader scope of cultural aspects of menstruation

and their impacts on the individual and community are examined. Included are reviews on how menstruation has been historically narrated and practiced across religions and geographic populations. Paradoxical messages about femininity and menstruation are perpetuated through cultures and religions, similar to what has been discussed in the previous section. Mainly, these messages praise the fecund body, but demonise menstrual bleeding (**Barnett, 2019; Diamant, 2021; Hawkey et al., 2020, p. 108**). More sociocultural intersections include womanhood and menarche (**Wilson et al., 2021**). Myths and misunderstandings are placed in this section as they tend to be narratives that influence and enforce cultural attitudes towards menstruating bodies. This section closes with an overview of pop culture discourses related to menstruation, our present-day form of storytelling.

Within this section, contradicting messages of the value of women are woven across these topics, such as the many restrictions and stigmas on women when women are typically the ones responsible for the traditions and wellbeing of families, society, and religion (**Cohen, 2020, p. 126**). It echoes the continued paradoxical messages of the female body being powerful and life giving, but women being weak and infantile. By untangling these messages and reestablishing inherent and equal value of women, we can move towards improved social justice and gender equality.

Internalised misogyny is a powerful tool in maintaining the silence and perpetuating many restrictions on women (**Harrison, 2018**). **Ratajkowski (2021)** reflects on her realisation of internalised misogyny when she realised she was negatively judging other women for profiting off of their beauty, their bodies, while she was doing the same thing and believed it to be empowering. This double standard, gerrymandering of personal ethics and applying different

expectations on standards is common, and often reflect patriarchal, misogynistic, and other cultural paradigms (**Harrison, 2018**). These thoughts, expectations, and paradigms are deeply embedded in all of us, and it takes time and effort to recognise and question them.

### ***Practices and Narratives***

Many cultural practices and narratives support the main theme of stigma and enforced isolation on menstruators. Menstrual blood has been viewed as poisonous, magical, and polluting across various cultures through time (**Hawkey et al., 2020, p. 108; Mendlinger, 2020, p. 443; Ussher, 2006, p. 6; Wood, 2020, p. 321**). Therefore, menstrual taboos lead to practices restricting the spaces menstruators can occupy which protects men's purity (**Cohen, 2020, p. 122; Sukumar, 2020, p. 137**). Restrictions imposed on menstruating bodies are seen as a positive by some, allowing women to rest from daily work (**Hawkey et al., 2020, p. 108; Maharaj & Winkler, 2020, p. 168**). While other restrictions, such as prohibiting menstruating women from entering temples, are seen as negative restraints (**Cohen, 2020, p. 115; Maharaj & Winkler, 2020, p. 168**). The negative impacts of these restrictions include women who have suffered from, "nutritional deficiencies, reproductive and mental health issues, deprived or absent from educational and economic opportunities, lost their dignity, lost their peace, and lived with chronic humiliation, inferiority complexes and even suicidal thoughts" (**Maharaj & Winkler, 2020, p. 170**). These restrictions reinforce beliefs that menstruation is unclean and polluting and can lead to women internalising feelings of shame and inferiority (**Hawkey et al., 2020, p. 109**). Boys grow up observing these restrictions on girls and women, which can lead to feeling superior due to enforced gender hierarchies, proving the communal impact of such practices (**Maharaj & Winkler, 2020, p. 170**). On the other hand, restrictions may be indicative

of menstruation's auspicious and powerful nature and allow a woman to tap into her sacred power (Cohen, 2020, pp. 121-122; Pope & Hugo Wurlitzer, 2017). Regardless of how women view such restrictions, "menstruation taboos function to separate, exclude, and even banish menstruating women from public and private spheres preventing their full participation in public life as well as in their own full subjectivity" (Wood, 2020, p. 322). The origins of restrictions are frequently lost in time, despite their continued practice (Mendlinger, 2020, p. 443). The impacts of these restrictions on women are everlasting.

Fiction is also used to understand historical cultural norms, allowing us to better engage and challenge cultural practices and traditions that endure in our present. The "Red Tent" by Anita Diamant (2002) is a fictional novel that revolves around the life of Canaanite women, the wives and daughters of Jacob from Genesis, the Bible. In the story, the red tent is a comforting refuge for women to rest during menstruation, share stories, and have special foods. The women's menstrual cycles are synched with the lunar phases, bleeding for three days during the dark moon. Menarche merits a special celebration with a focus on connection to mother earth. Midwives hold a place of honour in the community, with skills and knowledge to aid women in fertility, birth, and abortion. While this novel shows that the red tent is a safe place to connect with the women, in today's practices it can be a very different experience. In places such as India where girls and women are sent away from the community during menses, they are often at risk for assault, animal attacks, dangerous weather, poor nutrition, and unsafe structures (Bhattacharjee, 2020, p. 343; Gottlieb, 2020, p. 153). On the other hand, there are groups of women who have reclaimed the concept of "red tents" to promote connection and discussions through celebrating menstruation (Gottlieb, 2020, p. 153; Pope & Hugo Wurlitzer,

2017). These examples show how a menstrual practice can have a negative or a positive impact on women, whether it is safe and strengthens bonds or dangerous and isolating.

### ***Religion***

Religious views and practices around menstruation are often a reflection of how women are wholly treated in that religion. Menstruation practices often reflect hierarchies, women's agency, sexual practices, and importance of reproduction and are important in identity formation (**Cohen**, 2020, p. 115). Taboos surrounding menstruation have roots in Judaism and Christianity, historically dominant Western religions, that have created a lasting stigmatisation of menstruation (**Gottlieb**, 2020, p. 145; SMCR, n.d., pp. 1-2; **Weiss-Wolf**, 2017, p. 6). **Meir-Dviri** (2018) states there is a viewpoint of Jewish mysticism that "the menstrual cycle is thus responsible for causing the human world to degenerate and Israel to be exiled" (2018, p. 258; **Bobel**, 2010, p. 32). The Holy Bible, New Living Translation (1996), contains multiple verses on menstruation; a notable one is "whenever a woman has her menstrual period, she will be ceremonially unclean for seven days. If you touch her during that time, you will be defiled until evening" (Leviticus 16: 19-20). These beliefs and practices point to an "ancient emotion of disgust" of menstruation and the need to distance oneself, whether man or woman, from the physical blood of it (**Roberts**, 2020a, p. 56). These practices tend to isolate women, separating them from vital communal experiences of life.

The silence that was discussed in the previous section is further enforced through religious practices, strengthening and maintaining menstrual shame (**McHugh**, 2020, pp. 409, 414). While verbally discussing menstrual status is often prohibited, one's status may be

“outed” based on participation, or lack of, in certain practices and activities, such as fasting during Ramadan (**Maharaj & Winkler**, 2020, p. 168). Though, **Roberts** (2020a) also found that women who practice religious rituals of separation or cleansing based on menstruation were less shamed and secretive and “more likely to feel that menstruation tied them to other women in a meaningful way than non-religious women, whose internalization of menstrual taboos, shame, and self-disgust so often isolate and alienate them from one another” (pp. 63-64).

**Maharaj and Winkler** (2020) also found that some women felt empowered and connected through religious practices around menstruation, while others found the practices to be traumatic. A participant from this study shared the positive impact of religion on her menstrual experience, “I now feel more spiritual during my menses and will focus more on prayer and having deeper conversations with God than I did before. Also, being mindful of my body and my regular menses makes me a better Muslim” (**Maharaj & Winkler**, 2020, p. 168). This participant reflects on being aware and connected to her menstruation, using it as a regular structure to look inward and connect with God. These examples, again, show how practices can be positive or negative across individual experiences.

### ***Womanhood: Menarche and Menstrual Synchrony***

The following sections of Menarche and Menstrual Synchrony are important factors of understanding womanhood and sisterhood. Menarche is often seen as a transition from child to woman, marking sexual maturation and corresponding responsibilities. Girls are taught to now be wary of becoming pregnant and often are held responsible if they do become pregnant at an early age (Costos **et al.**, 2002; **Hawkey et al.**, 2020). As for menstrual synchrony, the belief that menstrual cycles will become aligned when women live together, is still heavily debated with

studies supporting and disproving the existence (**Fahs, 2016; Hill, 2019**). For this research, the focus is on how this belief points to an innate desire for connection, sisterhood (**Fahs, 2016**).

Both menarche and menstrual synchrony impact an individual's presence in a community based on cultural attitudes towards these life experiences.

### **Menarche as a Marker: Womanhood and Sexual Maturation.**

Menarche, the first period, is influenced by how an individual's culture and family teach puberty and sexual and reproductive health. Those who receive menstrual education prior to menarche report a more positive experience (**Hawkey et al., 2020, p. 105; Marván et al., 2006**). Formal menstruation education can help prevent shock, fear, and shame for some girls by giving insight into the natural and healthy function of the menstrual cycle (**Hawkey et al, 2020, p. 106; Lee, 2009; Teitelman, 2004**). Poor education often leads girls to fear menstruation and pregnancy, without understanding how pregnancy occurs (**Costos et al., 2002; Hawkey et al., 2020, p. 102**). It is necessary for educators and carers to have reliable and accurate sources and the confidence to discuss menstruation to adequately prepare girls (**Hawkey et al., 2020, p. 106; Teitelman, 2004**). Religion, which was discussed earlier, can also have a significant impact on formal and informal education systems.

In many cultures, menarche is seen as a marker of entering womanhood (**Johnston-Robledo & Chrisler, 2020, p. 183**). Some cultures have specific practices around menstruation which create a specific narrative around the female body and how to be female (**Perianes & Ndaferankhande, 2020, p. 423**). Girls are perceived and treated as woman based on the potential of conceiving a child upon menarche, and therefore some cultures believe it indicates

the readiness for marriage. By encouraging marriage soon after menarche, some cultures believe it protects girls from unwanted sexual advances, prevents them from engaging in premarital sex, and preventing pregnancy out of wedlock (Costos **et al.**, 2002; **Hawkey et al.**, 2020, p. 102; **McCarthy & Lahiri-Dutt**, 2020, p. 24). This places a heavy responsibility on girls within patriarchal societies to be aware of their newly attributed sexual appeal and a duty to protect their innocence, purity, virginity (**Hawkey et al.**, 2020, p. 102). There are often paradoxical responses to menarche, celebration of adulthood and fear of becoming sexually active (**Perianes & Ndaferankhande**, 2020, p. 423; **Hawkey et al.**, 2020, p. 102). While the ability to give birth is understood as one of the most powerful human abilities and strictly female, the patriarchy conversely continually works to maintain male hierarchy (**Harcourt**, 2009, p. 38; **Perianes & Ndaferankhande**, 2020, p. 423; **Ussher**, 2006). This makes menarche a time of “significant psychological and sociocultural adjustment”, causing girls to reconceptualise their identities as sexualised beings whose main purpose is to reproduce within the patriarchal societies in which they live (**Hawkey et al.**, 2020, p. 101). Many girls and their families see menstruation celebrations as inappropriate and this life event should not be public knowledge (**Diamant**, 2021; **Hawkey et al.**, 2020, p. 103). Some menarche celebrations attempt to promote positive messages and welcome girls into womanhood, but these can be confusing to girls as they have been surrounded by stigmatising messages about menstruation needing to be hidden (**Hawkey et al.**, 2020, p. 103). This is another reflection of the persistent contradicting messages around menstruation that girls and women suffer.

**Menstrual Synchrony: Desire for Sisterhood.**

As mentioned prior, menstrual synchrony is the belief that women living in close proximity to each other experience menstruation at the same time (Hill, 2019). A frequently cited study that argues against the occurrence of menstrual synchrony was conducted by the period tracking app “Clue” that collected data and responses of 360 pairs of menstruators (Gunter, 2024; Hill, 2019). They found that the cycles diverged more during the study time compared to a control group of random pairs of menstruators (Clue, 2017). Researchers that agree with this conclusion of menstrual synchrony being an occasional coincidental occurrence rather than a biological truth include Gunter (2024, p. 33) and Wilson (1992). Conversely, studies from Buckley and Gottlieb (1988), Knight (1988), Lamp (1998), McClintock (1971) gather data from indigenous and isolated groups of individuals that point to menstrual synchrony occurring.

The Yurok women, Natives of California, believe that menstruation is and should be synchronised with the moon (Buckley, 1988, pp. 190-203). They hold a practice which involves bathing in special natural pools under the moonlight together (Buckley, 1988, pp. 190-191). Frederick Lamp’s research on the Temne of Sierra Leone focuses on ethnoastronomical observations (1988, p. 210). It was found that tribal ceremonies are based on the lunar cycle, which may have coincided with the menstrual cycle of the women in the tribe. However, there were mitigating factors preventing confirmation of this, such as infertility, malnutrition, pregnancy, and the elders denying the connection to protect traditional knowledge (Lamp, 1988). In the Aboriginal tribes of Australia, menstrual synchrony is assumed to be the social norm (Knight, 1988, p. 232). Similarities amongst these cultures appear to be certain rituals,

practices, and beliefs which are based on menstrual synchrony (Buckley, 1988). Further, there are methods to achieve menstrual synchrony if a woman falls out of synchronisation (Buckley, 1988). Based on the research around menstrual synchrony, it is evident at the very least that people want to believe it happens. This then, points to the desire of a sisterhood and connection through menstruation across time and cultures.

### ***Pop Culture – The Menstrual Monster***

In recent years, conversations around menstruation have come into the light through social media websites. From marketing by period product brands, individuals sharing their stories, and activist groups spreading awareness and crowdfunding, social media has allowed for an increased global awareness of menstruation experiences. Some researchers posit that simply talking about menstruation can create more positive attitudes towards it (**Gottlieb**, 2020, p. 152; **Johnston-Robledo & Chrisler**, 2020, p. 191; **McHugh**, 2020, p. 418). Through sharing experiences, we can acknowledge positive aspects of menstruation and challenge beliefs that everyone wants to eliminate their periods (**Johnston-Robledo & Chrisler**, 2020, p. 191). Anonymity and open-access allow for individuals to share personal experiences that may resonate with others, rewriting narratives around menstruation, and encouraging healthy embodiment of menstruating bodies and connection (**Gottlieb**, 2020, p. 152; **Johnston-Robledo & Chrisler**, 2020, p. 191; **McHugh**, 2020, p. 416). While sharing negative experiences can form bonds with others, it may perpetuate negative cultural constructions that women's bodies are flawed, deficient, and diseased (**McHugh**, 2020, pp. 415-416). Sharing menstruation experiences can also be a form of activism, by breaking taboos and resisting patriarchal norms of concealing and silencing menstrual experiences (**McHugh**, 2020, p. 416). Freedom to share personal stories

through various modes is a successful way to tackle the stigmas and shame that surround menstruation.

The rise of period parties, songs, books, and other open celebration and acknowledgment of menstruation are part of this counterculture movement (**Johnston-Robledo & Chrisler**, 2020, p. 192). These counterculture movements aim to eradicate the stigmas towards menstruation, which can be detrimental to girls' and women's self-esteem, body image, self-presentation, and sexual health (**Johnston-Robledo & Chrisler**, 2020, p. 193). Menstrual counterculture aims to fight the “menstrual monster”, which is the stereotypical caricature of a menstruating or premenstrual women (**Chrisler et al**, 2006; **Persdotter**, 2020; **Ussher**, 2006). This menstrual monster is depicted as “a frenzied, raging beast...prone to rapid mood swings and crying spells, bloated and swollen from water retention, out of control, craving chocolate, and likely at any moment to turn violent” (**Persdotter**, 2020, p. 357). Further, the menstrual monster is pathologised, medicalised, stigmatised, and instigates a strong imperative to be concealed (**Persdotter**, 2020, p. 357; **Wood**, 2020). Managing this menstrual monster is cumbersome, time-consuming, and a self-oppressive task (**Ussher**, 2006). More negative effects of this menstrual monster are that it creates body-shame, increases risky sexual behaviour, and can negatively affect birth experiences (**Moloney**, 2010; Rembeck, 2008; **Schooler et al.**, 2005). The menstrual monster directly opposes the idealised menstrunormate.

The expectations of menstrunormativity consist of rules and often contradictory expectations of how menstruating bodies are socially and culturally held to walk through life (**Persdotter**, 2020, p. 358). A menstrunormate is a healthy and normal ciswoman with a 28-day menstrual cycle, who maintains secrecy around menstrual status at all costs (**Gunter**, 2024; **Hill**,

2019; **Persdotter**, 2020, p. 361). **Persdotter** (2020) claims that this menstrunormate is not an attainable goal, thus making all menstruators menstrual monsters continually questioning and concealing their experience (p. 362). This can lead to individuals understanding menstruation as a separate entity rather than a part of themselves (**McHugh**, 2020, p. 416). The concept of separating menstruation from the self was discussed in the Social Sphere of Influence showing how many influences interact on individual experiences.

This section shows that culture and blood connect us. First menses is an important life event for girls, a blood covenant connecting menstruators throughout time and space. Cultural practices have reinforced this connection and some have made traditions to break it. There are many narratives demonising menstruation and creating a culture of shame around it. While the negative impacts seem to be the ones that have endured, there are examples of positive relations with menstruation that we can learn and adapt for present and future generations. Questioning the power of these traditions and practices is vital to improving menstruation experiences. The next section delves into the political power relations that impact personal menstruation experiences.

### **Political Sphere of Influence: Interventions, Healthcare, and Activism**

Menstruation is a political topic based on the power relations between the individual and the governing institutions of communities (**Bobel**, 2010; **Bobel**, 2020; **Fahs**, 2016; **Winkler**, 2020a, p. 12). The statement from the previous sections, “how we treat menstruation is a reflection of how we treat women” holds true for this section, and more specifically the power and control over women’s bodies (**Winkler**, 2020a, p. 10). In this section, the relationships

between menstruation and government, community organisations, and activists will be explored (**Steele & Goldblatt**, 2020, p. 77). Laws and political influences impact menstrual health, period poverty, and menstrual equity (**Bobel**, 2020; **Fahs**, 2016; **Winkler**, 2020b, p. 469). Many communities globally receive support for menstrual health through non-government organisations. Activism through political actions, research, and creative methods are a leading force in shifting menstrual discourse to the forefront of local and global discussions. **Winkler** (2020b) states, “policies and other structural changes must not be developed in isolation, but accompanied by sociocultural resistance to menstrual stigma and gendered stereotypes” (p. 470). Thus, the political sphere of influence provides the third stabilising point through which to structure new narratives of menstruation experiences.

Besides stigma, some conceptual threads that connect across these sections include sexualisation and self-objectification (**Roberts**, 2020b, p. 177). The new theme of medicalisation and biological reductionism of the female body is now added to the overall picture in this section (**Gottlieb**, 2020, p. 143; **McHugh**, 2020, p. 417; **Roberts**, 2020b, p. 177; **Solanas**, 2004). **Wood** (2020) states, “the conceptualization of menstruation as disease and the association of menstruation with femaleness has established menstruation as a political issue” (p. 320). **Bobel** (2020) goes further describing the lack of research on menstruation, “not only a profound knowledge gap, it is an exposure of the power of misogyny and stigma to suppress knowledge production” (p. 1), expanding on the importance of a thorough understanding of the relationship between menstruation and politics. Further, the internalised misogyny that has been discussed previously also plays a strong role in this sphere of influence impacting trust within oneself, “as women we have come to distrust that power which rises from our deepest

and nonrational knowledge” (Lorde, 2020, p. 108). These authors point to the gendered treatment of menstruation as the reason it is stigmatised, under research, and an excuse for oppression.

### ***Period Poverty***

There is a gap in research regarding how socioeconomic status impacts menstruation experiences (Vora, 2020, p. 32; Weiss-Wolf, 2017). The often-used term is period poverty, defined by Vora (2020) as “the state in which people who menstruate find themselves without the financial resources to access suitable menstrual products” (p. 32). In some countries, like Scotland and New Zealand, political efforts have been focused on eradicating period poverty (Weiss-Wolf, 2017). Starting in 2021, New Zealand began investing in providing free period products in all schools (Ministry for Women, 2020). In 2021, Scotland passed into law the act, “Access to Free Period Products - Period Products (Free Provision) (Scotland) Act 2021” which provides free period products to all citizens through publicly accessible sites and options for home-deliveries (The Scottish Government, 2022). Scotland and New Zealand are the most recent governments to launch period poverty interventions; however, other countries have had laws and private organisations attempt to combat the socioeconomic barriers that affect menstrual health.

In 2011, the Kenyan Government launched The Sanitary Towels programme to procure and distribute menstrual pads to girls from disadvantaged backgrounds (State Department for Gender, Kenya). This programme was launched based on data gathered from the Ministry of Education that found that girls can lose 24 weeks out of 144 weeks of learning due to

menstruation (State Department for Gender, Kenya). Their research also shows that girls and women in marginalised and rural areas in Kenya have used materials such as torn pieces of cloth, matters sponge, animal skin, old rags, leaves, cow dung, or will dig a hole in the ground to sit upon for the duration of their period (**Diamant, 2021; Dahlqvist, 2018; State Department for Gender, Kenya**). These materials are unhygienic and can cause health and psychological issues (**Dahlqvist, 2018; Kirk & Sommer, 2006; State Department for Gender, Kenya**). This can impact girls' performances in school, due to anxiety, discomfort, and low concentration (**Benshaul-Tolonen et al., 2020; Dahlqvist, 2018; Kirk & Sommer, 2006; State Department for Gender, Kenya**). Since 2011, it is estimated that The Sanitary Towels programme has benefitted 11.2 million girls. Besides menstrual pads, the programme also increases access to sexual and reproductive health products in hopes of increasing retention in school. These government efforts to improve menstrual health for their citizens are especially important to ensure that cultural biases do not create tension for those receiving the support, which was discussed earlier in this chapter.

On smaller scales, many universities and small businesses throughout the Western world now provide free period products in bathrooms (**Weiss-Wolf, 2017**). There are also non-profit organisations that raise funding and distribute period products to immigrants, refugees, people experiencing homelessness, and other groups who struggle to afford period products. One such organisation is called Bloody Good Period, whose mission statement is “We fight for menstrual equity and the rights of all people who bleed” (Bloody Good Period, n.d.). They accomplish this through delivering period products to those who need them, educating individuals and businesses, normalising conversations about periods to eradicate the stigma, and amplifying the

voices of those who are suffering (Bloody Good Period, n.d.). It is evident that important interventions have been initiated by governments and private organisations to combat period poverty.

Another factor contributing to period poverty is the “Tampon Tax” which are the luxury taxes placed on period products (**Weiss-Wolf**, 2017), despite the fact that menstruation products should be considered necessary items for basic human dignity, and free from taxation. All over the globe, countries have opposed this and successfully convinced their governments to eradicate the “Tampon Tax” to encourage gender equality and dignity. The first country to do this was Kenya in 2004 (**Bobel**, 2020, p. 2). In 2015, Canada followed suit and by 2018 Malaysia, India, and Australia had joined in with this global movement (**Bobel**, 2020, p. 2). It is a step in the right direction to increase access to period products and is important for governments to take action on this issue.

### ***Menstruation Interventions***

As mentioned in the introduction, menstruation is rising in awareness at many levels world-wide (**Winkler**, 2020b, p. 469). While some governments are taking action on menstrual issues, many menstruation interventions are created and conducted by private organisations as, “historically, decision-makers have paid limited attention to menstruation – either due to oversight and neglect or due to deliberate exclusion” (**Winkler**, 2020b, p. 469). Efforts to improve menstrual health and hygiene range from product development and distribution, improving bathroom facilities, developing menstrual health policies, establishing campaigns such as Menstrual Hygiene Day (May 28th), and more (**Winkler**, 2020b, p. 469). Notably, the

World Health Organization (WHO) has established five action points for menstrual health, which are: “Educate girls about menstruation; Create norms that see menstruation as healthy and positive; Improve access to sanitary products, running water, functional toilets and privacy; Improve care for and support by girls’ families; Improve access to competent and caring health workers” (WHO, 2023). WHO has also supported the preference for the term “menstrual health” over “menstrual hygiene” in efforts to destigmatise menstruation as dirty (**Bobel**, 2020; WHO, 2023). Globally, organisations and law-makers need to recognise the importance of language and narratives around topics such as menstruation, and the importance of ensuring accuracy and destigmatisation.

WASH (Water, Sanitation and Health), part of UNICEF (United Nations International Children’s Emergency Fund) and discussed previously focusing on language, also plays an important role in menstrual health around the world. Their focus is on clean water and hygiene facilities. They note that clean water impacts women and girls in multiple ways. It is common for women and girls to be the ones who need to travel to collect clean water, putting them at risk of abuse and attack besides spending time and energy (UN Water, n.d.). WASH focuses on quick-fix interventions, such as building infrastructure, rather than community and cultural shifts needed to create safe, hygienic, and private facilities for people to maintain good menstrual health (UN Water, n.d.; **Winkler**, 2020b, p. 471). Another concern is the imposition of Western ideas and products on local contexts (**Bobel**, 2010). **Winkler** (2020b) specifically notes that reusable menstrual cloths should not be dismissed as a potentially viable option if individuals or communities prefer them (p. 471-472). Rather, we can work with locals and develop products, methods of cleaning reuseable products, and disposal of single-use period

products. Individuals should have the agency and access to many options of period products to choose the one/s that are most comfortable and practical for their life (**Winkler**, 2020b, p. 472; **Ludington**, 2020). The term MHM (menstrual hygiene management) may appear to be more aligned with their goals and interventions, but “menstrual health” encompasses all of their aims without the negative stigma of “hygiene”. Good health relies on good hygiene, but menstrual health involves far more than good hygiene management, as this chapter has demonstrated.

Another aspect of menstruation interventions is within organisations that respond to natural disasters and war zones. With climate change, many populations are suffering from changes to storm patterns, flooding, and other natural disasters that are becoming more frequent and impactful (**Bhattacharjee**, 2020). This can impact access to period products and healthcare. **Bhattacharjee** (2020) calls for more attention to the intersections between climate change and women’s health, especially in areas of the world where separating menstruators from the rest of the community is still practiced (p. 344). During flooding seasons or storms, they are at even higher risk of illness or injury (**Bhattacharjee**, 2020, p. 343). While women’s voices and experiences are necessary to improve effectiveness of disaster management planning and response, men also need to be part of the conversation – it is an issue of public concern (**Bhattacharjee**, 2020, p. 344). This highlights the extreme contexts in which people can experience menstruation, and the need to continue research on how to improve support.

***Fringe Group Experiences with Menstruation: Homeless, Imprisoned, Disabled, and Neurodivergent***

The fringe groups discussed here are within the Political section as their experiences are heavily and notably influenced by political powers. These political powers control acceptance of identities, access to basic living resources (housing, healthcare, public restrooms), and funding of resources targeted for these groups. The intersection of menstruation and marginalisation leads to a higher chance of boundaries to health and wellbeing and discrimination (**Perianes & Roberts, 2020, p. 337; Steele & Goldblatt, 2020, p. 81; Vora 2020, p. 39**). This necessitates responses to be innovative, inclusive, and dynamic (**Perianes & Roberts, 2020, p. 337**). To care for the whole community, we must also be aware of the marginalised. It is important to include their stories and input when understanding experiences and creating interventions.

**Homeless Periods.**

Across the globe, there are millions of people who are experiencing homelessness (**Vora, 2020, p. 31**). This means that they lack reliable and complete access to period products, education, clean clothing, private and safe spaces, clean water, and sanitation facilities (**Ludington, 2018b; Weiss-Wolf, 2017; Vora, 2020, pp. 31, 35**). Largely, this is a group that has been historically overlooked by “the public, civil society actors, policy makers, and academics” (**Vora, 2020, p. 31**). **Vora’s** (2020) research conducted with cisgender women experiencing homelessness found “the majority of the women interviewed, when asked to describe their experience of menstruation, framed their monthly bleed as an emotional and painful period, rife with negative sensations, such as irritability, stress, vulnerability, and symptoms of low

mood as well as anxiety and depression” (Vora, 2020, p. 35). Feeling shame and guilt due to feeling as though they cannot live up to societal standards of cleanliness and autonomy was a commonly shared experience (McCarthy & Lahiri-Dutt, 2020; Vora, 2020, p. 35). As for what the participants wanted to improve their menstruation, “many of the interviewees highlighted warmth and comfort as an important factor to alleviate negative symptoms of menstruation” and a desire for “spaces of care” (Vora, 2020, p. 36). They desired a safe space where they feel welcome to rest and privacy to care for themselves. The women believe menstrual products are an “obvious priority” in shelters and yet find that shelters do not have reliable supplies in terms of quantity and quality (Vora, 2020, p. 38). Further, some shelters require women to ask for supplies. This creates a barrier for some as they are too embarrassed to request these items from staff, “this embarrassment is present not only due to the shroud of socio-cultural stigma that surrounds menstruation, but also the institutional power relations between the women and those working at the shelters” (Vora, 2020, p. 38). Besides the obvious lack of access to bathrooms and period products, the oppressive nature of power dynamics within homeless shelters further harms menstrual health.

The double stigma of menstruation and homelessness can be further amplified with the intersection of environmental menstrual feminism, which has recently become emphasised in many societies. It is difficult, if not downright illogical, to participate in using environmentally friendly menstrual products if you are financially restricted, do not have safe, reliable, private cleaning facilities, and are constantly on the move (Vora, 2020, p. 39). However, as many single-use menstrual products have harmful health impacts, this places another disadvantage to those experiencing homelessness and financial limitations (Dahlqvist, 2018; Vora, 2020, p. 41). It is

clear that holistic solutions and interventions are needed to aid those who are situated in the intersection of menstruation, homelessness, and eco-consciousness to empower and enable them to make choices for their menstrual health.

### **Periods in Prison.**

**Chandra Bozelko** (2020) writes on how the experience of periods in prison is humiliating and a violation of basic human rights (p. 49). There is also a content creator on YouTube who shares her experiences of being imprisoned, including menstruation. From the poor quality of the menstrual products provided to the power dynamic that the guards abuse, menstruation in prison lacks dignity (**Bozelko**, 2020; **Kent**, 2021). **Bozelko** (2020) writes, “even though keeping inmates clean would seem to be in the prison’s self-interest, prisons control their wards by keeping sanitation just out of reach” (p. 50). By limiting inmates' ability to maintain adequate hygiene, the power dynamic is ever in favour of the wardens, “stains on clothes seep into self-esteem and serve as an indelible reminder of one’s powerlessness in prison” (**Bozelko**, 2020, p. 50). **Kent’s** (2021) personal experience also reflects this; she had a constant fear of leaking and staining. While imprisoned in Arkansas, **Kent** (2021) would receive two pads for a 24-hour timeframe, there was no certainty that she would get more, and she developed skin irritations from the poor quality of the pads and the length of time being exposed to blood. An experience such as this breeds shame and disgust with our own bodies (**Bozelko**, 2020; **Kent**, 2021; **Weiss-Wolf**, 2017). These emotions can lead to self-objectification, “which is to repudiate our own or others’ animal, biological bodies” (**Roberts**, 2020a, p. 54). By this definition, it also affects the guards and jail staff. It creates a perception of separation, of “us and them”, which creates a space for the jail staff to disconnect from the humanity of the inmates (**Kent**, 2021). **Tomi- Ann**

**Roberts** (2020a) argues that, “denying incarcerated menstruators adequate products, facilities, and privacy is driven by the same animal-based dehumanization specifically engendered by objectifying female bodies” (p. 62). The combined stigmas against prisoners and menstruation show this is an environment that needs improvement but is not a priority for individuals or governments to take action.

### **Disability and Neurodivergence.**

There are many variances of disability and neurodivergence and to truly understand it requires focusing on one individual at a time (**Dillaway**, 2020, p. 255). However, there are points of inquiry worthy of study to understand the intersectionality of menstruation and disability, “...stereotypes about people with disabilities lacking capacity or agency which leads to a devaluing of women’s rights to dignity, bodily integrity, and reproductive and healthcare choice” (**Steele & Goldblatt**, 2020, p. 81). First, the ability to consent and make decisions is vital to approaching menstrual health. Menstruators who can consent and make decisions on their health should have the ability to choose period products and medications that can impact the menstrual cycle. If they cannot consent or make decisions, then these choices fall upon a caregiver (**Ortoleva & Lewis**, 2012; **Steele**, 2014). In cases when these decisions are made by a caregiver, there is research proving that menstruation is an aspect that can lead to discrimination and violence against the menstruator (**Ortoleva & Lewis**, 2012; **Przybylo & Fahs**, 2018; **Steele & Goldblatt**, 2020, p. 77). Certain disabilities may also make it impossible or difficult to meet the expectations of concealing menstruation (**Bobel**, 2010; **Steele & Goldblatt**, 2020, p. 79; **Wood**, 2020). These points may lead to caregivers seeing menstruation as an extra burden for disabled women, since it is believed they will not reproduce, why should they

menstruate (**Steele & Goldblatt**, 2020, p. 80). Menstrual suppression options are seen as an easier alternative to menstrual management education or improving products (**Steele & Goldblatt**, 2020, p. 85-86). Beyond menstrual suppression, there is sterilization, and “non-consensual sterilization for women and girls with disabilities is legal in many countries” (**Steele & Goldblatt**, 2020, p. 82). This shows another layer of challenge when aiming for bodily autonomy and good health for menstruators.

Period products are another issue needing further investigation for disabled and neurodivergent people. If one’s disability renders them unable to have the strength, dexterity, or flexibility to insert or change period products, then it can limit product choice or fall to a carer. Menstrual cup designer **Jane Hartman Adamé** (2020) recognised this issue as she personally has suffered from it, “menstrual products are not made to be managed by anyone other than the user, which is where we find ourselves having to get creative.” (p. 342). Other factors that can impact period product usage include chronic pain, pelvic floor weakness, visual impairments, sensory sensitivity, allergies, and limited mobility (**Adamé**, 2020, p. 341; **Patkar**, 2020, pp. 497-498). **Adamé’s** (2020) driving sentiment is that we need a variety of period products and easy access so that menstruators have the ability to choose the products that work best for them. Having comfortable and functional period product options is necessary for period dignity and should be attainable for everyone.

The following testimonies share how people with disabilities and neurodivergence experience menstruation. Routines of relying on alternative sensory clues to alert them to the start of their menses or relying on someone with typical sense to tell them if there is blood are shared by a blind woman. She also notes the lack of access to period tracking apps, which could

aid her cycle awareness. Then there are two testimonies from autistic women. They also emphasise the often overwhelming sensory experience that menstruation causes. From enhanced mood swings, bodily sensory overwhelm (pain, blood causing irritation), and period products causing sensory discomfort, it is evident that the intersection of neurodivergence and menstruation can cause distress. In sharing their experiences, they also share routes for how to improve menstruation experiences, inform able-bodied and neurotypical individuals of that variance of experiences, and likely provide comfort to those who share their experiences.

In 2019, content creator **Molly Burke**, who is blind, posted a video, “How I Know When I Have My Period Without SEEING It \*TMI\*”, sharing her sensory experience with menstruation. She begins the video by stating that people have sent her questions about menstruation since she became a public figure. For tracking her period, she relies on her premenstrual signs as she is not aware of any period tracking apps with voice software, which would make it accessible for her. When she thinks her period has started, she will show her mom her used toilet paper, so her mom can tell her if there is blood on it or not (**Burke**, 2019). She has used this technique with romantic partners in the past too. In different times in her life when her period was heavier, she could tell by the consistency of used toilet paper and the scent. As the visualisation of menstruation is so stigmatised, it is interesting to hear a blind person navigate their own menstrual care through relying on other senses.

Another content creator, **Paige Layle**, posted a video “Autism and Menstruation: 10 Years Without A Period / Navigating Sensory Challenges” in 2023. She shares how periods are really tough for her sensory sensitivities, the sound of pads, seeing and feeling blood on a pad or underwear, and waterproof bed sheets are difficult to handle (**Layle**, 2023; **Steward et al.**,

2018). With her first period, she was worried that her parents would start to blame her period for her emotional outbursts, anxiety, and sensitivities. It has been found that neurodivergent people experience menarche and menstruation more negatively than neurotypical people (**Ditchfield & Burns, 2004; Rodgers & Lipscombe, 2005**). She also mentions how tracking the moon is a special interest of her and is fascinated with the possible connection to menstrual cycles. **Paige Layle (2023)** shares her contradicting feelings towards menstruation and the sensory struggle against the connection to the natural world.

**Mom on the Spectrum (2021)** posted a video, “Autism and Periods: How to Manage Sensory Overwhelm”, where she discusses period difficulties and hacks to overcome sensory challenges. She shares how some products may be more overwhelming if you are seeing or coming into contact with period blood, like a menstrual cup or disc which can involve inserting fingers into your vagina and pull the cup/disc that is full of blood out. She mentions the issue of smell, advising that air fresheners like Poo-Pourri can help mitigate that issue. She found a journal article stating that there is an increase in premenstrual syndrome symptoms compared to controls, and 92% of autistic women in this study have PMDD (premenstrual dysphoric disorder) compared to 11% of the controls (**Steward et al., 2018**). Elevated stress and anxiety levels are another challenge, which can coincide with autism, ADHD, or OCD symptom increase as well (**Steward et al., 2018**). One of her tips is to use the product/s that work best for you. She personally greatly dislikes reusable period products, but is very aware of the environmental impact single-use period products have. So, she buys single-use period products from a company that is environmentally friendly and makes other environmentally friendly choices in her life. This is an echo from previous sections that have discussed the interaction of

menstruation and environmental consciousness, amongst other intersectional identities that influence one's menstruation.

All these content creators made important statements that they are sharing their personal experience and are not talking for anyone else with a similar disability or neurodivergence. They also all shared the value of choosing the product/s that work best for you, advocating for good healthcare, and being open to changing routines so that you can care for yourself the best way possible during menses. Platforms such as YouTube are invaluable spaces for people to share their stories, connect with others, and find educational sources.

### ***Healthcare***

Throughout the development of Western medicine, women's pain has been ignored, misdiagnosed, and disbelieved (**Cleghorn, 2021; Gunter, 2024; Steele & Goldblatt, 2020**). Not all female pain is due to the reproductive tract, however, medicine historically has always tied the two together, constructing menstruation as a disease in need of concealment and treatment from medical professions (**McHugh, 2020, p. 417; Ussher, 2006, p. 31; Wood, 2020, p. 322**). The uterus alongside our "hysterical" emotions has been the basis of any and all medicine explanations of female pain (**Cleghorn, 2021; McHugh, 2020, p. 417; Wood, 2020, p. 319**). As medicine has historically been a male dominated field, knowledge of women's bodies has been secondary (**Cleghorn, 2021; Gunter, 2024; Steele & Goldblatt, 2020**). Not only has research been focused on male bodies, it has purposefully excluded female bodies on the basis of the cyclic hormones adding a layer of complexity to medical studies (**Cleghorn, 2021; Gunter, 2024; Styles, 2024; Ussher, 2006**). By avoiding studies that include and observe the effect of

female hormones, there is a lack of understanding of diagnoses (e.g. depression or PMDD), pharmaceutical effects (e.g. birth control side effects), and symptom presentation (e.g. heart attacks) in women and female bodies (**Ali et al.**, 2022; **Bobel**, 2010; **Cleghorn**, 2021; **Guidone**, 2020; **Gunter**, 2024; **Styles**, 2024). The lack of research and literature has prevented women from having the education and language to express their own body literacy, reinforcing the silence and stigma around menstruation (**Dillaway**, 2020, p. 254; **Gilligan**, 1982; **McHugh**, 2020, p. 417; **Ussher**, 2006). This can also lead to separation of self and body, and the body as something to be controlled and regulated through medical interventions (**Johnston-Robledo & Chrisler**, 2020, p. 188; **Ussher**, 2006, p. 31). Poor body literacy, education, and silence leads to misunderstandings of what is healthy and individuals suffer from severe pain or bleeding, such as caused by endometriosis, because they think it is normal (**Clancy**, 2023; **Guidone**, 2020, pp. 276-277; **Gunter**, 2024; **Hill**, 2019). Contraception medications and treatments are a common solution for a wide variety of gynaecological issues, and while they can provide relief from symptoms, they do not treat the root issue and can have severe side effects (**Clancy**, 2023; **Gunter**, 2024). This stunts medical research and prevents women from recognising their shared experiences, learning from others, and discovering communal issues and solutions (**McHugh**, 2020, p. 409). Since many female afflictions were “just in your head”, women have been gaslighted by medical professionals into disbelieving their own lived experiences (**Cleghorn**, 2021). Distrust between medical professionals and women leads to delayed treatment and care (**Bobel**, 2020; **Cleghorn**, 2021). The following quote is an example of the distrust in medical staff from a woman’s experience in a hospital post birth, “I’d come to distrust those in positions of power who, often without my best interests at heart and without my explicit consent, had made

my body feel like it wasn't my own" (**Ratajkowski**, 2021, p. 111). Western society menstrual taboo has a hugely negative effect on women and girl's healthcare; embarrassment prevents them seeking adequate healthcare (**Gottlieb**, 2020, p. 151; **Johnston-Robledo & Chrisler**, 2020, p. 187). By medicalising menstruation, healthcare professionals are seen as the experts rather than the women themselves (**Cleghorn**, 2021; **Wood**, 2020, p. 323). The broader implications of medicalising menstruation include moral judgements on lifestyle choices impacting health and wellness, influence from pharmaceutical companies, alternative medicine practitioners, self-help groups, and media outlets (**Wood**, 2020, p. 323). Add on racial and socioeconomic biases and Western medicine is clearly lacking in providing equal, respectful, and knowledgeable health care to anyone who is not a white, cis-gender, able-bodied male.

