

The Influence of Generational Menstrual Shame on Menstruating Females

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Abstract

This thesis describes a pilot qualitative research study exploring the reflections of adolescent menstrual experiences by women of various ages. The question posed for this study is: “Are memories of menstrual shaming in adolescence still traumatizing to the adult female?” Five women ages 21-64 were sampled. Their interviews were transcribed, analyzed, and manually coded to draw themes.

Five themes were extracted from the interviews: isolation, self-gaslighting, discomfort, bullying, and knowledge deficit. These themes provide a better understanding of the adolescent experiences of these women and the trauma caused.

The aim of this study is to decrease menstrual stigma and shame, while also calling for educational improvements regarding women’s health.

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CHAPTER I

Introduction

Many young girls reaching the precipice of womanhood are uneducated about, ashamed, and afraid of their menarche (Chrisler, 2013). On average, girls experience their first menses between the ages of twelve and thirteen according to the American College of Obstetricians and Gynecologists (ACOG, 2022). Adolescents in general are very impressionable at. They begin to form a predisposition with their sense of self, overvaluing other's opinions, especially peers (WHO, 2014). An adolescent's environment is also a large determinant of social and emotional development (WHO, 2014). Young women grow up in a society where one of their primary bodily functions is not often named aloud. Instead, it is known by a host of pseudonyms such as "Aunt Flo", "The Lady Flu", "Code Red", "The Curse", "Bloody Mary", "Period", and several other descriptors (UN Women, 2019). These girls are also exposed to advertisements for menstrual or period products that do not really describe their purpose. Most products depict women experiencing premenstrual syndrome symptoms rather than menstruation. Blue fluid is used to depict the efficiency of the products, and several products advertise 'slim' versions that are easier to hide (Kissling, 2002). Advertisements, television, and movies display themes of menstrual seclusion and feminine product concealment (Kissling, 2002)

Phenomena such as those previously discussed create an unfair standard for women. Many women assimilate to these standards because it has been perceived as "normal" to them for generations. Women have been conditioned to conceal their menstruation and regard this event as a matter of embarrassment rather than the

inherently natural function it is. Menstrual stigma is the shame placed on menstruating women based on society's view of the menses.

Menstrual stigma has been ingrained in society for centuries through religion. Women in the Bible are claimed to be “ceremonially unclean for seven days and anything they touch is regarded as contaminated” (Leviticus 15:19-33). The Jewish Talmud describes, “If three women were sleeping in one bed and blood was found under the middle one, they are all impure” (Mishnah Niddah 9). Menstrual stigma had even invaded the thoughts of historical scholars. In 79 AD, Pliny writes that menstrual discharges causes sterile seeds, barren trees, and the look of a menstruating woman can destroy steel and ruin the gloss of ivory (Scaramella & Fagan, 2016).

The menses are considered an unclean bodily function. This is illustrated by the title “female hygiene product”, implying that menstruation is unclean in nature. A woman revealing her menstrual status spoils her social identity, especially to a man, who no longer finds her desirable (Chrisler, 2013). Premenstrual Syndrome (PMS) is the symptoms that occur before a woman's period of menses. This can consist of mood swings, headaches, cramping, and fatigue. This is also a source of shame for women. Many invalidate women's emotions with the claim they are erratic and hostile due to PMS.

Society has created an environment for young women to feel guilt and shame for a process that is inherently biological and natural. The shame placed on young girls is traumatizing. Kristi Pahr, a journalist for the magazine *Parents*, tells the story of a 14-year-old girl in Kenya who committed suicide after her teacher shamed her for bleeding through her pants (Pahr, 2019).

This is not my first experience researching menstrual shame. In 2020, I performed a quantitative correlational analysis study on adolescent menstrual shame using survey as a means of data collection. I found that of the 404 middle and high school females surveyed, 33.67% had been shamed for their period, with 92.59% being shamed by a male peer. Sixty-two percent of the girls reported feeling as though they needed to conceal their menstrual items. The example I provided was “sneaking” items, such as pads and tampons, into the restroom.