### **Afflictions and Treatments.**

We can merge the medical understanding of menstruation with the individual experience to construct a deeper understanding of menstruation. This honours individuals as legitimate sources of knowledge of their bodies and provides sources of information for healthcare professionals to draw upon for care and treatment plans (**Ussher**, 2006, p. 31). Some of the benefits of increasing medical understandings of menstruation include research on dysmenorrhea (painful menstrual periods), menorrhagia (heavy or prolonged menstrual periods), endometriosis (endometrium-like tissue outside of the uterus), and premenstrual syndrome (PMS) (**Clancy**, 2023; **Gunter**, 2024; **Hill**, 2019). These menstrual-related afflictions can impact an individuals' ability to engage in daily life and negatively impact relationships and overall health (**Hill**, 2019; **Cleghorn**, 2021; **Wilson et al.**, 2021). Alongside acceptance of the

existence of these afflictions, more research can work towards improvements and review of treatments.

An example of how stigma impacts healthcare is Toxic Shock Syndrome (TSS), a severe medical condition that has been tied to tampon use. **Bobel** (2020) shares “the story of tampon-related TSS is an object lesson at the intersection of capitalism, gendered consumption, and faulty techno-science, a tragic illustration of both the literal and figurative costs of stigma” (p. 4). The risk of TSS was poorly researched, tampons did not come with adequate warnings, and the silence around menstruation is what led to women losing their lives (**Vostral**, 2018). This tragedy is a direct result of misogyny, research bias, and stigma directly impacting the lives of people who menstruate.

### **Premenstrual Syndrome.**

Although PMS (premenstrual syndrome) was first formally described in 1931, symptoms have been recognised and treated for at least the past 3,800 years (**King**, 2020, pp. 287-288). US social structure of menstruation perception focuses on the medicalised view of menstruation that reinforces negative misconceptions of PMS (**Erchull**, 2020, p. 400). PMS encompasses a period of time before menstruation when women are believed to be less emotionally stable, “biologists have supported a cultural coding of the premenstrual interim as one of abnormality and dysfunction, upholding a disease model of periodic emotional volatility, because of the social and economic contexts within which biological ‘facts’ are currently being determined” (**Buckley**, 1988, p. 115; **Ussher**, 2006). Most media messages in the United States represent menstruation as undesirable, and together they constitute a stereotype of menstruating

women, especially premenstrual women, as violent, irrational, emotionally labile, out-of-control, and physically or mentally ill – generally “unfeminine” and incapable of reason (Gottlieb, 2020, p. 144; Johnston-Robledo & Chrisler, 2020, p. 187; King, 2020, p. 287; McHugh, 2020, p. 410; Roberts, 2020b, p. 177; Ussher, 2006). Although there has been an increase in variances of body shapes being shown and accepted in media, there is a narrowing of the mood and dispositions towards one’s body (Pryzbylo & Fahs, 2020, p. 386). The solution is not in diagnosing and treating PMS but in “radical reexamination of the presuppositions underlying present socioeconomic structures and women’s expected behavior within those structures...PMS is not a women’s disease but a social one” (Buckley, 1988, p. 115). It is important to note that this is an androcentric view of the menstrual cycle as many accounts of social views of menstruation are gathered from male informants across studies, “sexist historical assumption...the idea that women are *pathologically* emotional” (King, 2020, p. 287; Lawrence, 1988, p. 118). Ussher (2006) shares that there are many women in Western cultural contexts that are forming alternative frameworks for understanding PMS and the menstrual cycle as a whole (p. 56). These alternative frameworks are discussed in the following paragraphs.

PMS is a time when women can use these negative expectations to go against cultural and social expectations that limit them during other parts of their cycle (Martin, 1988, pp. 161-163). Instead of the expectation to be agreeable, pleasant, helpful, and selfless, PMS allows women to take authority over their emotions and express dissatisfaction, “women, like men, manipulate valued resources, cultural norms, and social relationships to maintain positions of relative power” (Bailey, 1969 in Lawrence, 1988, p. 118). Angry women have been depicted as

damaging to social structure and even as a reason to keep women from positions of power (**Gottlieb**, 2020, p. 145; **Weiss-Wolf**, 2017). Angry women disrupt family life, go against society's definition of a woman, and give men an excuse for whatever violence they may demonstrate "in response" to an angry woman (**Martin**, 1988, p. 174). **Martin** (1988) proposes that premenstrual anger may be based in women's oppression in society – whether women are consciously aware of this oppression or not (p. 177). She lists examples of oppression in many forms such as "their [women's] lowered wage scales, lesser opportunities for advancement into high ranks, tacit omission from the language, coercion into roles inside the family and out that demand constant nurturance and self-denial" (p. 177). It is necessary to recognise if PMS is a disorder that can be alleviated through medical intervention or if it is the physical "embodiment of rage" (Rich in **Martin**, 1988, p. 178) that women experience from oppression (**Clancy**, 2023; **Ussher**, 2006). If PMS is a symptom of distress due to misogyny and inequality, we can legitimise this anger and use it to better understand the oppression that women face and fix these social flaws.

Not all premenstrual experiences consist of irritability. Some women describe premenstruation as a time of increased creativity, tenderness, and introspection (**Hill**, 2019; **Pope & Hugo Wurlitzer**, 2017; **Martin**, 1988, pp. 170-171). However, in the context of a woman's everyday life, this is often perceived as "maladaptive discontent" (**King**, 2020; **Martin**, 1988, p. 172). Western industrialised societies do not allow for women to revel in introspection or nurture their creativity if it means losing focus on work, family, and household (**King**, 2020; **Martin**, 1988, pp. 165, 168). This creates barriers, limitations, and unequitable expectations and

opportunities for anyone in society who does not experience menstruation within the current assumptions.

Research often unintentionally reinforces stigmas by the questions asked, the wording, and the way it is analysed (**King**, 2020, p. 292). It is also important to be aware of the priming effect and confirmation bias within PMS research, aspects that may reinforce stereotypes (**Clancy**, 2023; **King**, 2020, p. 296; **Ussher**, 2006). However, we can study PMS without the negative stigmatisation. **Ussher's** (2006) case study found, "when women can move away from the position of self-sacrificing femininity, which leads to self-castigation for not living up to impossible ideals of perfect womanhood, and the pathologisation of distress, they are more able to tolerate premenstrual changes in ability to cope, or ability to care for others before themselves" and nurtures a sense of empowerment (p. 68). **Ussher** (2006) states the creation of a validating and supportive space for her participants was an important positive aspect of participating in the research (p. 71). There is great individual and communal value to be gained from increasing and sharing research, experiences, and perceptions such as these that showcase the varied and malleable experiences of PMS.

### **Endometriosis.**

Endometriosis is a medical condition where endometrial tissue is located outside of the uterus (**Abokhrais**, 2019; NHS, 2024). This tissue still responds to the hormonal changes throughout the menstrual cycle and can bleed and cause pain in various parts of the body (NHS, 2024). It is estimated to affect approximately 176 million individuals globally, and not just menstruating women (**Guidone**, 2020, p. 270). **Guidone** (2020) shares that endometriosis has

been documented in “post-hysterectomy/postmenopausal individuals, rare cis males, gender diverse people, and the human fetus” (Guidone, 2020, p. 270). From a communal perspective, family members, friends, and coworkers may experience empathy and distress for a cared one who has endometriosis. Practically, family members or partners may need to provide care such as making food, providing pain medication, and watching over their cared one with endometriosis to ensure they remain as safe and comfortable as possible. Endometriosis is a leading contributor to infertility, gynaecologic hospitalisation, hysterectomy, and can significantly impair physical, mental, emotional, and social health (Guidone, 2020, p. 270; Marinho et al., 2018; Ozkan et al., 2008). Despite the severity of this disease, it is poorly understood in scientific works (Abokhrais, 2019; Moradi et al., 2014). Due to the widespread lack of education and silence around menstruation, endometriosis is under-diagnosed, inadequately treated, and frequently marginalised (Guidone, 2020, p. 272; Riazi et al., 2014). Distrust and disbelief of women and pain in the medical field also adds to the suffering of endometriosis (Bloski & Pierson, 2008; Cleghorn, 2021; Guidone, 2020, p. 273; Gunter, 2024). Endometriosis is an example of a chronic pain disease that continues to cause suffering because of stigma and misogyny.

### ***Birth Control***

Birth control is one of the topics that is clearly influenced by each of the main Spheres of Influence (Social, Cultural, and Political) of the menstruation experience. Women often face moral judgements for using birth control regardless of the reason. Some use birth control as contraception, which can be viewed as a proactive responsible choice or as a negative, immoral safeguard against a reckless sexual lifestyle (Jackson, 2021; Ussher, 2006). These judgments can

impact women and biologically female bodies who use birth control to treat or suppress health conditions connected to the menstrual cycle (**Jackson, 2021; Patkar, 2020; Ussher, 2006; Wilson et al., 2021**). I have placed it under “Political” due to the strong impact laws around access to healthcare have on birth control access. Contraception and reproductive health rights are two of the more “visible” topics around menstruation that are impacted by politics, supporting the argument that there are impacts on menstruation from political influences.

Menstruation is often framed as a loss of control, and birth control can regulate that (**Jackson, 2021; Ussher, 2006, p. 54**). Birth control methods referenced here include hormonal birth control oral pills, intrauterine devices (IUD), arm contraceptive implant, and hormonal injections which can all impact regularity and heaviness of periods. Regulation and suppression of menstruation through birth control is often marketed as freedom for women from the burden of the natural female body, but also freedom to be sexually available to men and maintain caregiving roles for children (**Jackson, 2021; Johnston-Robledo & Chrisler, 2020, p. 184; Wilson et al., 2021**). This further pathologises the female body by creating a medical problem out of a natural process for which pharmaceutical technology is the cure (**Bobel, 2020; Jackson, 2021**). It can also be tied with overall body satisfaction, as adolescents and younger women are more likely to support menstrual suppression and also have stronger negative attitudes towards their bodies (**Jackson, 2021**). The benefits of menstrual regulation or suppression for girls and women can include retention in school, work, social, and religious activities (**Jackson, 2021; Wilson et al., 2021**). Menstrual shame is a significant mediator in seeking menstrual suppression (**Jackson, 2021**). From this perspective, birth control is one of the many methods of controlling women’s bodies.

An important part of birth control is the commonality of experiencing pain during the placement of IUDs (intrauterine devices) (Hutt, 2011). IUDs are often placed without any anaesthetic, despite being an invasive procedure (Hutt, 2011; **Layle**, 2023). While many women are able to endure the pain associated with placement of an IUD, there are many stories of women who experience it as a trauma due to pain and dismissal of their reports of pain (**Layle**, 2023). Undoubtedly, if men elected to have a medical device inserted into their reproductive tract, adequate anaesthetic and post-operative pain control would be routine (Hutt, 2011). This connects back to the respect of women, belief of their pain, and delivery of comprehensive healthcare.

Concerning healthcare overall, women deserve to be educated and able to care for their menstruating bodies. Women deserve to be unburdened with the constant self-surveillance, concealment, silence, medicating, and pain (**Roberts**, 2020b, p. 179). There are many reasons to be full of rage in reaction to the current state of healthcare and rage can be used to drive action. At the same time, we can be gentle with ourselves to nurture and strengthen our connection to our bodies and each other. That is the goal of feminism, to achieve freedom from oppression and develop an ethic of care as an inclusive and diverse community (**Bobel**, 2010; **Fahs**, 2016; **Gilligan**, 1982; **Gilligan & Richards**, 2018). Gently, women can come back into themselves and celebrate or commiserate their menstruation experiences together.

### ***Activism and Art***

Activism is situated within the Political section, after healthcare, and immediately before the conclusion for specific reasons. Political activism is often more visible to the general public

as prominent figures within society discuss topics that impact elections and bills. Many of the known activist movements around menstruation are focused on issues of healthcare, such as endometriosis and birth control, and have gained traction in creating awareness and increasing research efforts to better understand menstrual and reproductive health. Other activist efforts subvert and reclaim menstrual practices, defy taboos, and question misogynistic “truths” about women (**Gottlieb**, 2020, p. 154; **Ussher**, 2006, p. 164). I have placed activism at the end of this chapter to show how others have endeavoured to improve menstruation experiences and inspire continued efforts. As this chapter has shown, menstruation experiences are both unique and collective, meaning activism needs to be creative and inclusive.

One of the first steps in menstrual activism is shattering the silence, “women’s voices and experiences are largely missing from menstrual discourse because of their disembodiment, and therefore women’s own voices and positive experiences of menstruation can be seen as a form of resistance” (**Wood**, 2020, p. 331). Voicing our experiences and naming our oppressions make them visible, legitimate, and inspire the possibility to resist them (**Fahs**, 2016; **Wood**, 2020, p. 331). By making menstruation visible and heard, we fight against the expectation of concealment that keeps women in a psychological state of self-hatred and constant preoccupation with their physical bodies (**Wood**, 2020, p. 332). In these ways, one can become a “menarchist”, a menstrual activist (**Docherty**, 2010; **Fahs**, 2016; **Wood**, 2020, p. 331). Menstrual activism is the fight to take back our bodies, rebel against the patriarchy, and alter our lived reality. The following paragraphs review examples of menstruation activism and art.

**Gloria Steinem** explores an imagined scenario in her poem “If Men Could Menstruate”, originally published in 1978. This poem flips the script of the patriarchal gender binary and

hierarchy structure, placing men as the oppressed class that women currently occupy. If men were to menstruate, she posits, then it would undoubtedly become a boast-worthy, masculine, and positive experience (Steinem, 2020, p. 253). She notes how funding for women's health research would increase, menstruation would be a sign of a God-given right to rule, and those who do not menstruate would be seen as inferior (Steinem, 2020, p. 253). This reverses the current mainstream narratives of men, as the "superior" group, who create the discourse that praises their attributes, while justifying the plight of the "inferior" group, women, to be based on their natural attributes (menstruation) (Steinem, 2020, p. 253). The SCUM Manifesto by Valerie Solanas (2004) follows a similar pattern of flipping the script and describes the many ways in which men are inferior to women (Woods, 2019). Although it is a known angry-feminist-rant piece of writing, if the genders were switched (male as superior and female as inferior), it would read similarly to many renowned male written philosophical writings (Woods, 2019). However, both of these writings miss the mark of feminism in that they do not idealise gender equality. But maybe that was the point, to accurately portray the female experience as it is, so that men could better understand the depth of patriarchal oppression. In art and activism, it is the extremes and confrontational works that gain attention, ignite emotion, and drive action.

More recently, in 2015, poet and illustrator **Rupi Kaur** posted a photo of herself on Instagram, dressed in bed with a blood stain in between her legs. Instagram removed this post stating it was against community guidelines of appropriateness. **Rupi Kaur** engaged in a week-long battle with Instagram to get it reposted, fighting against the silence and censorship over the menstruating bodies that dominate our social discourse (Fahs, 2016; Kaur, 2024; McHugh,

2020, p. 411). This photograph, 'period.', is now being showcased in an exhibit alongside a series of menstruation-themed photographs by **Kaur**.

In India, Aditi Gupta created an educational comic called "Menstrupedia" (**Fahs & Perianes**, 2020, p. 453). It is aimed towards children, boys and girls, and full of humour, cartoons, and storytelling in a way that "connects the biological impact of puberty and menstruation with the emotional, social, and psychological aspects in order to help girls on their journey to womanhood" (**Fahs & Perianes**, 2020, p. 454). The aim is to improve menstrual dignity, confidence, self-esteem, and healthy growth (**Fahs & Perianes**, 2020, p. 455). Since it is accessible to boys as well, it inspires greater awareness and respect for all human beings (**Fahs & Perianes**, 2020, p. 455). This example targets children of all genders, which can help stem stigmas before they are fully understood and engrained in their relations with each other.

**Jen Lewis**, menstrual designer, photographs her menstrual blood, "my feminist, bioartography project that seeks to confront social taboos pertaining to menstruation and the female body through macrophotography of menstrual fluid. I challenge the notion that menstruation is "gross," "vulgar," or "unrefined" through candid, real-life photos of my menstrual blood which force viewers to see and think about menstruation in an entirely new way" (**Lewis**, 2020, p. vii). By capturing menstrual blood in this artistic way, she aims to create confrontational and transformative images that reflect society and fine art (**Lewis**, 2020, vii). She is of the opinion that society's abhorrence towards menstrual blood is ludicrous considering the amount of graphic and violent bloodshed we consume through the media (**Lewis**, 2020, vii). There is even a different emoji used for period blood (**Bobel**, 2020, p. 1-2). From these examples, it is evident that there are many paths and forms of activism. It is also evident that

sometimes the innocuous choices, like posting a photo of period-stained pants online, can propel the social discourse in unexpected and monumental ways.

Menstrual art activism involves:

- Speaking out and defying taboos (**Bobel**, 2020; **Barnett**, 2019; **Gottlieb**, 2020, p. 154; **Kaur**, 2024; **McHugh**, 2020; **Ussher**, 2006; **Wood**, 2020)
- Reclaiming narratives and practices (**Fahs**, 2016; **Gottlieb**, 2020, p. 154; **Kaur**, 2024; **McHugh**, 2020, p. 411; **Ussher**, 2006; **Wood**, 2020)
- Targeting all genders and all ages (**Fahs & Perianes**, 2020; **Gottlieb**, 2020)
- Inducing various emotions, from humour to rage (**Fahs**, 2016; **Solanas**, 2004; **Steinem**, 2020)
- Crafting from various materials and presenting in many modes (**Bobel**, 2020; **Fahs**, 2016; **Gottlieb**, 2020; **Kaur**, 2024; **Lewis**, 2020)

It is time to raise our voices, share our stories, and honour our bodies.

## Conclusion

Menstruation represents a way to explore social injustice, form solidarity, and end shame through sharing our stories (**Erchull**, 2020, p. 403; **Fahs**, 2016, pp. 6, 24; **Guidone**, 2020, p. 279). New menstrual stories will help us attain liberation and connection (**Fahs**, 2020, p. 6; **McHugh**, 2020, p. 414). **McHugh** (2020) states that sharing our stories will increase communal empathy, and that empathy heals shame (p. 414). **Bobel** (2010) corroborates this through examples of menstruation being an empowering experience for women, “for [menstrual activists], menstruation is magical, mysterious, and powerful; it presents women with a unique opportunity to develop a self-awareness that puts them in charge of their bodies and their

lives” (p. 68). It is evident that a viable approach to negating stigmas is to value women as sources of knowledge and explore menstruation experiences through a holistic lens.

All of the sources referenced, fiction, non-fiction, personal stories, art, and evidence-based research, are needed to answer the research questions: How do social, cultural, and political contexts affect individual menstruation experiences around the globe? How do menstrual stigmas affect the personal experience through social, cultural, and political interactions? Can sharing menstruation stories reduce stigma around menstruation and promote progression of true gender equality? By tying together all these varied sources, a gap in the research has been filled. Fictional characters and stories can connect with reality, inspiring future research on the creative potential of research. The in-depth exploration of each sphere of influence and their connections is also unique to this thesis, as is the inclusion of personal testimonials. This literature review demonstrates the breadth and depth of this research, providing a strong groundwork of knowledge to support the exploration of holistic narratives of menstruation.

This information provides hope that we can cultivate positive changes for everyone (all genders), globally, and that, together, we can celebrate menstruation. It is time to question the current regimes of knowledge and search for new narratives of menstruation (**Fahs**, 2020, p. 351; **Ussher**, 2006, p. 59). As **Gottlieb** (2020) states, “despite shared biological roots, individuals and communities perceive and experience menstruation in enormously different ways, for reasons encompassing religious, political, demographic, and economic factors” (p. 144; **Patkar**, 2020, p. 502). Menstruation is much more than blood, and it is time to shatter the silence in the spirit of social justice for all.

## Methodology Chapter: Shattering the Silence

### Research Aims, Questions, and Value

#### *Aims*

The literature review chapter has established the importance and value of stories and confirmed the focus of this research. This research was designed to value the story and the storyteller while adding to the ever-growing discourse of and around menstruation experiences through holistic narrative approaches. Holistic approaches demonstrate the interconnectedness of “intellectual, imaginative, emotional, and social dimensions” of the participant’s experiences across their social, cultural, and political spheres (**Beattie**, 2007, p. 1). The focus here was to gain data depicting the personal nature of menstrual experiences and how our context impacts the personal experience. Participants were aware of this framework and that their personal stories and perceptions of experiences were the aim of this research project. Collaborating with the participants was essential to this research as it increased the veracity of their reality of the holistic experience of menstruation (Banister, 1994; **Beattie**, 2007; **Copple**, 2022; **Tillmann-Healy**, 2003). Holistic narrative approaches, according to **Beattie** (2007), “help us to understand the ways in which we can create the kinds of relationships and learning communities which can be felt at many levels of awareness” (p. 22). This collection of narrative accounts provides the opportunity to understand the differences and resonances across the participants’ experiences (**Beal**, 2013). This research seeks vindication for anecdotal experiences, passed from mother to daughter, sister to sister, and friend to friend.

## Research Questions

The guiding questions for this research were:

Main Research Question: *How do social, cultural, and political contexts affect individual menstruation experiences around the globe?*

The following sub-questions were established to further guide the overarching main research questions. These highlight specific aspects of menstruation experiences to focus this exploratory research. They also provide grounding for future research projects.

Research Sub-Question 1: *How do menstrual stigmas affect the personal experience through social, cultural, and political interactions?*

Research Sub-Question 2: *How can sharing menstruation stories reduce the stigma around menstruation and promote the progression of true gender equality?*

These questions work in tandem with each other to provide a clear understanding of menstruation experiences in the past, present, and how we can shape them in the future. It is necessary to understand these experiences from many perspectives and recognise the influences of society to improve both menstruation experiences and gender equality. By creating space for everyone to share their experiences, together, we can forge a path forward.

## Value

At the heart of this research, the value is in exploring an under-researched topic through the voices of those who experience it first-hand (**Bobel**, 2020, p. 1; Buckley & **Gottlieb**, 1988; Denscombe, 2014). There is value in researching menstruation as an everyday experience of ordinary people (Rodriquez-Dorans & **Jacobs**, 2020, p. 611). By better understanding

individual experiences, we can start to contextualise broader social, cultural, and political narratives (**Beattie**, 2007; **Beal**, 2013; Plummer, 1995; **Richardson**, 2000; Rodriguez-Dorans & **Jacobs**, 2020). This method can also empower participants to narrate their experiences and demonstrate the value of their knowledge (Denscombe, 2014; Rodriguez-Dorans & **Jacobs**, 2020). Menstruation has been a universal part of human life throughout all of history (**Bobel**, 2020). However, rigorous and valued research is limited (**Gunter**, 2024; **Cleghorn**, 2021). This is due to the gatekeeping of education and patriarchal values (**Gunter**, 2024; **Cleghorn**, 2021). **Aranda** (2020) states, “feminist practices continue to ask why women...continue to experience disproportionate levels of inequalities and precarity” (p. 178). As social justice research, this thesis elevates menstruators’ voices and validates their experiences by curating their stories through narrative inquiry. It was conducted in a way that works within established research methods while pushing the boundaries to respect the participants and their experiences of menstruation. This research adds to social justice efforts of destigmatising menstruation experiences and promotes period dignity. Academic research needs to value women as sources of knowledge and their unique experiences.

During this research process, I have learned the value of giving people a space to share their experiences. Anytime I mentioned my project to friends, dance teachers, new acquaintances, or baristas at the cafes I wrote in, they would have a story to tell me. They would share their own experiences and support for this research. Some were people who I would never see again and had only exchanged a few words. Every time this happened, it strengthened my confidence of the value and importance of this research. It also demonstrated

the need to start the conversation in more spaces, as there is a communal desire for change and normalisation.

### **Ontology and Epistemology**

The ontology and epistemology guiding this research provided a holistic view of knowledge that is conducive to feminist research and evaluating personal narratives. With a relativist ontology, this research respected multiple constructed realities (Denzin & **Lincoln**, 2018; **Donmall**, 2013; **Richardson**, 1997). I searched for the meaning of personal realities rather than a single truth within a framework that views truths as subjective and may evolve over time and across contexts. As Banister (1994) states, “such personal meanings are the basis of our individual theories or frameworks, through which we filter and interpret current experiences” (p. 73). The epistemological choice of constructionism recognises that meaning is context-specific and constructed in the interaction between the participants and their menstruation experiences (Denscombe, 2014; Denzin & **Lincoln**, 2018; **Donmall**, 2014; **Richardson**, 1997). Banister (1994) continues this thread of thought stating, “it is the meaning that is influential, not the event itself” (p. 73). This epistemology highlights the importance of the participant’s voice and seeks to represent their understanding of experience. Constructionism also adheres to the belief that we are born into worlds already laden with meaning, which directly relates to the aim of the research in discovering the impact pre-existing menstrual stories and stigmas have on individual experience (**Richardson**, 1997; Silverman, 2020). Together, this framework places value on the individual perception and understanding of their own experience over discovering any single, universal understanding of how menstruation is experienced.

**Paradigm**

This doctoral study is situated within the feminist paradigm, relativist ontology, and constructionist epistemology. This was a reflexive choice to demonstrate how I, as a researcher, conducted this research within established, vigorous research approaches. My research values women as sources of knowledge, respects individual experiences, creates an open discourse around menstruation, and is a social issue I care for deeply.

I explored feminist, ethnic, and cultural studies paradigms to ensure the suitability of the feminist paradigm. According to Denzin and **Lincoln** (2018), each of these paradigms considers lived experiences, gender, race, class, and caring for the participants. However, the feminist paradigm goes further to include emotional experiences, aims to encourage change, and is based on a passion for the topic (**Aranda**, 2020; Denzin & **Lincoln**, 2018, p. 99; **Liamputtong**, 2020). As menstruation is an inherently gendered experience, feminist research provides “insights into the gendered nature of social life and existence” (**Aranda**, 2020, p. 180). There is a lot of stigma and misunderstanding around menstruation, as was explored in the literature review. Thus, it was necessary to question the stigmas and deconstruct our current understanding to discover a veracious representation of menstruation experiences, which is what feminist research does (**Aranda**, 2020; **Jackson & Mazzei**, 2012; Smith, 2012). Stigmas also lead to silence around menstruation experiences, necessitating the recognition that this research explored visible and invisible impacts on individuals and society (**Aranda**, 2020; Springer et al., 2012). Further, feminist research seeks and values trust between the researcher and participants, allowing us to “share what is often unsaid” (**Liamputtong**, 2020, p. 10). As will

be explored further in the methodology discussion, the trust between the participants and myself was paramount.

**Virginia Olesen** (2018) discusses more aspects of feminist research that strengthen my conviction to its suitability for this project. She states, “feminisms and qualitative research practices continue to be highly diversified, contentious, dynamic, and challenging” (**Olesen**, 2018; p. 151). Her chapter, “Rage is not enough”, calls for feminist scholarship to utilise passion for change to challenge injustices against women (**Olesen**, 2018, p. 151). There is an emphasis on whose knowledges we utilise in research, where and how these knowledges were obtained, and by whom, for whom, and for what purposes (**Olesen**, 2018, p. 152; **Liamputtong**, 2020, p. 10; Smith, 2012). This research focuses on utilising primary resources, women from around the world, who have chosen to participate with full knowledge of the purpose of collecting their stories and expressions of experiences in an effort to grow our understandings of menstruation.

In choosing a paradigm based on the strengths it offers research, it is also necessary to recognise and overcome weaknesses. Feminist research values experimental approaches and unabashedly challenges established foundations of knowledge; while controversial, this is what enables feminist research to grow stronger (**Aranda**, 2020; **Liamputtong**, 2020; **Olesen**, 2018, p. 163). I admire this dauntless approach that strives for diverse sources and dynamic methods to invoke change and growth (**Olesen**, 2018, p. 151; **Reissman**, 2008). I explored menstruation experiences and stories to challenge and, ultimately, transform our current understanding within a paradigm that suits radical research.

Had this research been more focused on historical accounts of menstruation experiences, cultural studies research would have been my chosen paradigm. As this paradigm considers “historical, political, economic, cultural, and everyday discourses” (Denzin & Lincoln, 2018, p. 103), it would have answered the main research question of how social, cultural, and political aspects of life impact menstruation experiences. However, this paradigm would not have been able to answer research sub-question 2, can sharing menstruation experiences and stories decrease the stigma surrounding menstruation? Further, I believe this paradigm would have constrained or misrepresented my impact on the research due to my passion for the subject. Therefore, this research is firmly embedded within the feminist paradigm.

### **Reflexivity**

In order to present a transparent and reflexive research project, I considered the influence of my passion throughout the research, “I am part of the research and the research shapes me” (Lincoln et al., 2018, p. 143). As a menstruating woman, my own experiences are my connection to the participants. I am one of them and am participating in the reflective processes with them. By explicitly acknowledging this, I worked to establish trust and communion with the participants, as well as addressing the power dynamics inherent in research (Aranda, 2020; Hesse-Biber, 2014; Tillman-Healy, 2003). Further, reflexivity supports adherence to ethical expectations and confidence in the findings, as the “researcher’s articulation of self must be made public so that the research has veracity and integrity” (Liamputtong, 2020, p. 11). Thus, I have conducted the research on a grounding of trust with the participants and the readers through transparent reflexivity.

My academic background consists of degrees in biomedical sciences, public health, and outdoor environmental and sustainability education. I used knowledge and skills from these degrees throughout all aspects of this research, from reading medical journals to conducting public health evaluations. The research I have conducted for previous degrees provided a solid foundation of knowledge and experience to answer the questions posed for this research. These previous experiences have given me strong research skills, but with a different tone than what was needed for this study. I have expanded my research skills to include creativity and explicit personal connection for this doctoral thesis. I can see the forest and the trees, and know that there is still more to discover.

I strove to conduct emotionally intelligent research, based on Higgs and Dulewicz's (2016) guidelines. This includes being self-aware of my emotions through the research, emotional resilience to continue under pressure, motivation to gather meaningful data, interpersonal sensitivity and open-mindedness, understanding my influence on the participants, intuitiveness during interviews, and conscientiousness of my own words and actions throughout the research (Higgs & Dulewicz, 2016, p. 28-29). These skills helped me to "front manage" how I presented myself and the research to the participants in an ethical and professional manner (McClellan et al., 2020, p. 103). My reflective practice also included expressive dance movements to embody the participants' stories and emotions, as well as regulate my own emotions during this research (Thompson & Pascal, 2012). Periodical check-ins with my supervisors were another important aspect of ensuring the ethics and rigour of this study and supported my mental wellbeing. All of these skills, already established in my general conduct, were strengthened through this research. My background in dance, healthcare, and

previous academic research provided excellent grounding in each of these skills. Further, I applied these skills in a variety of contexts allowing me to easily apply them to this research as needed.

Throughout this research, in adherence to feminist research standards, I strove to acknowledge and maintain transparency of who is collecting the knowledge (me) and for what purposes (earning a PhD and adding to menstrual health discourse) (**Aranda**, 2020; Denzin & **Lincoln**, 2018, p. 99; **Liamputtong**, 2020). As the researcher, I had no desire to appear detached from the research, and face-to-face interviews allowed that distance to be negated. I have taken care to “front manage” in presenting myself and the research to the participants openly and professionally (McClellan et al., 2020, p. 103). Although the participants were friends already, I did not allow previous perceptions of their lives to influence the information they shared so that I could examine them from the researcher perspective, analytically and critically (**Tillmann-Healy**, 2003, p. 735). This is a skill that I developed during my work as a surgical assistant in my hometown, to separate neighbour and patient relations in a compassionate and professional manner. It is understood that there is a power dynamic between the researcher and the participants (**Aranda**, 2020; **Hesse-Biber**, 2014; **Tillman-Healy**, 2003; **Young & Frosh**, 2009). However, to create a trusting, respectful, and empathic research relationship, I sought to understand my influence on the research process to create a more reciprocal relationship with the participants (McClellan et al., 2020; **Tillman-Healy**, 2003). Further, although I aimed to remain neutral throughout the research and presentation to participants, I did not shy away from sharing aims and values when questioned (**Liamputtong**, 2020, p.11). This was done as a way to build up trust with participants and remain transparent throughout the process

(Cocking, 2020, p. 30; **Tillman-Healy**, 2003). One of the goals was to empower individuals to share their stories and this can only be done if they are active and respected participants (McClellan et al., 2020, p. 106). McClellan (2020) cites Gadamer (1976) as arguing that “researchers should not endeavour to ‘mask’ their own personal values but, rather, use the potentially new relationship opportunity to ‘fuse horizons’” (p. 106). I enjoyed the process of writing as a discovery of this topic and discovery of my own understanding and impact on the research (**Liamputtong**, 2020, p. 11; **Lincoln** et al., 2018, p. 143; **Richardson**, 2000; Thompson & **Pascal**, 2012). Being reflexive in this research allowed me to recognise the power of my influence and also question my pre-existing understanding of menstruation experiences.

### **Research Design**

The purpose of this research was to depict the personal and holistic experience of menstruation. To do so, it was necessary to first settle into qualitative research methods. Then, to tailor the research more specifically in feminist research methods. The interviews were conducted over a period of several months and were focused on sharing personal narratives. In accordance with the methodological framework established for this research, narratives evolved as they are told, retold, and discussed, encouraging ongoing reflection throughout the process for both the researcher and participants (**Beattie**, 2007; **Pushor & Clandinin**, 2009; **Reissman**, 2008; **Richardson**, 1997). It was necessary to conduct the research in this manner to answer research sub-question 2, can sharing menstruation stories reduce stigmas around menstruation? Due to the nature of the topic and the proposed method of research, it was necessary to be flexible and open to innovative methods.

**Qualitative Research**

Qualitative research values individual voices, and as McClean et al. (2020) state, “seek to explore and understand individuals’ experiences, lifeworld and the ‘collective’ social meanings that underpin that lifeworld” (p. 87). Thus, fitting with the aim to honour both the personal and the collective experience of menstruation. Qualitative research is an exploration of experience and an attempt to further phenomenon in a comprehensive manner (Banister, 1994; p. 3; Qutoshi, 2018). Further, as qualitative research allows for the research to be participant led, it can create an empowering experience for participants (McClean et al., 2020, p. 106; **Ussher**, 2006). It was also necessary to be based in research that emphasises trust between the researcher and the participants, which is a core principle of qualitative research (**Beattie**, 2007; McClean et al., 2020; **Tillman-Healy**, 2003). Each of these aspects was vital to the research design as a whole.

Due to menstruation being a gendered and stigmatised topic, it is important to think and act differently in research to overcome my own pre-existing belief systems around menstruation and maintain respect for the participant’s views (**Aranda**, 2020; **Bobel**, 2010; **Nelson**, 2003). It is clear that the data collected is personal and unique, but it will be seen that there are overlapping themes of experience. Honouring the individual experience in detail can create a sense of connection and resonance, especially for those who have similar experiences (**Beal**, 2013). That is the point of this research. To create connection and awareness of the personal experience and how it is tied with the collective.

***Narrative Inquiry***

Narrative inquiry answered the research queries of how various influences impact individual experiences of menstruation as it encourages the curation of deep, rich data from each participant (**Pushor & Clandinin**, 2009; Webster & **Mertova**, 2007, p. 2). **Aranda's** (2020) statement supports my choice of methodology for this research, "narratives reflect larger discourses of meaning, power and social norms, constructing particular versions of the world that shape human thought and experience" (p. 182). Further, **Clandinin** and Connelly (1990) state that humans experience and share their perception of life through stories (p. 2; **Beal**, 2013; **Richardson**, 1997; Webster & **Mertova**, 2007, p. x and 3). It has been found that narrative inquiry has the capability to shift the discourse around topics to be more open, which is important for a taboo topic like menstruation (**Nelson**, 2003; **Pushor & Clandinin**, 2009, p. 296). By opening conversations and sharing stories, menstruation can become a topic of inclusion and connection (**Caine**, 2010, p. 494). Thus, it was logical to invite participants to share their stories as the primary data for such research. The experiences, the influences, and the impact of these experiences cannot be extracted from one another – it is the unique, lived, and narrated experience as a whole that is valued in this research.

Further, narrative inquiry allows for various methods of expression for the participants to share their experiences. Participants shared their stories in ways they deemed to be the most truthful representations of their experiences. Narrative inquiry captures this, as it "includes a scientific process but also a creative component that generates an effect" (**Aranda**, 2020, p. 181). It is important to note that language is "crucial to self-reflection" (Banister, 1994, p. 8). This can be a limiting factor for talking about menstruation, which has long and often

been a silenced topic. Grounded within the feminist paradigm, narrative inquiry was used to advocate for women's personal narratives as valued direct sources of knowledge and retained the participants' sovereignty in how their stories are shared.

Drawbacks of narrative inquiry arise from doubts about the value of personal narratives. There are questions on the validity of an account due to an inability to confirm accuracy which is why verisimilitude and trustworthiness is valued (**Beal**, 2013; Webster & Mertova, 2007, p. 4). To confirm validity (Mishler, 1990), the reflections were written in a logical and straightforward way, as opposed to a more creative format. This approach allows for readers to clearly see the path of the data gathered to the conclusions reached. Also in question is the transferability, as narrative inquiry values unique and individual experiences rather than the commonality of experiences (**Aranda**, 2020, p. 181). However, there is comparison across the personal narratives of the participants which show resonances and differences providing a deeper and broader understanding of their menstruation experiences (**Beal**, 2013; Webster & **Mertova**, 2007, p. 2). This can lead to more accessible information, encourage empathy, comfort in shared experiences, and enlightenment of different experiences beyond the participants of this study. All of these impacts can lead to learning and promoting change (**Nelson**, 2003; **Pushor & Clandinin**, 2009). Also, due to menstrual stigmas, participants may not be willing to share certain aspects of their experience because of shame or a lack of awareness of various influences on their experiences. However, as this research aimed to gather individual's embodied stories, the veracity of their voices outweighs the potential drawbacks of using narrative inquiry.

***Other Methodologies Considered***

Phenomenology was considered as a methodology for this research. The phenomenon, or common experience amongst individuals (McClellan et al., 2020, p. 123; Qutoshi, 2018), being menstruation. The data collection methods typical for phenomenology do fit with the research design, such as semi-structured interviews and participant reflective diaries/journals (McClellan et al., 2020, p. 123-124). The main aspect that led me away from utilising phenomenology is that it is primarily researcher-led, whereas I encouraged the participants to help guide the research. I did this to further establish trust with participants and centralise them as sources of knowledge. This research aims to act on the experience of the participants, to create a change, rather than to only observe and describe an experience.

I did not choose intersectionality because I understand it as a breakdown and separation of influences on an individual. When categories are too separate, it is artificial and unrealistic of the ever-changing kaleidoscope of human life (Saldana, 2016). By acknowledging and exploring specific influences on an individual, it may be possible to identify which aspects perpetuate injustices and then move forward to provide support to change those aspects. While **Olesen** (2018) explains that the “categories are not additive but interactive and mutually constructed” (p. 158), I feel as though intersectionality dehumanises aspects of the lived experience by distinguishing them from the whole person. Intersectionality, of course, has value, as it “denotes how social divisions are constructed and intermeshed with one another in specific historical conditions to contribute to the oppression of women not in mainstream white, heterosexual, middle-class, able-bodied America” (**Olesen**, 2018, p. 158). Undoubtedly, all of these aspects impact the participants and their menstruation experiences. However, I did not

want to focus on separating these categories as I felt it would take away from the richness of their overall storied experiences as a complete and unique individual. Intersectionality focuses on the impact of the world on the individual and does not appear to focus on the impact the individual can and does have on their own experience. This, to me, takes away their agency.

### **Methods of Data Collection**

I engaged with five participants five to seven times over a period of about nine months to discuss and reflect on their menstruation experiences through in-depth interviews. Participants were given an option to create expressions of their experiences, through journals, drawings, or other creative methods to share in the final interview. Interviews alongside creative expressions allowed the participants to share their experiences through a variety of modes and created a unique collection of primary sources for data analysis (Bobel, 2010; Liamputtong, 2020, p. 54-55). Our interviews were collaborative and inspiring (Reissman, 2008). The interviews were semi-structured and flexible, encouraging tangential topics to be discussed as they arose. This allowed for a more natural flow of conversation and the exploration of unexpected curiosities. Banister (1994) states that such methods of data collection can “empower disadvantaged groups by validating and publicizing their views”, which aligns with the overall design and aim of this research. The following section describes the data collection in-depth.

### ***Participants***

To recruit the participants, I reached out to close personal contacts with whom I had previously discussed menstruation in casual settings. These friendships were based on common interests, a sense of connection, and emotional safety and resonance (Tillmann-Healy, 2003).

Utilising friendship in this way provided stable ground from which to work, which was particularly important given the stigmatised nature of menstruation. These contacts also all have higher education degrees and varying levels of travel experience, both of which aided in their critical and reflective discussions on personal menstruation experiences within their unique contexts. The inclusion criteria were agreement to participate in the research, that they currently menstruate, and they were comfortable discussing their menstruation experiences in depth. These criteria exclude individuals who were experiencing amenorrhea, the absence of menstruation (Hill, 2019). Reasons for amenorrhea include pregnancy, recent childbirth, menopause, medication induced amenorrhea, and medical conditions such as hormone imbalances and excessive stress (Gunter, 2024; Hill, 2019). For this research, it was important to include menstruators who do not consider themselves to have disordered menstruation, as there is a need for such individuals in research (Ussher, 2006, p. 170). Scrutiny of the literature, in addition to personal reading, identified a gap in relation to the representation of 20-30 year olds without a medical diagnosis related to menstruation (Rodriquez-Dorans & Jacobs, 2020; Ussher, 2006). One of my participants shared they self-diagnosed PMDD and received treatment for this, but otherwise my participants do not consider themselves to have disordered menstruation. Prior to my current study, the voices of this group were underrepresented in the literature.

Artemis (she/they) is the participant I have known the longest, since our early teenage years. Our friendship has continued throughout our adult lives despite living in different states and countries – we are able to come back to each other and retain the same level of intimacy and have supported each other’s growth in life. Her pseudonym was chosen based on her

affinity to refer to menstruation as her “moon” and Artemis, the Greek goddess of the moon. Artemis is also the name of a male fictional character in a book series that both of us read as children, so the gender fluidity of the name also fit with this participant’s identity. Chandra and I first met in an academic setting, shared our research, and became long-distance friends. At this first meeting, she declared she would like to be a part of this research. Chandra’s pseudonym is a yoga term meaning “moon” and reflects her passion and commitment to her yoga practices. I met Coco six years ago, during my first trip to Kenya. Since then, we have maintained a close and supportive friendship. She created her own brand, clothing line, and nail polishes, which inspired her pseudonym choice in reference to fashion designer Coco Chanel. Frida is from India and we met while traveling through the UK a few years ago. We ended up spending a few days together in London and Edinburgh before parting ways, but have remained in touch. Her pseudonym is inspired by Frida Kahlo to reflect her passion to use art as a form of activism and exploring gendered experiences. Kiran and I met while both doing our master’s research in Kenya a few years ago. We spent about a month together there and have maintained a friendship, though only seeing each other in person once since then. Running is an important part of Kiran’s life, and thus her pseudonym is a homage to Kiran Ghandi, who free bled during a marathon in 2015 (**Ghandi**, 2015). Each of the participants approved of their pseudonyms, fulfilled their agreements, shared their menstruation experiences in depth and in consideration of their specific contexts, and demonstrated their trust in me throughout the process.

There are potential criticisms against utilising friends as participants in research. For instance, the question of bias based on the tendency to “befriend those who are similar to

ourselves” (Tillmann-Healy, 2003, p. 731). Whilst this may be true, these particular friendships have developed across lines of social class, geographic location, culture, and religious beliefs. Because of the differences within our friendships, I am suited to serve as an advocate for my friend-participants, enabling them to openly share their experiences while I remain reflexively aware of differences and resonances. Our commonalities include self-reflection, desire for self-improvement, deep empathy, and commitment to actively care for others. These commonalities provided the foundation of trust which our friendship-participant relationship was built. Our preexisting relationship aided in the trust, deep understanding, and more accurate interpretation of their stories. Feminist research promotes the resistance of hierarchical separation of researcher and participant, supporting the recruitment of friends as participants (Tillmann-Healy, 2003, p. 733). This research was designed to forge a pathway to understanding menstruation experiences through empathy, various ways of expressing, and empowerment. To achieve this, it was vital to have an open, trusting, and supportive friendship with the participants from the beginning.

### **Narrative Inquiry Data Collection Methods**

#### ***Interviews***

I outlined six semi-structured interviews, estimating an hour each, for each participant covering the spheres of influence and subthemes. Thus, there was an interview dedicated to personal, social, cultural, and political influences on and of their menstruation experience, a wrap-up interview, and an interview dedicated to sharing the creative expression, see Appendix A for the interview outlines. Participants stated that having an outline with specific questions was helpful, while remaining aware that there was flexibility to allow us to follow new threads

of thought (McClellan et al., 2020, p. 130; **Reissman**, 2008). The outline and the transcripts, which were sent swiftly after each interview, supported the reflective process within this research.

While the outlines were based on a specific sphere of influence, the participants were able to guide the conversation to best share their personal experiences of menstruation. This often led to sharing seemingly small points that I could then probe to further illuminate the nuances of their experiences (McClellan et al., 2020). This technique of “funneling” questions and conversation is especially effective for a topic such as menstruation due to the general silence around it (Smith & Osborn, 2015; Creswell & **Poth**, 2018; McClellan et al., 2020, p. 129). By gently bringing the focus onto these silenced issues, trust and confidence in the participant-researcher relationship was nurtured and the stigmatisation around menstruation was respectfully navigated (McClellan et al., 2020, p. 129). An aspect of interviewing that I highly value is allowing for silence. Especially when exploring such a personal and often stigmatised topic, giving space and silence is important to allow participants moments to breathe, reflect, and amplify or clarify during the interview (**Liamputtong**, 2020, p. 60-61). Silence can also highlight points or themes that are notable by the lack of speaking during analysis. What is left unsaid can be as illuminating as what is said.

The interviews were spaced approximately one month apart, mirroring the average length of a menstrual cycle. I designed this schedule as it would increase the chances of the participants menstruating while reflecting on our conversations throughout this process. Further, it allowed for more flexibility when scheduling the interviews. This adheres to the feminist approach of research to collaborate by granting time to the process and working with the participants to

schedule interviews during their preferred days and times. The iterative process of the interviews is shared in the following checklist:

- Develop interview outline to include questions relating to the main topic of the interview, as presented in Appendix A (personal, social, cultural, political, wrap-up, creative expression)
- Schedule interview day and time with participant
- Email interview outline to participant at least a week before the scheduled interview, reminding them they can bring points/stories that may not seem related to the main focus
- Attain verbal consent for participation and recording prior to the start of each interview recording
- Remind participants that they do not have to share anything that they do not want included in the research or find uncomfortable
- Proceed with interview outline, allow for tangential conversation points
- Conclude interview by inviting participant to share anything else or note topics they would like to discuss at the next interview
- Schedule next interview before ending Zoom call
- Tidy up transcripts that were automatically created through Zoom by rewatching interview
- Send tidied up transcript to participant within a week of interview, inviting them to member check and reflect

- ❑ Include follow-up questions and points of interest identified from the initial transcript re-readings in the next interview outline
- ❑ Before the final interview, complete the first cycle of analysis for the previous interviews
  - First cycle of analysis involves editing the transcripts by rewatching the interview, coding, and making small drawings of particularly poignant passages within the transcript. An example of a coded transcript is in Appendix B.
  - Codes are then organised into themes, based on, but not restricted to, the spheres of influence
  - Codes utilise the participants' exact words to retain their voice
- ❑ Re-start cycle with sending the interview outline to the participant a week before the next interview

Interviews were audio and video recorded and transcribed. Recording interviews was necessary as, “researchers need to pay close attention to what participants say and to follow up the conversation, to probe and to clarify in the interview session, it is difficult to try to write down the conversation at the same time” (Liamputtong, 2020, p. 66). Video recording of the interviews allowed for another layer of expression to be shared and analysed. Specifically, body movements and hand motions were noted and proved to be an integral aspect of analysis. Descriptions of body movements were included in the transcripts and quotes within this thesis.

While transcribing interviews can be time-consuming, the process created an opportunity to closely review the data. Finished transcripts were shared with participants to

allow for member checking and reflection of what was discussed (McClellan et al., 2020). This also created the opportunity for participants to make decisions on topics for future interviews. Transparency and open communication further strengthened our trusting relationship and supplemented on-going reflection throughout the interview process. My progression board reviewers acknowledged that six one-hour interviews over the course of six months is a lot to ask of participants. This was mitigated by informing participants of this expectation upfront, prior to agreeing to participate in the research. Again, the flexibility that this timeline allowed for was also presented to demonstrate the collaborative nature of this research. In the end, each participant was surprised at how quickly the months passed during our interviews.

While interviews are a common and accepted method of data collection, there are limitations. There is a reliance on the participant's ability and willingness to be introspective and ability to authentically share their experiences (Banister, 1994, p. 87; Young & Frosh, 2009). Each participant consented to interviews being conducted in English, though it is not a first language for two of them. Regardless, language has limitations and usage is highly personal (Banister, 1994, p. 87; Toelken, 1996). From the participants expressing their experience, to me hearing and analysing it, to anyone who reads this research, the information is filtered through all of our own unique lens.

Narrative inquiry interviews allows for the context to shine through, providing a more holistic story (Aranda, 2020, p. 181; Beattie, 2007; Craig, 2003; Richardson, 1997; Webster & Mertova, 2007, p. 2). As Banister (1994) states, interviews are "conversation with a purpose", it is necessary to keep in mind the ultimate purpose of the research and ensure that it guides the interview (p. 51). The aim of the research was to engage in a collaborative exploration of

equality and mutuality to gain an insider's view of part of the participants' reality, to allow them to share their story of experience (Banister, 1994; McClean et al., 2020; Webster & Mertova, 2007). The holistic and personal nature of this research is well suited for narrative inquiry interviews.

### ***Creative Expressions***

Whilst agreeing that, "if we wish to learn how people see their world, we need to talk with people" (Liamputtong, 2020, p. 53), I wanted to go beyond words in this research. With an embodied, physical experience such as menstruation, I wanted participants to be able to utilise other methods of exploring and communicating their experiences (Bobel, 2010; Fahs, 2016). I did not want to limit their choice of creative expressions, nor pressure them to present something inauthentic.

The creative expression option was presented in the participant information sheet and discussed in the initial interviews. I offered examples, such as poetry, drawings, and photographs to demonstrate my openness to receiving any type of alternative expression of their personal experiences (Clandinin & Connelly, 1990, p. 4; Denzin & Lincoln, 2018, p. 100; Liamputtong, 2020). I also made it clear that this was an optional aspect of their participation, a place to explore and present their menstruation experiences in their own way. This further supports the research aim of collaboration with participants and honouring their experiences as they choose to present them.

The data collection methods used for this research mitigate a number of common limitations and strengthen the overall value of the research. Some limitations of interviews include verbal expression, introspection, and time limits (Banister, 1994, p. 97; Cocking, 2020,

p. 38). To overcome these limitations, I designed a long-term multiple interview schedule with optional creative expressions. Together, these aspects allowed participants to share, reflect, and creatively explore their experiences with me. As menstruation is a stigmatised embodied experience that is influenced by our external world, it was necessary to design research that valued the uniqueness of this individual experience (Cocking, 2020, p. 38; McClean et al., 2020, p. 121). The research was designed to gather a holistic understanding of personal menstruation experiences by creating a space that the participants could comfortably share their stories.

### ***Trust***

I built trust with participants on the basis of transparency and shared control. Because we were already friends, our relationships had already established “trust, honesty, respect, commitment, safety, support, generosity, loyalty, mutuality, constancy, understanding, and acceptance” (Tillmann-Healy, 2003, p. 731). Semi-structured interviews created a strong sense of collaboration with the participants as we allowed their experiences to guide the conversations (McClean et al., 2020, p. 127; Reissman, 2008). I was not coy in sharing my own experiences or purposes of the research, rather I was open, direct, and communicative with each participant. As we moved forward, I aimed to ensure the participants felt they maintained agency and had shared control in our conversations, “this more-equal (reciprocal) relationship predictably brings greater trust and respect, and ultimately greater integrity for the research outcomes” (McClean et al., 2020, p. 106). The priority was ensuring the participants shared their experiences and had them recorded in the most truthful way possible. Ussher (2006) states the value of creating a safe space for her participants being vital to the research, “being heard in a non-judgemental way, having their feelings validated, and receiving support in

relation to their distress, was reported by women to be one of the most positive aspects of the intervention” (p. 71). My participants reported the same experience. In the last interview, each participant thanked me for the opportunity to share and explore their experiences as well as for the care I showed them throughout the process. This is consistent with one of the benefits identified by **Tillmann-Healy** (2003) in which the research becomes an empathetic connection with a friend, “which can help participants feel heard, known, and understood” (p. 737). This collaborative approach to the data collection is aligned with the previously discussed research methods and overall research ethos.

While I did already have trusting relationships with each participant, our research relationship and trust continued to develop throughout this time. This allowed me to better understand their experiences and better represent their perspectives of menstruation experiences in this research (**Clandinin & Connelly**, 1990, p. 4; **McClellan et al.**, 2020, p. 126; **Tillman-Healy**, 2003). Positive research relationships were built through “active dialogue, listening, establishing rapport and positive regard, exercising empathy and striving for mutual respect” (**McClellan et al.**, 2020, p. 106). Trust was strengthened further as I shared some of my own experiences as well, creating a “give and take” reciprocal conversation where we both were vulnerable at times (**McClellan et al.**, 2020, p. 128; **Reissman**, 2008; **Tillmann-Healy**, 2003). As both the participants and myself were comfortable enough with each other to be vulnerable throughout this process, a trusting connection was clearly forged (**Lyons & Chipperfield**, 2000). This trust and collaboration between researcher and participant aided in the reflections throughout the interview process, which was key for this doctoral study.

## Data Analysis

### *Interview Analysis Method*

As a considerable amount of data was collected from the interviews, I began analysing after each interview. The first step in this initial analysis consisted of transcribing the interviews. I included nonverbal utterances, such as laughter, pauses, and gestures in the transcription to maintain a 'true' reflection of the participants' responses (**Braun & Clarke, 2006, p. 88**). Semiotic analysis was utilised for the interviews and creative expressions to find "hidden meanings within the narrative material" (**Liamputtong, 2020, p. 116**) as silence, symbols, and secrets surround menstruation. I also separated the text into paragraphs based on general topics and stanzas (**Saldana, 2016, p. 9**). This aided my ability to read and review the transcriptions later on in the analysis process. Extended analytic memos aided the organisation of topics discussed and pulled out direct quotes from the participants that were especially poignant (**Beal, 2013; Denzin & Lincoln, 2013**). It is the discourse and language used and available that creates our reality (**Liamputtong, 2020, p. 264**). So, I used discourse analysis to "reveal the means by which social realities are produced...and how they are maintained and held in place over time" (**Liamputtong, 2020, p. 116**) from interview transcripts. The language we use to narrate our experiences can depict the power and inequalities in society (**Denzin & Lincoln, 2013, p. 281**). All these steps allowed me to visualise and reflect on which topics had rich discussion and which did not. By doing this, I was able to note topics that would need further discussion in subsequent interviews as they were important for answering the research questions and which topics were inspiring unexpected focal points. In this way, the initial analysis was invaluable to the depth and richness of the data collected for this research.

The following description of the analysis was done for each interview; however, the initial analysis process was completed for the first four interviews with each participant prior to conducting the final interviews. This was done to guide the final interviews, ensuring data was collected that answered the research questions and allow for more discussion on novel points that arose in the interviews. As was done for each interview, I provided a brief guideline of the interview questions and topics to each participant prior to the final interviews and invited them to provide feedback and suggestions on what they would like to discuss. This is another form of member checking and active participation of the participants in the analysis process, which aids in validity and reliability of the research (McClellan et al., 2020; **Pushor & Clandinin**, 2009). This consistent collaboration with participants was vital to the overall research design and authenticity of the data collected.

### ***Initial Analysis for Interviews***

Structural coding created the template for which to organise the extended analytic memos (Denzin & **Lincoln**, 2013, p. 421). This template included the main headings of “Personal”, “Social”, “Cultural”, and “Political” for each participant, as based on the conceptual framework. The subheadings varied slightly for each participant as they were chosen to reflect the nuances of the interview discussions and respect their choice of language. Saldana (2016) describes this method of organising findings as “pre-coding”, specifically the process of highlighting significant quotes and passages to initiate a broad overview of the data (p. 20). While I was aware of similar codes across participants and developed subheadings that were homogenous, I also retained the unique codes to emphasise the personal and unique

experiences that were shared (Saldana, 2016, p. 25). This allowed for the connections and variances to be clearly evident.

I then coded the transcribed interviews using In Vivo coding to honour and demonstrate the value of the participants' voices throughout the research (McClellan et al., 2020, p. 143-144; Saldana, 2016, p. 106). I coded every few lines rather than every line to formulate codes that represented important points and to not create an overwhelming number of codes to later consolidate. While the participants' data was prioritised during coding, I also coded my contributions that were interactional dialogue and contributed to the constructed meanings of their menstrual experiences (Saldana, 2016, p. 17). All the coding was done manually, by printing out the interview transcriptions and writing codes in the margin, a transcript page with coding is included in Appendix B.

Another benefit of using In Vivo coding, is that it allowed me to utilise imagery and symbols for codes and not be restricted to words. This research was designed to value various methods of expression throughout the entire process, and therefore it was important to utilise creative expressions for analysis. I applied this by making small drawings to represent parts of the interviews that inspired me to do so, as there were stories and descriptions from the participants that inspired strong visual images for me (Saldana, 2016, p. 109). I also used codes to create poetic reconstructions of the data, which I then explored through movement and dance as another method of understanding the data (Grbich, 2013; Liamputtong, 2020, p. 395; Saldana, 2016, p. 109; Thompson & Pascal, 2012). This layered and varied analysis practice allowed for the multiple modes of expression that the participants were encouraged to engage in to retain their holistic essence.

The initial analysis consisted mainly of coding methods as this is how I naturally developed an understanding of data. I found that the frequent re-reading and consideration of quotes and concepts that appeared significant required by coding brought me closer to the data, in contrast to the reductionist critiques against coding identified by Saldana (2016). This research was designed to value the unique experiences rather than pretend that the data and findings point towards a universal “truth” (Denzin & Lincoln, 2018; Donmall, 2013; Richardson, 1997). The number of occurrences of a code were considered, but not necessarily prioritised as being more important or more representative of the personal menstrual experiences shared. As for the critiques of it being mechanistic or otherwise distancing a researcher from the data, I have used coding in creative ways that brings me closer to understanding the participants’ perspectives of their experiences (McClean et al., 2020, pp. 143-144). Their words inspired the codes, the poetic reconstructions, and the visual representations (drawing and movement) of this initial analytic process.

### ***Second Cycle Analysis/Coding***

Focused coding was utilised as the second cycle coding method to develop categories. This method encouraged a deliberate linking and weaving of codes and categories within the narrative of the data corpus (Saldana, 2016, p. 242). The codes for each participant were then written on notecards and organised into categories and subcategories. I chose a colour indicator for each category to then go back to the transcript and highlight the data examples that lead to the codes/categories. This step of analysis further enabled me to compare codes and categories across the participants’ data, identifying commonalities and differences (Saldana, 2016, p. 243). A codebook was created for each participant which included the

categories, codes, content descriptions, and brief data example. A sample from one participant's codebook is included in the Appendix C.

### ***Creative Expressions Analysis Method***

I encouraged the participants to create artistic expressions of their menstrual experiences. This flexibility of expression allowed the participants to share what cannot be said (Liamputtong, 2020, p. 10). I used analytic memos to code the participants' creative expressions as they shared them (Saldana, 2015, pp. 61-62). Further, the crystallization method Ellingson developed (Denzin & Lincoln, 2013, p. 432) provided a more holistic analysis method for this data. Ellingson explains that crystallization "combines multiple forms of analysis and multiple genres of representation into a coherent text or series of related texts, building a rich and openly partial account of a phenomenon" (Denzin & Lincoln, 2013, p. 432). The analysis method was specifically suited to each creative expression, as they could be written, visual, audio, or take various other forms.

### ***Overall Data Analysis***

Through these analysis methods, I created a layered account of the data. By moving between academic prose and narrative, poetry, or other art, I presented the personal experiences of the participants through artistic ways of knowing while also representing them through scientific ways of knowing (Denzin & Lincoln, 2013, p. 423; Glesne, 1997; Liamputtong, 2020). Together, these approaches to analysis (coding, discourse analysis, semiotic analysis, crystallisation) describe the current holistic experiences of menstruators and discover if sharing stories impacts experience.

The analysis approach fits with my overall research structure and aims; as **Ellingson** states, it reflects a “passion for exposing and addressing injustice” (Denzin & **Lincoln**, 2013, p. 434). Research is never neutral; you are either engaged with the issue or complicit in it (Denzin & **Lincoln**, 2013, p. 435). I have established my passion for this issue, drive for action, and hope to benefit people directly through this research. I enjoyed leaning into the wonder of the data and allowing it to guide analysis and powerful representation of the participants’ menstrual experiences.

### **Confidence in Findings**

The following section is dedicated to describing the confidence in findings. This is based on the concepts of reflexivity, trustworthiness, confirmability, transferability, verification, and validation. As reflexivity was a major aspect of this research, it was discussed in great detail in an earlier section. Limitations of the study, and thus confidence in findings, are also shared. I found it important to remember that interpretation is a process and continues to change as we and the world around us change (Banister, 1994, p. 3). This leans into the understanding that “conclusions of narrative research generally stay open-ended” (Webster & **Mertova**, 2007, p. 4) and this study represents verisimilitude rather than an exact, stagnant truth. My intention was to represent my participants’ experiences authentically and the value resides in the confrontation of dissonances with what we currently perceive menstruation experiences to be. This research is meant to inspire and enrage, to drive others to question and explore, to instigate more research.

***Trustworthiness and Confirmability***

Foremost, I recognised that “we study the representation of experience, not experience itself” (Denzin & **Lincoln**, 2013, p. 49). There are many layers of interpretation and gaps in understanding, from the participant creating and representing their experience, sharing it with me, transforming it into a report, to the audience that will read and discuss my report (Banister, 1994, p. 12; **de Vries**, 2020, p. 49). At each step, every individual’s interpretation of these menstruation experiences is shaped by their “personal history, biography, gender, social class, race, and ethnicity” (**Bobel**, 2020; Denzin & **Lincoln**, 2013, p. 11). This research was designed to explicitly explore these influences, aimed to accurately capture the participants’ experiences while retaining authenticity of their perceptions of influences (**Bobel**, 2020; **Fahs**, 2016; McClean et al., 2020). Further, within the specific research design, the “feminist perspective reads a text in terms of its location within a historical moment marked by a particular gender, race, or class ideology” (Denzin & **Lincoln**, 2013, p. 12). The research aims are to make way for individual voices to share their own true experiences and be seen as valuable sources of knowledge (**Aranda**, 2020; Denzin & **Lincoln**, 2018). Therefore, there was a strong reliance on the collaboration and trust between the participants and me.

Trustworthiness of the data relies on the participants connecting with the research emotionally, thus, “simultaneously confirming the authenticity of their emotive, reflective dialogues” that are shared (Denzin & **Lincoln**, 2013, p. 87). By giving the participants agency in what they share and how they share it, the data collected will be truthful based on the participants’ confirmation of such (McClean et al., 2020). Another aspect of trustworthiness recognises that participants may use the researcher as a ‘witness’ for her story, and the telling

of the story may invoke reflection and change her understanding of it (Banister, 1994, p. 14; Webster & **Mertova**, 2007, p. 2). It is also necessary to remember that our experiences and contexts are always changing, resulting in frequent restructuring of our stories (Webster & **Mertova**, 2007, p. 2). Despite the interviews occurring over a period of several months, it is still only representative of the participants' current experience and not their complete experience of menstruation over their lifetime (Banister, 1994, p. 87). Participant Frida, specifically, expressed a radical change in her beliefs and practices around menstruation during the research. In another couple of months, her menstruation experience may change again.

Trustworthiness of the data was also reliant on the flexibility of the modes of expression. I needed to carefully navigate the interviews to ensure that participants were comfortable sharing, pushing and opening space for amplification and at times allowing ambiguity and focus shifts. With the creative expressions, it was vital to discuss the thought process and aims of their expressions to gain an emic point of view (McClellan et al., 2020, p. 125). To achieve this, mutual trust was vital to ensure an authentic representation of the participants' stories was curated.

To aid the trustworthiness and confirmability of the data, member checking was utilised (Cressell & Miller, 2000; McClellan, et al., 2020; Miles et al., 2014). I transcribed each interview and sent it to the participants for member checking, maintaining transparency between myself and the participants. This also aided the reflection process for participants and was an important aspect of subsequent interviews. I provided interview outlines prior to interviews as another method of confirmability. The outlines consisted of clarifying questions, points of

interest from previous interviews, and aims of new points to discuss. Transparency and shared control grounded the researcher-participant relationship throughout.

A strength of this research is that it recognises that experiences are unique and constructed and values the individual voices, rather than seeking absolute truths (Guba & Lincoln, 2005). The credibility lays within the transparency and adherence to ethics demonstrated through all aspects of the research (McClean et al., 2020, p. 150). Thus, the stories and reflections shared are confirmed by the participants to be authentic representations of their personal menstruation experience.

### ***Transferability***

Transferability exists in the comparison of data across participants. Evidence of transferability lays in the rich, thick descriptions of the personal experiences revealing echoes across the data (Banister, 1994, p. 11; Beal, 2013; McClean et al., 2020, p. 157). These echoes and resonances are revealed in the reflections and discussion chapters (Beal, 2013; McClean et al., 2020, p. 152). Similarly, connections to existing research will be explored and described in the discussion chapter.

### ***Verification and Validation***

This research was designed to build and strengthen trust between me and the participants, which aided the verification and validation procedures (Creswell, 2013). McClean et al. (2020) states the benefit of prolonged engagement increases verification and credibility (p. 155). I engaged with each participant multiple times over several months to gain a better understanding of not just their social, cultural, and political context but also their manner of expressing themselves. Therefore, I developed a better understanding of their personal

experiences and am well suited to interpret and describe them in this document (McClellan et al., 2020, p. 157). This was also aided during meetings with my supervisors, to verbally share data from the interviews and my thought processes along the way.

Verification and validation rely on “thick description” (Holloway & Galvin, 2017; McClellan et al., 2020, p. 157) of the research execution and the data, which also supports applicability to other research. I have presented a detailed and accurate description of the entire research process in this chapter. Although intended to increase the richness of data, the inclusion of creative expressions also serve as a form of triangulation, which supports the dependability of the research (Flick, 1998; McClellan et al., 2020, p. 158). The dependability of this research is further evident in that the methods were consistent across participants and aligned with the aims of the research (McClellan et al., 2020, p. 153). Despite all of the efforts taken to create a flawless study, there are limitations that are recognised.

### ***Limitations***

The limitations of this study include aspects of the research design, introspective and expressive ability of the participants, and me, the researcher. Due to the design, there was a large volume of data collected. I managed the data from the outset to maintain good organisation and notes of initial impressions. The participants may have had trouble considering the effects of menstruation on their life and interactions with others as the stigma may be too ingrained. I, as the researcher, remained aware of “the illusion of casualty” (Crites, 1986, p. 168 as cited in **Clandinin & Connelly, 1990, p. 7**) in drawing connections between context, experience, and expression of experiences. The impact of society may have been difficult for them to express or understand themselves (**Liamputtong, 2020, p. 145**). There was

potential for language barriers, however there was a baseline requirement of the ability to read and write in English within the recruitment survey to negate this issue. Further, to help negate mis-communication potential and language barriers, participants were chosen based on previous conversations and interactions with the researcher. Practicing reflexivity throughout helped me to recognise my own limitations and impacts on the research.

### **Ethical Considerations**

Due to the nature of this research topic and the participants involved, ethical behaviour was seriously considered throughout each stage. The British Education Research Association (BERA) Ethical Guidelines for Education Research, fourth edition were adhered to for this project. Ethical considerations strengthened the integrity of the research and guaranteed that my actions were ethical, justifiable, and sound (BERA, 2019, p. 1; Macfarlane, 2009). Macfarlane (2009) focuses on attributes and actions of researchers that aid the integrity of research, which influenced my consistent reflection on the research and myself as this project progressed. I also completed the ethical training course provided by the University of Edinburgh before submitting for ethical approval to the CAHSS Research Ethics Committee on August 27<sup>th</sup>, 2022. Final approval from the ethics committee was granted on October 11<sup>th</sup>, 2022, please see Appendix D for the approval letter.

Ethical considerations align with social science values of research. The virtues I strove to hold throughout this research were, “courage, respectfulness, resoluteness, sincerity, humility, and reflexivity” (Macfarlane, 2009, p. 5). Conducted with integrity throughout the entire process, this research aimed to be inclusive of different interests, values, methods, and

perspectives (BERA, 2019, p. 5; Macfarlane, 2009). Specific actions taken to demonstrate these virtues and ethical considerations are explained in the following paragraphs.

The individual participants were granted respect, dignity, and autonomy in what information they shared with this research project. I contacted each participant informally to introduce this research, my interest in their participation, and allow them to ask initial questions on the expectations. The initial informal contact was done to avoid pressure and overwhelm, which may have been experienced if the participant form and consent form were first sent (Macfarlane, 2009, pp. 26-27). After a positive reply to this initial contact, I sent them a link to the participant information sheet (Appendix E) and formal consent form (Appendix F).

The participant information sheet outlined their expected role in this research, the time commitment, their freedom to end their participation, member checking interview transcripts, and the use of pseudonyms (BERA, 2019, p. 4; Macfarlane, 2009, p. 12; McClean et al., 2020, p. 106). The consent form followed guidelines outlined within BERA (2019), specifically emphasising sensitivity, transparency, dignity, and respect for the participants. It further outlined the aim to minimise harm and maximise benefit from participation in the research (BERA, 2019, p. 4; Macfarlane, 2009, p. 14). Consent was an ongoing and active factor in this research.

At the beginning of each interview, verbal consent to video and audio recording was attained. One participant elected to only be audio recorded for the first two interviews and then provided verbal consent for the subsequent interviews to be video recorded. This change was due to their comfort and the practicality of having a poor internet connection at the time.

Audio and video recording was vital for the data collection as tone and body language supplemented the words of each participant (Barbour, 2006; Rapley et al., 2007). One participant often expressed herself through movements, which she sometimes verbally explained the meaning behind, but not always. There were moments within interviews when it seemed appropriate for me to remind them of their freedom to not answer a question or further explain if they felt uncomfortable or wished to maintain privacy. However, after my reminder, the participants always chose to answer the question. Continual consent for each interview strengthened the continuity of trust and respect between me and each participant.

Member checking interview transcripts was completed after each interview (Liamputtong, 2020; McClean et al., 2020). Participants were invited to review the transcripts for content errors and to strike any information they did not want in the research (Liamputtong, 2020). Identifying names and locations were struck or altered to be less specific (i.e. "Edinburgh" changed to "Scotland"). This process also aided the interview and analysis process, as participants could provide feedback, clarification, and experience further reflection on the topics discussed. Then, a draft of the reflections for each participant was disseminated to allow for further member checking, ensuring that the participants were comfortable with the information shared in the final report and that it held verisimilitude. There was a risk that participants would change their minds or disagree with themes and focuses of the reflections, but this was weighed against the trust and collaboration vital to this study (Liamputtong, 2020). At the end of the data collection period, each participant stated that this was a positive experience, were supportive of my efforts, and did not request changes. These final shared

thoughts demonstrate that trust and confidence was relied upon and built amongst us during the research.

It is important to note that the pseudonyms were chosen with extreme care and the choices were explained earlier in the “participants” section. After the first interview, I reviewed the transcript and considered a suitable pseudonym based on our conversation. Once I chose a pseudonym, I shared it with the participant to ensure they were comfortable with it and allowed them to change it at any time throughout the interview process. Each participant was pleased with the pseudonym I chose and was intrigued to know the reasoning behind choosing them. This process of careful consideration aided in establishing mutual trust and respect with each participant, which supports the adherence to rigorous ethical standards throughout each aspect of this research (BERA, 2019, p. 5; **Liamputtong**, 2020; **Tillmann-Healy**, 2003). It also aided in the narration of each participant’s story, to have a character name that represented them well. Further, the pseudonyms aided the personal-professional boundary I needed to remember my friendships with these individuals are separate from our research relationship (**Copple**, 2022; Reinharz, 1997). As I knew all my participants prior to this research, it was essential to remain aware of how our friendship may impact the research.

I have a background in providing medical care which involves maintaining professional and personal boundaries. These skills, which are similar to Macfarlane’s (2009) list of researcher virtues noted previously played an important role in conducting this research with participants who are also my friends. The research design grounded in qualitative research further promoted trust and respect, as “‘trust’ is a core principle of qualitative research” (Macfarlane, 2009; McClean et al., 2020, p. 149). On my end, all communication about the research

(interview reminders, transcript sharing, etc.) was done solely through my university email account. Sometimes, the participants would confirm or request to reschedule through WhatsApp, as this was a more practical form of communication for them. Regarding my pre-existing knowledge of their general life, I kept my initial prompting questions general. However, I have already acknowledged that I chose them based on specific aspects of their life that would enrich the research. For example, the participant “Artemis” is a dancer and studying movement therapy. So, I did start to tailor some of her initial questions to explore this aspect of her lived experience. After the initial interviews, I focused on topics based on previous interview conversations rather than pre-research knowledge of the participants’ lives.

Trust and respect were also developed and maintained between myself and my supervisors, aiding in the commitment and reflexivity of this research (BERA, 2019, p. 5; Macfarlane, 2009). This also ensured that this project was conducted ethically and to the high standards of the University of Edinburgh. Through consistent transparency and communication, I proved my integrity and trustworthiness with my participants and supervisors, and, in turn, I trusted them (BERA, 2019, p. 10). Together, we remained actively aware of the ethical guidelines to ensure the research was conducted to a high standard.

In terms of ethics around practicalities, storage of the data was restricted to my personal password-protected computer, university allocated OneDrive cloud, and password-protected external hard drive (Liamputtong, 2020). Physical devices used for storing research documents were mainly kept in my living space, and I retained constant vigilance of the devices whereabouts when working in other spaces or travelling. All documentation referring to the participants used their pseudonyms. All drafts of the thesis were shared only with my

supervisors, who understood the importance of maintaining privacy and sensitivity around the research documents.

I acknowledge that my personal bias created an ethical issue and, therefore, remained reflexive and transparent throughout the study. My conduct throughout this entire research process focused on respecting professional-personal boundaries, adherence to privacy guidelines, and intention to do no harm (BERA, 2019; **Liamputtong**, 2020; MacFarlane, 2009; Reinharz, 1997). As I reflect on this now completed project, I strongly identify with demonstrating and striving to continually improving the good research virtues mentioned at the beginning of this section, “courage, respectfulness, resoluteness, sincerity, humility, and reflexivity” (Macfarlane, 2009, p. 5). It took courage and resoluteness to design and commit to a research project that I am passionate about, recognising that research is intellectually and emotionally challenging (Macfarlane, 2009, p. 60). My respectfulness and sincerity to authentically represent my participants’ experiences and connections to other literature was my priority. Reflexivity is discussed multiple times in this report, evidence of the awareness and actions taken to ensure the ethics and integrity of this research. And finally, the humility results in knowing that this research does not end with this doctoral study. To conclude this section, I have conducted this research with integrity and exemplified strong ethical considerations.

## **Conclusion**

This doctoral study valued individual women’s voices and aimed to gather a holistic understanding of the personal menstruation experience. The methodology of narrative inquiry has been informed by the literature review and further developed to capture the data needed to answer the research questions. The research questions are as follows:

Main Research Question: How do social, cultural, and political contexts affect individual menstruation experiences around the globe?

Research Sub-Question 1: How do menstrual stigmas affect the personal experience through social, cultural, and political interactions?

Research Sub-Question 2: Can sharing menstruation stories reduce stigma around menstruation and promote progressions of true gender equality?

In-depth interviews over a prolonged period of time was the main form of data collection. The participants also had the option of providing a creative expression for the last interview. Both of these data collections encouraged ongoing reflections. Having multiple forms of expression provides a creative and comprehensive report of the participants' menstruation experiences. Reflexivity and adherence to ethical behaviours were prioritised throughout every step of this study. These practices aided in the trust between research and participant and the confidence in the study's reflections. This research was designed to subvert expectations through inclusion of creative approaches on an under-researched topic. Now that the methodological process has been explained, we can move on to the stories that were collected.

## Reflections Chapter: Our Words, Our Stories

### Introduction

This chapter presents the participants' reflections of their menstrual experience over the course of five to seven interviews. Before moving on to their words and stories, I provide a clear justification for the structure of the chapter and the intentional choices made. I chose to call this the "Reflections Chapter" based on **Kurio** and Reason's (2022) push against the traditional terminology, "Findings", as any claims presented are suggestive. Reflections is a more suitable term, as much of the discussions were sharing memories and prompting deeper thinking of experiences. There is verisimilitude in these, specific to the time, place, and people involved. The interviews were designed to prompt reflection and expansion of participants' expressions throughout our journey together. I intentionally present the findings with a focus on the participants' voices. My own reflections and creative process that underpin and flow throughout this research created the space for their voices to be amplified. While the participants' voices are the forefront, I have included poetry I wrote that was inspired by their stories to represent our collaborative nature. The true value is in the authenticity of the participants' stories, and I am honoured to share these reflections.