There is insufficient research on menstrual stigma on adolescent females and the trauma associated with it. Many women have a story of menstrual shame that has remained with them for decades. Very little research explores the link of period shaming during adolescence to the trauma felt in adulthood.

The purpose of this qualitative pilot research study is to analyze the influence of menstrual shame during adolescence on menstruating women across generations. The question posed for this study is: “Are memories of menstrual shaming in adolescence still traumatizing to the adult female?” This study will highlight the stories of women across various age groups and the emotions associated with their stories of shame. Current or future mothers may benefit from this research by educating their children about menstruation to lessen the stigma. Teachers may also benefit from this study by recognizing when period shaming occurs in the classroom, as well as acknowledging their own biases about menstruation. Findings can also serve to provide groundwork for future studies, informing healthcare providers by increasing their awareness of menstrual stigma and incorporating that knowledge to improve the care of their patients.

CHAPTER II

Thesis Statement

This study explores stories of menstruating women who experienced menstrual stigma during adolescence and the potential effects this may have incurred in their lives as adults. There is minimal research conducted addressing menstrual stigma in the United States, demonstrating a need for further investigation into this major biological event of young girls entering puberty. Narratives collected will be analyzed for themes that may inform and better prepare future young women in understanding and coping with menstrual stigma along with educating parents, teachers, and healthcare professionals.

CHAPTER III

Methodology

This pilot study was a qualitative cross-generational analysis of the effect of adolescent menstrual shaming on adult menstruating females. Women aged 18 and older were invited to interview using convenience sampling. Women of various ages were purposefully selected. Five women of varying ages—21, 43, 45, 50, and 64— were interviewed individually to gain insight on their personal experiences with menstrual stigma and shame. This study was approved by Middle Tennessee State University’s Institutional Review Board (IRB) on February 24th, 2023 (Appendix C). All participation in the study was voluntary and uncompensated. An explanation of the study and a definition of menstrual stigma was provided (Appendix E)(Appendix F).

The interviews were semi-structured with a combination of open-and closed-ended questions (See Appendix B). Interviews were conducted via Zoom and varied from 10 to 30 minutes in length. Informed consent was obtained verbally and in writing. All participants knew that the interview was recorded, that their confidentiality was maintained, and pertinent IRB information including protocol number. Each participant was coded under a random letter of the alphabet with their age being the only identifying information in the study.

After achieving data saturation, each interview recording was transcribed for reading using an AI software in Zoom. All audio and video files of interviews were destroyed. Initial readings were completed, themes were derived, and results were applied to the original research question.

Dr. Flagg and I read the interviews individually and determined imminent themes present in the transcripts. We convened, compared interpretations, and reported both similar and different themes. Themes summed from the results will be backed by individual testimony and supporting research data in the findings section of this thesis.

CHAPTER IV

Results

As aforementioned, data saturation was reached after completing interviews with five participants. The results below were synthesized from the responses of the participants.

The initial question posed for participants was regarding their ages. As mentioned in the methodology, a 21, 43, 45, 50, and 64-year-old women were sampled. They were then asked the age they experienced their first menses. The average response of participants was 12 to 13 years of age.

Participants were then asked if they had been period shamed in adolescence, ages 10-20. Two Participants responded yes quickly and with certainty. One participant said no but mentioned she had seen others shamed. Two participants responded with unsure answers, such as “I guess,” or “Not really, not directly” and then directly described an inherently shameful experience.

I then asked the participants to elaborate on the experiences of their shame. Through their stories, I coded several themes. Isolation, self-gaslighting, emotional discomfort, bullying, and knowledge deficit were all prominent themes amongst the interviews.

These themes were then reaffirmed when I asked the women how their experiences have affected them as adults. I noticed a pattern that the older the woman, the more comfortable they were with their period. Older women tended to remark that their experiences have not affected them as an adult yet could still recall traumatic experiences with great detail.