I present the participants in alphabetical order of their pseudonyms. As explained in depth in the methodology chapter, these pseudonyms were chosen with care and creativity to represent the participants and pay homage to women who have been influential to feminist efforts. The organisation of the reflections follows the conceptual framework and some participants have unique subthemes. There are many direct quotes to retain the participants'

voice, authenticity, and because the words and language used in menstruation are an important factor for understanding perspectives. Direct quotes from the participants are italicised to ensure clear distinction between their words and my own. The general tone and language of each participant's section is reflective of their tones in the interviews, rather than making my voice the forefront. I accomplished this by rewatching the interviews multiple times during the writing process and deeply empathising with my friend-participants' stories (Tillmann-Healy, 2003). This was done to aid in the emphasis that these are unique narratives and retain the participant's individual voices in all aspects of their sections. It was an active choice to end many of the sections with a quote from the participant, to let them have the final word.

Each participant's section is organised as follows: (1) introduction and general menstruation (2) social sphere of influence (3) cultural sphere of influence (4) political sphere of influence (5) creative expressions (6) participation reflections. Some experiences will be discussed in more than one section to mirror the way the participant revisited key reflections as the interviews progressed and the overall interconnectedness of menstruation experiences. As mentioned, part of the analysis process involved creating poems, stanzas, and drawings. These poems are examples of my own creativity adding to this research: "Reclaiming My Body" (p. 145), "Menstruation Invoking the Sense" (p. 164), and "The Burden of Being a Women" (p. 227). The poems are a result of the analysis process and represent the continual collaboration of reflection and creativity experienced by me and the participants while undertaking this research.

**Artemis*****Introduction to Artemis***

Artemis (she/they) grew up in the Midwest of the United States of America. Currently, Artemis is working on a Master's degree in New England studying Dance and Movement therapy. Dance is an important aspect of her life, identity, and self-expression.

***General Menstruation***

Artemis has a strong awareness of and connection to her menstrual health. She proudly referred to it as her "moon", a title she adopted from a friend. Her pre-menstrual symptoms include sore breasts, which can occur up to 10 days prior to first blood shed, mood fluctuations, and food cravings. The bleeding usually lasts about five or six days, heavier at the beginning and lighter at the end. She shared how on the first day or two of bleeding she experiences loose and frequent bowel movements and a feeling she compares to "growing pains" and "bone-tired achiness" further expressed with a gesture of clenching fists stacked on top of another.

To help relieve these uncomfortable feelings, she likes to lie on the floor and stretch or go on walks. Her partner will also help by providing compression on her lower body. If the pain is too much or she needs to "be a part of life", she will take over-the-counter pain medication,

*I take ibuprofen because I have to go out and function in the world. Wouldn't it be nice if I could feel like I could call the morning off or something? And take care of my body.*

(Artemis, Interview 1)

She stated that taking ibuprofen can help with her digestive problems. There have been a few times in Artemis's life when she has vomited due to the high amount of pain from her menstrual cramps. During these instances, it was difficult to control pain because the vomiting hindered her ability to ingest a pain medication. She notes that there was a possible connection to being under a lot of stress at these times, which are shared in depth later.

This increased body awareness around menstruation began in her 20's when she had other life stressors and lived with close female friends. She emphatically stated how she began to recognise that her body was "*demanding rest and demanding care and demanding attention*" (Artemis, Interview 1) and she began to focus on caring for her body and learning these signals,

*And you can either fight [gesture: slow punching], can either follow [gesture: hands moving like a winding river/flowing water] or silence it [gesture: hand moving into body, blocking the heart]. All the different ways that we've had to manage our menstruation. Our moon. (Artemis, Interview 1)*

While talking through her experience, she expressed a new and deeper understanding of how menstruation does impact her life and how her life impacts menstruation. Through sharing the many times in her life when menstruation was so painful that it restricted her from events and activities, she realised it has had a significant impact. The next section, social sphere of influence, explores Artemis's interpersonal relationships, dance training, and period products.

***Social Sphere of Influence***

Artemis described her current social circle to consist of her partner, peers at school and work, and her family members. Her current partner is kind, supportive, and open to discussing menstruation. Previous partners have had a negative impact on her relationship with her menstruating body and it took years to undo these perceptions. Throughout the interviews, she shares many stories that occurred when she was living with a group of close female friends. These friends were also part of a dance performance group, which created a piece around their menstruation experiences. It is clear that this group was integral to her positive relationship with her menstrual cycle. Artemis's parents are divorced and live in different states, meaning she frequently travelled throughout her childhood to spend time with both sides of her family. One side of the family had tense dynamics, especially as Artemis was growing up. We discussed in depth the potential impact these tense family dynamics had on her period in depth. The following narratives portray social influences that have had positive and negative impacts on Artemis's menstruation experiences.

**Family.**

Growing up, Artemis primarily stayed with her mom. They always had period products, but Artemis had slightly different preferences than her mom. With financial limitations, this meant that Artemis did not always have the exact product she would have preferred. However, she always felt secure in having enough period products.

Artemis's parents divorced when she was young. During childhood, she would often spend summers with her dad. Artemis shared a period experience during a stay with her dad

that was very difficult. She does not recall her exact age but estimates that she would have been a young teenager and used to having periods, but this one started early.

*Surprise, my period came. I asked her [stepmom] if she had anything and she got mad at me, 'How could I not know, how could I not be prepared? Well, now I have to go to the store and get you the [period products]' And she was mad that she had to. I was an inconvenience. She got me pads. Then my period stopped. It was light for a day or two, which also had never happened to me before. Could it be because I was exercising a lot in this intense sun, you know, in this beach setting, and that's why it went away? Maybe. Was it totally random that it was light this time, maybe. Was it because I was shamed so hard and under that much stress that it just went away. I'm personally saying, maybe. That's how much her... that's how much she influenced my body. (Artemis, Interview 2)*

She shared that her relationship with her stepmom has always been tense. After telling this story, she remembers that she often had severe period pains while staying in her dad's home. Sometimes, the pain was so intense that she would throw up. She strongly believes that the stress of sharing a home with her stepmom impacted her menstrual cycle during those times.

### **Partners.**

Currently, Artemis is in a long-term relationship with a man. She is comfortable sharing her menstrual status and any discomforts that come along with it with her partner. Laughing, she said they live in tight quarters, which makes it difficult to keep anything private. Although her current partner is kind and supportive, especially regarding menstruation, Artemis has had

different experiences with previous partners. Artemis shared a personal and impactful story of how one of her first sexual-romantic partners viewed menstruation.

*When I was on my period there would be no connecting touch like int- intimacy. And less likely of sleepovers and connection like that. Also, he would jokingly call it beef stew.*

*Even though I told him that I didn't like that. And I, I mean, you know, that made me feel gross and that was his intention. Yeah, to make me feel gross. (Artemis, Interview 2)*

She felt unworthy of love while menstruating. This experience instilled a sense of shame in her sexual and menstrual health for years. She did not share this story with anyone until months after this three-year-long relationship ended. She recognises that she was emotionally disconnected from her menstruation due to his words and actions towards her menstruating body. But when she did share this experience with close friends, they offered support and said he was wrong and hurtful for what he said and how he made her feel. Over time and continued conversations with this group of friends, she recognised the truth in their words, that she is still worthy of love while menstruating. This led to a movement performance piece about menstruation, which is discussed later in this section.

#### Reclaiming My Body

He used to call it beef stew  
 Told me I wasn't worthy of his touch  
 I thought it was true.  
 Talking with friends at a late hour  
 I recognised the shame I still carried  
 Together, they helped me to reclaim my power  
 Replacing your voice with my own

I performed on stages  
And showed others they are not alone  
(Ludington, 2025b)

### **Queer Community.**

Another influential social group for Artemis is the queer community. She stated finding profound support, openness, and kindness with the queer community which has provided comfort, security, and inspiration in her life. I got the sense from our conversations that identifying as part of the queer community is something Artemis has done during early adulthood, as opposed to when she was going through puberty or during her teenage years.

*Being in the queer community, identifying as such, it became a lot more... (pause)*

*I'm at a loss for words... better. It's a healthier, more human, more loving, more accepting, embracing, and like no big deal [gesture: shoulder shrug] (Artemis, Interview 2)*

She emphasises the value of treating menstruation as a human experience rather than a woman's experience, which is a concept she has adapted from being a part of a queer community. It is important to be inclusive in language and experiences to recognise that there are some people who do not adhere to the gender binary. Rather than having an "us vs them" mentality, Artemis feels the queer community is inclusive, focuses on connection, and accepts differences.

### **Peers.**

At her graduate school, Artemis has in-person classes. From this group of people, they spend time outside of a classroom setting about once a month. For work, she currently has a

position as a part-time nanny on an as-needed basis. Therefore, she sees different people every shift.

Artemis shared a story in the fourth interview of how she bled through her trousers at work. She began the story by stating she did not have her usual physical signs that her period was coming, so it was a surprise. It became apparent when she stood up from a seat and saw blood on it. Thankfully, the seat cover was an easy to clean material, so she could disinfect it quickly and discretely. She took off her sweater and wrapped it around her waist to cover the stain on her trousers. She did not tell any of her coworkers what had happened, though she wished she would have felt comfortable telling someone. Although she did not feel “fully embarrassed”, she did not want to make it obvious. She also felt it could have impacted how she was viewed professionally; that having a leak would be seen as irresponsible and unprofessional. Though, personally, she recognises that it could happen to anyone, anywhere, anytime.

During our fifth interview, Artemis shared another recent menstrual experience that impacted work. She started her story by saying, “*I have new space for reflection because of this interview process*”. About a day or so before her period started, she called in to work to say she was unwell and could not come in that day. Her symptoms were mostly mental, feeling anxious, emotional, burnt out, and extreme fatigue. Even though she knew her experience was valid and taking time off is allowed, she wondered if this was “*a good enough excuse*”.

*Because the stress and combination with PMS symptoms. I was burnt out, overwhelmed, overstimulated. You name it. But that was just really unfortunate that I felt like I had to hide, cover up, not say. (Artemis, Interview 5)*

She did not feel comfortable sharing menstruation as the reason to her older, white, male supervisor. She believes that she felt uncomfortable discussing her experience with her male supervisor due to microaggressions he has displayed towards work ethic, and that he would not think PMS symptoms were a good enough excuse to miss work. Artemis wants there to be a shift in our society to care for ourselves, our bodies, rather than prioritising work over health.

### **Dance.**

Artemis started taking dance classes as a young child and continues to today. Growing up in the dance studio, she recalls the impact of wearing a leotard and tights on her body image. Although she considered many of the people she had classes with friends, she felt like she missed out on important conversations about growing up.

*I missed out on that peer education of other options of, like, tampon and thong will be a lot easier. But then.. I mean, I did end up wearing tampons to dance. Probably especially after that comment of someone saying it's gross [to wear a pad]. (Artemis, Interview 2)*

Artemis shared that despite spending most of her time outside of school in the dance studio, she has no recollection of any of the teachers or staff saying anything about periods. Thinking back, she believes this is an important aspect of dance as it would have impacted many of the students.

**Period Products.**

Artemis uses reusable cloth pads and reusable period underwear. She shared that she enjoys the connection that a reusable menstrual pad creates and the fun printed fabric. When cleaning a used pad, she feels connected to her body and to her menstrual cycle as she wrings out the blood. Though it takes more time to clean reusable pads, Artemis uses this time to care and honour her body's cycle.

She also has a menstrual cup but sometimes finds it too painful to insert and that it can cause more cramping. She has tried two different brands of menstrual cups and is hesitant to spend money on a third type to see if it is comfortable. To help with cleaning her menstrual cup, Artemis has a "cup steamer". Artemis shared that it is not always convenient to use, but it is more private and specific for the task.

When she was a teenager, she remembers seeing advertisements for period products. She specifically remembers Tampax Pearl and Tampax Sports. Now, she laughs at the portrayal of Pearl Tampons being a luxurious and high-class product. Her recollection of Sports Tampons advertisements is that they focused on allowing women to remain in "boys spaces", such as sport activities. These advertisements invoked a sense of desire for the products and shame in not being able to afford them.

*I remember specifically how cool Tampax Sports was, or Tampax pearl. They made it look so cool they were like, "yeah, you can be active and a girl, and we got these products for you" like that marketing really worked for me at the time. However, those products were too expensive for my mom to purchase for me. So I didn't often have*

*access to those products. We mostly got cardboard. But it's so interesting that there was like class and a sense of belonging and coolness attached to a tampon product. (Artemis, Interview 3)*

As evident in the quote above, there was a sense of the product allowing menstruating girls to participate in activities with boys. As if menstruating girls would be unable to continue participation in sports otherwise. Tying back to the conversation about dance, there was peer pressure to use certain products and stigmatisation of other products that Artemis felt growing up.

Speaking more on the access to products, while Artemis always had access to some sort of period product, it often was not the desired one. She has a fond memory of needing a period pad while on an airplane, travelling by herself as a teenager. There was a period pad in the airplane bathroom, which Artemis thought was really kind of the airline. But she laughed through the description of the period pad, arms outstretched to describe the length and “mattress” thickness. At least she knew that she would not be able to leak through it. She also remembers realising that the dispensary machines at her school were always out of period products, *“And then that was like. Whoa, even though I thought somebody had my back, they don't actually”* (Artemis, Interview 4). This false sense of security demonstrated a lack of care and awareness of providing menstrual products for students.

Another important aspect of period products is the prioritisation of discretion. Artemis shares how important it was to keep period products hidden from view in school. She also remembers the anxiety of opening a period pad in a bathroom stall, worried that someone would hear the crinkling. A distinct memory of Artemis’s is the time she saw the outline of a

period pad in someone's back pocket. She remembers the person's name to this day and how she thought it was embarrassing to be seen with a period pad. We also talked about scented period pads, and how the scent was noticeable and unique, so failing to be discrete.

As for tracking, Artemis has a "Fit Bit" watch that has a period tracker. Because it is something she uses to track other health aspects, she finds it convenient to use for period tracking as well. However, she explained it is limited in some ways. There is a way to track symptoms related to periods, but it does not contain everything she would like to track nor does it allow her to make any free form notes on symptoms. Artemis also shared a concern with who may have access to the tracking data. Specifically, she worries about data protection for pregnancy symptoms, sexual activity, and Plan B tracking due to many states in the USA changing laws on legal abortion.

Overall, Artemis has had the ability to try various period products throughout her life and found ones that work well for her. There are some financial limits that she has experienced while growing up and now, preventing her from trying or using products that she thinks would be better. Her choices for products are based on access, comfort, and eco-consciousness.

### ***Cultural Sphere of Influence***

Artemis is a white US citizen and has lived in the Midwest and New England. She expressed that Catholicism played a large role in her upbringing, though she does not identify as Catholic. Rather, she is drawn to a more spiritual understanding of life and values strong connections with nature. Dance has been an influential aspect on her life, giving her a strong

sense of community, connection, and sisterhood. These aspects form her sense of cultural grounding in life and menstruation.

### **Menarche.**

Artemis remembers having her first period in 6<sup>th</sup> grade, age 11 or 12 years. She was at home with her mom, who encouraged her to call her dad to tell him of this important life transition. Artemis does not remember her dad's exact response but does remember that it was supportive. She remembers feeling very uncomfortable telling her dad, her shoulders were scrunched up, she was avoiding eye contact with her mom, her head was lowered, and she did not want to say anything more than, "*Got my period. Yep*". Although she does not remember specifics, she recalls that her mom and dad were proud and supportive.

Artemis shared that along with her first period, there was a sense of "you're a woman now" that implied a weight of responsibility. Specifically, the responsibility of recognizing that she could become pregnant and that it was her burden to avoid that. It was further implied, to her, that she could not complain about menstruation, that pain and general period care were part of the responsibility of being a woman. Another aspect of this responsibility and burden was to "tough it out for the boys", you cannot complain because that would cause boys and men to hear about menstruation. Reflecting on this, she now thinks that it is an unfair responsibility. The fear of getting pregnant as a girl should not have been her worry and trying to avoid unwanted male sexual attention should not have been her responsibility. We discussed how there is paradoxical messaging in things like school dress codes, where girls are told that their bodies are distracting, and the reason men may assault them. Girls are told they have

power in how they choose to dress and the effect on men, alongside messaging that they are weak and should avoid being overly feminine so they can be respected. This was confusing to her as she was growing up and now frustrating as an adult.

### **Sisterhood.**

Artemis shared some stories relating to sisterhood, with menstruation being a connecting factor. Within her family circle, most of the discussion around menstruation was to suffer silently, that everyone puts up with it so you should too. With her friends, they deepened their friendship through sharing stories and tribulations about menstruation. They even developed a dance performance piece after having open conversations about past period experiences. They were angry and wanted to reclaim their narratives, reshape how they viewed menstruation, and show others that they were not alone in their experiences.

Once, when Artemis was about 11 or 12 years old, she was in a long car ride with older female relatives and was suffering from pain, nausea, and loose bowels because of her period.

*Being in a car for that long and I think I might have thrown up. I just remember being **so miserable**, and then these three matriarchs in my life were like, 'Oh, you know it's fine, it's just your period like this is just something women have to go through. You still have to go do the things'. But I remember being really sick (laugh) and really in pain. (Artemis, Interview 4)*

She reflects on this experience as being representative of the gaslighting that menstruating people experience from others, being told that menstruation is natural and you just have to deal with the pain and discomforts of it. Further, Artemis recalls not having the

language to describe her experience to her mom, unable to convey the pain and request care. She did not feel support from other women, was hurt, and felt isolated in her experience.

Artemis notes having an influential group of friends in her twenties. They lived together and formed a dance performance group. This group explored topics of menstruation, gender, equality, racism, and more. Specifically, they created a dance and movement improvisation performance based on their menstrual experiences. Artemis remembers the idea for this project was sparked by one of the friends sharing a period experience with the group, which then lead them all to share more experiences about periods and the impact on their lives.

*I think the reason that it sparked was somebody... got their period during sex with a partner of theirs at the time. and the person made a comment casually "Wow! It's like a murder scene in here" and the impact of that comment of that cisgendered man toward my friend, and she didn't like that like she felt self-conscious about that, that it stirred in her shame. But then she stepped into it and was curious about it. And then we shared experiences together and then creating a piece felt necessary. Sharing and finding spaces to share that piece felt necessary. (Artemis, Interview 2)*

Another aspect of this experience that Artemis shared was how caring and supportive the friends were to each other. Although she is happy living with her partner, she looks fondly upon the time living with these close friends. She believes that time was especially formative in her life, personal growth, and relationship with menstruation.

*[we] were empathetic. not just listeners, but caregivers toward one another. (Artemis, Interview 2)*

As mentioned previously, Artemis refers to her period as her “moon”. This is based on how some of her friends feel strongly connected with the cycles of the moon and cycles of menstruation. Artemis shared a slight disappointment in that her menstrual cycle does not seem to be aligned with the lunar cycle.

*Some of us had connected with the fact that it was lining up with cycles of the moon and how that felt on a human and spiritual level to some of us. I wished that were the case, but I feel kind of like I’m not connected with the moon in the same way that they are, or they think they are, and it felt kind of like a bummer [gesture: sitting back, shoulders up, head down] (Artemis, Interview 2)*

While discussing this, there was a notable difference in Artemis’s body language when saying “my moon” versus “my period”, which we explored.

*To be able to call your period “your moon” is like [gesture: shoulders tilted in confidence and pride – back is straight, one shoulder leading forward and one shoulder back, head tilted up with a smile]. It makes it feel special and spiritual and more connected in that way. (Artemis, Interview 2)*

Artemis thinks that if her cycle were aligned with the moon, she would feel a stronger connection to nature and to other menstruators. Even though she does not experience menstrual synchrony with others or the moon, she finds a beauty in believing there is one. This is evident in her predilection to call menstruation her “moon”.

**Pop Culture.**

Social media is one of Artemis's main sources of information and entertainment. She does occasionally come across advertisements for period products, but rarely anything else regarding menstruation on social media. As for pop culture references including menstruation in the narratives, Artemis drew blanks. She does not know of any books, shows, or movies that have referenced menstruation. The lack of inclusion became startlingly obvious once we focused on it. There was one category of entertainment that Artemis enjoys and also thinks the lack of menstruation is shocking, which is vampire stories.

Artemis brought up the idea of how vampire stories seem to ignore the fact that vampires would likely be attracted to menstrual blood. We shared various current vampire depictions such as *Twilight*, *True Blood*, and *Vampire Diaries*. In these TV shows, there is usually a male vampire who has a female human love interest. Further, the characters are all in high school settings – so lots of menstruating bodies around at any given time. However, this does not seem to affect the vampires' blood craving at any point. In contrast, if someone gets a cut and bleeds, the vampires struggle to control their bloodlust. While we discussed this with levity, it does raise valuable observations of modern storytelling.

*Why [clap] did they not [clap] talk about [clap] periods [clap]? Why did they not talk about periods [clap]? Yeah, it just makes me infuriated. That's a female writer, woman writer missed that opportunity because of? Again, it shows the culture of it, why would you hide that right? (Artemis, Interview 3)*

**Myths and Misunderstandings.**

Artemis shared some myths and misunderstandings that she had as a child. Some came from peers, such as sharks are attracted to period blood, and some were based on lies to alleviate her anxieties. One of the myths she believed for a while arose from her anxiety of showering while menstruating.

*So in my first period, one of my concerns, was what do I do in the shower? And she [mom] said, 'Well, it just stops'. and I don't necessarily think that she thought that was true. But as far as to help me in that moment, because she saw that I was worried that I'm going to bleed in the shower, and that could be a problem, how would I shower then? (Artemis, Interview 4)*

Artemis also shared how a dance teacher in university advised them to not do certain poses or movements during menstruation. A pose such as downward dog would cause the blood to go in the wrong direction and invite toxins to enter different parts of the body according to her teacher. A taboo she believed for a long time was that everyone avoided sex while menstruating. This was perpetuated and strengthened when her first sexual partner refused intimacy during her period. She did not realise that anyone had sex while on their period until she was in her late twenties. Now, she calls in to question and researches menstrual facts rather than believing them immediately.

***Political Sphere of Influence***

Within this section, our discussions on government and healthcare influences onto menstruation experiences are the main focus. We talked about laws and lawmakers, how

women appear in power, healthcare, and fringe groups that are frequently discriminated against by governing bodies. Artemis shared her personal journey of recognising she has PMDD, which included a period of time when she was on oral birth control medication. Many of the topics within this section were emotionally draining to discuss for Artemis, as she was concerned with the upcoming presidential election in the United States. The next president will have a major impact on the women's rights. It was during this interview that Artemis requested to take a break to recentre her emotions and continue our discussion.

### **Women in Power.**

As we discussed politics, the main thread was the different gender expectations in political positions. Men are allowed to seek power and encouraged and accepted as leaders regardless of their actual ability. Women, however, are not allowed to seek power, making the standards higher if they are to be accepted and respected as leaders.

*You have to prove yourself tenfold. You have to be 10 times more suitable for the job than the average man that is in the same political position. And even then, you're going to get shat on. (Artemis, Interview 4)*

The appearance of women in power was also discussed. Appearance in terms of clothing and attractiveness seem to have stricter expectations for women seeking powerful roles in society. Artemis offered the gendered expectation of motherhood also having an impact on women seeking political positions. We considered if there is a societal expectation that for a woman to be successful, she must be a mother and have a family. If a woman in power does not have a family or a husband, then criticisms will often focus on this.

Artemis and I discussed how women in power and women seeking power may be able to negate these barriers and criticisms, to be considered on the same level as men. We landed on supporting trailblazers, the ones already in power and the ones working for it. Women in power prove that women can be in power.

*How do you defeat a system, if not from the inside out (Artemis, Interview 4)*

If there are more women in positions of power, Artemis and I shared a hope that laws around reproductive health rights would at least be based on understanding of women's physiology. We shared examples of men in power who lack a basic comprehension of women's anatomy. One example was the Idaho representative who asked if women could swallow a camera pill for a gynaecological exam prior to attaining an abortion. Although we laughed as we shared these examples, it is a tragic absurdity.

### **Healthcare Access.**

Artemis talked about frustrations over the controversy of Planned Parenthood, an accessible and affordable reproductive health provider organisation. Currently, there is legislation being passed in the USA that restricts access to Planned Parenthood care. This gatekeeping and stigmatising creates a sense of all women's health as burdensome, unvalued, and not an inherent right. While discussing this, Artemis began to physically feel the anger and frustration.

*Oh, it makes me feel so defeated, right? I'm like closed, and I'm feeling heavy and lethargic, and that is too hard to fight, that there's so many things to fight about. Yeah. It's just exhausting. (Artemis, Interview 4)*

**Birth Control.**

An important part of Artemis's menstruation experience in her twenties was when she sought professional healthcare to aid in her pre-menstrual symptoms and mood fluctuations. She approached a medical doctor stating a concern of having PMDD (premenstrual dysphoric disorder). This experience consisted of one appointment with the doctor casually affirming this self-diagnosis, prescribing hormonal birth control pills, and suggesting therapy.

The hormonal birth control did provide relief. However, Artemis states she was happy to stop taking it after four years and reconnect to her natural hormone cycle. She felt that hormonal birth control had negative and unnecessary control over her body. We continued to talk about our experiences with health care professionals and hormonal birth control. Notably, the lack of information that was given to us and the unquestioning promptness of prescribing it.

**PMS.**

During our fifth interview, Artemis shared a story of a recent experience when she called off of work due to PMS symptoms. These symptoms were mainly mental and emotional. She discussed this experience with her therapist who pointed out that this is not the first time she has shared times when PMS symptoms have impacted her life. Artemis agreed and shared that she had a history of receiving medical treatment for PMS symptoms and further reflected that maybe there were more stressors in her life causing her PMS symptoms to become worse.

*But probably with the increased demand of being a student again, and internship and work and family, and just a ton of change in the past couple of years. It makes sense. If*

*my body is having a stronger reaction or hormonal shifts during my cycle (Artemis, Interview 5)*

The therapist's response was that Artemis should consider birth control as a treatment for these symptoms. However, Artemis had a knee-jerk reaction to the label of this medication being birth control. For one, she does not need it for the purposes of anti-conception. And she has discontent with the concept of control and who is controlling who or what. This tension is balanced with her knowledge that birth control medication can treat other symptoms, and that she has used it for PMDD symptoms in the past. Her current stance is that she does not want to be controlled, does not want to take medication that was developed on the perspective of controlling hysteric women, or alter her natural rhythms. But, this is weighed against her awareness that these symptoms do impact her daily life and could be supported with some type of medication.

[on birth control] *"Yeah. who's making it? Who's profiting from it? Who is controlling who here? Is it an illusion of control? Do women, female-bodied people that take [birth control] for control? Or do they have an illusion of control?" (Artemis, Interview 5)*

She believes that the hormonal birth control creates a 28-day cycle, which fits with our socio-cultural narratives of a healthy, normal menstruating body. Fitting into this prescribed cycle and narrative of menstruation seems convenient for a patriarchal consumerism driven society, enforcing structure and regularity to a natural bodily process. While hormonal birth control gives women the power to avoid pregnancy and regularity in their menstrual cycle, it also benefits men. Having women on hormonal birth control means men have more

opportunities and pleasure in sex by not having to worry about contraception. The control over hormone levels that can alleviate women of mood swings is also beneficial to men; they have something to blame and a method of controlling it. Artemis's hesitation to use birth control rest on all of these examples that she shared.

### **Trans Bodies.**

When I asked her thoughts on the political controversies around trans bodies and public restrooms, Artemis shared frustrations and recognition that this affects everyone. It affects cis-gendered women with masculine features and anyone who does not fit or adhere to the binary gender system. It affects parents caring for small children in how they choose which bathroom to use with their children. This also impacts access to period products in public bathrooms, if they are only available in female bathrooms.

*That gives people the right to judge people based off of the presentation. Terrifying reality that is happening right now in America that affects me and my family directly.*

(Artemis, Interview 4)

After this thread of conversation on healthcare access and trans bodies in the political sphere, Artemis needed to take a small break to get water and re-centre herself. We talked through this need for a small break and the power it takes to ask for it, recognising how important it is to shift our understanding of productivity and self-care – awareness of how patriarchy and capitalism affect our daily lives. After a minute or two, Artemis was ready to continue with our conversation.

***Creative Expressions***

Artemis filmed a movement piece with sounds to represent her typical menstruation experience. In the film, we see Artemis notice her breasts become sore before her period starts. She begins to stretch her lower back and hips as her period begins, and changes to worn period panties with a cloth menstrual pad. There are clips showing her checking her pants and seats for period leakage and wafting to see if her period smell is noticeable. The sounds add a layer of expression with grumblings, sighs, and anxious breaths. She titled the video “Blood Moon”.

[Blood Moon.mp4](#)

We first watched the film all the way through in silence, through a shared screen. The second time we watched it, we would pause at parts where I had questions or when she wanted to explain an aspect of it in detail. A part that she made sure to explain was the wafting to check for an odour, as that clip was only a second or two long. I had, in fact, missed it during the first viewing.

I was interested in her process, of coming up with the idea and executing it. Specifically, I was interested in what it was like to have her partner film many of the clips. Artemis explained there was no awkwardness or questioning, her partner is used to her doing unusual movements for her programme and is always willing to help her with projects. She also noted that she thought of this idea early in the interview process, but did not film and edit it until near our final interviews. This helped her become more conscious of the movements and feelings that

she wanted to express. Artemis enjoyed this process of increasing her awareness of her menstruating body and creating art to express these embodied experiences.

*I'm so grateful you have invited any artistic expression, because through colours and paint and textiles and anything there, it has its own piece of the puzzle of the entirety of what could be communicated on this topic. There is so many different, so much information in each of those slots, and it's not putting a hierarchy, over which choice of expression is better, because it's all valid, and it's all necessary to get the whole picture. I'm actually glad you had you had me go on this adventure of articulating. (Artemis, Interview 5)*

#### Menstruation Invoking the Senses

First comes the breast tenderness and the bone achiness

Then the cramping, no blood yet, but my bowels loosen

Let me stretch, let me care for my body

Blood flows: cups hurt, tampons dry, underwear doesn't breathe, pads crinkle

Is this a good enough reason to rest?

Waft & sniff when I sit, look for leaking when I stand

Underwear is already ruined, let the last spots stain

(Ludington, 2025b)

#### **Research Reflections**

In the last interview, we reflected on this research process. Artemis shared that she felt affirmation of personal experiences and enjoyed exploring these in depth with me. She had many emotions arise throughout our conversations, and we gave space for these emotions

together. Although some emotions were negative or otherwise hard to experience, she felt safe in the space that the interviews created for her.

*It has brought me back into being thoughtful of what my experience is, and in that reflection, it validates me. And that has been really nice. It doesn't necessarily feel like being aware for the first time, it feels like coming back to a deeper understanding beyond myself. And that by having to articulate these stories and opinions, perspectives, knowledge, history, and memories it has enlivened each period that I've had in in this stretch of months. Overall, I'm really grateful to you, that I've been a part of this, and have the opportunity to just talk about it. (Artemis, Interview 6)*

## **Chandra**

### ***Introduction***

Chandra (she/her) is originally from the Netherlands and has studied higher education in Ireland and Norway. Her family is Dutch and does not adhere to any religious groups, but they are, in her words, a Yoga family. Her parents divorced when she was young and she has three siblings, an older brother and sister and one younger sister. She considers herself to be an open-minded and spiritual individual.

### ***General Menstruation***

Chandra states that she did not spend a lot of time thinking about her period as a teenager but has become interested in learning more about menstruation as a young adult. She states that she has an “average period” with no specific issues. It is regular, about every 29 to 30 days with two days of heavy bleeding and a total of 5 or 6 days bleeding. She has noticed

that she will sometimes have PMS (premenstrual symptoms) of emotional intensity and fluctuations, but never experienced physical pains that prevented her from daily life.

She tracks her cycle by making a small red mark in her calendar and estimating when the next one will start. We discussed how it would be insightful to have a detailed tracking system that notes our diet, mood, exercise, and be able to better identify trends in our period experiences. We also discussed how life is complex and it would be impossible to identify a causal relationship between any one aspect of life and our period.

In general, Chandra does not feel as though her menstrual cycle is impacted by her general life, such as stressors or diet. However, she does notice what she refers to as hormonal and emotional changes from life events.

*I definitely noticed that my hormonal system was a little out of balance like I would feel more bloated, I feel just not entirely myself emotionally. I would be a little bit more easily agitated or more emotional, which is usually what I would have with PMS. (Chandra, Interview 1)*

While traveling and studying abroad, she has noticed how period products and diet impacts her cycle. This coincides with her eco-conscious lifestyle of avoiding overly processed foods and products and being aware of the waste we produce.

*I definitely know that microplastics and processed foods can really bring your hormonal system out of balance much more than a lot of women are aware of. So, coming back to Norway I actually immediately noticed that, "Oh, my cycle is back on track. Oh, that's interesting". (Chandra, Interview 1)*

Although Chandra states that she does not notice a connection between her period and daily life, she provided evidence of a connection throughout our interviews. She often referred to the impacts she does notice as hormonal shifts throughout the menstrual cycle, rather than menstruation itself.

### ***Social Sphere of Influence***

Chandra's social circle consists of her male partner, whom she lives with, co-workers, friends, and family. For work, she is able to work from home or go into an office space. She typically goes into the office three times a week. For her family relationship, they live in different countries, so she does not see them often but does talk to them frequently. Chandra shares that her friends have open conversations around periods, but do not go in depth or have lengthy discussions on their experiences. For example, they would share if they were feeling grumpy or in pain on a particular day. Overall, she has a good support network in life and a variety of people she connects with on many levels.

### **Partner.**

Chandra shared that she is open to sharing her menstrual status and experience with her partner. As has been mentioned, she frequently feels emotional shifts in connection with natural hormone cycles and reminds her partner of this. Specifically, she has left notes around her living space to remind her partner that she may cry more easily or become agitated more easily during these times. These notes were aimed to remind him to be kind to her and to understand her potentially volatile state.

*With the people that you're closest to it's also kind of that safe space to just be like, 'hey, I have some really difficult days like I need some extra support, or please be a bit extra kind or cautious'. (Chandra, Interview 1)*

She said that the notes helped because otherwise he was not cognisant of her experience, though is always supportive and kind.

### **Family.**

Chandra's menstrual cycle became aligned with her sister's and mother's cycle when they lived together, *"it is a thing that women in the same household are aligned or synchronised with their menstruation. Not always, but we noticed that it would be pretty close together."* (Chandra, Interview 1). This would also lead to some comments made by her father about PMS affecting household arguments. His comments had a negative impact on Chandra's self-image and the relationship with her father.

*But just the frustration of having that [PMS] being used against you when you're just trying to communicate something that's at that time important. (Chandra, Interview 1)*

These examples demonstrate how menstruation connects Chandra to women in her family and disconnects from men.

### **Yoga.**

As Chandra identified that yoga is an important part of her life in the first interview, I wanted to explore it in subsequent interviews. In relation to the research, I was curious to learn if she changed her yoga practice throughout her menstrual cycle. Such as, if she noticed that

she preferred different poses or styles of yoga at different points throughout the month or if she had go-to stretches to help with menstrual related discomfort.

She does tailor her own practice to fit what her body needs, though not specifically in relation to her menstrual cycle. For instance, she often prefers a more active flow in the mornings to get her blood flowing and slower, relaxing yoga in the evenings to let go of the day. She does not notice any direct connection with her period but is aware of some poses that help with cramps and generally focuses on more gentle poses when bleeding. She notes that this connection is with her whole life, so she is aware of her body and mind, but not specifically focused on her menstrual cycle when practicing yoga. As we spoke more on this, she did state that she has pain or increased sensitivity in her lower back during her period, and so lower back exercises feel especially good.

In our final interview, Chandra shared that she had recently undergone extra yoga training focused on women's health and hormonal balance. She did this to improve her personal practice and teaching methods. The course had women from all over the world share their practices and the experience inspired Chandra to develop a period centred practice. Connections between yoga, the menstrual cycle, seasonal cycle, and nutrition were elaborately discussed. Another important aspect of this was the consideration of the concept of sisterhood and menstruation. Chandra began to question social structures and expectations and imagine other ways of living from this training.

Coming back to her present situation, she is currently renovating a house while finishing a PhD. So, realistically, to her, "things need to be done", and adjusting her life to flow with her

cycle is not a priority. Further, she explains that since she lives with her male partner, she does not think it would be realistic for her to change her exercise and eating habits with her menstrual cycle and enforce those changes onto him.

*"I can't just be like, "Oh, yeah, now, it's the time of the month, the next two weeks you're only gonna eat warm, nurturing food, and I'm not gonna work on the house anymore. And I'm gonna slow down." That's just really really challenging. Yes, I think about it. But no, I haven't been able to apply it yet [laugh]." (Chandra, Interview 5)*

She concluded reflecting on this experience with frustration that we are not educated more holistically while going through puberty. If there was a more holistic approach to teaching about menstruation, then we could avoid the shame and guilt that comes with PMS and emotional fluctuations. A better education would also benefit men, so they could understand what women experience and be more prepared to co-exist. It is clear that her experiences of men and menstruation have been blaming PMS for actions and emotions or being ignorant of the experience altogether.

### **Work.**

Chandra shared that discussions around periods do not happen at work. She has never felt the need to inform a co-worker of her menstrual status to explain if she was not feeling well nor needed to ask time off work due to menstrual symptoms. Her job is flexible, so this helps if she were to have intense period pains.

*Yes, of course it's important that people can feel comfortable, but I don't think it needs to be a broad discussion around it, because then we make it just bigger than it is.*

(Chandra, Interview 2)

Her opinion is that discussing menstruation in the workplace has the potential to create issues where there are none. Implicitly, it seems that she thinks it would be inappropriate and unprofessional to talk about menstruation in the workplace. Generally, Chandra makes it clear that menstruation is not something to be ashamed of but should remain private.

### **Period Education.**

When I asked how Chandra first learned about periods, she began by saying how her family has always been very open. She knew what a period was before hers started but does not specifically remember having a conversation with her mom or sister about it. She does note that her mom would expect her to be comfortable asking any questions.

The education in school she received on menstruation was notably basic. Chandra emphasised how the boys in class were verbally against learning about menstruation and the girls were too shy to talk about it. The education was focused on the physiology of menstruation. They were shown graphs of how the hormone levels change, but this was not connected to how they may feel or the potential of PMS. She does recall that PMS was used by some girls as an excuse to avoid participating in gym class.

We talked then of how education has a huge impact on self-awareness and knowledge of puberty and sexual health. This leads to a huge lack of understanding and can lead to making

uninformed decisions about your body and future. Chandra believes that knowing her body and mind are a huge part of her identity and well-being.

### **Body Image.**

Chandra experiences bloating and increased self-criticism a few days before and during her period. She finds this more impactful than the bleeding itself. The associated symptom of bloating also affects her body image, as it leads to different clothing choices.

*I do generally feel less sexy around my period. One thing is that you're just bleeding, you know. It's also bloating. So I can't wear my tightest pants on those days, because my belly is round, it's like I've eaten too much Indian food. [laugh] (Chandra, Interview 2)*

As a young adult, she began to research topics around menstruation. This self-study was initially prompted by the popularity of superfoods, inspiring Chandra to learn more about nutrition effects on the body. At this time, she had insecurities about her body. She became more comfortable with her body through this self-study. For example, understanding that there were times when her body would hold on to more water and make her bloated helped her to learn acceptance of her body changing shape. She recognised that her body image is influenced by society, rather than an understanding of how menstruating bodies can fluctuate through the menstrual cycle. Learning more about these changes has helped her feel better about her body and informed her of ways to care for her body.