The most cohesive response was to the question, “How has your experience with period shame altered (or will alter) the way you educate your children about menstruation?” Overall, all women were advocates for open, thorough, honest, and informational education and communication with their children about menstruation. These responses were significant to me because some of these women have adult children, young children, or none at all, yet they all held the same beliefs about menstrual education.

CHAPTER V

Discussion

The experience of puberty is a very personal, individualized experience, especially for women. A woman's first period is a sign of her ability to bear children. It is also an indication of decades worth of menstrual cycles. Each woman in this study shared her own menstrual experiences, most shameful and unforgiving. After exploration of the participant responses and anecdotes, I derived five main themes: isolation, self-gaslighting, discomfort, bullying, and knowledge deficit.

Isolation

In the context of this study, the isolation of women was not physical but emotional. The operational definition for Isolation is the feeling of seclusion regardless of if perpetrated by the self or others (Merriam-Webster, 2023). Feelings of secrecy, hiding, or the perception of taboo is regarded as isolation of the female in this study.

This theme of isolation was prevalent in all five participant interviews but was most severe in the story of Participant C (PC). PC described her middle and high school experiences of needing to change a pad during class:

PC: So teachers would, of course, be like, sure, on occasion, and then they'd be like, "Why are you taking your backpack", and you have to stand there and be like, "I need to go, like, I have my period. And I have to go", and you have to announce it in front of the whole class. And they're like, "Oh, if that's what you're doing, then you can go do that. But I don't see why you need your bag". Just, I mean, I guess they're trying to make you like pull it out. But of course, when you pull it out, everybody's like, making all of the faces and they're like, "Oh, they're on

their period. We want to stay away from them". That was never fun. When all the guys are like "Girls are super emotional on their periods". They always like, just not talked to us or something or tried to avoid us, which was not fun, or not nice. But, yeah, I had a lot of teachers who wouldn't let me do that. I didn't have some good teachers. But there were a lot and I'd get through the entire class, they wouldn't let me go change my pad during the class or anything. I get to the end of it, and I'd look down on the chair and I bled all over the chair was awful. So I'd have to sit there. And then you try to like slowly get up after everybody leaves and you drop your backpack. Like I would drop the straps on it. So it would like be hanging down over my pants. And thankfully, my mom worked at the school, so I just walked to her classroom, I'd be like, Mom. I got pulled out of school a lot.

There are several elements of this excerpt I would like to highlight. Though the definition of isolation in this study is not physical, this woman was physically isolated by being pulled out of school. This individual's interactions with teachers was socially isolating as well. Participant C was singled out in front of her classmates while being interrogated about her need to use the restroom. PC felt she was forced to isolate herself as well when she had bled on the seat; she felt the need to cover it up and wait until her peers left the room. The social isolation by peers is also something that is notable to me from this excerpt. This participant mentioned male peers specifically not interacting with her accompanied by their perpetration of PMS stereotypes. PC continued her discussion with me and went on to describe the isolation within her household, with her brothers and father:

PC: *Um I mean, there's always like, kind of the family ones when you're at home, and you're just trying to be like, "Hey, Mom, next time you're out shopping..." As a kid, I'm not doing my own shopping at 13, 14 for the most part, it's like I'm running out of pads, or tampons or whatever can you go, like pick some them up? And if my dad or my brothers or anybody was in the room, they'd be like, "can you not while I'm in here, like, go talk about that somewhere else?" It's like, how does it any different than y'all being like, "I need new underwear or whatever"? Because you announced that I don't. Like it's all the same or not like the same, but it's the same like unmentionable thing. But needing pads is different than needing new underwear.*

Participant C refers to periods as an “unmentionable thing” reflecting her inability to speak freely of her natural body processes. PC recalls her brothers and father scoffing in disgust and asking for her to remove herself to satiate their perceived comfort. In doing so they effectively socially and physically isolated her. She later described to me that she was encouraged not to engage in conflict with her family during her periods because she was “being too dramatic”. This is a PMS stereotype that furthered PC’s isolation from her family. I asked Participant C how period shaming has affected her as an adult. She explained that she still hides pads and tampons up her sleeves and in her boots when going to the restroom.