### **Puberty in School.**

As she was going through puberty, Chandra remembers feeling like she was physically developing slower than her classmates. We talked on how this time is full of change and trying

to find yourself, who you want to be, and how you want to be seen. It is a lot of pressure to be surrounded by peers all the time and with everyone going through puberty at different rates. Chandra explained that there was often enough time in between classes to use the bathroom and that if someone needed the bathroom during class, teachers often granted permission. She remembers whispers of people developing breasts, but not much overt talk of starting periods. The school nurse had pain medicine, but Chandra does not recall if there were period products in the nurse's office. She shares a memorable instance of when she had period pains at school.

*But one time. This is the only time I remembered that I was in so much pain that I had to go home. So anyway, I went to the administration. I said, "I'm not feeling good. Can I please go home?" And they didn't let me go home because they couldn't get a hold of my mother, and... I sat there for two hours in the worst pain, and then my mom called, and she was like, "just come home and I'll call them when you get home". And then from that moment on like my mom felt so bad and so frustrated about it, she said 'Anytime there is something you just come home'. (Chandra, Interview 2)*

This story shows her mom's unquestioning support for and trust in Chandra as a direct reaction to the school workers not trusting her.

### **Period Products.**

Chandra would primarily use pads as period protection when she was younger, stating she was afraid of tampons. She still prefers to use period pads, but now chooses to use products that are more environmentally friendly for sustainability and health reasons, specifically to avoid microplastics. She uses a menstrual cup on heavy days of bleeding, depending on what she is doing and where she is. If she is away from home, she will use

tampons due to ease of use and disposal compared to a menstrual cup. She is not comfortable washing her cup in the sink at work or in a river when outdoors. She is interested in trying menstrual underwear after hearing good reviews but has not found a shop that has them.

Chandra explained that most of her exposure to period product advertisements are through social media. She has seen people share their experiences with menstrual cups and period underwear, but not direct advertisements for these products. All of these were influencer advertising, and Chandra knows that influencers often will get paid to make positive reviews of various products.

### ***Cultural Sphere of Influence***

Chandra shares that her and her family's cultural identity is Dutch and has been for many generations. But now they are expanding the family's cultural ties through her and her sister's marriages. Further, like her, a lot of her family now live outside of the Netherlands, expanding and internationalising the family's geographic identities.

I asked specifically if there are gendered expectations she is aware of that are based on cultural identity. Her grandmother was proudly the "*woman of the house*" meaning that she took care of household needs and childcare while working as a primary school teacher. Her mother also managed the household, childcare, and financial income for a lot of Chandra's childhood. While she has these strong women as role models, there were also still traditional mother and wife roles that they fulfilled.

**Menarche.**

Chandra shared the story of her first period, which was pre-empted by a noticeable change in her hormones. This change felt like an extreme nervousness and a *“weird feeling in my belly”*. She was about to start high school and knew that the nerves were partly from this transition. On the first day of school, she felt very sick, nauseated, and pain in her belly before the bleeding started. She ended up not going to school for that entire week because of her menarche experience. This caused her to feel like she missed out on meeting new peers and teachers in the new school. While her parents were supportive, they did tease her about this, *“my parents were joking afterwards a lot about it like, ‘remember that you were so cute, little girl. You were so sick from it and so nervous about everything’”* (Chandra, Interview 1).

She also distinctly remembers when she had heavy bleeding for the first time. She got out of bed and the blood was running down her legs. She walked to the shower, leaving a trail of blood, and showered with her clothes on. This left her wondering if her periods would be this intense every month and how she would manage it.

**Sisterhood.**

In our fifth interview, we explored the concept of sisterhood and how menstruation may be a key factor in the connection to other women. We agreed that, based on our experiences, the concept of sisterhood is not strongly felt in Western cultures. In fact, Chandra thinks there is a dissonance of the facade of sisterhood when in reality women are in competition with each other.

*There's, at least in Western societies, a lack of this strong sense of community among women. It's become a buzzword, 'women empowering women', because I don't really feel that's actually happening. (Chandra, Interview 5)*

She connects this with her experience growing up from a young child who played with the boys, then began to split her time with boys and girls, to focusing her energy on girls for friends and boys as romantic relationships as a teenager. These phases, felt to her, to be pressured from those around her rather than things she wanted and everything became more gendered.

This has impacted the conversation topics amongst her friends. It was easy to talk about broad topics such as society, but not personal and intimate topics like periods and sex. Though, she has noticed that as she has become more conscious and passionate about these topics, others will match her openness. These conversations then create an awareness of shared experiences and bonding.

*Since I've started consciously being super open and raw about things like body issues that I've had, or periods or sex, or wanting to get pregnant, all these things. I noticed that people open up a lot more too. It's almost incredible how many of the same kind of challenges a lot of us are facing. (Chandra, Interview 5)*

Chandra had also recently found circles of women who create a feeling of sisterhood. She shares that these experiences seemed focused on more spiritual connections, rather than experiences such as shopping that are often portrayed as the main way for women to connect.

*They were all women that we didn't know, we all connected together. It was super special. Everyone loved it. And I definitely think there's a need. I think it's definitely an issue in today's world that there's so much competition and so much jealousy, like you see on social media. (Chandra, Interview 5)*

### ***Political Sphere of Influence***

Chandra shared that she is not currently aware of explicit political influences on her menstruation experience. In Norway, all imported products are taxed including menstrual products, making the cost much higher than her home country of the Netherlands. Most of our conversation for this sphere of influence arose from the interview outline prompts. Once prompted, Chandra and I had an insightful conversation. Chandra told a detailed story of the difficulties around her IUD insertions, highlighting the issues around medicalising menstruation. Though she initially was not aware of the political influences on menstruation experiences, by the end of our interview, she said it is clear that there are many.

### **Women in Power.**

In both the Netherlands and Norway, Chandra shares that there is the belief that men and women have equal chances and status in political positions. Norway, especially, explicitly emphasises their egalitarian society. However, Chandra shared that there is still bias towards women, thoughts of being hormonal, controlled by emotions, and unable to make clear objective decisions. Personally, she believes that the female energy is necessary in government positions.

*I think politics needs more feminine energy and more sensitivity, we're not weak. That's just what the world needs, compassion. Anyway, not that men cannot be compassionate. But I think if we look at the current state of the planet, there's a lot of like, yeah, there's some ego, masculine ego power like energy going on so. (Chandra, Interview 4)*

Chandra sees the hypocrisy of the government stating they value equality and the lack of diversity of the people in power. These messages are further perpetuated by media and individuals. Saying that men and women are equal while arguing that women are hormonally unfit to lead shows the minimum effort put into appearing truly egalitarian.

### **Healthcare.**

In Norway, most of healthcare is financed by the state, according to Chandra, with small co-pays for GP visits. Chandra has never needed to seek medical help for anything related to menstruation, but she has had memorable experiences with IUD removals. These stories shed light on the pain women are expected to endure during medical procedures and the limited pre- and post-procedure care instructions.

### **Birth Control.**

Chandra got her first IUD when she was 16 years old. Her family and doctor considered the IUD to be the best option for anti-conception and lowest impact on natural hormones. This IUD stopped her period for a few years, and then she switched to a different one that allowed her period to occur.

She recently had her IUD removed and does not plan on replacing it. She has noticed her body go through a “re-balancing” of hormones period. This has affected her emotionally and her menstrual cycle was longer than she was used to, 33 days compared to 29 days.

During the fourth interview, Chandra shared more of her IUD experiences, specifically when she had them removed. She had her first IUD placed in the Netherlands and needed to replace it seven years later while she was living in Norway. She was told that a GP (general practitioner) could remove it. However, the GP could not locate the IUD, could not remove it, and had to refer her to a private gynaecologist. This referral required Chandra to pay more money out-of-pocket. The private gynaecologist also struggled to locate and remove the IUD. For this visit, Chandra was not prescribed or directed to take any pre-procedure medication and no medication was given at the appointment. She described relying on her “yoga breath” and high pain tolerance to help her get through the painful and long procedure.

*I'm a yoga teacher, I do yoga breath. I'm very good at relaxing. She [gynaecologist] was even proud of me of how well I coped with the pain because she was like this is not human to go through this. (Chandra, Interview 4)*

Four years later, Chandra had another similar experience of getting an IUD removed. Once again, she went to the gynaecologist first, who informed her that they should be able to complete it as an out-patient procedure. Again, the gynaecologist could not locate nor remove the IUD and referred Chandra to a private gynaecologist.

*Yes, again it was such an issue. I was in so much pain. It was worse than the previous time, and I was like “last time you got it, come on”. She [gynaecologist] was like, “This is*

*unethical. We can't do this to any woman. We go way across the boundaries that we have, so we just can't do this anymore". And I left the gynaecologist, and I was on the bike, and I was cramping, and I was bleeding like crazy. Oh, I was so disappointed and so frustrated with the whole situation. (Chandra, Interview 4)*

Chandra endured a lot of unnecessary pain during this attempted procedure and then was not given adequate post-procedure care or medication. Even though the gynaecologist stopped, she had already crossed ethical and medical guidelines of patient care. The gynaecologist ended up referring her to the hospital so that Chandra could undergo general anaesthesia for the procedure.

*When I woke up I asked them, "How long did it take to take it out?" It was like 20 seconds. Oh, my God! And I went through so much pain and hassle with this whole thing. It was just a horrible experience, the worst, when they just keep poking and pulling inside of you just oh, my God! (Chandra, Interview 4)*

Reflecting on her experiences, Chandra stated that she likely still would choose to not use anaesthetic or pain medication for this type of procedure in the future. Generally, she does not like taking medication for any reason. As for others having similar procedures, she believes people should have a choice on whether they take medication or not. Chandra thinks that medications are generally overprescribed and unnecessary. She still recommends IUDs to others based on only having issues with removing it.

**Research Reflections**

Chandra shared that she enjoyed the process of our interviews and the topics discussed. Prior to the start of our interviews, she had been wanting to focus and learn more about menstruation and connections to life, and this process aided that journey. Chandra felt that verbally expressing her experiences with me during the interviews was sufficient and declined the option of presenting a creative expression for this research.

*I love the exchange of talking about this, because it's not often that I spend five times for an hour talking about these things. So for me, it's definitely not just enjoyable, but inspiring. (Chandra, Interview 5)*

**Coco****Introduction to Coco**

Coco is a 34-year-old woman living in Nairobi, Kenya. Her ethnic background is Pakistani, but she was born and raised in Kenya. She has a diploma in business management and is an entrepreneur, running her own business. She speaks English, Kiswahili, a little bit of Arabic, and understands her own language of Punjabi but does not speak it often.

**General Menstruation.**

Coco explained that her menstruation experience has changed over the years. In recent years, she has experienced more painful menstrual cramps, intense bloating, and hormone swings. She stated that she had anticipated that periods would be an easier experience with age but has found it the opposite. Due to the amount of pain she experiences, Coco routinely takes over-the-counter painkillers to help get through her period pains.

*I think, as long as we're aging, and our bodies are changing, our experiences keep changing as well. (Coco, Interview 1)*

She prefers to use disposable period pads and typically gets the brand Kotex. Tampons were a product she tried once and disliked the whole experience. Coco tracks her cycle with the Flo app, which she believes is very common. Based on her app tracking, her cycle is fairly regular, with her period coming within one or two days of the estimate. If her cycle is a few days off of the estimate, she assumes it is due to hormones. The app allows her to track symptoms and then provides feedback and educational information on those symptoms. She did share that there seems to be a connection of her period being a day or two late when she is under extra stress.

Coco feels that her hormones are “crazy” around the start of her period, *“I’m just the worst person to be around”*. This leaves her feeling unmotivated and wanting to push plans back to when she thinks she will feel better. She also shared how she wishes she was not as critical of herself for being bloated and irritable.

*Maybe it’s just us, cause we’re going through it, and nobody else sees it that way. But it’s not a good feeling, cause you’re not feeling comfortable in your own skin. (Coco, Interview 1)*

She is aware of how her diet impacts how she feels on her period. She is not sure what is healthy or beneficial to eat while on your period, but she does honour her cravings – even if it is spicy foods one minute and sweets the next.

*So being kind and being more understanding that this is just part of who we are and how we are as women. (Coco, Interview 1)*

This is something she has cultivated over the years, to show herself extra love and expect kindness from those around her. Before she cultivated this self-love, she was highly critical of herself and how she felt. She thinks that it is important for everyone to understand what is happening to their bodies and to honour their cycles and be kind to themselves.

### ***Social Sphere of Influence***

Coco's social network consists of her sister, brothers, father, friends, and work contacts. She explained that menstruation is not often discussed amongst her social network. When menstruation is brought up, it is negative talk, *"I feel like the only thing we speak about menstruation is the negatives of it, cause there's nothing positive to say about it"* (Coco, Interview 1). Another important part of our discussion on the social sphere of influence on her menstruation is that she goes to the gym frequently. Exercise in a public space leads her to choose specific clothing during her period, or to skip her usual workout because of tiredness or pain from her period. Coco has, for the participants in this research, a unique relationship with languages as she is fluent in three and can read a fourth.

When discussing the languages she knows, Coco shared that there is a unique word in Kiswahili for menarche. To her understanding, the meaning emphasises that one has come of age, and culturally designates one is eligible for marriage and is considered a woman. She shares that this cultural understanding of coming to age, womanhood, is shared in Arab culture. This section moves through her interpersonal relationships, to education, advertisements and

products, and finally to exercise and the influences these subthemes have on Coco's personal menstruation experience.

### **Family.**

Coco has one sister who is a year younger than her and three brothers, one is a half-brother. She is close to her siblings. Coco does not recall talking about periods much when she was younger, but now her sister is open and shares when she is having period pains.

She states that she would not have talked about periods in front of her brothers while growing up. She thinks it would have been awkward because they do not know anything about periods. However, now that her brothers are married and older, it feels ok to discuss things like painful cramps in front of her brothers.

Her sister has a daughter whom Coco spends a lot of time with and actively starts discussions on topics of growing up and being a girl in society. A major issue in Kenya is teenage pregnancy, so this is also part of her conversations with her niece.

*Me with my niece, I tend to really educate her. She's only 14 now. She got her periods when she was 13. But I'll sit with her. I explain everything, what periods are, why we get them, what to expect, how to clean herself. And she's ready for that conversation also of sex and everything, because obviously teenagers are growing up, and I think most teenagers growing up are not told much about sex. And this is why unwanted pregnancies come in the picture because nobody is telling them anything, they don't know. (Coco, Interview 2)*

One time, Coco was at the hospital with her dad who was ill. Her period had started, possibly due to stress, and she did not have any period products with her. She had to ask her brother to buy her periods pads, and remembers it was very awkward to ask him for help. It was difficult for him to find the right products and ended up bring the wrong kind, but she appreciated the effort.

*At least he did it because he knew at that moment, like I needed that to be done. So it was done. (Coco, Interview 3)*

### **Friends.**

Throughout our conversations, Coco mentioned that menstruation is something that she talks about with her friends occasionally. Specifically, that all of her friends except one feel unhappy and uncomfortable on their periods. Most of her friends are women around her age. Coco shared that is it still awkward to ask for a period pad from a friend if you need one, but she does not think it should be awkward.

Coco described that while growing up it would have felt awkward to discuss anything about periods in the presence of men. She thinks this is due to them not being educated on it. Now, though, she thinks some men are more open to learning.

***I've tried to ask a guy, generally like, do they even know what pads are or what women use? And they didn't even know what to answer. (Coco, Interview 1)***

As we discussed how awkward it can be to talk about periods in front of men, Coco shared how nice it is to have a partner who is aware and empathetic.

*It's so nice to have a man who's aware and who's all talking about this, but most of them, and even coming from my culture, they tend not to want to talk about these topics. (Coco, Interview 1)*

She wants her future partner to have an understanding of periods, period products, and the empathy for her when she is bleeding. Sometimes, when she is on a date with a man, she will ask him if he knows what a period pad looks like and how to use it. She does this to learn if he is educated and how he responds to conversations about periods. This shows how important open discussion around menstruation is for her in romantic relationships.

In negative experiences when talking about menstruation with men, Coco has found that the men who have limited understanding will blame women for being dramatic rather than being empathetic. Based on their ignorance of the physical and mental toll that menstruation takes on some women, they maintain a misogynistic stance that women are weak and attention-seekers. Coco would not be able to date a man who held these views.

### **Education.**

She recalls education on menstruation in school was given when she was about 14 years old. In her school, boys and girls stayed in the same room for all the lessons including ones on puberty and reproduction. It was common for a period product company representative to give a short lesson on menstruation before handing out free period products.

*I think back in the day when we were young and just got our periods it [education] was more the basics where you just wore your pads, make sure you're clean, that's it. And no, we hardly spoke about it. I think even around friends. At that time nobody spoke about*

*it. It was just a normal thing experiencing the changes now in your body, feeling things you're not used to like the cramping, your boobs swelling things like that. (Coco, Interview 2)*

She feels that the education given in school was basic, and she learned a lot more from her routine gynaecologist appointments as an adult. While she had regular and frequent gynaecological appointments starting at the age of nineteen, she noted that not everyone has access to basic healthcare due to financial constraints or lack of knowledge on the importance of them for good health. Coco demonstrated a recognition that there are vast variances in socioeconomic status in Kenya that impact basic health.

#### **Products & Advertisements & Social Media.**

Coco explained how period product companies will donate supplies to schools and provide education on menstruation in many parts of Kenya. This type of advertising helps reduce the shame that many girls feel and helps to increase general awareness of the need for period products and education. These efforts are still needed despite the government pledging to provide free products to those who need them.

*Most of these companies that sell tampons and everything, they do a lot of the where they give away to most schools for free. They educate them about the menstruation, and it's not something that is shamed upon like it was before. So I think there is fairness to it.*

(Coco, Interview 2)

While Coco is comfortable buying period products in shops, she does know that there are people who only order them online due to shame. There is a stigma attached to which

products are used. These stigmas are based on sexual purity ideals, from cultures and religions in Kenya.

*I feel like there's no possible way you can wear a tampon if you're a virgin, is there? I am not sure. (Coco, Interview 2)*

On social media advertising, she mostly sees information on menstruation in relation to pregnancy. The information is focused on knowing “safe days” for sexual intercourse during one’s menstrual cycle to avoid pregnancy. While she and her friends use period tracking apps, she does not think it is common in all of Kenya due to a lack of education on menstruation and fertility and financial restrictions.

### **Clothing Choices.**

Coco laughed as she said that people choose to wear “grandma panties” while on their period. Generally, she chooses to wear looser fitting clothes and avoids white while on her period. I asked her if she had ever leaked through her clothing, she does not recall a time when it would have been noticeable to anyone else. She has never noticed anyone else who has leaked through their clothing.

### **Exercise.**

Coco goes to the gym regularly, so we discussed if she changes her routine based on her menstrual cycle. She shared that she would “go very lightweight” the first two days of her period, if she went to the gym at all. Sometimes, she chooses to stay home and rest if her period is causing pain. If she does go to the gym while on her period, she wears the same gym clothes but tries to be more covered up and will wear different underwear to help prevent

leakage. She thinks that exercise sometimes helps alleviate cramps and other physical symptoms she experiences with her period. But sometimes she thinks that rest is more important and prefers to stay home. This is one of the ways she has enacted more care for her menstruating body, which was discussed earlier.

### ***Culture Sphere of Influence***

A strong cultural influence is that Coco is a practicing Muslim, which impacts her daily life. Islam has guidance on caring for menstruating bodies and imposes restrictions on menstruators from full participation in some practices. Generally, the topic of menstruation is not openly discussed in Kenya. There is an assumption from mothers that their daughters know what to expect from menstruation and will be able to care for themselves. Coco does think that her generation and the younger ones are beginning to shift towards more open conversations around menstruation and increasing awareness and empathy in men.

*So I think, for the new generation, they are learning, and I feel like it is also because of us women. We have changed now. We're not as scared as we were back in the day, like our mothers were from a very different generation. (Coco, Interview 3)*

### **Menarche.**

Coco recalls getting her first period when she was about 14 or 15 years old. She got home from school, used the toilet, and realised there was blood. She remembers that she knew what it was and what she needed to do to care for herself. She did not tell her mom, as she did not know how to start the conversation and felt it was an awkward topic. So, she took care of herself and found it easier to not share with anyone.

*It was more like just a normal day, and the fact that I didn't even tell my mom anything. So nobody even knew anything. (Coco, Interview 3)*

She remembers having a conversation with her grandmother after her first period. Her grandmother was open-minded and insisted on Coco continuing her education. This was unusual for girls and women in their culture. Coco knows that many girls will hear that they need to marry immediately to avoid becoming pregnant out of wedlock.

*Mostly in the Arab cultures, not every girl goes to school, and I even have my cousins that don't go to school after that like, because obviously for them, the moment a girl gets her period she's already a woman. And she's ready for marriage. (Coco, Interview 2)*

### **Religion.**

Within her religion of Islam, there are guidelines for how to cleanse your body after menstruation and guidelines for how to act during menses. Coco states that Muslims do not pray or have sexual intercourse when menstruating because they are seen as unclean. She recognises that this is different from other people, non-Muslims.

*For us as Muslims, when you're on your menses, you don't pray you, you can't touch the Holy Quran as well. You can still pray internally, but the whole process where you're touching the holy book, you can't. Because at that moment you're considered not clean. Then you clean yourself after, and you can resume your prayers. You make sure that water touches you from head to toe. (Coco, Interview 2)*

During their holy month of Ramadan, women do not fast when on their periods. When she was younger, she would pretend to fast during her period so that no one would know. Even

now, she knows that men will notice and show judgment if they see a woman eat or drink during Ramadan despite knowing that menstruation is an exception. She specifically mentions that it was important to hide periods from men, even within your own home.

*You can eat, but being women, and then we're living with men in the homes like our brothers, our fathers. We used to hide it cause it was more shameful cause when you're on your periods you don't want to show everyone you're not fasting or anything, so we would pretend that we are fasting. (Coco, Interview 4)*

Reflecting on this now, she states that the shame and the concealment of periods has changed. She thinks that men are learning more about periods and are more accepting to learn about periods. Because of this, she feels the shame lessening and women are more expressive. So now, she is open about not fasting when on her period during Ramadan.

### **Role of Women.**

Although Coco is a self-sufficient, single woman who runs her own business, she recognises that the role of women is typically to be domestic homemakers. Women in Kenyan, Arab, and Islamic cultures are generally expected to stay home cooking, cleaning, and caring for children. Men are seen as the providers who work outside of the home. There is a strong adherence to gender binary and separation.

Coco shared that at weddings or other gatherings, men and women will typically separate. This allows women to bond with each other and discuss topics away from male ears. In Coco's experience, the conversation with aunties typically starts by one of them asking if she has met a man. This opens the conversation to discuss sex and avoiding pregnancy, as

pregnancy out of wedlock is very shameful. It also demonstrates the expected role of women to become wives and mothers. She connected her own experience as an aunt worrying about her niece since she has started menstruating. She tries to have open conversations with her niece to educate and support her, especially to avoid being hurt or becoming pregnant. It is important for her niece to have a role model of a successful single aunt to show her that she can have choices about her future.

### ***Political Sphere of Influence***

During our conversation on political influences on Coco's menstruation, we covered laws and government, healthcare, and birth control and abortions. Gender expectations frequently overlapped within these subthemes, as did socioeconomic status and access to education. Coco has hope that by having more women in power that women's rights and access to healthcare will improve, which is an important part of improving menstruation experiences.

### **Laws and Government.**

Coco is not aware of any laws in Kenya that are in place regarding menstruation. She stated that all products are taxed by the government. Coco relayed that every year, there are more women representatives in government. She thinks that there is equal opportunity for men and women seeking political power. However, Coco believes that women in political power have lost some of their femininity in order to be taken seriously. By losing femininity, she means clothing choices and temperament. Women in government positions will often wear suits and appear less emotional. She also thinks that women seek political power to make money and individual benefits rather than community impacts.

*I think it's a good thing that women have become stronger and we're taking up leadership. But to an extreme point where sometimes it takes away part of us as women. 'If a man can do that, I can do it too', forgetting that we are powerful in our own way, and we can lead differently. We don't have to lead like men. (Coco, Interview 4)*

Coco remembered a time when a woman attended a meeting in Parliament with a period stain on her skirt. The men shamed her and it became a big news story. The next day, the same woman showed up with another stain on her skirt, purposefully. Coco believes this woman wanted to bring menstruation to the forefront of the conversation, demonstrate that it was a normal thing, and prove that there is still active shaming perpetuated by men.

### **Healthcare.**

Since she was 19 years old, Coco has had regular gynaecological healthcare checks. Although she has not been in the last two years, she used to go every 2 months as a preventative practice. During these healthcare visits, she would have a pelvic exam, breast check, and sometimes an external ultrasound of her reproductive system. The gynaecologist would ask how her periods have been and if she has any concerns. While she has access to excellent healthcare, she knows this is not typical for many Kenyans.

Coco has two friends who have endometriosis. She knows that they have excessive bleeding and pain, and that they were worried about their fertility. She shared that there is a lot of awareness around endometriosis, with campaigns and media posts around Kenya.

*There was so much awareness, because I think some women would consider the extreme pain to be just normal cramps until they realised later on that it was not normal cramps.*

(Coco, Interview 2)

Coco posited that her periods have become more painful recently due to a new medication she is on for her mental health. While her medication is not meant to affect her period, she found research that stated changes to menstruation may be a side effect. She was bothered that her doctor did not mention this possibility and thinks that him being a man may be why he did not. As a man, she believes this doctor is not as invested in women's health nor concerned with women's pain.

### **Abortions and Contraceptives.**

While abortions are illegal in Kenya, Coco says that it is common knowledge that you can get one at a specific hospital in Nairobi. Contraceptives are widely available and many are free. Schools and government programmes encourage the use of contraceptives and abstinence to avoid pregnancy and sexually transmitted diseases. Even with the promotion of contraceptives and education, teenage pregnancy is very common in Kenya. Coco believes it is very common in the slums and those in poverty due to a lack of education.

*That is happening a lot. I have seen so many young girls getting pregnant and having to face it, because so far, most of them don't go for the abortion. They have to keep the kid, the child, and then they have to now become mothers at a very young age at 14. How are you going to raise a child? (Coco, Interview 4)*

Coco shared that there is no government support for these young mothers and their children. This results in continued poverty, lack of education, and the cycle repeats. There are private charity organisations that provide aid for education and contraceptives, but it is still a major issue in Kenya. Coco said that politicians promise aid, but it is very rarely carried out.

*In Africa, honestly, they don't even take poverty seriously. They don't take drought seriously. Do you really think they have time to take the menstrual cycle seriously? We deal with way bigger things, and they don't seem to give time for it. So it takes people, like me and you, to come up with ideas and to say, we want to make change, and we want to make difference. (Coco, Interview 4)*

### **Research Reflections**

Coco believes that improvement of period experiences is reliant on men becoming more comfortable and educated on menstruation. She thinks it is their ignorance that breeds shame and maintains the silence. She wants men to realise the importance of knowing what women experience and create an open environment to share their experiences, which can lead to improvements. Coco thinks this shift will need to happen in families, led by parents.

Coco was inspired to make a creative expression but was unable to make it for this research. She enjoyed the interviews and has been motivated to talk about these influences and subthemes with her niece. Overall, she shared that this experience helped her recognise issues around menstruation and feels stronger as a woman to tackle them. Specifically, she is exploring options to make reusable period underwear for her clothing brand to sell and donate

to girls and women in Kenya. She summarised her thoughts on how she believes we can make improvements on menstruation experiences in the final interview.

*It has to be upbringings where we are changing the narratives. And we're teaching our kids, and we're telling them that this is what is happening. And it's no shame for you to be open to this. So the next thing, this man is going to get married to his wife, and is going to be open to talking about this to his daughters without having them to feel scared or shame. (Coco, Interview 4)*

## **Frida**

### ***Introduction***

Frida (she/her) is from Jaipur, the capital of Rajasthan Province in India. She has a PhD and is currently working for a non-profit organisation in India. She has an older brother who is married and has two kids, her father is a Class One officer in the army and her mother is a stay-at-home mom. Frida expresses her passion for feminist activism through various forms of art. She defines herself as an academic and artist who is continually discovering herself and exploring life.

### ***General Menstruation***

From her very first period, Frida was shown love and kindness and always given a special treat, called halva. This was especially important because Frida experienced a lot of pain with her periods. She calls it “being down” and having so much pain that she could not eat for hours. Besides the physical pain, she felt “yuke”, feeling bad because she considered periods to be bad and dirty despite her parents celebrating it and caring for her.

*I used to dread having periods and be very scared because I knew that it's going to pain terribly, and there was a lot of yukes attached to it. I used to feel dirty. I always used to have this feeling inside where my heart, you know, like this [gesture: squeezing around heart] and this happened until my 30 / 31 years. (Frida, Interview 1)*

Frida had period pains for the first ten years of her cycle. Once, her pain was so terrible that she almost fainted. When she was about 23 or 24 years old, she noticed that she did not have any period pains and this lasted for about 7 years. She was focused on health, fitness, and nutrition during this time. Though, she does not know if she can credit the lack of pain to her lifestyle or to her genes, as she does not know specifics of her mother's menstruation experience.

She goes on to say that she was very careful to wash her hands after changing pads, wrapped used pads in newspapers and polythene, and she did not like seeing or smelling the blood. As a teenager she mostly used cotton roll to make her own pads, pulling off the top layer each time she used the bathroom. She tracks her period by writing it in her calendar. Overall, Frida has had an unpleasant menstruation experience with lots of pain and negative feelings. This is in spite of her parents preparing and supporting her through menstruation, which is discussed more in the following section.

### ***Social Sphere of Influence***

Frida's current social circle consists of her parents, her brother, her cousin, and her co-workers. She does have some long-distance friends and will spend time with them when they are in the same place, which is infrequent. Frida explained important aspects of her upbringing

that shaped her social atmosphere. Due to her father being in the army, she moved a lot in the first fifteen years of her life. This also exposed her to, what she considers, a more liberal atmosphere. She specifically mentioned that there was a freedom to interact with people of any gender. In India, Frida notes that it is rare to see boys and girls interacting with each other, as segregation between genders is prominent.

### **Family.**

Frida shared how her father's education and liberal attitude has greatly influenced her menstruation experience. She knows that he spoke with her mother when Frida was beginning puberty to discuss menstruation to plan how they would educate and support her. As her father went to formal schooling and her mother did not, Frida believes that her father knew it would be important for him to pass his knowledge to both of them.

*Which is very atypical of in our society, because girls don't talk to their father about this. And they don't even let the men in the house know that you are menstruating. They would behave as if nothing has happened. It's normal. And not many wives can also talk to their husband about it. But because my father and mother were more like friends, and my father has been that kind of person. (Frida, Interview 1)*

Frida distinctly remembers the conversation with her mom about menstruation. They were laying on bed, just the two of them, and Frida could tell this would be an important conversation. She thought it was going to be about sex. She had no clue that menstruation was a part of life at this point. Frida fondly remembers having a lot of questions and her mother patiently answering them and assuring Frida that she would be ok.

Although her parents were supportive and open about menstruation, Frida never knew when her mother menstruated. She believes this was to prevent her brother from being aware. Frida, her mother, and her father used a code word with each other to talk about periods. Frida would say *“I have programme”* or *“programme has started”* to tell her parents that her period started. Her father would then say comforting things and treat her period pains with reiki practices.

Frida notes how her family practices around menstruation were different from others, even in terms of disposing used products. In her home, she would wrap the used cotton pads in newspaper and throw them into any bin. However, in friends’ homes, she was chastised for throwing her wrapped used pad into the kitchen dust bin and was told to throw it in the drainage outside. Frida is grateful for the openness and support that both her mother and father have shown her in caring for her menstruation. She now recognises that their efforts helped her avoid internalising harmful stigmas about menstruation.

### **Friends.**

Frida remembered that in school a friend got her period before many of the other girls, including herself. It was Frida who went to the bathroom with the girl to make sure she was ok and had a period pad. Besides that, she said that her friends never talked about it until they were in 12<sup>th</sup> grade and then would share when they were in pain or feeling down. They swapped stories and compared their pain levels. Frida recalled her astonishment when hearing that some girls did not feel any period pain at all. She also shared a story of a period pad leaking and causing a stain on her skirt.

*I was so embarrassed, nobody told me in school, and I was back home, 'momma I stained my skirt' and I was like 'oh, my God, I'm so embarrassed! Everyone must have seen it.' Nobody told me, not even my friends. And it was like a big spot and people must have seen it. (Frida, Interview 1)*

When she came home from school, she cried with her mom. Her mom tried to comfort her, saying it was ok and it can happen. But Frida still remembers the intense feeling of embarrassment to this day.

### **Partners.**

At the time of the interviews, Frida has had two long-term serious monogamous relationships. Within each of these relationships, she had different experiences of how her partners responded to menstruation. She would tell both of them when she was “feeling down” and was open about sharing her period experiences.

Her first boyfriend was very supportive and curious about her menstruation. While at the time, this seemed to be a typical response (because of her father), upon reflection she is surprised by how progressive he was. He also thought that her relationship with her father and their openness to talk about periods was something to be cherished.

Her second boyfriend was very different in regards menstruation. She notes that he was from a higher class, well educated, and considered himself progressive. He did not offer kindness or support when she was on her period. She shared a story of how he demonstrated a level of possessiveness over her and a view that it is inappropriate for any man to know she was bleeding. This story is told in the following paragraph.

One time, she was staying on an army base with her father. She started her period and did not have any period pads and was in pain, so she asked her father to find her some pads. Her father, of course, did so by asking around the army base to find them. Her boyfriend was angry that “so many men” knew about her menstrual status and called her careless for not having period supplies. She explained to him that she has always been open about her period with her father since menarche and that her father has always been kind and supportive of her experiences. This interaction made her angry because it made her question some of her happy memories with her father and the positive experience of sharing her first period with him. She then went on to compare how her boyfriend’s strict and traditional view of menstruation was juxtaposed with his strong support of her wearing revealing clothing. He only wanted to see her body in one way, sexually, and became upset when the reality of her menstruation changed his view.

### **Education.**

Despite her high level of education and strong science background, Frida never learned about menstruation in school. She alludes that this may be connected to the cultural belief that sex must wait until marriage. Therefore, there is a general lack of education around sexual reproduction. Frida shared that she had no idea about sex until she was around 20 years old. Even with friends, there were no discussions about sex or masturbation. Frida knew so little about these topics that she was not even curious about them to do her own research.

**Work.**

At the time of the interviews, Frida had been working for a few months in an office for an NGO (non-governmental organisation). She shared an experience of her period starting and not feeling comfortable going into work. So, she informed her boss of her decision to work from home. Her boss agreed but seemed to be upset about this alternative plan. Frida said she felt her boss showed no sensitivity to her menstruation. She is used to being “pampered” by her parents and partners during her period, and this experience felt very different from that.

**Bollywood (Pop Culture).**

Frida shared how going to the movies with friends helps to prompt discussions about gender expectations and equality. She believes that film has the power to send subtle messages about such topics in an impactful way, elucidating change. Frida believes that many of the narratives in Indian society are driven, perpetuated, and occasionally changed by Bollywood films and actors. The celebrity actors are held in high esteem with the public, endorsements by them are rarely questioned. Frida told a story of going to see a film that discussed many gendered issues, but did not mention menstruation at any point. Reflecting on that, she thought it was strange that menstruation was not discussed and it was a missed opportunity.

**Period Products.**

Over the course of these interviews, Frida had a realisation that seeing an advertisement for period pads on TV with her mom might have prompted their menstruation discussion. She told her mom she knew that the pads advertised were to absorb pee and her mom did not immediately correct her. It was logical to her that period pads were for elderly

people and women wearing saris to absorb pee. This aligned with her experience of wearing saris and finding it difficult to manage when she needed to use the bathroom. Frida now thinks that this instance led to her mom and dad deciding it was time to discuss menstruation with her.

There is an awkwardness that manifests when a period product commercial comes on with male cousins, elderly relatives, and younger nieces in the room. Even now, Frida feels this tension. She also describes the embarrassment that is common when buying period products at a store.

*You are given pads in black polythene whenever you go to any shop or in a newspaper. If you are taking it without a newspaper, you are shameless that you are talking about periods. So the shopkeeper very sheepishly slides it and looks here [away]- He's not a bad person. It's just his ignorance. He's just trying to maintain the standards, ethical standards that we have created. So the guy is actually trying to be nice to you. (Frida, Interview 1)*

Frida recognises that the perpetuation of shame is often done out of ignorance, rather than malice. People are aware of the current social etiquette around menstruation, and aim to uphold that. We think this is a very important nuance to be aware of in menstrual research and activism, to not blame those who are unaware, but rather to educate them.

### ***Cultural Sphere of Influence***

Our discussions on cultural influences on Frida's personal menstruation experience include gender roles, menarche, sisterhood, restrictions, and religion. Some gendered

expectations in India are that women are generally expected to be dressed modestly and at home caring for the family. As has been mentioned, gender separation is normal and stigma against extra-marital sexual relations.

*I used to think that my parents are very progressive, and they are, but I realised that even today my mom expects me to hide my undergarments under a cloth piece, and my sister-in-law has to cover her, you know, important body parts when she is going in front of the father-in-law. (Frida, Interview 1)*

### **Menarche.**

Frida's first period happened a year after her mother had the menstruation conversation with her. She was 13 years old and had just arrived home from school on a rainy and dark day. She told her mom she thought she started her period and "was down". Frida remembers thinking how she did not want to grow up, she wanted to stay a child. Her mom gave her rolled cotton even though she and most of the women in the village used cloth to absorb the menstrual blood. She then went to lay on her bed and dwell on the thought that she would be experiencing this every month.

Once her dad came home, her mom informed him of Frida's condition, and he came in to congratulate her. He spoke kind words and shared his joy of her growing up, pulling her cheeks and loving her. He also told her mother to make her a nice treat.

*He's so happy and he's like "congratulations!" and I'm like I'm like "but dad, it's not a good thing. No", and he tells me "This is! You are a young woman now, you've grown up*

*into a young woman,” and I’m like, “but I don’t like it.” He’s like “no, embrace every stage of your life. (Frida, Interview 1)*

### **Sisterhood.**

Frida believes that there is a strong sense of bonding with women in her culture. Grandmothers and mothers share advice to their daughters when they get married and have children. Friends often are very open to share their experiences and ask questions. The kitchen is a common space for women to gather and share their stories. However, even in these spaces, menstruation is not discussed, in Frida’s experience.

*It’s not normally part of a conversation that I’ve noticed. Hmm talking about menstruation. So you can notice that so much of restriction has been placed that we.. it doesn’t even occur to our mind to talk about it normally. (Frida, Interview 6)*

### **Restrictions.**

Frida shared how many of her friends were not allowed in the kitchen or the pantry when they were on their period, *“because it’s considered to be unhygienic. Yeah, you’re not pure... you’re considered you’re not pure at that time.”* (Frida, Interview 2). For Frida, her mother never restricted her from the kitchen during her period, so she will still go in to help prepare food and socialise. She does restrict herself from sitting on the counter in the kitchen while on her period though. She does not know if there is a hygienic reason that would support this restriction, and so she errs on the side of caution.

**Religion.**

When we began the interviews, Frida declared herself to not be religious nor practice any specific type of religious or spiritual practices. However, between the third and fourth interview, she experienced a religious awakening and became a devoted follower of a goddess in the Hindu belief system. During the final interviews, she remains a follower of her goddess, but is not as overwhelmed with devotion as she was before. While Frida did not consider herself to be religious until recently, she does acknowledge that because of her parents' religious practices and those in India, religion has still influenced her life and experiences.

*So, in India I mean, religion, I think, plays a very, very important role. It's very much part of, not only society, but as an individual. It's part of you. But somehow me and my brother were never religious. My parents are very, very religious. (Frida, Interview 1)*

Growing up, her mother told her she was not allowed to go to temple when she was bleeding. Frida has never questioned this and has always adhered to this practice. She states that she does not want to show any disrespect to the religion, practices, or the people who follow them.

*I mean nobody is checking you, but you have your own conscience. You feel that you are not going because you are not supposed to, so just to respect that sentiment of other people. So I don't. (Frida, Interview 2)*

During her religious awakening halfway through the interviews, she discovered her belief of why menstruating women should not enter temples.

*I feel that when you pray to God you want to be clean. You want the God to be all clean and everything to be clean around them. So when you have periods, now it is like waste that is coming out. (Frida, Interview 4)*

Though she does not enter temple while menstruating now, she does still pray when bleeding. She has an idol of her goddess on display and she will clean the idol if necessary while menstruating. However, if another family member is able to clean the idol, then she will refrain. It is normal practice to not clean your idols when menstruating as you are considered unclean.

During our fifth interview, we revisited this uncertainty of going to temple while menstruating. Frida shared that she has since been told another reason that menstruating women were not allowed to attend temple. She was told that thousands of years ago, going to temple involved walking quite far from the community and thus being exposed to animal attacks. It was believed that animals were more likely to attack menstruating women, so for the safety of menstruating women and anyone they would walk with, they would not attend temple. While Frida acknowledges that this may have been logical back then, this reasoning does not apply to today when most temples are safely accessible.

At the conclusion of our interviews, her position has evolved to thinking that menstruation should not restrict one from going to temple and praying.

*I think I've come to the point where I feel that it shouldn't matter. I mean, if I'm going to temple, I'm just going to temple. Whether I'm on my period or not should not matter. Just to treat it as natural and as simple as it is so, rather than making a big fuss about it. Yeah, I think our conversation has helped there. (Frida, Interview 6)*

It was fascinating to be able to witness the dramatic shift in her religious beliefs, and she is grateful to have record of it. The reflective process she underwent, in part because of our interviews, has helped her to reach this conclusion of accepting menstruation as a natural part of life that should not restrict religious practices.

### ***Political Sphere of Influence***

Frida shares that there is a lot of Hindu-Muslim debate in the government. This tension is perpetuated by the news and by politicians who use religion to support their arguments. For instance, the religious affiliation of criminals is often the implied reasoning for their criminal act in news reports. This then is filtered into everyday conversations, stigmatising one group on the basis of an individual's crime. Frida has experienced how this separation and judgement impacts her family's views of Muslims. With gender equality, women in India are typically expected to remain in the home. Women lack representation in education and political positions. If they are present in these arenas, there is still an expectation that they would prioritise a male partner and family above these pursuits. Because of these restrictions and expectations, there are activist efforts fighting for equality, which is discussed in the final part of this section.

### **Women in Power.**

Despite the increase in laws protecting women and encouraging further education, Frida still sees that there is a low percentage of women in positions of power in India. Part of this, she believes, is due to social and cultural expectations of women to be selfless caregivers to their families. There is also a low level of awareness of how limited women's rights are in India, so very

few people are fighting for them. Once women are elected to positions of power, they have to be strategic in what policies and agendas they push to retain that power.

*Many of us [women] don't even get to see that we should be able to move freely at night at 2 o'clock in morning on the streets. We should be looked beyond our sex. We have to be valued or treated as an individual more. We should not be judged based on our clothes. I mean, you'll see a lot of gender disparity. But women themselves don't realise it. The first you need to realise in order to notice what is there and then to bring about change. (Frida, Interview 5)*

There is also a strict expectation of women's appearance in political power. Frida stated that women in political power must be good looking and present well. They are always seen in saris, the national dress of India. These expectations have meant that many of the current women in political positions came from backgrounds involving acting and glamour. Women with these backgrounds have established a level of respectability and popularity within society, thus aiding their pursuit of political positions. However, they are also criticised for things such as having expensive brand-name handbags and not having academic or social work backgrounds. It is these contradicting expectations that make it difficult for women to enter political positions and be effective in them.

### **Healthcare.**

From her own personal experience, Frida has never discussed any type of birth control with a doctor or healthcare professional. She stated that there are inhibitions to discuss such a thing with a doctor if you are unwed. Issues around menstruation, such as endometriosis or

PCOS, are not discussed very often in India to Frida's knowledge. This shows the gap in healthcare resources and information available to women.

Frida shared that abortion pills (her term for emergency contraceptive / Plan B) are routinely used in India. Emergency contraception is widely available and affordable for most people, no prescription is necessary, according to Frida. It appeared that this was the only form of contraception medication that Frida knew about. Men, generally, do not use condoms as they find them uncomfortable. Frida recognises that birth control is often seen as empowering, freeing, and a sign of independence for women. However, as she sees it used in India, it is all about the benefit to men. Casual and frequent use of emergency contraceptives appear to have had a negative effect on the fertility health of women within her own family.

### ***Creative Expressions***

Frida is an artist; she likes to work with various mediums and is inspired by social justice efforts. Through her artwork, Frida has become more aware of and frustrated with how society views women. She has artwork that was recently displayed that was created out of human hair and inspired by the revolution in Iran of women showing their hair. Another piece of work was inspired by a public meeting held in a village by her father's NGO:

*Most of the space is taken by men and there are very few women. And most of the time the men are the ones who are sitting forward, and they are, you know, into it, and the woman are really pushed on the sideline. So that kind of space, I want to capture that in my artwork. So that's one of the artworks. (Frida, Interview 2)*

She stated that this interview process was inspiring and she was glad to have menstruation be a focal point for new artwork.

Frida created a six-piece artwork piece representing a single menses and also her journey of life in relation to menstruation. She labels this series of images “Red Cycle” and denoted the order with a number on the back on the image. One of the materials used was cotton roll. Growing up, she used cotton rolls to absorb her menstrual blood and has started using them again. Although there is some stigma against using cotton roll, that it is a raw and traditional material, Frida prefers it. When she uses cotton roll, she feels more comfortable, fresher, no odour, protected (lower chance of leaking), and environmentally friendly. She used the cotton roll to dab paint onto the canvas. The cotton is also used as a layer on top of the paint, representing the heaviness of the blood flow, but still allowing the colour to show through. Colours are an important part of how she frames her experiences and emotions, so

each piece was a different colour representing part of menstruation and her life.



*Image 2: Red Cycle by Frida*

The first piece is a bright yellow, which represents youth and joy, a time before Frida's periods began. It is covered in a thin layer of cotton to represent her initial minimal understanding of menstruation. Her parents were an important part of her joyful youth. But despite their support and positive attitude towards Frida's first period, she still experienced shame and pain. This piece represents that short-sighted, clouded view of life she had as a young girl.



*Image 3: Red Cycle (1) by Frida*

The second piece is a pinkish colour with some areas deepened to light red to represent her first periods, it is covered with a slightly thicker piece of cotton. For the first several years of menstruation, Frida suffered from pain and feeling "yuke" while bleeding. The red colour reflects this pain, embarrassment, and anger at this sudden change in her life. The thin cotton depicts the unsuccessful attempts to cover or ignore this new part of life.



*Image 4: Red Cycle (2) by Frida*

The third piece is a bright red, representing the heavy and painful periods she experienced in her twenties, covered with a thick layer of cotton. At this point, she was more prepared to care for her menstruating body. The thickened layer of cotton represents her strength in managing the pain and flow. But we see some red that is not covered by cotton, this alludes to the times when the pain and flow were too much for her to handle and the suffering she endured from these periods.



*Image 5: Red Cycle (3) by Frida*

The fourth piece is a dark red, representing her current periods which are regular, though sometimes painful, covered in a thinner layer of cotton. As was mentioned in the previous sections, she has found that there are some lifestyle changes that make her period experience easier. This piece shows that more settled balance she has found in life and deeper understanding of periods. Though, there are still times when her period escapes this control and surprises her. Red is also the colour of the goddess she is devoted to, so this also represents her spiritual journey.



*Image 6: Red Cycle (4) by Frida*

The fifth piece is a dark red with light brown, representing the ease of blood flow near the end of a cycle. This represents the stage of life when Frida expects she may have children, so fewer periods will occur. The cotton layer is thinner once again, further representation of this reproductive stage of life.



*Image 7: Red Cycle (5) by Frida*

The fifth piece is a cyan yellow/brown colour, to represent the end of the flow and the menopausal transition. Frida is yet to enter this stage, but she imagines it will be ok, though is aware that the hormonal changes may be difficult. The cotton layer here is very thin, as she will continue to need less and less as her cycle ceases.



*Image 8: Red Cycle (6) by Frida*

### ***Research Reflections***

In between interviews, Frida often sent links to various publications relating to what we had discussed. She educated herself on how menstruation can be focal point in many social issues, how her culture influences menstruation experiences, and the power of policy on current experiences. She also took notes during interviews of topics she wanted to research and such. She reflected that these interviews made her more aware of some social and cultural etiquette around menstruation, such as going to temple, being in the kitchen, and restrictions on making pickles. Frida hopes to be able to make changes in attitudes towards menstruation and implement change to better support periods publicly. She plans to approach universities, malls, and other businesses to question why they do not provide free period products in their bathrooms. Her creativity and drive prove her to be a powerful force to be working against menstrual stigmas.

*Every session has been a revelation, every session. There are things that have gone past, revised, analysed, looked into, and after the interview things have stayed with me, helped me to further analyse and see through things. It's important to talk on this.*

(Frida, Interview 6)

## **Kiran**

### ***Introduction***

Kiran (she/her) is a white American citizen currently pursuing her PhD in anthropology in Italy. At the time of our interviews, she was located in Chad for work. Another big part of her life is her athleticism, specifically running.

### ***General Menstruation***

Kiran describes her menstruation experience as atypical and that was a motivating factor for her participation in this research. She posits that one of the factors that may impact her period is that she travels a lot and lives in various places short-term. Another factor that Kiran believes has a strong impact on her period is her nutrition. She shares of how during a work placement in Senegal, she was likely malnourished which caused irregular periods. She also believes her athleticism has a strong impact on her period, causing it to be irregular. Generally, she does not experience bad cramping or other physical symptoms from her periods. However, she does state that her experience of PMS consists of a feeling reminiscent of angst, or stress, or anxiety, she could not find the right word to describe this feeling, for about a week before her period starts. Once the bleeding starts, she starts to feel more relaxed. She shares

that she would like to become more aware of how certain aspects of life may impact her menstrual cycle.

*That's actually something that I would like to pay more attention to. Because I know throughout my cycle, I go through really normal changes in my energy levels, and also moods and things. So that means I know that there are times when I'm gonna do a super long mountain run, and I'm gonna feel really good about it. And sometimes when I'm just like 'Oh I don't know why I feel like this is harder than usual today', and it's probably having to do with my cycle. (Kiran, Interview 1)*

### ***Social Sphere of Influence***

Kiran shared that she does not talk about her personal menstruation experience at all in Chad. She is able to control and adjust her work schedule as needed. So if she were to have bad cramps or otherwise not feel healthy enough to do field work, she could stay home and work with no repercussions or need to explain her change of schedule to anyone. She also does not think it would be professional to share that she was not feeling well due to her period.

In Italy, her social circle consists of her partner, her partner's family, and friends. Her friends in Bologna are mostly around her age. She also maintains close contact with her sister and her mom, even though they live in different countries.

*I have a girlfriend in Bologna that is also like pretty sporty, actually I have two, and one of them, I know, uses a cup, and we can talk, with both of them I feel comfortable talking about it openly. (Kiran, Interview 2)*

**Family.**

Kiran shared that she is close with her sister, who is a few years older. Especially during puberty, she would go to her sister for questions and advice. Her mom was supportive of her starting birth control, but otherwise, Kiran does not remember having discussions with her mom about menstrual health. She is not very close with her dad and does not have any memories of discussing health with him. He is Catholic, and Kiran assumes that his opinion of her and her sister being on birth control was negative.

**Partners.**

Her current partner is uncomfortable seeing her menstrual cup when she needs to clean it. Otherwise, he is supportive when they go on trips to make sure Kiran can access a bathroom whenever she needs to change out her cup. She shared that his discomfort may be a cultural influence, and that her male Italian friends would likely be uncomfortable talking about anything period related as well.

**Education.**

Kiran remembers learning about menstruation in elementary school, at about 12 years old. The boys and girls were separated to learn about and discuss puberty. Thinking back, she believes that separating boys and girls was beneficial in creating a more comfortable space for students to ask questions. Although, she does not know if she ever learned what the boys discussed during these classes. She further shares how it can be useful to know what other people are going through to better support them.

**Athleticism.**

Throughout our interviews, Kiran referenced her athleticism as a major part of her life. In high school, she was very athletic and ended up with a stress fracture. During the visit to the doctor for the stress fracture, they noted that her period had not started yet. She was 18 years old at this time, so the doctor advised her to start a hormonal birth control prescription to instigate her menstrual cycle.

*I felt really lucky growing up because of that [stress fracture] and not really understanding it's [delayed menstruation] impact on my health and like why I should maybe be concerned about that instead of just being like, oh, nice! I don't have to deal with my period yet. (Kiran, Interview 1)*

**Period Products.**

Kiran shared that she does not see many advertisements for period products in person or on social media. Growing up, she remembers buying tampons that were marketed for sports. She thinks they had a special design that would ensure protection during sports.

*I always had a preference for tampons, anyway, because I felt cleaner.... In the winter and in the summer, I swam, where I have in those 2 seasons, and when you're running you're going to chafe if you have a pad on. And those were my main things. I definitely did sports where like you need something inside. (Kiran, Interview 3)*

Her preferred period product now is a menstrual cup which she has used for about four years. She first became aware of menstrual cups through a social media post from one of her friends. This friend also runs a lot and made a post about how menstrual cups were the most

comfortable for her to use while running. This prompted Kiran to do a little research on her own and decided to buy a menstrual cup. She feels most comfortable using a menstrual cup based on her health, lifestyle, ease of use, and minimal waste.

She notes that she has concerns about the health risk of using tampons. TSS and pesticide treated cotton in tampons are worrisome to Kiran. She does not use pads most of the time based on personal preference, however, she will use them under some circumstances. For instance, in her current location of Chad and doing fieldwork most days, she will consider how long she may be away from her private bathroom with access to clean water and soap when she decides what type of period product to use. Her concern with using a menstrual cup while in the field is using unsafe water or not having soap, which may lead to an infection. Which then, because of her current location, could be serious because there is a lack of access to doctors and medications. Her context, activity, and resources are all factors that Kiran considers when choosing her period products.

### ***Cultural Sphere of Influence***

Kiran describes herself as an American who grew up in Colorado, with parents who were from Midwestern states. She has travelled to many parts of the world and experienced other cultural contexts. During our interviews, she was located in Chad for work and planned to return to Italy to complete her PhD.

**Language.**

Kiran is comfortable discussing menstruation with her friends but recalls having a code name for periods when she was younger. She emphasises how she believes it is important to talk openly about periods now to avoid shame and increase awareness.

*I remember on my soccer team when I was in middle school and then early high school, 'Jeff is in town' or 'Jeff is coming to visit' [was the code name/phrase for period]. At this point, I think it's really important to say it directly, saying I'm on my period and not hiding it. Because it is something that happens every month to half the population, and I think it's important to just say it, the more people will be okay with it with hearing it.*

(Kiran, Interview 3)

**Myths and Misunderstandings.**

When I asked if Kiran knew of any myths around periods, she mentioned the belief that periods stop when you are in water. While she has heard of this, she has never believed it. She also thinks that if someone were to believe this and not use water-safe period products, that it would be “gross”.

We talked about the idea of period synchronisation. She believes that this does happen when women and people who menstruate live together. Specifically, she shared how she lived with women in the past, and everyone’s menstrual cycles eventually aligned.

*I lived in a house with 9 girls, and I was always the Alpha synched. And everybody's cycles linked to mine eventually. But I don't think that that can be coincidence. I feel like it does make a difference. (Kiran, Interview 5)*

**Pop Culture.**

During our interviews, I inquired if Kiran knew of any movies or TV shows that incorporated periods into their storylines. She could not think of any, and the lack of periods in pop culture is an important aspect of how periods are regarded generally.

*I actually can't, no show or movie comes to mind that much about like being on your period. And I think that that's like significant in it of itself. (Kiran, Interview 3)*

In subsequent interviews, she did remember a TV show that had a character mention their period and have a brief discussion with other characters. Kiran said this scene was nonchalant and straightforward, which she thinks is a good way to portray menstruation on screen. She said she appreciated the dialogue of framing menstruation as a normal part of everyday life that is ok to discuss openly.

**Impact of Men**

Kiran wants to normalise caring for yourself and accommodating daily life to fit the needs of a menstruating body. To do this, she thinks it is very important to bring men into the conversation. Specifically, increasing education about menstruation for everyone and normalising discussions. She thinks that menstruation is stigmatised because not everyone experiences it.

*Just because men exist, that I feel weird that I have a period. If there were no men in the world, I would feel really normal about having a period all the time. If I bled on my pants, I would be like, who cares? (Kiran, Interview 5)*

***Political Sphere of Influence***

During the first four interviews, Kiran was living in Chad. However, her current permanent residence is Italy and her home country is the United States of America. Chad has a military run government and is male dominated. Kiran is not aware of specific laws related to menstrual health or women's health in general, though she assumes that abortion is illegal in Chad. Italy is a democracy and there is more female representation in positions of power. She thinks that there is influence on laws around abortions from the strong Catholic culture, as well as influence on other political decisions. The U.S. is also a democracy with some female representation though rights around women's health rights are currently under threat.

As Kiran was not aware of explicit political influence on menstrual health, we discussed what ways she would like to see politics impact this topic. Eradicating period product taxes would help it be seen as a right rather than a commodity. Having government regulations on period products is beneficial to control prices and quality. However, this type of government influence would look very different in Chad compared to Italy or the U.S., as store-bought period products are only accessible to a small group of upper class in Chad and are generally for Western market consumers. In Chad, she could imagine that enforcing protection on women in general would aid menstrual health. This would help women avoid sexual assault and the need to exchange sex acts for period products.

We discussed how outside organisations such as those that provide clean water or healthcare could include menstrual health. We hypothesised that an organisation that wanted

to only support menstrual health would not be well received as it would be seen as only helping half of the population.

*I'm just laughing because on International Women's Day the director of my program was pushing so hard for it to be like celebrating men and women that day, and to not put women apart. It's like, you're really missing the point. (Kiran, Interview 4)*

### **Women in Power.**

Kiran shared that women are often perceived as emotional and hormonal, and therefore incompetent for positions of power. This belief is perpetuated throughout all of the places Kiran has lived. This belief impacts personal, work, and political relationships.

*People assume there's a hormonal reason. If it's a man doing the same thing then it's normal. He's asserting himself and it's reasonable. I think it takes away from women's arguments a lot of the time, or what they stand for, because then people also talk a lot about women's clothes when they're on television and politicians, because it's not necessarily what the entire conversation is about. And that's what people end up focusing on which takes away from it, makes it a lot harder also for women to even get into and gain power. (Kiran, Interview 4)*

To shift these perceptions of women in power, Kiran believes that we need more examples of women excelling in positions of power. This will, ideally, lead to normalising seeing women and lead to holding equal expectations for men and women.

**Healthcare.**

Kiran shared how much of health and menstruation has been seen and experienced through a medical lens starting with her first period experience needing to be medically induced. Her family was also focused on the medical implications associated with her first period, as opposed to framing menarche through a cultural or social lens. In our discussions on politics and healthcare, she explained her experiences with birth control and how it is seen as a normal and routine part of healthcare.

*Birth control...I didn't even have the choice. I just was put on. My mom didn't question the type or do any research or anything. And I was just like, 'okay'. (Kiran, Interview 1)*

This story also demonstrates the high-level trust Kiran and her mom had in health care providers and medication.

**Birth Control.**

Kiran shared her story of experiences with birth control in depth. Her general experience with health care professionals in the UK, Italy, and the USA consisted of a lack of detailed information and strong advice to be on birth control, despite her questions and history of bad experiences. Through these experiences, she has learned that she cannot take hormonal birth controls due to the impacts on her overall health. She has been met with a lack of information from healthcare professionals in various countries and a sister who is a doctor having strong opinions, on which type of birth control she should be on. Kiran states feeling that there is a social pressure to be on some sort of birth control and that it is irresponsible to only rely on condoms, *"almost trying to like shame me into getting it [IUD]"* (Kiran, Interview 1). This has led Kiran to have a distrust of physicians and health care in general, believing that

patient care is not the priority. Because she has been on and off of different birth control methods for years, she believes they have had a lasting impact on her menstrual cycle.

*I actually had a bad experience with that, but I didn't realise it from the beginning. I thought that the pills were affecting me.. negatively, in terms of.. mostly weight gain, probably, but also maybe a little bit of acne. (Kiran, Interview 1)*

So then she had an IUD placed, which was when her acne began to be worse. Because she was not given information on potential side effects, she did not initially realise the potential link.

*I went back to my follow-up appointment, which was probably two weeks after you get it in to make sure everything's okay. And I was like, "Everything is not okay", and they still wouldn't really give me that much information. But they told me to wait [instead of taking it out immediately]. (Kiran, Interview 1)*

She had her IUD removed shortly after this and started to feel better. Then she entered into a relationship where her partner was adamant that she use some form of birth control in conjunction with condoms, so she had another IUD placed. Because of her previous bad experience with IUDs, she did not want to have another placed but felt pressure from her partner and social pressure of the commonality of IUDs. With this second IUD, she had terrible cramps and her acne flared up to the point that she got an infection on her face. Though, she notes this was during the initial COVID-19 outbreaks and thus wearing a mask may have contributed to this. Having more options for birth control for men and women may have allowed Kiran to avoid this pain and the side effects of oral birth control and IUDs.

*My experience has mostly just been frustrating and kind of scary. Because it doesn't feel like there's anyone that can really give me the right information for my personal health.*

(Kiran, Interview 1)

At one point, one of her IUDs ended up being mal-placed causing her a lot of pain. Luckily, it did not cause permanent physical damage, but it was medically necessary to remove once discovered. She details how experiencing pain in her reproductive system is different from other physical pains. Kiran shared how this specific reproductive pain makes her feel connected to women, the only other people who also experience pain like this.

*It's a horrible experience getting an IUD in. It makes me afraid to give birth, because I find that there's like a whole soul in that region of my body. It sounds silly, but it's the pain that I experience that is so emotional when normally I'm not a super emotional person. And I hurt myself all the time doing athletic things. I have scars all over the place. But when there's intense pain in my reproductive system, it's a really different experience. And getting an IUD it is so so painful. (Kiran, Interview 1)*

### The Burden of Being a Woman

Everything is not ok.

It's like there's another soul in my reproductive system

The pain is more emotional, harder to handle

I know my body. I know what works for me.

There were like 4 or 5 doctors, just in my vagina

I really don't trust and am a little scared

There's information and misinformation and

no one can give me the right information

No, everything is not ok.

(Ludington, 2025b)

### ***Research Reflections***

Kiran was comfortable with what she had presented in the interviews to be her full contribution to this research and declined to provide supplemental creative expressions of her experience. In the last interview, she shared her reflections of this experience. Overall, she enjoyed the chance to discuss her “atypical” period and topics related to menstruation. She is interested in learning more about how lifestyle and context can impact periods. To do this, she plans to track her cycle more closely as well as activity and nutrition, to see if there are correlations and impacts on her health. Kiran also stated that participation in this research has motivated her to look into how disaster relief organisations, prisons, and other government programmes support menstruation.

*Yeah, I think it was really cool. I really looked forward to it. It was just a really good way to like reflect on something I'm really interested in. (Kiran, Interview 5)*

### **Conclusion**

I see similarities across the participants and from stories shared in the literature review. Frida was encouraged to see menstruation as a sweet aspect of growing up, similar to **Anne Frank**. Kiran is more reminiscent of Jean Louise aka Scout’s views on menstruation and frustration with femininity being expected of them as they matured. Both Artemis and Chandra faced challenges of body image throughout puberty. All of them except Frida accepted menstruation care as their individual responsibility. All of them have always and continue to actively conceal their menstruation, fear leakage, and consider those around them before revealing their menstrual status. There were many differences shared, as well. Chandra does

not think menstruation impacts or limits her life, while Artemis has needed to take time off work to care for her menstruating body. Frida shared unique cultural and religious restrictions that she practices, such as refraining from going to temple. Coco has beliefs around menstruation that are closely tied with the concept of virginity and marital readiness. Artemis has created and performed menstrual activism in the form of dance performance prior to this research and strongly bonded with friends through that experience. All of them shared that participation in this research encouraged reflection, made connections across their own stories and experiences, and are inspired to take action and create change. Now that we know the participants and their reflections on menstruation experiences, it is time to weave these together with other relevant literature in the Discussion Chapter: Reclamation.

## Discussion Chapter: Reclamation

### Introduction

The general flow of this chapter mirrors the conceptual framework, literature review, and reflections chapters, beginning with social sphere of influence and subthemes moving through cultural and political to end with creative expressions of menstruation experiences. The participants' experiences are now connected to the information found in the literature review, identifying connections and variances. As precluded in previous sections, there is messiness and overlap amongst the data that weaves together to form the holistic view of menstruation experiences. This chapter reclaims the personal narratives of menstruation and enriches existing knowledge.

### Social Sphere of Influence: The Personal Experience

The following social influences focus on the personal and individual experiences of menstruation. Factors influencing a menstruator include gender roles and expectations and the sexualisation and objectification of female bodies, which lead to self-surveillance (**Frank & Dellaria, 2020, p. 69; Winkler, 2020a, p. 10**). All the participants expressed a high level of independence and self-surveillance in terms of caring for their menstruating bodies in conjunction with fitting into societal expectations of women. Practicalities such as products and education also impacted menstruation experiences, while language shaped narratives influencing experiences, expressions, and understandings of menstruation (**Banister, 1994, p. 8; Gottlieb, 2020; Johnston-Robledo & Chrisler, 2020; Mendlinger, 2020; Pryzbylo & Fahs, 2020; Squier & Vedder, 2000**). Although each participant had achieved higher education, their early

education on menstruation greatly differed. Product preferences and access also varied across the participants which makes the examinations of their experiences rich with diversity. Overall, the participants shared similar experiences of individual responsibility, concealment, and silence around menstruation despite their differences in social influences impacting their menstruation (**Bobel**, 2020, p.1; **Ludington**, 2020; **McHugh**, 2020, p. 410). All of these reflections align with the subthemes in the literature review.

### *General Menstruation*

I find it interesting that some participants saw menstruation as a hindrance to life, something to continue daily activities in spite of (Chandra and Kiran). This may be related to self-objectification and separation of personhood from body, which is discussed more later (Fredrickson & **Roberts**, 1997; **Wood**, 2020). Chandra started a conversation stating that she did not think external life influenced her cycle, but then went on to discuss how she knows that travel, stress, and diet impact her hormones and menstruation. This might be a misunderstanding due to language, but more likely a dissonance of the connection between hormones, menstruation, and external forces. Other participants, Artemis and Coco, shared a desire to honour bodily needs for rest during menstruation and see it as an indicator of overall life. Simply put, life accommodating their needs versus them accommodating social expectations.

Kiran and Artemis also shared a view of menstruation being an important lens of understanding broader social and gender issues. Findings from **Fahs** (2016), **McHugh** (2020), **Patkar** (2020), and **Ussher** (2006) have demonstrated this connection between menstruation

stigma and gender inequalities. They also see menstruation as a path towards creating a more equal and caring society (**Bobel**, 2020; **Fahs**, 2016; **McHugh**, 2020; **Patkar**, 2020; **Ussher**, 2006). Regardless of how they currently experience and view menstruation, the participants all shared complex and impactful stories of menstruation.

### *Individual Responsibility*

It is evident that the participants' sense of autonomy and responsibility increased during puberty and especially once menarche occurred. They were expected to care for their bleeding bodies with basic knowledge about menstruation through school and parental education. This echoes findings from **Erchull** (2020, p. 396) and **McHugh** (2020, p. 410). Further, **Frank** and **Dellaria** (2020) and **Wilson et al.** (2021) specifically found that puberty marks a difference in expectations for boys and girls. These findings point towards girls across many cultures are given more responsibilities and higher expectations of how they act at home and in society (**Wilson et al.**, 2021). With the increased responsibilities, comes increased independence. **Coco**, notably, did not tell her mom she got her first period. She felt she had enough knowledge to care for herself and did not want to talk about it. This shows her independence and responsibility in caring for herself, even as a teenager.

Review of the literature identified that menarche is often experienced with distress, anxiety, and fear (**McCarthy & Lahiri-Dutt**, 2020; **McHugh**, 2020; State Department for Gender, Kenya; **Wilson et al.**, 2021). The participants in this doctoral study also presented a range of emotional responses to menarche. Generally, they shared resignation of recognising the extra responsibility of menstrual care and the weight of entering womanhood. **Chandra's** menarche

experience was painful and caused her to miss the first days at a new school and years of teasing from her parents about how fragile she appeared during that time. Frida was upset with the physical marker of growing up when she wanted to stay a child. Kiran's first period arrived to her relief, indicating a successful medical intervention. With the increased responsibility and independence of caring for developing bodies, there is an increase in self-surveillance.

### *Self-Surveillance*

As girls become responsible and independent, their self-awareness develops. Within patriarchal societies, this leads to self-objectification under the male gaze (Fredrickson & Roberts, 1997; Langton, 2009; Roberts, 2020a, p. 54; Wood, 2020). The participants all expressed high levels of self-awareness in relation to menstruation. Johnston-Robledo and Chrisler (2020) explain that the impact of such self-surveillance, "is a waste of women's time and psychic energy that could be spent on more important or interesting pursuits" (p. 190). It appears that fears of leaking or having a surprise period create anxiety and promote a high level of self-awareness for many girls (Jackson, 2021; Roberts, 2020a, p. 54; Sang et al., 2021; Vora, 2020, p. 35). If they fail to recognise the signs and leak, it can result in shame for failing to adhere to gender expectations (Jackson, 2021; Mbongo et al., 2023; Roberts, 2020a, p. 54; Sang et al., 2021; Vora, 2020, 35). Thus, making self-surveillance and hypervigilance survival strategies (Johnston-Robledo & Chrisler, 2020; Wood, 2020). The participants of this doctoral study share these anxieties around leaking. To ensure menstrual concealment, they stash period products in purses and bags, check seats for stains when they stand, track their menstrual cycle, and have cultivated an awareness of bodily changes that indicate the onset of their period.

The participants shared having an acute understanding of various premenstrual physical and emotional markers, alerting them to prepare for menstrual bleeding through this self-surveillance. For some, there are noticeable emotional changes like becoming quick to anger or feeling more withdrawn. Media presents a stereotype of premenstrual women as violent, irrational, emotionally labile, out-of-control, and physically or mentally ill (**Gottlieb**, 2020, p. 144; **Johnston-Robledo & Chrisler**, 2020, p. 187; **King**, 2020, p. 287; **McHugh**, 2020, p. 410; **Roberts**, 2020b, p. 177). Physical premenstrual symptoms include breast tenderness, bloating, food cravings, and tiredness. Awareness of these body signals aids in the participants' self-surveillance of their menstruating bodies and also leads to feeling negative or disappointed with themselves, affecting body image (**Erchull**, 2020, p. 400). Frustration over not fitting into jeans, giving into food cravings, and arguing were shared by the participants. However, Coco stated frustration with others using premenstrual symptoms as a reason or excuse for their behaviours. Often it was men in their lives that would blame PMS, which echoes findings from **Martin** (1988, p. 174). Chandra's dad often blamed her emotions on PMS which led her to anger and left her believing her feelings were being dismissed. Artemis shared throughout all of the interviews that she is keenly aware of her body's signals precursing menstrual bleeding. There were notable times in her life when she did not experience or sense these body signals which led to abnormal or surprise periods. She also shared frustration about period tracking apps' limitations in tracking these body signals. As Artemis is a lifelong dancer, it is likely that this level of body literacy and awareness has been developed over years.

Once bleeding begins, the self-surveillance is focused on concealing menstruation. The participants shared various reasonings for which period products they use, clothing choices

made during menstruation, and changes in activities – all of which aim to conceal their menstrual status from others. These various choices and changes to their daily routine can lead to negative feelings and experiences (**Kissling**, 2006; **Ludington**, 2023; **Pryzbylo & Fahs**, 2020). Coco shared that she does not feel attractive on her period due to the clothes that are comfortable for her during menses, echoing other research findings that the male gaze always impacts how women perceive and conduct themselves (Fredrickson & **Roberts**, 1997; **Roberts**, 2020a, p. 54; **Wood**, 2020). Artemis shared feeling ashamed due to wearing pads to dance class and hearing peers talk negatively about anyone who did not wear tampons. Both of these stories reflect **Levitt** and **Barnack-Tavlaris'** (2020) statement that women internalize the male gaze, which impacts how they see themselves and other women (p. 565). **Ussher** (2006) shares how individuals constantly self-police and compare themselves to others, often resulting in shame (p. 31). The influence of patriarchal gender expectations is evident in the concealment and silence around menstruation across the literature review and the participants of this study. This data shows that outsider perspectives and judgments on the individual control choices of period products.

Out of the five participants, only two had stories of their period leaking through their clothes. Leaking can occur due to unexpected bleeding, heavy bleeding, or a period product that has shifted or was not inserted correctly. In the participants' stories shared about leaking, they did not specify how the leak occurred. Frida once bled through her skirt while at school. When she got home, she was upset and confused why none of her friends had told her about the stain. The silence and lack of support she felt was likely due to menstrual stigmas based on patriarchal gender roles, specifically the expectation that women conceal their natural bodily

functions so they can remain objectified and desirable to men (**Roberts**, 2020a; **Wood**, 2020). During her participation in this research, Artemis leaked through her trousers at work. This led to a myriad of feelings, an overall negative and anxious experience despite her otherwise positive views towards menstruation. Even without the stigma of periods, the practicalities of leaking cause disruption to our daily life. For all these reasons, the concealment of menstruation remains a high priority for most menstruators and is accomplished through self-surveillance.

### *Pain*

Period pain was something that each participant had stories about. However, within the current body of literature, a “normal” level of period pain is an under-researched aspect of menstruation (**Clancy**, 2023; **Guidone**, 2020; **Gunter**, 2024, **McHugh**, 2020). Though, notably, **Vora’s** (2020) research found that the majority of women interviewed shared that their menstruation was physically painful and emotionally draining (p. 35). There is a range of accepted period pain across individuals, healthcare professionals, and researchers that underrepresents how common period pains are experienced and what is considered a healthy, normal, or typical level of pain (**Guidone**, 2020, pp. 276-277). Even the participants who shared their pain, spoke of it as a normal acceptance in their period experience rather than an issue that needed to be treated. Frida has experienced period pains so severe that she has nearly fainted. Even during these extreme pains, she was hesitant to take pain killers and never sought medical advice or care because she understood the pain to be an expected part of menstruation. Artemis had a similar story, severe period pain causing her to doubt herself and lead to feeling isolated from other women in her life. Having pain severe enough to prevent

them from going to work, spending time with friends, or otherwise typical activities was frustrating but not seen as something that could or would ever change in **Vora's** (2020) study and this doctoral study. Period pain is not accepted as something that should alter one's life, and those who voice their struggles are criticised (**Lynch**, 1996, p. 8; SMCR, n.d., pp. 1-2). This creates individuals who suffer from period pain to become isolated, as they cannot complain about their menstruation experiences.

Kiran mentioned that anytime she experiences pain in her reproductive system, it impacts her differently from other physical pains. For her, it seems to be more visceral, emotional, and leaves her feeling more vulnerable. While other physical pains are tolerable and easier to overcome, reproductive tract pain has more impact on her. I think this shows how harmful self-objectification can be for women. To experience something physically and emotionally connected, like severe period pains, when the habit is to separate personhood from the body, an uncomfortable dissonance is experienced (**Langton**, 2009; **Ussher**, 2006; **Wood**, 2020). This can lead to further self-objectification and seeking out medical interventions, like menstrual suppression, which continue the practice of separation from and control over one's menstruating body (**Johnston-Robledo & Chrisler**, 2020, p. 188; **Ussher**, 2006, p. 31). Chandra also demonstrated this separation of personhood and menstruating body when she stated that menstruation does not impact her life and vice versa but then shared the many ways that it has. She often referenced her hormones impacting body image and interpersonal relationships and how stress and travel impacted her hormones. To her, menstruation is separate from hormones, even though the menstrual cycle encompasses both the bleeding and changing levels of various hormones.

All the participants shared having lower back pain and that they were not sure if other menstruators experienced this during their period. This highlights the silence around menstruation, the lack of sharing experiences leading to individuals not knowing how common their own experiences are (**Guidone, 2020; Ussher, 2006; Vora, 2020**). I think something that coincides with the pain experienced is that they all desire to slow down and rest more during their period (**Hill, 2019; Pope & Hugo Wurlitzer, 2017**). But they feel like many times they cannot due to daily life commitments. This illuminates how our social structures and expectations are built on and for able-bodied males (**Bobel, 2010**). The lack of accommodations and support for anyone not fitting this rigid profile causes them to suffer in silence and isolation.

### *“Normal”*

Every participant in this study described their period as compared to a “normal” period. For them, this meant bleeding for 5-7 days every 28-30 days, usually with a few days of light and heavy bleeding within their perception of a normal amount of blood loss. Based on the literature review, this idea of “normal” menstruation is false (**Clancy, 2023**). Bleeding 5-7 days every 28-30 days may be an *average* of the data collected and general observations, but that does not necessarily mean that most menstruators experience periods on that timeline (**Clancy, 2023; Gunter, 2024; Hill, 2019**). None of the participants raised concerns of excessive blood loss or how often they needed to change their period products, supporting literature that states the amount of blood loss is largely subjective (**Gunter, 2024, p. 197**). However, it is interesting how pervasive this narrow view of “normal” is across the globe. Self-surveillance and silence forces individuals to compare themselves to others, making inaccurate assumptions about how other

people experience menstruation due to the culture of concealment (**Ussher**, 2006, p. 31). Shame can arise for anyone who experiences menstruation outside of this expectation, especially when they cannot voice their own experience or concerns.

### *Silence*

The social expectation of women is to maintain silence and concealment of menstruating bodies from menarche to menopause, which perpetuates stigmas, decreases body literacy, and can disempower girls and women (**Dillaway**, 2020; **Lynch**, 1996; **McHugh**, 2020; **Roberts**, 2020a; **Wood**, 2020). The participants in this research confirmed they talk about menstruation with a limited amount of people. Chandra and Kiran shared how they thought it would be inappropriate to talk about menstruation at work. Artemis shared a story of leaking through her trousers and not feeling comfortable asking coworkers for support. Artemis had another story of doubting whether her premenstrual symptoms were a “good enough” reason to take a day off of work, and specifically did not think her male boss would have accepted that as a reason. Coco kept silent about her first period, not telling her mom about it. Their silence led to menstruation being an individual responsibility that was often isolating and difficult.

While Frida shared some stories of talking about menstruation at school with friends, these were few and far between and highlighted the lack of information they had about periods (**Erchull**, 2020; **McHugh**, 2020). For her home life, Frida’s parents were open and communicative about menstruation. Frida had a code word for it that she used to tell her parents when she was bleeding to keep her status a secret from her brother, which is common according to other research (**Barnett**, 2019; **Johnston-Robledo & Chrisler**, 2020; **McHugh**,

2020). Despite this openness, Frida's mom did not share her own experiences with menstruation, whether she had pain or other issues throughout her menstruating life (**Hawkey et al., 2020; Marván et al., 2020**). Frida believes her mom has experienced menopause now, but never heard about how the transition was for her. So, while her parents discussed menstruation generally, the personal experience remained silent. This impacted Frida when she had extreme period pains, as she was not sure if it was normal or common.