Participant D (PD) also mentioned hiding feminine products:

PD: *...we're supposed to not like advertise that we're buying feminine products.*

PD spoke specifically of women covering their feminine products in their carts as common occurrence. This prudence regarding menstrual products elicits another form of isolation.

Menstruation is regarded as a private matter by Participant E (PE), who stated:

PE: It was very private back then, so you know. There was just a lot of hiding your feminine products, you know, whispering, you know, we, we just didn't talk about it. Like, I feel like it's talked about today. It was just, it was still very private.

PE regards menstruation in her youth as a secretive topic. PE's interview was unique because she was a distinctive outlier in the study. After describing that menstruation was a private matter in her adolescence, she expressed that it should be more private in the present. PE is the only participant that assumed this conservative viewpoint of menstruation. This study was conducted in a densely conservative, predominately white area. It can be assumed that menstrual shame has been indoctrinated into children by parents for generations. I believe PE's perspective of menstrual conversations comes from indoctrination and internalized shame.

Participant A (PA) described to me a very heartrending encounter where she was bullied by her entire grade at school. She describes that she was the first girl in her grade to start her period, so when she bled through her pants, she was bullied for it. PA being the first girl to start in her grade is an inherently isolating situation. Unfortunately, this isolation allowed bullying to plague her.

Another anecdote of isolation comes from Participant B (PB). PB was recalling her summertime activities as a teen, which included riding her bike and going to the

community pool. She described that this is what all the teens in her small hometown did.

PB described the following to me:

PB: Well, I, I remember being a little embarrassed, not because anybody else made me feel that way, but because I felt that way. I think I've told you my story before and I'll tell, I can tell you again when it was in my small hometown in upstate New York during the summer, our summer activity that we all did as teenagers. We went to the community pool. And so that was in middle school and so My mother didn't allow me, you know, I was not allowed to wear, to use tampons. We used pads, those awful, you know, menstrual pads and, and so you couldn't go swimming if you had your period because we didn't wear tampons, we wore pads. And so you didn't want to miss going to the pool because we went every day. It was our thing we did. It was one of the you either rode your bike or you went to the pool or both. I rode my bike to the pool and that was our, that was our recreation. It was a small town, that's what we did. If you were not in the pool because you had your period, because you wore a pad, we sat on the bleachers. Behind the fence that enclosed the pool. So everyone knew you had your period and that's why you weren't in the pool that day. And so no one really like made me feel shamed or embarrassed. But you knew, everyone knew why you were not in the pool while you were on the bleachers.

Now it didn't deter me from going to the pool and sitting on the bleachers, you know, like this watching everybody swim. Because you didn't want to miss being with your friends, even if it meant you were embarrassed sitting on the bleachers and everyone knew you had your period... And other girls did that too. Some of

them were smarter than me and just didn't go to the pool those days. But I just I just didn't want to be left out totally.

PB presented with a very unique case of isolation in comparison to other participants. She claimed her isolation was her choice and not caused by being shamed by others. It can be inferred that PB's self-induced "embarrassment" was the product of menstrual stigmatization of the period. The period of time when PB was an adolescent female was the mid-to-late 1970s, a time when women's rights were relatively new. It can be further assumed that the discussion and revealing of menstruation status was suppressed. This embarrassment caused her to be ostracized from her peers with the eerie knowledge that everyone knew why. PB claimed the inability to swim based on her mother's restrictions to tampon usage. This knowledge deficit, another theme discussed in length later in this thesis, was a direct cause of her isolation on the bleachers.

Self-gaslighting

Self-gaslighting is the internalization of abuse and taking blame for the abuse caused to oneself (Kenny, 2022). I noticed during my interviews that women tended to be unsure of themselves when telling their stories or discounted their emotions about their traumatic experiences.

Participant A was a prime example of self-gaslighting. PA described a painful experience where she bled all over her chair at school and all her peers laughed and bullied her. PA initially seemed unsure to deem this experience as shameful. After recounting this traumatic story, she stated "I don't think that it was really that bad... I

mean it's just typical kid stuff." PA's use of self-gaslighting is evident by her disrated opinion of her emotions and her uncertainty to identify the shame inflicted upon her.

Participant B also presented with this uncertainty. When posed with the question "Have you been shamed for your period in adolescence, ages 10 to 20?", PB replied with:

PB: Not really, not directly. Well, you know. My 1st thought was no cause, I can't, I couldn't really recall anything overtly shaming, but then I, then suddenly I remembered. One of the phrases that used to be used when you had your period and I don't know if it still is used or not, was that you're on the rag, you know. I think probably what that stemmed from maybe, maybe was back in the days, like, Back in the way, older days I think they, they, maybe they used real rags and because they didn't have pads or anything else, you know, I mean, you know, manufactured pads, I, it probably stemmed from that, but I feel like it took on sort of a connotation of um, "On the rag", Came to be known maybe as being grumpy or moody or something like along those lines. So that just sort of just shot into my head as soon as I said no, I wasn't shamed. Then, I remember that phrase and that kind of was a little bit shaming, I think.

Participant B's hesitancy to identify shame is a clear indication of self-gaslighting. Participant B supported her use of self-gaslighting further in her previous story of sitting on the bleachers. She states regarding her embarrassment sitting on the bleachers, "that kind of was on me." When discussing the same story, she claims that the girls who stayed at home were, "smarter than me and just didn't go to the pool those days." PB is directing the blame for her embarrassment inward, claiming to be not as intelligent as those who avoided the pool and the socialization involved altogether. PB's shame perhaps is based

on a society that has encouraged her to believe she needs to conceal her menstrual status and feel shame for when she cannot. PB believes herself less intelligent than those who isolated themselves, as if that is a better option. Women should not feel the need to isolate themselves from the general population while they are bleeding. It is an archaic practice propagated by stereotypes of the past and present.

The emotions during a traumatic experience are also reflected by Participant D, who claimed “the fact that I got that upset about it was probably silly.” As humans, we feel emotions for a reason. Though the reason may seem small in retrospect, it does not negate the fact that the emotions were felt that strongly in the first place. PD’s gaslighting of her emotions does not change that her story was harrowing to her during adolescence.

During adolescence, Participant C saw a primary care provider (PCP) regarding her alarming menstrual flow. She and her mother both thought PC’s menstrual flow was severe and abnormal. Throughout this interaction, the PCP deemed she was overreacting. PC expressed to me that this was the last time she expressed concerns about her period. She articulated:

PC: So I guess I was like, the last time I was like, at any concern was like, I'll just keep quiet about how much or how little I bleed and all of that.

PC’s provider gaslit her into believing she was overreacting. Now, she gaslights herself into silent resolve.

Discomfort

This theme is derived from general traumatization as well as the disquietude to discuss menstrual matters with teachers and parents.

Participant A described to me her first menstrual experience:

PA: *Yeah, what I can remember. At home and my stomach was hurting really bad and I went to the bathroom and when I walked I saw blood and came out and was crying and told dad that I thought I was dying and he didn't really feel as comfortable talking to me about so he took me to next door, His mom lived, my grandmother and she explained what was going on and told me how to, you know, use a pad and that sort of stuff. I do remember the 1st time in my teen years ever trying to put a tampon in because I hated wearing pads because I bled so heavily. That was traumatizing too because you know, I'd never had sex or anything like that and I didn't know really like how to even put it in. And it's not something you can ask your mom to come in there and do, or I didn't feel comfortable asking my mom.*