All the participants shared an understanding or belief that the silence around menstruation is for the benefit of men (**Lynch, 1996; Peranovic & Bentley, 2017; Wood, 2020**). The men in their lives commonly show discomfort or dismissal of anything related to menstruation, further enforcing the silence. In Artemis's experience, a former partner went as far as calling menstruation "beef stew", a negative and shame-inducing phrase that had a huge impact on Artemis's relationship with her menstruating body (**Wood, 2020**). Her partner's reaction to her menstruation reflects his view that menstruation prevents women from being sexually available and desired (**Barnett, 2019; Bobier, 2020; Lynch, 1996; Wood, 2020**). Language can frame experience by controlling how we express ourselves to others and is crucial to self-reflection (Banister, 1994, p. 8; **Squier & Vedder, 2000, p. 324**), which is indicative of Artemis's experience. Silence and self-objectification are related to the sexualisation of girls and women.

### *Sexualisation and Objectification*

The goals of self-surveillance and menstrual etiquette are to retain the appearance of sexual availability and desirability to men (**Bobier, 2020, p. 305; Lynch, 1996, p. 7; Wood, 2020,**

p. 327). Participants felt the burden of responsibility of having bodies that could become pregnant once they began menstruating. Tied with their own increased sexual awareness and maturing bodies, there are many sources that connect the responsibility of avoiding early pregnancy on girls and young teenagers (**Hawkey et al.**, 2020; **Perianes & Ndaferankhande**, 2020). The reflections from this doctoral study's participants highlight the commonality of this patriarchal perception across socioeconomic statuses, cultures, and locations. From school dress codes, religious rules, and media, participants understood that they needed to protect their social image and respect through avoiding over-sexualisation. Artemis remembers in middle school that there were announcements regarding dress codes, specifically no short skirts, dresses, or shorts, and no thin strapped tops. Her reaction to these announcements was a mixture of increased body consciousness and frustration that they were obviously gendered restrictions. These rules taught girls to self-objectify and sexualise themselves through a male gaze at a young age (**Langton**, 2009; **Wood**, 2020). Behaviour changes during menses such as trying to stay clean, altering activities, avoiding being seen as irritable or unsexy begin during puberty (**Ussher**, 2006; **Wood**, 2020, p. 322). Artemis sees this as a patriarchal method to police young girls' bodies and place the fault of pregnancy onto girls.

Coco also shared that advertisements for period tracking apps emphasise the increased knowledge of fertility, and therefore ability to avoid unwanted pregnancy. Kiran and Chandra started birth control as teenagers, though for different reasons. The strong connection of birth control, responsibility of avoiding pregnancy, and perceptions of menstruation in girls in first-world countries were not found within the literature review, which points to the importance of holistic studies like this one. Studies in the literature review connected the desire of menstrual

suppression through birth control to aid in sexual availability and body image and control in girls and women in first-world countries (**Jackson**, 2021). While Kiran began birth control to stimulate her first period, her sister began it at a similar age because her mom feared she would become pregnant.

In Coco's experiences based on her culture and religion, many girls are instilled with the fear of pregnancy once they begin menstruating. This reflection aligns with **Bobier's** (2020) findings that reproductive maturity marked with menses puts girls at risk of pregnancy in concert with other bodily changes that signal sexual maturation to the male gaze and the fear of rape and pregnancy demonstrates that young girls realise that their bodies are not under their control and are objectified by men (p. 311). Thus, young girls being married off retains their purity and prevents unwed mothers, which are deeply engrained social stigmas (**Hawkey et al.**, 2020, p. 102). This also leads to girls ending their education. Whether they get married or fall pregnant, both paths lead away from education. Research shows that stopping education leads to more pregnancies, earlier pregnancies, and overall decreased quality of life for girls (**Wilson et al.**, 2021). Therefore, menarche is a crucial moment that interventions could aid in regaining sexual identity and agency, redefining womanhood, and questioning gendered power relations (**Bobier**, 2020, p. 315). Men need to be a part of gendered issues conversations; they are part of the problem and need to be part of the solution.

### *Men's Reactions*

Frida shared a story that echoes much of the literature around the sexualisation and objectification of women in patriarchal societies. There was an instance when she needed her

father to get her period products, which upset her boyfriend. He did not think it was acceptable for men to know that she was on her period, despite having generally progressive views on social expectations for women, which resonates with findings from **Allen et al. (2011)**, **Erchull (2020)**, **Lynch (1996)**, and **Peranovic and Bentley (2017)**. Specifically, he supported and encouraged Frida to wear short dresses and clothing, maintaining her sexual desirability but was angered when her menstrual status was shared with other men (**Bobier, 2020, p. 305**; **Lynch, 1996, p. 7**; **Wood, 2020, p. 327**). He was supportive of his girlfriend dressing in ways that he found attractive but berated her for asking for help to care for her menstruating body.

Chandra seems to have low expectations for her partner's knowledge of menstruation and how he supports her during menstruation. "*He's a man*" (Chandra, Interview 1) and therefore he does not understand and will not put in the time to understand or show more empathy (**Peranovic & Bentley, 2017**). She also shared that her father would dismiss her negative emotions and arguments on her period and PMS (**Lynch, 1996**; **Peranovic & Bentley, 2017**). **Fahs (2020)** found that menstruation is a key criterion for men to discount and insult women, rather than showing care or empathy (p. 351). On the other end of the spectrum, Frida had incredible support from her father and her first boyfriend. Both were open to discussing her period and caring for her, an example directly opposing findings from **Erchull (2020)** and **Peranovic and Bentley (2017)**. Frida's kind and supportive experiences from her father and first partner strengthened her relationships with them, they showed her how men can care for menstruating bodies. However, every other participant shared the findings of **Erchull (2020)**, that their fathers struggled to discuss menstruation, puberty, and sexuality with them. Each participant said that to change views on menstruation, we need to include men on the

discussions and education. Other researchers posit the same idea, that educating and opening discussions with boys and men will help destigmatise menstruation (**Aszed, 2018; Peranovic & Bentley, 2017, p. 114**). Part of changing men and women's views on menstruation involves the marketing techniques and narratives used to sell period products.

### *Products and Marketing*

Menstrual products marketing creates a narrative of control over and freedom from menstruation (**Fahs, 2016; Johnston-Robledo & Chrisler, 2020; Weiss-Wolf, 2017; Wood, 2020, p. 320**). However, the reality is that these narratives reenforce the responsibility of self-surveillance and concealment that society has placed on menstruators (**Johnston-Robledo & Chrisler, 2020; Wood, 2020, pp. 329-331**). Each of the participants in this doctoral study explained that period product choices are made based on concealment, pain levels, comfort, activities, and location (**Johnston-Robledo & Chrisler, 2020; Mendlinger, 2020, p. 445**). Interestingly, none of the participants listed absorbency as a key criterion when choosing period products, though it could be an aspect of concealment they thought too obvious to mention. Artemis shared that sometimes inserting a menstrual cup is painful, so then she will choose period pads. From the literature review, discussion on increased pain sensitivity experienced by neurodivergent menstruators were shared by one study (**Steward et al., 2018**) and two content creators sharing their own experiences (**Layle, 2023; Mom on the Spectrum, 2021**). Activities such as swimming or running influence Kiran's period product choices (**Kissling, 2006; Ludington, 2020**). Chandra and Kiran explained that access to clean water and bathroom facilities impacts what kind of period product they will use (**Ludington, 2020; Ludington, 2023**). Coco and Frida have fewer varieties of products to choose from based on their personal

preferences, accessibility, and cultural taboos against internally worn period products (**Bobier**, 2020). This marketing increases the narrative that menstruators have the individual responsibility to constantly conceal their menstrual status to avoid shame.

The fear of leaking is common, but none of the participants recalled seeing anyone who had a period leak in public. Some of them shared memories of leaking themselves and the shame they felt; Artemis has a habit of checking seats when she stands because of the fear of leaking (**Sang et al.**, 2021). In the literature review studies and writings by **Allen et al.** (2011), **Sang et al.** (2021), SMCR (n.d), and **Weiss-Wolf** (2017) explored how menstrual product manufacturers utilise taboos to sell their products, specifically focused on the discretion of the packaging and fear of leaking. Marketing strategies reinforce perceptions that menstruation is unclean, embarrassing, inconvenient, unnecessary, disabling, and should be kept a secret (**Johnston-Robledo & Chrisler**, 2020, p. 186; **Pryzbylo & Fahs**, 2020, p. 377; **Wood**, 2020, p. 319). Concealment of menstruation through period products strengthens the separation of personhood and body.

Artemis found that she felt more connected to her body and menstrual cycle when using reusable cloth pads. Her experience shows the reclamation and connection to one's body that caring for menstruation can have. Artemis's experience demonstrates how the separation of personhood and menstruating body can be healed (**Fredrickson & Roberts**, 1997; **Langton**, 2009; **Wood**, 2020). By choosing to use environmentally friendly period products, she also feels a stronger connection to the natural world. This connection to nature is also evident in Artemis's preference to refer to menstruation as her "moon", and the desire to have her menstrual cycle align with the lunar cycle like some of her friends. This shows that the

language, narratives, and choices involved in period products can impact the experience of menstruation. Further, this depicts the connecting power that menstruation can have, reconnection between body and self, with others, and to nature.

Concealment of products also relates to how they are purchased. Frida shared that in India, period products will be wrapped in opaque plastic or paper when bought from stores. Coco said that she knows people who exclusively order their products online or for delivery, so that they are not seen in the shop buying them due to shame. These practices shield boys and men from seeing new, boxed up, period products, erasing menstruation from their casual observances while moving through life (**Bobel**, 2010; **Lynch**, 1996; **Persdotter**, 2020). Concealment of period products creates another burden on girls and women, increasing the shame around periods.

I find it interesting that Artemis was the only participant to mention anxiety over period odours. This anxiety is mainly about whether an odour will make her period status known to others, as opposed to a personal dislike, so it is part of her self-surveillance to conceal menstruation (**Johnston-Robledo & Chrisler**, 2020, p. 184; **McCarthy & Lahiri-Dutt**, 2020, p. 17; **Pryzbylo & Fahs**, 2020, p. 377; **Thornton**, 2013). Though she mentioned increased pain sensitivity when using menstrual cups, she did not mention other general sensory sensitivities that may influence her anxiety around period odour. The neurodivergent content creators **Layle** (2023) and **Mom on the Spectrum** (2021) do mention odour as a potential sensory sensitivity that can make menstruation more uncomfortable for some people. This sensory sensitivity relates discomfort that the individual experiences directly from menstruation, rather than from fear that others who may smell the odour and violate the expectations of concealment. Many

product advertisements highlight scent as something their product will eliminate or cover-up (**Johnston-Robledo & Chrisler, 2020, p. 184; Przybylo & Fahs, 2020, p. 375**). However, Artemis noted that scented products can have a specific smell that is noticeable to those who are familiar with it, failing to conceal one's menstrual status. The current pervading narrative is that it is up to the individual menstruator to choose the right period product to prevent leaks, cover smells, and avoid shame by concealing their bleeding bodies rather than on society to accept menstruation as a normal and natural occurrence.

Artemis shared how she felt rebellious once she started using "sport tampons" because of the insinuated allowance to be included in "boys" spaces or sport through concealing part of her female body's processes. This is representative of other findings in which advertisements create a narrative that their product allows women and girls to maintain participation in male spaces (**Bobel, 2010, p. 35; Przybylo & Fahs, 2020, p. 378; SMCR, n.d., pp. 1-2**). Kiran also shared the influence of advertisements promoting active lifestyles on her period product choices. The "fit bleeding" approach markets period products that disengage with the feminisation of menstruation and lean into toughness and sportiness (**Przybylo & Fahs, 2020, p. 382**). Being aware of the varieties of period products empowers menstruators to choose which one/s best fit their lifestyle and comfort.

Coco shared that there is a stigma around tampons in Kenya, because they are worn internally. Virginity is valued in her culture, and there is a belief that tampons cannot be worn by virgins. Findings from **Bobier (2020)** support that menstruation and sexual activities are linked and explains the hesitation to use period products that are inserted into the body, as young girls want to avoid "phallogentric sexual activity" (p. 309). Other participants from this

doctoral study shared feeling “cleaner” when using tampons. This potentially relates to the cultural stigmas like **Bobier’s** (2020) findings or concepts of self-objectification as described by **Langton** (2009), **Roberts** (2020a), and **Wood** (2020) and solidifies that influence of period product marketing narratives on the personal menstruation experience.

The main points of concurrence of the social sphere of influence and subthemes between the literature review and this study include: concealment, silence, self-surveillance, men’s reactions, and period products. Important subthemes that emerged in this doctoral study include individual responsibility, pain, and the concept of a normal period. It is due to the silence around menstruation that normal expectations of pain and period experiences are not discussed. This leads to individuals feeling isolated and sometimes ashamed if their period experience is outside of the normal social narratives that pervade throughout the world.

### **Cultural Sphere of Influence: The Communal Experience**

When discussing cultural influences on menstruation experiences, this study focused on communal experiences. Subthemes such as religion, myths and taboos, and narratives and practices that are shared and passed through the generations impacting current life are discussed. There are contradicting narratives, such as valuing the reproductive abilities of women while simultaneously framing menstruation as unclean (**Gunter, 2024; Hawkey et al., 2020, p. 108**). Women are typically the cornerstones of families and traditions, providing care and structure yet hold little power and value within the patriarchy (**Cohen, 2020, p. 126**). Menstruation practices often reflect gender hierarchies, women’s agency, sexual practices, and reproductive value and are important in identity formation (**Cohen, 2020, p. 115**). The

participants of this study are aware of these patriarchal perceptions and all fight against it. They are independent, driven women who choose to be caring and supportive partners, sisters, daughters, and friends. They have had the opportunity to seek higher education, chosen whether to participate in religions, and gained a strong sense of self. For many other women across the globe, that is not possible under current patriarchal systems.

### *Womanhood and Sisterhood*

Aspects of the concept and experience of womanhood were discussed in the social sphere of influence section of this chapter. The focus will now move to communal aspects of sisterhood. Menstruation is understood as an indication of becoming a woman in many cultures, which signifies a transition in an individual's status and a powerful construct of feminine identity (**Bobier**, 2020; **Harcourt**, 2009, p. 38). Frida did not want to grow up, to be a woman, when her period started. She wanted to remain a child. The responsibility and fear of pain caused anxiety even with supportive parents who answered all of her questions and prepared her for menstruation. Many studies (**McCarthy & Lahiri-Dutt**, 2020; **McHugh**, 2020; **Roberts**, 2020b; **Wilson et al.**, 2021) found that lack of education and parental guidance leads to anxiety and fear of menstruation, however, this doctoral study found that fear and anxiety can occur even with parental support and education. As was discussed before, there is an increase in responsibility and sexual awareness, and also an increased inclusion in women-only conversations (**Bobier**, 2020). In India, being a woman means being a part of the kitchen conversations, sharing experiences, asking questions, and being asked questions about relationships with men. However, even in these conversations, menstruation is rarely discussed according to Frida. Thus, the isolation of menstruation remains. It seems, according to this

study and the others mentioned, that the connections of communal female experiences do not extend to the blood ties of menstruation.

All of the participants in this doctoral study shared memories of talking about periods with their friends during puberty, though this was limited and often centred on their lack of knowledge (**Erchull**, 2020; **McHugh**, 2020). They also shared how they had more in-depth conversations about menstruation with friends recently, in their mid-twenties, that have expanded and improved their understanding of variances in menstruation experiences. These vulnerable conversations involved honestly sharing negative experiences, supporting each other, and discovering the truth of what their friends experience while menstruating. Other studies by **Gottlieb** (2020), **Johnston-Robledo** and **Chrisler** (2020), and **Chrisler** (2020) found that talking openly about menstruation can lead to developing a more positive attitude towards it. These findings and reflections answer the research sub question 2, on if sharing stories can decrease the stigma around menstruation. It is clear from this doctoral study and the others mentioned in this paragraph that sharing stories can lower stigma and increase positive views of menstruation.

### ***Language***

Language is developed to communicate with others, to create community. However, for stigmatised topics like menstruation, people will circumvent the silence through euphemisms (**Barnett**, 2019; **Fahs**, 2016). Frida developed a code word to tell her parents she was menstruating to keep it a secret from her brother. Kiran had a phrase she used with her friends at school and during sports. Both of these examples were unique words and phrases, but **Barnett** (2019) listed several alternative terms for menstruation from around the world. While

there are common terms, like Aunt Flow and shark week, that participants had heard of and **Barnett** (2019) listed, this research showed that the possibilities are endless. People come up with their own terms based on their unique experiences and backgrounds. This means that there is strong potential of creating new terms that can have positive or neutral connotations to them. **Elgin** (2019) explores the possibility of creating new language to express different experiences of menstruation in her fiction book. Stigmatisation of menstruation can be overcome by changing the terms used to speak about it.

### ***Menarche***

The lack of communion through menstruation has roots in how mothers talk about menstruation with their daughters, and reciprocally, how comfortable daughters are in talking with their mothers (**Hawkey et al.**, 2020; **Marván et al.**, 2006). This conversation, ideally, starts before menarche (**Hawkey et al.**, 2020; **Lee**, 2009; **Teitelman**, 2004). Menarche celebrations aim to promote positive messages and welcome girls into womanhood, but these can be confusing in conjunction with the stigmatising messages about menstruation needing to be concealed (**Hawkey et al.**, 2020, p. 103). Coco did not tell her mom when she got her first period, even though they were close and had open conversations. Now, Coco works to change this dynamic and increase open communication about menstruation with her niece. Kiran, Chandra, and Artemis shared with their parents when their first period occurred but were focused on the new practicalities of caring for their bodies, such as needing period products. These examples show that the less menstruation is talked about, the more isolating the experience can be.

### ***Menstrual and Lunar Synchrony***

Artemis specifically had a healing experience of connecting with her friends through exploring their menstrual experiences together (**Chrisler, 2020; Gottlieb, 2020; Johnston-Robledo & Chrisler, 2020**). Part of these conversations involved the strong feelings of connection with nature, specifically the moon cycle. In honouring their natural menstrual cycles, some of her friends noticed they were aligned with the moon cycle, strengthening their spiritual connection with nature and creating a positive relationship with menstruation (Buckley, 1988; Lamp, 1988). During this time, Artemis reshaped her relationship with her menstruating body, began to honour it, and heal from past experiences. Artemis calls menstrual bleeding her “moon”, a reference to the lunar cycle and the belief that menstrual and lunar cycles are aligned. Menstrual and lunar synchrony are hypothesised occurrences that are shared by many women through time and place (Buckley & **Gottlieb, 1988; Knight, 1988; Lamp, 1988; McClintock, 1971**). This inspires a feeling of connectedness to nature and to other menstruators. Menstrual synchrony is an important touchstone of connection to other menstruators for Artemis. However, there are studies that posit menstrual synchrony does not occur (Clue, 2017; **Gunter, 2024; Wilson, 1992**). The persistence of the belief in menstrual and lunar synchrony points to the desire for connection and sisterhood among menstruators.

### ***Religion***

It was established in the literature review that religion outlines many ways to structure and control the lives of individuals through communal beliefs (**Cohen, 2020**). Further, there are specific guidelines for female bodies in many religions (**Maharaj & Winkler, 2020; Roberts, 2020a**). The participants in this doctoral study grew up in Catholic, Islamic, and Hindu

households. Menstrual taboos lead to practices restricting the spaces menstruators can occupy which protects men's purity (**Cohen**, 2020, p. 122; **Sukumar**, 2020, p. 137). These religious beliefs and practices are also strongly present in their communities and sometimes politics.

Kiran discussed how there was some consideration and discomfort when she starting using birth control for the purpose of treating a hormone imbalance and initiating her period due to being raised Catholic and having a religiously devout father. Even though she was not using birth control as a contraceptive, which is against Catholic doctrine, she felt temporary hesitation with adhering to medical advice. As an adult she distanced herself from Catholicism and no longer feels hesitations around birth control.

Frida, who grew up in a Hindu household and community, understood girls' virtue to be strongly tied with abstinence of sexual activity (**Hawkey et al.**, 2020). Coco, who is Muslim, grew up with similar moral views. This impacted their choice and access to period products. Tampons and menstrual cups are frequently believed to not be able to be used by girls who have not yet had sex, or that they would damage a girl's hymen making them "impure" (**Bobier**, 2020). These findings and reflections highlight the connection cultures have made between sexual activity and menstruation, and how religious narratives stigmatise both.

Both Frida and Coco also shared that in Hindu and Islamic practices there are specific instructions for how to clean your body after menses, to make it pure again (**Roberts**, 2020a). Coco did not share any specific emotional response to the requirement to cleanse after menses, though other research has found that similar rituals can create a bond between women within the same religion and can deepen their religious practices (**Hawkey et al.**, 2020, p. 108;

**Maharaj & Winkler, 2020; Roberts, 2020b). Maharaj and Winkler (2020) and Cohen (2020)** found that these cleansing practices can be traumatic for some women. Frida shared her acknowledgment of women in India protesting menstrual restrictions, such as entering temple while menstruating, and the negativity that can come from being excluded from religious practices. Until these ritual cleanings are complete, menstruators are restricted from participating in certain religious and daily activities (**Cohen, 2020; Maharaj & Winkler, 2020**). Restrictions from prayer, visiting temple or mosque, relations with partners, and sometimes household activities are common practices (**Cohen, 2020; Maharaj & Winkler, 2020**). These practices point to an “ancient emotion of disgust” of menstruation and the need to cleanse oneself, both men and women, from the physical blood of it (**Roberts, 2020a, p. 56**). Menstruation has been utilised as a way to exclude women, create time-consuming rituals, and explain gender hierarchies in religions (**Cohen, 2020; Maharaj & Winkler, 2020**). For some individuals, though, menstruation has been a conduit to deepening spirituality and connection. The complexity of influences onto the personal menstruation experience is especially clear when considering how religious practices are perceived by the individual, as restrictive or meditative.

During Ramadan, the holy month observed in the Islamic calendar, menstruating women are exempt from fasting. However, Coco shared that you may be judged if someone sees you eating, even though everyone is aware of the various exemptions, which aligns with other research findings (**Maharaj & Winkler, 2020, p. 168**). She shared that she often would continue fasting, at least in the presence of others, even while on her period during Ramadan to maintain menstrual concealment. Religion has a complex impact onto personal menstruation

experiences and consists of narratives and practices that interweave within other cultural contexts.

### *Narratives and Practices (Myths and Taboos)*

As shared previously, there is an overarching theme of silence and concealment around menstruation. The origins of many of these restrictions have been lost in time, though they continue to be practised (**Mendlinger**, 2020, p. 443). Menstruation is spoken of in whispers and codes, if at all (**Barnett**, 2019). Menstruators change their daily activities to retain concealment, whether by personal choice or cultural rules (**Wood**, 2020, p. 322). The silence and concealment hide menstruation from male consciousness and isolates the experiences of menstruators by preventing them from connecting with others.

### **Political Sphere of Influence: The Controlled Experience**

Generally, the participants had limited awareness of potential political impacts on their menstruation experiences. They are aware of how politics can impact gendered issues like access to healthcare and education standards. Included in this section is the medicalisation and biological reductionism of the female body, as this is largely controlled through governing bodies (**Gottlieb**, 2020, p. 143; **McHugh**, 2020, p. 417; **Roberts**, 2020b, p. 177). Legislation around menstruation, women's healthcare, and education is a direct reflection of awareness, compassion, and respect for menstruation experiences (**Winkler**, 2020). Politics are influenced by the society and cultures in which they provide legal structures to govern a population.

*Menstruation as Medicalised*

Artemis sees her period as a regular litmus test of her overall health (Hill, 2019). If her period is late or particularly painful, she considers if she has had extra stress that month. This is based on years of reflection and noticing patterns of how her life can impact her period. Kiran's menstruation story began with concern that she had not started menstruating by age sixteen and needed medical intervention to stimulate it. Bobel (2020) refers to menstruation as one of the vital signs important to an individual's health, and the fact that there is a profound knowledge gap indicates the misogyny and stigma around menstruation and suppression of knowledge production (p. 1). Coco gained most of her understanding of menstruation from her gynaecologist, whom she began seeing regularly in her twenties. Frida's experience was demonstrative of how limited education and healthcare are in addressing and informing people about women's healthcare – she did not understand basic female reproductive anatomy until her mid-twenties.

Social and cultural expectations of how women are to act impacts the pathologisation of the natural hormone shifts that menstruators undergo and leading to diagnosis of PMS and PMDD, which we heard through Artemis' personal story (Buckley, 1988, p. 115; Erchull, 2020, p. 400; Ussher, 2006). These are real experiences that can be aided through medical intervention, though the stigma and goal of treatment are heavily gendered. As has been previously discussed, people who suffer from PMS and PMDD are often labelled irrational and volatile, rather than listened to with empathy (Gottlieb, 2020, p. 144; Johnston-Robledo & Chrisler, 2020, p. 187; King, 2020, p. 287; McHugh, 2020, p. 410; Roberts, 2020b, p. 177). The treatment goals are to make the experience easier for everyone around them, rather than holistically

understanding why they become easily irritated or suffer depression during times in their cycle. In Chandra's experience of her father blaming her anger and arguing on PMS and dismissing her feelings, demonstrating that "sexist historical assumption...the idea that women are *pathologically* emotional" (King, 2020, p. 287; Lawrence, 1988, p. 118). Research shows that given a space to talk and a sympathetic ear greatly aids in easing PMS and PMDD symptoms (Ussher, 2006). For Frida, her father and first boyfriend showed a great amount of empathy and care for her during menstruation, so even while she was in pain she felt cared for. This type of treatment may illuminate changeable aspects of menstruation that reveal dissatisfaction with life in conjunction with the hormone shifts experienced throughout the menstrual cycle.

Historically, women's health complaints have been dismissed (Cleghorn, 2021). This leads to self-diagnosis, which we saw in Artemis' case of seeking care for PMDD. Because there is limited education for healthcare workers on these issues, lacking guidance on diagnosis and treatment, prescribing birth control is usually the first (and often only) treatment (Clancy, 2023; Gunter, 2024). Paradoxically, healthcare workers are seen as the experts rather than the individuals, despite the obvious knowledge gaps (Wood, 2020, p. 323). As Artemis shared, even though she was given a treatment for her symptoms, she felt uncomfortable with the lack of discussion and options. The other implications for medicalising menstruation include criticism on lifestyle choices, pharmaceutical companies pushing products, alternative medicine providers, and sources lacking evidence (Wood, 2020, p. 323). The stigmas around menstruation and the female body instil embarrassment in girls and women, which prevents many from seeking adequate healthcare (Gottlieb, 2020, p. 151; Johnston-Robledo & Chrisler, 2020, p. 187). The reflections in this doctoral study resonate with the other studies mentioned,

but an emergent subtheme of the personal menstruation experience is the influence of birth control.

### *Birth Control*

It quickly became apparent how intertwined birth control is with the participants' relationships with their menstruating bodies. Menstruation is framed as a loss of control, and birth control can regulate or suppress it, freeing women of the burden of their bodies, freeing them to be sexually available to men, and freeing them to maintain caregiving roles for children (**Jackson**, 2021; **Johnston-Robledo & Chrisler**, 2020, p. 184; **Ussher**, 2006, p. 54; **Wilson et al.**, 2021). In relation to fertility, menstruation may indicate failure to become pregnant, leading to feelings of sadness or loss. The participants of this study shared stories of how birth control was used to stimulate menarche, treat pre-menstrual symptoms, and prevent pregnancy. All of these reasons helped situate menstruation as something separate from oneself; medicalising and controlling it. The experience of disembodiment and shame women experience from menstrual concealment and suppression efforts was discussed thoroughly in the literature review (**Jackson**, 2021; **Roberts**, 2020a, p. 54; **Vora**, 2020, 35; **Wood**, 2020). Birth control is often marketed as an empowering method of controlling one's body, but **Roberts** (2020a) and **Wood** (2020) found that menstrual suppression leads to higher scores of self-objectifications. The narrative is to free women from their own bodies, rather than to accept and care for them.

Participants shared that the responsibility of preventing pregnancy was on them from an early age and perpetuated by male partners in their adult relationships (**Bobier**, 2020). Kiran noted that healthcare workers implied that it would be irresponsible of her to not be on any

type of birth control, despite her negative experiences of birth control impacting her life previously. Kiran and Chandra shared the painful experiences of having IUDs inserted without anaesthetic, which resonates with **Layle's** (2023) experience and Hutt's (2011) review. Kiran felt shamed into using medical birth control because of these conversations in the healthcare setting and with her partner. She further reflected that there is feminist discourse of birth control being empowering and responsible, a new standard expectation. Tied with these conversations, she found it frustrating when searching for more information on birth control and different options, saying that her healthcare team did not explain or share resources.

### *Education*

Public education is important to ensure a baseline of health literacy in a population (**Fahs**, 2016; **Fahs & Perianes**, 2020). Even though the participants all have higher education, their early education greatly differed based on their locations. In India, Frida received no formal education on puberty or reproductive health (**Fahs**, 2016; **McCarthy & Lahiri-Dutt**, 2020). She specifically remembers that the teacher told the students to read the chapter on reproductive health at home, and that very few did (**McCarthy & Lahiri-Dutt**, 2020; **Wilson et al.**, 2021). Later, she gained information from her friends and family (**Erchull**, 2020; **McHugh**, 2020). Whereas Coco, who is from Kenya, remembers representatives from period product companies coming to her classroom to provide education and sample products which has been found to enforce stigmas around menstruation (**Johnston-Robledo & Chrisler**, 2020). Artemis, Chandra, and Kiran all remember learning about puberty and reproductive health in the classroom for a few years around the time they were going through puberty. Accurate, inclusive, and prompt

education on menstruation is necessary to destigmatise the experience and move towards empowerment and improvement of menstruation experiences.

### **Creative Expressions**

The aim of this doctoral study was to gather a holistic understanding of the personal menstruation experience. To do this, the participants were invited to share a creative expression to supplement their interviews (**Bobel**, 2020; **Fahs**, 2016; **Gottlieb**, 2020). The creative expression practice took their reflections further to the creation of artifacts (**Crimmins**, 2017; McClean et al., 2020; **Pushor & Clandinin**, 2009). It was important to have this be an option, for participants to have the choice and power on how they expressed their stories. By allowing other modes of communication and expression of the embodied experience of menstruation, the silence that surrounds it can be circumvented through making it visible (**Fahs**, 2016; **McHugh**, 2020; **Wood**, 2020). By encouraging creative expressions, individuals can deepen their own understanding of experiences and connect with others. The creative expressions also deepened my understanding of the participants' stories. Creative expressions can cross language and cultural barriers, allowing for connections to form between people across the world. This can also enable the research to move beyond academic spheres, connecting to other communities through artform. My menstrual cycle scarf that was on display at a local art gallery is an example of my academic studies leading to creative outputs to engage with various audiences. The following paragraphs explore the creative expressions shared by Artemis and Frida.

One of the unique experiences shared through this research was a reflection of Artemis's performance piece on menstruation. This was a piece developed and performed by a small group of dancers, including Artemis. It was conceptualised when this group began to share shameful menstruation experiences, such as period sex resulting in blood-stained sheets and hurtful nicknames like "beef stew" used by romantic partners (**Barnett**, 2019). Through the development of this piece, each of the performers explored their experiences and played with various methods of expressing themselves, movement, words, and visuals (**Bobel**, 2020; **Fahs**, 2016; **Gottlieb**, 2020; **Kaur**, 2024). Importantly, for Artemis, it opened the conversation to reflect on an experience and recognise that it had caused shame during menstruation. Through this physical, mental, and emotional exploration of that experience, surrounded by caring friends, Artemis found a way to reclaim her confidence in her worthiness to be loved, while menstruating and not. Subverting and reclaiming menstrual practices through group artistic methods are some of the many ways to defy taboos (**Fahs**, 2016; **Gottlieb**, 2020; **McHugh**, 2020; **Ussher**, 2006; **Wood**, 2020). Artemis and her friends felt it was logical and natural to explore menstruation through dance movement, finding new ways to express their experience to an audience. Artemis also stated the importance of sharing in hopes of informing others that they are not alone in their negative experiences, and that they too can heal and reclaim their narratives. **Wood** (2020) states that by expressing menstrual experiences, sharing them with others, is a form of resistance against stigmas (p. 331). Artemis also used movement to create a new expression for this doctoral study. As an individual this time, she explored the physical sensations that she experiences with each menstrual cycle. Both of her creative expressions show the power of individual and group artworks to share stories. The use of movement to

express the embodied experience of menstruation was not found in the literature review, indicating the potential for new studies to focus on this. Reconnecting the body to the mind through dance, with a focus on healing from menstrual stigmas is an exciting research proposal.

Frida's creative expression may appear simple but presents layers of meaning based on her personal experiences, cultural meanings, and guesses of the future. Her use of colour is intertwined with the appearance of period blood and with cultural representations – the colour red represents blood, fertility, and womanhood (**Fahs**, 2016; **Lewis**, 2020). Her usage of the cotton roll aided in my understanding of the product, more than her verbal description of it. Our conversation around her creative expression prompted discussion that deepened my understanding of her experiences, views, and hopes for menstruation – even after nearly seven hours of previous interviews. The layers of meaning represent her menstruation experience in a holistic manner, intertwining social, cultural, and political influences into a visual format.

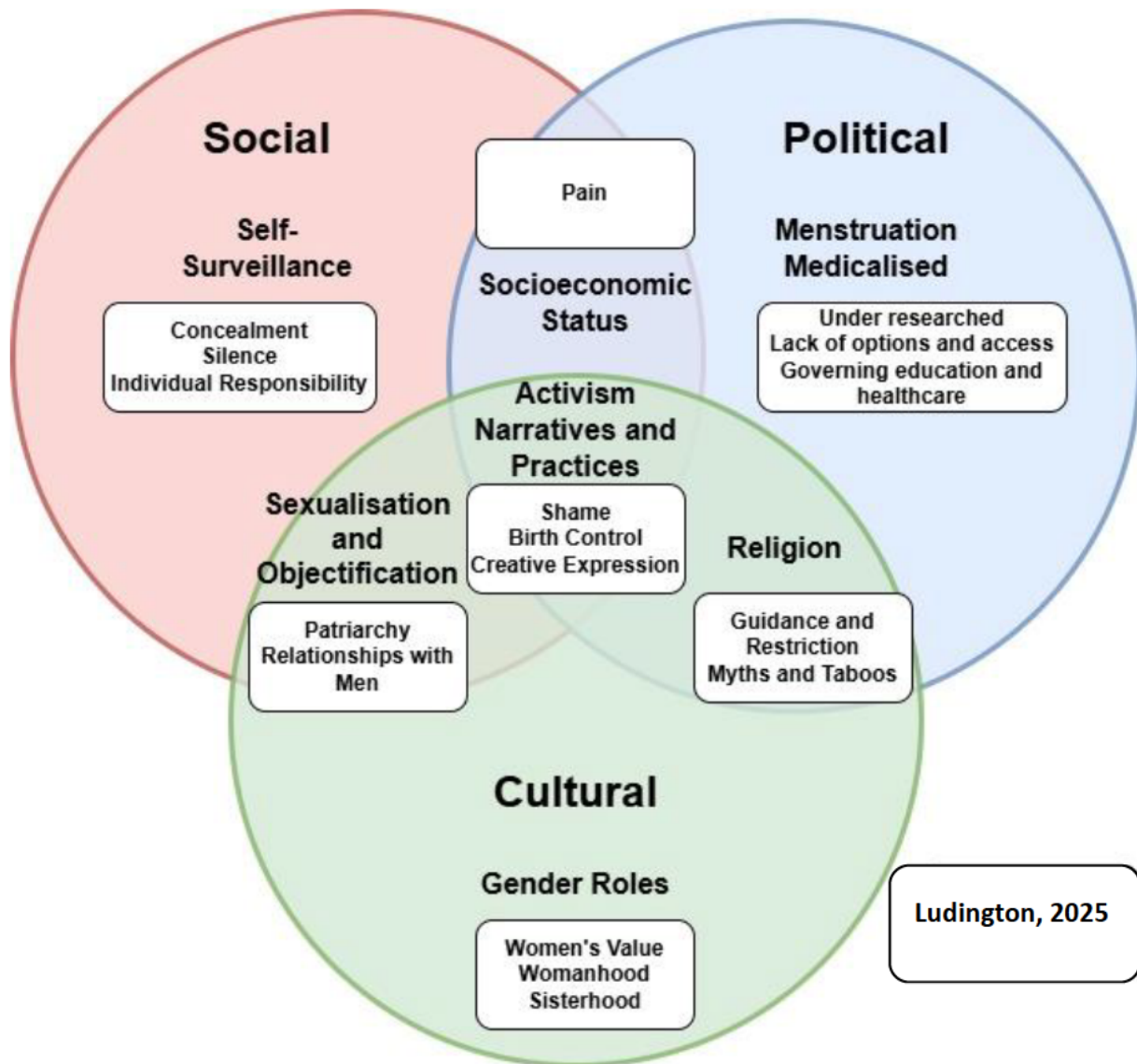
These examples demonstrate the power of creative expressions on deepening understandings and fighting stigmas (**Gottlieb**, 2020; **Ussher**, 2006). By creating and sharing these alternative expressions, Artemis and Frida deepened their own reflections and my ability to empathise with their stories. Reconnection to the self, body, and others can occur through art activism (**Fahs**, 2016; **Wood**, 2020). The participants' explored unique aspects of their own menstruation experience for their creative expression. Frida was inspired by the colours of her period blood and the comfort of her period product. While Artemis focused on the physical sensations she experiences leading up to her period and the relief from these symptoms once bleeding has begun. My menstrual cycle scarf, my own creative expression artifact from this research, has achieved both inner reflection and connection between my academic pursuits

and passion for art. Creative expressions allow us to explore and express embodied experiences without the boundaries of language, which is vital for understanding silenced and stigmatised parts of life like menstruation. Art activism is a proven way to reclaim our stories and begin to rewrite the narratives around menstruation.

### **Conclusion**

The reflections in this research directly enrich the conceptual framework presented at the beginning of this research. Connections and variances across the participants and literature review come together to fill in gaps of knowledge within holistic understandings of menstruation. The conceptual framework has been further modified to aid with the visualisation of the key reflections. The addition of terms represents the summary of the reflections that have been discussed in depth in this chapter. This figure can be utilised in future research, to provide a starting point for others exploring the intersections across various influences on menstruation. The Key Reflections for Holistic Narratives of Menstruation is displayed as Figure 3.

Figure 3: Key Reflections for Holistic Narratives of Menstruation



The key reflections figure represents the influences and subthemes that answer the research questions that guided this research. It is important to note that this figure is a general representation of data and reflections from this research. If we were to focus on the influences and subthemes of one individual, different connections and levels of impact would prove the uniqueness of their holistic experience of menstruation and require a tailored figure to be an accurate representation. The current figure shown here could then be used to discover

similarities and differences between these general reflections and that of a specific individual.

The research questions are presented again, below. Summaries of the reflections and how they have answered the questions follow.

Main Research Question: How do social, cultural, and political contexts affect individual menstruation experiences around the globe?

Research Sub-Question 1: How do menstrual stigmas affect the personal experience through social, cultural, and political interactions?

Research Sub-Question 2: Can sharing menstruation stories reduce stigma around menstruation and promote progression of true gender equality?