PA described not only her first menstrual experience, but also her first attempt placing a tampon. She regards both as a traumatic experience. The discomfort in this narrative was initially with PA's father. PA states, "*And it happened with just my dad home. So that was a very awkward and uncomfortable experience to have at twelve years old.*" Her father felt so awkward with educating his daughter that he avoided it entirely and enlisted the help of a female family member. Her father's inaction could possibly be attributed to a number of causes. Perhaps PA's father wasn't educated on menstruation himself and truly had no knowledge base to help his daughter. Another possibility is that PA's father was simply so uncomfortable because of the stigmatization of the topic. Isolation may have played a role in this scenario with menstruation being regarded as principally a women's issue. PA also rendered discomfort towards her mother regarding requesting her assistance with tampon insertion. Her discomfort wasn't strictly exclusive

to her parents. PA described an incident to me where she had bled through her pants and the whole school made fun of her. After reflecting on this experience, she emphasized, *“Well, it’s one of those things that you remember, like looking back at my childhood. I remember a lot of good times, but those like kind of horrific moments stick with you more.”* PA had several calamitous menstrual experiences in her youth, which she admits were traumatizing to her. She continued into adulthood with painful menorrhagia (Appendix A), which caused her to sometimes miss work. The destructive symptoms of her periods caused her to have a hysterectomy at an early age, also requiring time off from work. PA stated, *“I was hurting too bad to work and there wasn’t a lot of understanding with that.”* PA’s discomfort, both physical and social, followed her into adulthood.

Participant B also had uncomfortable experiences with her mother, most notably when she got her first period. She describes her mother handing her a stack of pamphlets about menstruation without other supplemental instruction or guidance. This emphasizes her mother’s discomfort with educating her daughter about menstruation. This is likely due to the stigma of the time. Similar to PA, PB also had a troubling first experience with tampons. PB’s mother held a strong opposition to tampons due to the phenomenon of Toxic Shock Syndrome. PB stated her mother, *“scared her to death with that.”* Since her mother refused to buy her tampons, PB eventually did her own research and used her first tampon based on following the instructions on the box. She described the experience of using the cardboard applicator akin to *“putting a pinecone in there.”* She overall was affected negatively by her mother’s lack of guidance, leading her to live through cumbersome experiences alone.

Participant D also shared the sentiment of generally being scarred by some of her menstrual experiences. After PD shared an experience of menstrual shame, she stated, “I mean, I remember it like it was yesterday. Still to this day.” This established that her menstrual experiences have affected her even in adulthood.

Participant C experienced a sense of discomfort with not only parents but teachers. She depicted herself being accosted by teachers and interrogated as to why she needed to take her backpack to the bathroom. She additionally explained that some teachers wouldn’t allow her to use the restroom, causing her to bleed onto her chair. PC entrusted her teachers with the knowledge of her menstrual status, which they didn’t respect. Some of her teachers exposed her vulnerability to the rest of the classroom. This behavior toward PC was unsettling and traumatic to her. As previously stated, PC’s father and brothers proscribed her from speaking of her period in front of them. This led to PC being compunctious discussing menstrual matters in front of her immediate male family members.

Bullying

Bullying is a theme ubiquitous amongst the participants’ narratives. Bullying in this pilot study was divided into two subsections: Group bullying and bullying committed by a male peer. One of the most harrowing stories of bullying emerged from Participant D, who tells the story of a male bully:

PD: Well, there he was, there was a guy um, he just really sought out and would watch girls. I know this is creepy This is very creepy now, like to really think about, but there was a, a particular guy that would seek out to see if he could figure out who was on their period. And then he would purposely like knock

your purse over and stuff in front of people just so he could say, well now you understand why she's a, you know I hate the B word. But he would say that "now you understand why she's being a B" and but he would, he would go around and seek out girls and if you figured out was on period, he would knock your purses over on purpose.

There are several elements to divulge from this excerpt. First, this individual stalked girls in attempt to segregate them based on menstrual status. Secondly, this individual exhibits predatory behavior with a focus on invasion of privacy. Lastly, this young boy did these things to perpetrate a PMS stereotype. This behavior no doubt tainted the social life of countless girls in the school setting. Participant D was obviously affected by this experience. She emphasized how creepy this experience is to her in retrospect, and how traumatizing it was. She later expresses that she "remembers it like it was yesterday." This bully evidently affected PD as the experience haunts her adult life.

Participant E also recalled experiences with bullying by a male peer in response to me asking if she witnessed the shaming of other girls:

PE: Yes, I mean, you know, just typically by the boys 'cause the girls who had already started their period, you know, kind of knew how it was like, so it was just again kind of a girl thing. But you know, if they had an accident and you know it came through their pants or you know, snickering and stuff like that and but I mean nothing that jumps out specifically that I remember, but yeah, I mean, you know, snickers like ooh, she started period or, you know, but again it was still, it was still kind of private, you know, it was just kind of, you know, not something that was just thrown out there or, you know, said anything out loud.

PE emphasizes that it was more exclusively male peers that shamed girls for their period. She recalled laughing and the pointing out of girls who bled through their pants. This bullying tactic only furthers the isolation felt by female victims.

Participant B reaffirmed this style of bullying in her interview. PB claimed to have witnessed other girls being shamed when they bled through their pads onto their white shorts.

The most prevalent instance of group bullying amongst the participants was from Participant A. Participant A described her experience with period shame:

PA: One really kind of stuck with me. I was just sitting in class and when I got up, all of the kids saw that there was blood on the chair, you know, made fun of me and called me names and I was one of the 1st girls in my grade to start, so it was like a new, you know, crazy thing that happened.

PA later reiterated this experience to me when I asked her if period shaming in adolescence has affected her as an adult:

PA: Well, it's one of those things that you remember, like looking back at my childhood. I remember a lot of good times, but those like kind of horrific moments stick with you more. I feel like so I, I do remember that day when I leaked through and got the whole school's attention. It was super embarrassing, and it was almost, you know, the kids were making fun and stuff like that. But there's a level of shame that comes with it too. You're so embarrassed that this happened, even though it's a completely natural thing that your body does.

It is important to highlight that PA described this moment as horrific. The isolation she felt during this due to being the first girl to begin menstruating is traumatizing alone.

The collective of peers bullying her and singling her out has ostensibly made a lasting impact on her. I think it is also important to recognize the connection PA drew between menstruation as an inherently natural process and the overwhelming shame she endured regarding it. The hectoring PA endured caused her to be ashamed of a normal, physiologic process of the female anatomy.

Participant C (21) shares a similar instance of group bullying that included a majority of male peers:

PC: But of course, when you pull it out (menstrual products), everybody's like, making all of the faces and they're like, "Oh, they're on their period. We want to stay away from them." That was never fun. When all the guys are like "girls are super emotional on their periods". They're always like, just not talked to us or something or tried to avoid us, which was not fun, or not nice.

Bullying in PC's case encouraged further concealment of menstrual products, which she continues to do in adulthood. The browbeating PC experienced propagated both PMS stereotyping and isolation of women while on their periods.

Each individual experienced bullying in their own unique way, either as an onlooker or the victim. In all instances of bullying aforementioned, the promotion of stereotypes, female isolation, and the destruction of adolescent self-esteem continue.

Knowledge Deficit

The most prevalent theme in this study is knowledge deficit. I was baffled by the inaccurate information, or the complete lack of information that these women had in their adolescence. There are a few niche subtopics included under this theme that were mentioned in the interviews of several participants. Several women mentioned a taboo

surrounding tampon usage. I also noticed a pattern that the older the woman was in age, the more comfortable she was with speaking about her period. The thorough education of offspring was also a unanimous concept amongst participants.

The most odious circumstances of knowledge deficit are found in Participant A's narrative. When PA got her first period, she alarmed her father thinking she was dying. She also explained that as the first girl in her grade to start, she was made fun of because periods were a "new, you know, crazy thing that happened." These instances alone indicate that not only PA, but the other girls in her grade, were uneducated about the entirety of menstruation. I opened the conversation for any additional comments, and PA said:

PA: I don't the thing that scarred me the most about it wasn't how other people reacted, it was just the pain and everything you have to go through to the point that, you know, I was nonfunctional for almost a week out of every month, So that's kind of traumatizing.