The main research question was answered through in-depth narratives from participants and a thorough literature review. The conceptual framework (Figure 2.) was created from the literature review and provided structure to this thesis with the data and reflections enriching and depicting a holistic exploration of personal menstruation experiences. The Social Sphere of Influence includes subthemes of self-surveillance, sexualisation and objectification, and socioeconomic status. The Cultural Sphere of Influence consists of gender roles, religion, and sexualisation and objectification. Within the Political Sphere of Influence, subthemes of medicalisation of menstruation, socioeconomic status, and religion are explored. Overlapping subthemes such as sexualisation and objectification, socioeconomic status, religion, narratives and practices, and activism are present across the spheres of influence. Overall, each of these spheres of influence lead to silence, concealment, and shame of menstruation.

The influence of stigma is described across all three spheres of influence, social, cultural, and political, and their subthemes that form the conceptual framework. The stigma compounds

and perpetuates silence, concealment, and shame within all three spheres of influence, resulting in individuals feeling shame around menstruation. In this research and others (**Bobel**, 2020; **Erchull**, 2020; **Fahs**, 2016; **Gottlieb**, 2020; **McHugh**, 2020; **Ussher**, 2006;), sharing personal stories of menstruation did result in participants feeling supported, connected, and empowered in their experiences. Shame and anxiety decrease when individuals recognise that they are not alone in their experience (**Ussher**, 2006). This shows the power of sharing personal menstruation stories.

### ***Social Sphere of Influence Key Reflections***

The main findings for this sphere of influence are centred on concealment, silence, and individual responsibility of menstruation (**Bobel**, 2020; **McHugh**, 2020). Participants from this research shared feelings of shame and anxiety tied with menstrual status, leading to high levels of self-surveillance to adhere to gender expectations (**Ussher**, 2006). This expectation of self-surveillance causes women to feel isolated in their experiences and contradictory beliefs of having bodily autonomy and suffering from social pressures to control and conceal their body (**Frank & Dellaria**, 2020; **Winkler**, 2020). A subtheme found within this sphere is the patriarchal sexualisation and objectification of women and girls, pressuring them to retain sexual availability and desirability to men (**Bobier**, 2020; **Lynch**, 1996; **Wood**, 2020). This impacts relationships with fathers, brothers, friends, and partners. It was also found that normal or generalised expectations of period pain are under discussed, again, supporting the individual subtheme of the social sphere of influence.

### ***Cultural Sphere of Influence Key Reflections***

Within these findings, the value of women was explored. Through cultural and religious views, there are opposing and varied perspectives ranging from women having inherent value to only having reproductive value (**Cohen, 2020; Ussher, 2006**). This ties in with the subthemes in the social sphere of influence that discuss the sexualisation and objectification of women and girls. Another subtheme within this sphere of influence is sisterhood, the connection between women. There are many cultural practices and traditions that encourage strong connections between women, but even in these spaces, menstruation is not often a topic of conversation or shared experience (**Maharaj & Winkler, 2020; Roberts, 2020a**). This further supports the subtheme of isolation described in the social sphere of influence.

### ***Political Sphere of Influence Reflections***

The final sphere of influence, political, examined governing bodies influences on reproduction and menstrual health. Menstrual health has been under researched and leads to poor care from health care providers and institutions (**Gunter, 2024**). Women's self-reported experiences, especially pain, are often dismissed (**Cleghorn, 2021; Gunter, 2024; Morgan, 2019**). Access to education for those who seek it themselves is limited and of uncertain reliability.

A subtheme that proved to be an important connection across the participants and other research was the influence of birth control. While birth control can be used to prevent and plan pregnancy, it can also be used to suppress, regulate, and stimulate menstruation (**Jackson, 2021; Johnston-Robledo & Chrisler, 2020; Wilson et al., 2021**). Birth control is often

regulated by political governing bodies, cultural practices, and financial accessibility, meaning it crosses all three spheres of influence within the personal menstruation experience.

### ***Creative Expressions Reflections***

The creative expressions included examples of art and alternative expressions inspiring conversations about menstruation amongst friends and family. A stigmatised and silenced topic such as menstruation greatly benefits from valuing creative expressions. These alternative forms of communication are often used in successful menstrual activism (**Bobel**, 2020; **Fahs**, 2016; **Ghandi**, 2015; **Kaur**, 2024; **McHugh**, 2020; **Ussher**, 2006; **Wood**, 2020). Art creates a path between personal expression and shared experiences, stimulating connection, support, and insight.

This concludes the discussion and key reflections for this doctoral study. The research questions have been answered, gaps in knowledge have been filled, and new gaps have been identified. While the participants have many similarities, such as age, access to education, and free from disability or chronic illness related to menstruation, they provide an important insight to menstruation experiences. As has been mentioned previously, such a sample group is largely missing across current research (**Ussher**, 2006). Their differences, namely the inclusion of individuals from various cultures, religions, and locations further provides a uniqueness to this study. Because of our preexisting friendship, we were able to trust and support each other during our exploration and discussion of their menstruation experiences. The ability to compare the rich reflections across these intersectionalities inspires further studies to continue to fill in these gaps of knowledge. In the next section, the thesis conclusion, the strengths and

limitations of this study are examined, recommendations based on the reflections are presented, and a few final words are offered in parting.

## **Conclusion: Free Bleeding**

### **Synthesis of Findings**

It takes one brave voice to start the conversation, spark curiosity and reflection, and inspire action to make changes. This research set out to explore the social, cultural, and political influences on the personal experience of menstruation. In doing so, deep and engaging conversations were had between friends which inspired the creation of alternate ways of expressing the embodied experience of menstruation and fighting stigmas. The aim was to create a space for the participants to share and explore their menstruation experiences in-depth. By encouraging reflection and expression, the participants have increased their awareness of how various structures impact their menstruation experience and how these can impact menstruation experiences around the world. Women's voices were highlighted throughout, female authors explicitly bolded, increasing the awareness of their presence in academic and non-academic writings. A focus on personal stories and inclusion of creative expressions resulted in this holistic understanding of menstruation expanding upon existing knowledge. Ultimately, both the participants and I have been motivated to continue understanding and improving our own and others' experiences of menstruation. For some participants, this means conducting their own research, approaching community leaders to make changes, and challenging patriarchal structures and expectations in their own everyday actions. For all of us, the lasting impact of this research motivates us to continue sharing our stories, educating ourselves, and supporting those around us to improve menstrual health and dignity.

***The Silence is Shattering***

Through this research, I found that when given a safe and brave space, people are very willing to share their menstruation stories at length and in depth. Further encouraged to express experiences in creative ways, the participants shared emotive representations of menstruation. These expressions encouraged introspection and increased my understanding of their stories. Artwork, such as that which the participants shared, crosses language barriers and can reveal resonances with others from many backgrounds.

While menstruation is often silenced and suffers the illusion of being an isolating, individual experience, it can be a bonding experience that leads to better understandings of ourselves – our personal and communal experiences. This research demonstrates that menstruation is an important topic to explore as well as a unique lens to understand a myriad of gendered experiences. It is increasingly important to demonstrate the value of women's health and gender research as basic human rights are being threatened for anyone who is not a cis-man. The response to these threats includes increased questioning of numerous gendered traditions and practices worldwide and fighting for empathy and equality for all people. This research is part of that fight, the feminist fight for freedom from oppression by shattering the silence and bonding through shared experiences.

***Impact of Patriarchal Oppression***

Patriarchal oppression is the silent thread that weaves shame throughout all the spheres of influence onto the menstruation experience. The key reflections (pain, shame, relationships with men, sisterhood, and menstruation medicalised) illuminated the spheres of influence on women's and girls' lives, depicting expectations, and restrictions implicated

through menstruation as stigmatised experience. The way menstruation has been and is currently perceived and treated illuminates the historical endurance of misogyny and patriarchal ideals. By condemning a uniquely female experience and using it to control, limit, and shame girls and women, patriarchy has limited human knowledge and compassion. The tides are turning and the waves are reaching breaking point, there are many people and groups making changes to improve menstruation experiences and perceptions – we just have to keep going. Research, passion, and empathy for women and people who menstruate is a continual battle.

### **Strengths and Limitations of the Study**

When I walk into a bookstore and head to the women's health section, I see books on hormone concerns, menopause, and medical conditions such as endometriosis or PCOS. Previous, limited, research on menstruation has also largely focused on menarche, menopause, and medical conditions related to menstruation. Over the years during this PhD research, I noticed an increase of books that focus on more general menstruation experiences, but still see limited options for books that are aimed for me – a 30-something-year-old who wants to learn more about my body and how to care for myself in the current world. For these reasons, and other studies noting this gap, I chose to have participants that are similar to me, the overlooked audience and missing voices from current research.

The participants of my research are a unique group in that they are all highly educated, self-educated on menstruation, and very open to discussing their experiences. While they are not representative of all people who menstruate, they have provided a unique insight onto their menstruation experiences that further knowledge on this topic. It is important to

remember that only two of the participants self-identified their menstruation experience other than normal. Artemis is self-diagnosed with PMDD and Kiran refers to her cycle as “atypical” in regards to regularity. The other participants, Chandra, Coco, and Frida, then fill in gaps of research on the “normal” menstruator’s experience. This research aimed to gain a holistic understanding of menstruation, inquiring on many different influences on the individual experience – these participants provided that depth of insight because of the critical reflexivity that was developed through higher education.

There is strength in the diversity of locations and backgrounds of these five participants. The in-depth collection of stories and data from each of the participants provides valuable insights across various intersectionalities. It is important to keep in mind that the perceptions of their experiences are snapshots in time, as their relationship with menstruation and the social, cultural, and political influences will continue to evolve. In research, there is always a tension between the value of rich detail of a small sample group and a larger sample size, but it is the depth and individual voices that are strengths of this study.

Another integral aim of this research was the level of trust between the researcher and participants. This trust had a foundation of existing friendships and was nurtured and strengthened throughout the interview process. Trust was necessary to collect the depth of detail and commit to the process of the interviews. Improving knowledge and support of menstruation experiences starts with listening to those who live it, valuing their voices, and sharing their stories. New menstrual stories will help us attain liberation, connection, and develop empathy to heal shame.

The creative expressions were an important and unique part of this research, but so was the choice for the participants on whether to create and share them. This study is limited on presenting a rigorous examination of the value of creative expression due to only two out of the five participants sharing them. However, the two creative expressions added an important layer of understanding and demonstrate the possibilities that creative research methods allow for. Creativity was an integral part of the design and conduct of this research: the chapter titles, participant pseudonyms, bolding of female authors, analysis process, and the artifacts I have created during this research. Freedom for creative expression was important for empowerment, for me and the participants.

This thesis endeavoured to connect many parts of menstruation experiences, across cultures, time, and areas of life. It is the start of many lifetimes' worth of time and dedication to compile a truly holistic understanding of menstruation. Therefore, a limitation is me. I am one person limited to my one lifetime to do this research. As noted throughout, I engaged in this research practising critical reflexivity to mitigate potential biases influencing the data collected, prioritising authentic representation of each participant. There are more studies and stories continuously adding to this discourse across many fields. It is communal and intersectional efforts that will promote impactful and positive change on menstrual experiences across the globe.

### **Recommendations**

There is a need to visibly, verbally and physically, support menstruation in homes, classrooms, workplaces, community gatherings, governing bodies and individuals. Improving menstrual health and dignity happens with one person starting the conversation and

questioning current structures and expectations that impact menstruation experiences. In conjunction with one brave person, everyone needs to be curious and empathetic enough to educate themselves and build safe communal spaces to share menstruation experiences. By understanding how and where menstrual health and dignity is not supported, we can take action to make improvements. The following paragraphs share specific recommendations for each sphere of influence concluding with everyday actionable choices for individuals.

### ***Social Sphere of Influence Recommendations***

To combat the self-surveillance, silence, concealment, and individual responsibility of menstruation it is necessary to actively share menstruation experiences. Stories and art about menstruation contribute to connection and knowledge, dispelling the feelings of isolation and ineptitude of caring for one's menstruating body. Promoting open conversations on social media sites, in classrooms, in homes, in workplaces, and governing institutions will raise the awareness of how much menstruation influences life and how life influences menstruation. The participants of this study and I have already taken action to share menstruation related and inspired efforts across various contexts. The menstrual cycle scarf that I made during the first year of this PhD has been on display in an art gallery in Edinburgh. Frida has begun to do her own research on menstruation experiences in India as well as create more artwork inspired by her menstruation experiences. Coco has considered developing period panties to sell and donate alongside her other products through her small business. There are many other, smaller, efforts that we have all been inspired to enact due to being a part of this research.

***Cultural Sphere of Influence Recommendations***

Women's value in different cultures needs to be defined and likely re-defined to progress to gender equality. Women should not be reduced to their body parts and functions, especially when there is paradoxical messaging around hiding menstruation and valuing the ability to bring new life. This redefinition will involve understanding religions and increasing the ability for women to choose how and if they participate in guidance and restrictions outlined in their religion. Broader cultural narratives and practices that propagate myths and taboos need to be dispelled. It takes effort from everyone across genders to support each other and share privileges by inviting marginalised voices to all spaces to be heard. Through better education, stigmas and taboos can be dispelled. This will be a catalyst for questioning and changing of practices and narratives. A culture of empathy and care for all needs to grow across the globe.

***Political Sphere of Influence Recommendations***

Governments and private businesses can support access to period products by having them freely available. Free access to period products in various locations will limit period poverty and insecurity. Educational institutions and workplaces can instil acceptance of bathroom breaks and sick days needed to care for menstruating bodies. Funding needs to be redirected to menstrual health research and care, improving access and options for people. The political sphere needs to utilise the privileges of those in power to care for all. This way, we can all rise together.

***Individual and Everyday Recommendations***

What can you, as an individual, do today? First, I recommend caring for yourself. Take time to reflect on your own experiences and outline ways that you may want to improve them.

Advocate for yourself in healthcare settings and workplaces or school to ensure your needs are respected and met. Then, you may want to explore the joy or catharsis of expressing your menstruation experiences in new ways and sharing with new people to heal from the impacts of stigma.

The following chart has recommendations for both menstruators and non-menstruators. The grouping of menstruators includes those who have at some point in their life menstruated, while non-menstruators signify those who lack the lived experience of menstruation. Many of these are similar, but distinct differences and points of importance have been specified. These recommendations are based on this research and common questions that have been asked during presentations of this thesis study at academic research conferences.

<b>Everyday Recommendations for Individuals</b> To improve menstrual knowledge, support, and dignity	
<b>Recommendations for Menstruators</b> (current and previous menstruators)	<b>Recommendations for Non-Menstruators</b>
<ul style="list-style-type: none"> <li>• Continue your own education to better understand your body and experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Educate yourself to better understand the basics of menstruation</li> <li>• Do not expect menstruators in your life to explain the basics to you, information is widely accessible</li> </ul>
<ul style="list-style-type: none"> <li>• Reflect on your own experiences and be curious to explore what influence may affect them</li> </ul>	<ul style="list-style-type: none"> <li>• Reflect on how you have reacted to conversations around menstruation (humour, discomfort, curiosity?)</li> <li>• Consider what influences may have contributed to your reactions</li> </ul>
<ul style="list-style-type: none"> <li>• Seek out others' experiences to connect and recognise differences across yourself and others</li> <li>• Search social media posts, online platforms, novels (fiction or non-fiction), films, TV shows, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Seek out menstruator's stories to better understand how individuals' experience menstruation</li> <li>• Search social media posts, online platforms, novels (fiction or non-fiction), films, TV shows, etc.</li> </ul>
<ul style="list-style-type: none"> <li>• Start to recognise when menstruation is silenced or made invisible</li> <li>• And when menstruation is used to shame, exclude, or dismiss individuals</li> <li>• Ensure you are not perpetuating these harmful acts and speak up against those who are, if you feel safe to do so</li> </ul>	
<ul style="list-style-type: none"> <li>• Support organisations that provide education and products to those in need</li> </ul>	
<ul style="list-style-type: none"> <li>• Vote for elected officials who are working towards improving menstrual education, health, and dignity for all</li> </ul>	
<ul style="list-style-type: none"> <li>• Build a safe network to support your family, friends, and colleagues to develop safe spaces for authentic and open sharing of experiences to validate and destigmatise menstruation</li> </ul>	

The final everyday recommendation for all individuals, menstruators and non-menstruators, is to be brave, speak out, and treat people with kindness. Share your own experience and start the conversation. Make discussing menstruation safe and normal in your own communities and spheres of influence. Remember that it may be uncomfortable at first and it may take time for others to join. But it is important to model and practice these open, supportive, and caring conversations. Menstrual stigma is a sign of the times, and the times are changing. It is the small everyday efforts of ordinary people that shape our future.

### **Future Research**

The silence around menstruation is starting to shatter in small ways around the world through individual and small group actions. These efforts create a strong basis for collaborative studies seeking to gain a better understanding of the lived experiences of those who menstruate. This momentum supports the potential for reclamation of our menstrual stories and enables actionable interventions to improve menstrual health and dignity. It is essential to gather this knowledge so that everyone can increase understanding, empathy, and active care in all spheres of influence so that menstruators can access care and treatment.

Studies on menstruation is a “rapidly growing field of inquiry and advocacy” (Bobel, 2020) which encourages diverse voices and approaches to add to the discourse. This study highlights the interconnections of the various aspects of menstruation that exist in an individual’s personal menstruation experience. Research needs to continue to study and connect the subthemes to complete a holistic understanding. The dissemination of knowledge and experiences is another important factor creating change. It is time to accept, acknowledge, and spread awareness that menstruation is a holistic experience for individuals and always has

been. The stories do not end here, which gives us a chance to change them. We need to welcome more voices and perspectives to the conversation. A few of the missing voices within menstrual research that this research has identified include intersex, trans bodies, neurodivergent, disabled, and those with limited education. Research to fill these gaps can include individual publications and collaborative work sharing experiences, perspectives, and methods of expression. Future research can also deep dive into personal, indigenous, and cultural stories around menstruation. These will further our understanding of stigmas, but also virtues, providing a truly holistic perspective of menstruation experiences. By using art and other modes of communication, we can expand our sensory and emotional knowledge of menstruation better than words can.

Based on my previous research, I see the merit in holding group interviews as they may encourage participants to realise how common some experiences are and aid in the conversation to cover the multitudes of intricacies of this topic. The inclusion of men as participants in research on menstruation is also vital to directing change. To fight against stigmas, we need to understand those that create and perpetuate them (however consciously or unconsciously they are upheld). I call upon men to take action in disproving **Solanas'** (2004) statement that, "the male has a negative Midas touch – everything he touches turns to shit" (p. 4). Awareness of menstruation experiences needs to increase for everyone, through sharing stories, listening, bonding, and caring. **Solanas** (2004) shares her idealised vision of women in the world, "the female function is to explore, discover, invent, solve problems, crack jokes, make music – all with love. In other words, create a magic world" (p. 47). Let us rewrite this to

state that it is the **human** function to create a magic world. Together, we can build a better world where all have access to education, health, and dignity.

My own work on improving menstrual experiences through research and art continues. The findings are so valuable that I will publish several journal articles on many of the subthemes that were defined in this research. Subthemes influencing menstruation experiences that I plan to write on include, but are not limited to: birth control, pain, perception of normal, neurodivergent experiences, period products (preferences, access, and marketing), and creative expressions of menstruation experiences. My supervisors have connected me with research groups studying menstruation and I am excited to share and learn alongside other passionate researchers. I plan to return to Kenya to continue collaborating with Dandelion Africa to improve menstrual education, health, and dignity. My creative writing plans include a book that shares my participants' and my menstruation experiences in a storytelling narrative form. Based on the success of my menstrual cycle scarf displayed in an art gallery, I am inspired to create more pieces of artwork to spark curiosity and connection between menstruators and non-menstruators. I will, of course, continue my own education on menstruation through reading, researching, and sharing with others in various forms.

### **Final Words**

This thesis is more than research to me. This is my life, my participants' lives, my friends' lives, and someday my niece's life. In respect for transparency, I began this research with enthusiastic and passionate hope that menstrual suffering will soon end. I realised passion is a fine line, as hope transformed into rage and I am even more committed to menstrual activism

efforts. It will take all of us to improve menstrual health and dismantle the stigmas that surround menstruation. There is a need for both research and creative expressions in this endeavour to improve menstrual experiences and promote women's health, dignity, and rights. Together, we can reclaim the narrative and our bodies to free bleeding from fear, pain, shame, stigma, and silence.

## Appendices

### A. Interview Outlines

#### Draft - Outline of Planned Interview Questions

This is the general interview question plan and will evolve alongside the literature review and reflexive engagement with the participant responses after each interview. The focus of the questions will remain aligned with my research question, narrative inquiry methodology, and agreed upon with my supervisors.

\*Create ground rules together\*

#### SCRIPT

Hello! Thank you for being a part of this research. I hope you're well? Feel free to have some water, a cup of tea, and a snack (though, preferably nothing too crunchy)

Before we start recording, I'm going to share some brief ground rules for us, and please let me know what you'd like to add

1. Feel free to not answer any questions – you may simply say “pass” or “next question” to alert me to not wanting to answer one
2. This is a collaborative exploration of your experiences – so it is not necessary to answer any/all of the pre-interview questions that I sent you. And you are also more than welcome to bring your own topics and points to share
3. I will aim to send you the audio transcript within 7 days for you to check over – you can choose to look over it and send revisions/strike out a quote or passage, keep for your own records, or do nothing too.
4. Do you have any ground rules you would like to make? We will always discuss and agree upon these in each interview, so you can always add one later if you want

Great, now I'll ask for your verbal consent to record this interview

- Do you agree to have this interview audio recorded for the purposes of this research?
- Do you agree to have this interview video recorded for the purposes of this research?

#### Interview One: General Background/Current Menstrual Experiences

- a. Can you please share who you are and your general background (education, religion/belief, cultural/social/political environment)?
- b. Can you talk me through your “typical/current” menstrual experience?
- c. What are your initial thoughts and feelings about your menstrual experiences?
- d. In what ways does menstruation impact your life?
- e. In what ways do you think life impacts your menstruation experience?

- f. Can you tell me a story about your first menstruation? Or one that was memorable in some way?
- g. Is there anything else you'd like to share, another story or something that you'd like to think about more and discuss later?

END Script

Before I end the recording, any last thoughts or questions?

Great – thank you.

Are you able to schedule the next interview now, or would you like to email me with some preferred times?

Between now and the next interview, please feel free to make some creative expressions – this is not a requirement, but an option that I want you to know you have as not everyone expresses themselves best verbally.

#### Interview Two: Exploring social impacts on menstruation

- a. Is there anything from our last interview that you'd like to share or discuss further?
  - i. What languages do you speak?
    - 1. How do you say menstruation or period in those languages?
- b. Can you please share your general social background?
  - i. Where you live/have lived, education, work experience, social-economic status (if you're comfortable sharing this)
  - ii. Who do you spend most of your time with? Friends or family, etc.
- c. Can you share some aspects of your society that are related to how people view menstruation?
  - i. Such as advertising, availability of products, etc
  - ii. What is it like to buy period products?
  - iii. Clothing choices, activity changes/restrictions
- d. Do you have any memorable stories of what your menstrual experiences were like during school (going through puberty)?
  - i. How it was taught, school structure (allowing for bathroom breaks), if/where products were available?
- e. Can you share some insight on your menstrual experiences at work?

- i. Do you feel comfortable talking about it, do others appear to open to talk about it, bathroom breaks, products being available, being able to take time off/work from home during days you need to, etc
- f. I know you have liked going to the gym a lot – does menstruation impact that at all?
- g. Do you notice any type of social media that talks about periods?
- h. Is there anything else you'd like to share, another story or something that you'd like to think about more and discuss later?

#### Interview Three: Exploring cultural impacts on menstruation

- i. Is there anything from our last interview that you'd like to share or discuss further?
- j. Can you share your general cultural background?
  - i. Family structures, religious affiliations/practices, cultural practices, etc
  - ii. We've already talked about Islam, but if there's anything more you would like to add?
  - iii. Gender roles and expectations
  - iv. Is there a sense of "sisterhood"? Being bonded with other women
- k. Do you have any memorable conversations or experiences of how menstruation is viewed in your culture (from when you were going through puberty)?
  - i. How do you see your culture viewing menstruation now?
    - 1. Are there celebrations, restrictions, open discussion, etc?
  - ii. Are there any movies or books that you know of that talk about menstruation?
- l. Is there anything in how your culture views/discusses menstruation that you would like to change to improve your experience or younger generations' menstruation experiences?
  - i. If there's a poignant story or narrative in your culture that you could rewrite/retell, how would you change it?
- m. Is there anything else you'd like to share, another story or something that you'd like to think about more and discuss later?

#### Interview Four: Exploring political impacts on menstruation

- n. Is there anything from our last interview that you'd like to share or discuss further?
- o. Are you aware of any laws where you live that are related to menstruation?
  - i. Such as taxing period products, providing free products in public places, rules and regulations for prisoners, other laws related to women's health

- p. Could you please share how you'd like to see politics impact menstrual experiences?
- q. Women in politics and other laws relating to women
- r. Is there anything else you'd like to share, another story or something that you'd like to think about more and discuss later?

Interview Five: Reviewing past interview topics and sharing the creative expressions

- s. Is there anything from our last interview that you'd like to share or discuss further?
- t. Is there anything from any of the interviews you'd like to talk about more? We've discussed your personal experiences, how social, cultural, and political influences may affect your experiences, and how you might like to see those change.
- u. Throughout this time, I've invited you to make creative expressions to further communicate and explore your menstrual experiences, are you comfortable sharing these with me now?
  - i. Please talk through your expressions, what they are about, how making them affected you, and now reflecting on them now how do you feel about the expressions and your menstrual experiences?
- v. Is there anything else you'd like to share, another story or something that you'd like to think about more and discuss later?

Interview Six: Final interview, review and wrap-up

- w. Is there anything from our last interview that you'd like to share or discuss further?
- x. Can you share how these interviews did or did not encourage you to reflect on your menstrual experiences?
- y. Have your menstrual experiences been any different due to these interviews?
  - i. How you view it, how you see yourself as a menstruating person, if you feel influences from social, cultural, or political structures?
- z. Do you think we should be working to encourage more positive menstrual experiences and perspectives?
  - i. How do you think we can achieve this?
- aa. Is there anything else you'd like to share or discuss?
- bb. Thank you very much for sharing your stories, thoughts, and creative expressions with me.

## B. Coded Transcript Page

Frida, Interview #1

understanding, and probably because of that understanding I can tell you about things which I think would be relevant to your thesis or your studies. *understanding increases communication*

So I'm you know it, it's easier to speak in that particular direction rather than just, you know, loosely talking about it.

So about my experience. You know. I had my periods when I was 13. I was in my seventh grade, and I was between 12 or 13,


and my mother had - after my father told her. So, I think probably this would be very important for your study. But my mom never went to a formal school because her father believed that girls don't need to go to school. It was a very casual and a normal thing. So my mother has never been to any school or gained formal education. And my father, he was educated, and he went on to become class one also in the country. And they had childhood, you know, not marriage, but childhood arrangement between both. And when they were, what, they were 13. They were engaged. They were married when my mom was 17 and a half, and my father was 21. *mother uneducated father educated childhood arrangement*

And we were born when my father was - my mother was 18 when my brother was born, who is one and a half / 2 years older to me, and when she was 20 I was born. And my dad was 5 years older to my mom, so you can calculate he was 22 / 24 / 25. Maybe so. They were very young. *young couple/parents*

but yet I don't know. My father and my father studied in a all boys school. My mother did not go to school, but I don't know my father has been very progressive and way forward than you know the the times that I've grown up. And somehow my mom believed in my father. She trusted him so. They would had a very good relationship, and because of that I think we had a very good childhood and very peaceful, touch wood, beautiful, you know, childhood and upbringing, and both of them are very devoted partners, and also very devoted parents to us. *father progressive mom trusted him devoted partners devoted parents*

So I remember my father had told my mom that it's high time, she's 10 / 11 years old. She will start menstruating in one or 2 years, which is very atypical of in our society, because girls don't talk to their father about this. And they don't even let the men in the house know that you are menstruating. They would just behave as if nothing has happened. It's normal. And not many wives can also talk to their husband about it. But because my father and mother were more like friends, and my father has been that kind of person. But again, if you see, you know thankfully my father was like that. That is why we were able to have that if my father wouldn't have been, we wouldn't have been what we are today, so I can just say that we were just fortunate to have a father like that if we wouldn't have him, because father influences the way a family is in our society and in our country. The the patriarchy is, there. There is no denial about it, even, you know, in my family. Which my father doesn't realize is. But now, when I tell him that you shouldn't do this. Then he takes a moment, and he's like, oh, you've grown up, you know, and but then he thinks about it. I know he thinks about it. And then he says that, maybe he not doesn't agree to me 100 percent. But sometimes he says, yeah, you're right, and sometimes he says, I think you're really grown up now that you, you know you're telling me that thought. Oh, so that is there. But yeah, but luckily I had my father figure so he was the one who told my mom, and then my mom communicated to me a year before, luckily so, and I had a lot of questions. The first time I vividly remember me and my mom were lying down in bed, and it was night, and only we were there. And she was telling me that, you know there is something you should know, and I was like oh, and I thought maybe she'll talk about sex. I had no clue that *girls don't talk to their dads about periods, or any male father influences family*

6



*open of communication*

## C. Code Book Sample

Theme and Code	Example of Data	Interpretive Summary of how it relates to conceptual framework or Conclusions
<b>Appearance /body image / bloat / self conscious / feminine / masculine</b>	<p>“If I was bloated from my period when we had a performance, my mom would make a comment on how my belly was sticking out in the costume, and how “Oh, you poor thing! You must have been bloated” and like. or “you ate”, or whatever she would. So how my menstruation would impact a fear and a shame because of the shape that it ended up taking in my body and and then tied with gender tied with dance expectation.”</p> <p>“I was labeled as a tomboy growing up. I was very physically active. and I even had like a hat that I felt really proud of. And I'm talking elementary school. that said, “Who says girls can't fish?” And I felt really. Is it vindicated by that?”</p> <p>“I felt confident enough to wear a skirt. you know, because even at seventh grade I was already having issues with body, dysmorphia, and issues around my body self image, like the dance world did make that difficult as well as just being conditioned, and as in a female body in this society. But anyway, fell coming we were skirts, and they made the announcement over the PAC about dress code. And I heard girls behind me say like, ‘oh, look at that. Yeah, that's so short and she doesn't even look good in it’”</p> <p>“It's not toward a transgender person that's just trying to fucking pee. That is not where the stories of sexual abuse and assault are coming from. Your fear is that someone, a cis man, will take advantage of unisex bathrooms, or whatever. and pose a threat to to a female body person a woman, that is your fear. It is not that transgender people are using the bathrooms that affirm their gender”</p> <p>“You can't go too far this way, because then you're a cold hearted bitch, and you can't go too far this way, because then you're weak. and you're not going to be strong enough to hold the position. It's like such a narrow window of how you can present yourself, and even then people will find ways to be like.”</p> <p>“as a black woman first lady that intersection also was heavy on what she was wearing, and how she presented herself”</p> <p>“No, it will affect everyone that that gives people the right to judge people based off of the presentation, and also deciding. you know what clothes are too feminine”</p>	<b>Self-Surveillance and Sexual Maturation, Gender Binary/Gender Expectations</b>

	<p>“This will affect more like this will affect trans people tenfold right. But this will affect everyone. because what if you are a cisgendered woman. But have masculine features If you go into a woman's bathroom, and then you are criticised for like it. Then you're you're giving people the power to say you don't belong in this binary system, even though you're even though that person may say like I I do. Why, don't you believe me? No, you're a man. Get out”</p> <p>“Intersex. People exist, therefore, like they may present masculine, but they may have. They were born with female genitalia, and therefore experience periods and like they would need products and what? Why can't they have access to like That's not equality”</p> <p>“the piece the patriarchal capitalism of we expect you to, we don't understand these like listening to your body is considered feminine and like going with nature is not supported in the systems at all like in so many different ways. work is worth what you put into work is equated to your worth”</p> <p>“I've been experience that is so experienced in the body and letting it come out through expression. it was able to be heard, or in a authentic route. because there aren't always words to describe.. that type of experience, that type of silence, that type of embodiment of femininity if that is how it's even felt, or not even about femininity, but like yes. I don't know now I'm getting lost in words. But the body as a vessel to express on periods feels really spot on to me. because that is where it's felt. In the first place. that is where it happens in the first place and it's a more of a direct route of explanation. of course. being a society where we are not in tune to our bodies. Is it good communication to speak through the body to a larger”</p> <p>“the power of being angry in a performance platform is uncomfortable. But that's because it's especially in women or female-bodied people or women presenting and that like that is not acceptable, historically.”</p>	
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**D. Ethics Approval**

THE UNIVERSITY of EDINBURGH  
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Ref: MLUD28082022

Morgan LUDINGTON  
Moray House School of Education and Sport

Date: 11<sup>th</sup> October 2022

Dear Morgan,

Title: Menstruation Stigmas: Exploring the Past, Understanding the Present, and Directing the Future

The School of Education and Sport Ethics Sub-Committee has now considered your request for ethical approval for the studies detailed in the above application.

This is to confirm that the Sub-Committee is happy to approve your application and that the research meets the School Ethics Approval criterion for this particular project. A standard condition of this ethical approval is that should any amendment, or deviation from the original protocol outlined in your application need to be made to carry out or continue your research, please notify the Ethics Sub-Committee at [MHSES-Ethics@ed.ac.uk](mailto:MHSES-Ethics@ed.ac.uk)

The Committee also needs to be notified if there are any unexpected results or events once the research is underway that raise questions about the safety of the research.

Should you receive any formal complaints relating to the study you should notify the MHSES Ethics Committee immediately by email to [MHSES-Ethics@ed.ac.uk](mailto:MHSES-Ethics@ed.ac.uk)

Yours sincerely,

On behalf of:  
Dr Fiona O'Hanlon  
Director of Ethics

The University of Edinburgh is a charitable body, registered in Scotland, with registration number SC005336

## **E. Participant Information Sheet**

### Participant Information Sheet

Menstrual Stigmas: Exploring the Past, Understanding the Present, and Directing the Future

You are being invited to participate in research on menstruation stories and stigmas. Morgan Ludington, PhD candidate, at the University of Edinburgh is leading this research under the supervision of Dr. Deborah Holt and Dr. Heidi Smith. Before you choose to participate, I have provided the purpose and structure of this research for you to review. Please read the following information carefully.

#### Background

I am conducting this study to gain an understanding of how menstruation is experienced by individuals within various social, cultural, and political contexts. The goal is to understand the influences and impacts of our context on menstrual experiences. Further, we will explore if sharing our stories impacts our experience of menstruation.

#### Invitation to Participate

I wish to invite you to be a part of this study based on our established relationship of trust and previous discussions around this topic.

#### Study Structure

My goal is to have six 60-minute semi-structured online interviews with you over six months, from November 2022 to April 2022. Sample questions and general topics will be shared with you before each interview. As the interviews will be conducted online, you will be able to choose a safe environment and we will pick times that are convenient for you. Interviews will be audio and video recorded. An interview transcript will be available following data collection for you to review to ensure accuracy. You will also be invited to journal, draw, or otherwise share expressions of your experiences throughout this study. I would like to collect the creative expressions at the end of the study, either through virtual or hard-copy methods (I have allotted money to cover the cost of shipping). You are free to contact me regarding the research project at any time.

#### Benefits and Potential Risks

There are no anticipated significant risks associated with participation in this study. Although I have tried to minimize this, some questions may make you upset or feel uncomfortable due to their personal nature, and you may choose to not answer them. You are free to not participate, end the interviews at any time, and skip any questions as you see fit.

Benefits from participating in this research include reflection and discussion on personal experiences.

#### Confidentiality

Your responses will be recorded and kept confidential throughout the study. Data and recordings will be stored on the researcher's university password protected, encrypted OneDrive cloud until September 2034. You will be assigned a pseudonym after your consent has been received to be used in presentations or publications to protect your privacy, though due to the small scale of the research and pool of participants, there is a possibility that you may be identified.

#### Results of Study

Information gathered will be included and analyzed in my final thesis for a PhD through the University of Edinburgh and later consolidated for potential presentation at conferences and publication in various research journals and books. A summary of the findings will be distributed to participants once completed and examined.

#### Questions and Concerns

If you have questions about the study, please feel free to ask at any point during the interviews or after; my contact information is below. If you have questions about your rights as a research participant or want to report any problems or complaints, you may contact Fiona O'Hanlon, MHSES Ethics lead, at [redacted] For general information about how we use your data, go to: <https://www.ed.ac.uk/recordsmanagement/privacy-notice-research>

This study has been reviewed by the Moray House School of Education & Sport Ethics Committee.

If you wish to participate, please keep this information sheet.

## F. Participant Formal Consent Form

Before providing the formal consent, I would like to share the suitability and background questions for this research. These questions also provide a sample of the types of questions and topics that will be explored in the interviews. As these are personal in nature, you first need to provide consent. Once you have completed the consent form, you will be able to answer the suitability and background questions.

### Suitability and Background Questions Overview

1. Do you menstruate?
2. (Optional) What is your gender identity?
3. (Optional) What is your age range?
4. Please briefly describe your social, cultural, and political identities (ethnicity, religion, etc.)
5. Are you able and willing to discuss influences and impacts of menstruation on a deep level?
6. (Optional) Are you diagnosed with any health concerns related to menstruation?
  - a. Please list
  - b. For example: endometriosis, PCOS, or PMDD

If you are interested in participating, please answer the following questions to provide your formal consent.

### Formal Consent:

- I confirm that I have read and understood the participant information sheet for this study.
- I have been given the opportunity to consider the information provided, ask questions through email contact with the researcher and have these answered to my satisfaction.
- I understand that my participation is voluntary and that I can withdraw at any time without giving a reason.
- If I withdraw prior to the conclusion of the study, data collected prior to my notification of withdrawal will be retained and able to be used in the study.
- I understand that my expected participation is for six 60-minute interviews over the period of six months.
- I understand that my anonymized data will be stored as detailed in the information sheet.
- I agree to participate in this study for the entire duration, as outlined.

If you provide formal consent to participate in this study, you will be directed to complete the suitability and background questions on the next page.

If you choose not to provide formal consent to participate in this study, you will be directed to the end of the survey and free to exit.

Thank you for your interest and consent to be considered to participate in this study. Please answer the following questions to ensure suitability and provide basic background information. You are free to not answer any, though please keep in mind that we will be exploring similar topics in the interviews. Therefore, if you are not comfortable answering these, please consider if you are willing and able to be a part of this study.

Suitability and Background Questions

1. Do you menstruate?
2. (Optional) What is your gender identity?
3. (Optional) What is your age range?
4. Please briefly describe your social, cultural, and political identities (ethnicity, religion, etc.)
5. Are you able and willing to discuss influences and impacts of menstruation on a deep level (acknowledging the personal nature and awareness of social, cultural, and political influences on and of your menstruation experience)?
  - a. Please keep in mind that you retain the option to not answer any question as you see fit.
6. (Optional) Are you diagnosed with any health concerns related to menstruation?
7. Please list
8. For example: endometriosis, PCOS, or PMDD

Confirmation of Consent to Participate

- Yes, I confirm that I have provided informed consent to participate in this study and for my answers to the suitability and background questions to be reviewed by the researcher.
- No, I do not wish to participate in this study nor consent to my answers to the suitability and background questions to be reviewed by the researcher.

Thank you in advance for your assistance with this important project. I will contact you by November 30th to formally invite you to participate in this research or decline your involvement.

Please sign and date below if you consent to participate in the research; a typed signature is accepted. Please provide the best email address to contact you regarding this study. Thank you for your time and consideration in participating in this study.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

If you have questions, please contact:

Morgan Ludington  
Student Researcher  
[s1994470@ed.ac.uk](mailto:s1994470@ed.ac.uk)

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