I then clarified with that her menstrual experience was unexpected. To this she replied:

PA: Absolutely It was definitely unexpected. I had no idea that the girls had a menstrual cycle. They (her parents) did not prepare me in the least for, they didn't tell me a of things, you know, they didn't tell me that I was gonna grow hair under my arms. I found that out. Another traumatizing experience.

PA was completely unaware of her body functions. She began puberty oblivious to the biological changes that took place, why they took place, and how to manage them. This was a distinct disservice to PA by her parents and by the school system. PA was

blindsided during a time in adolescence when self-esteem is such a vulnerable, fickle concept. Due to this, PA carried these traumatic memories with her into adulthood.

Participant C (21) had a unique story of knowledge deficit. PC suffered from menorrhagia, which garnered concern from her mother. PC described the following experience to me:

PC: I had, I guess my mom was concerned because I was my periods were so heavy. And I was bleeding through, like pads and everything just so fast. And that wasn't what she was used to with her experiences. So, one day, she did take me to the doctor. Just to like make sure it was a something else going on. She was like, kind of concerned, because this is not like my version of normal. And the doctor who was female. Or she's a nurse practitioner, I think she actually like totally blew me off. And she's like, you're just being dramatic. And I was like, I felt like just awful. Because you go to the doctor and you're like, I'm, you know, 13, 14 like, this is new to me. I don't know what the what normal should be. And my mom being concerned. And everybody I've talked to is like, yeah, it's not normal to like through a pad and like an hour and a half. Just for days, and so went to the doctor and she's like, "Yeah, it's fine. Some people just bleed heavier. And you're probably not using like the right products." And I was like, "what would be the right product?" She's like, "well, I can't really tell you that."

PC's mother recognized that this was out of her knowledge base and took her daughter to a professional. It is significant to highlight that the primary care provider (PCP) was equally uninformative as PC's mother. It was unfortunate that a healthcare professional did not properly educate a confused, concerned adolescent. PC continued to

explain to me that this PCP offered to prescribe her the hormonal birth control pill to lessen her bleeding if she was “actually concerned about it.” She explained that the PCP did not explain to her the reason birth control was prescribed.

Participant B also began her cycles uneducated and confused.

PB: The, the day I did get my period, I really don't know what was going on. I was fortunately at home. I remember distinctly being in the bathroom and like calling 'Mom, mom, come here, I want to show you something.' I remember her not really educating me, you know, oddly, because my mother was a nurse. I was her daughter, but sort of very, you know, very different generations. She was from very old generations, and I remember her just giving, handing me a bunch of pamphlets to read about what was going on. I could have used a little more supplemental, you know, counseling about it. I probably did ask her, you know, questions, probably a lot of questions, and she probably just said, just read what I gave you to read, you know, just read a book.

PB's mother had the knowledge to educate her child yet did not prepare her. She did educate her in an indirect way that was laced with shame.

Participant D shared that she did receive limited menstrual education through her school.

PD: Well, I think the hardest thing was growing up. I mean, the parent, generational parents, that wasn't like a really huge discussion, a lot of times they still learned (from peers). I mean, even then you learned more from your peers than when it came to that. So it was kind of like I knew what it was because of the classes we had but really didn't know the full onset. I was, I did not realize that there were

other products just besides pads, you know, tampons were never talked about, you know, anything like that.

PD did not receive a full menstrual education from her parents, similar to PB. It was commendable, however, that PD was taught some menstrual education through her school system. She is the only participant who claimed receiving menstrual education via their school. She also referenced her peers being a large source of her knowledge surrounding female puberty. This may seem like a favorable scenario, but there was no guarantee these other adolescents have accurate information. It was entirely probable that some of the information from peers was inaccurate and may have done more harm than good by propagating menstrual stereotypes. There have been several examples previously mentioned where peer bullies spread false information about menstruation with the intention to emotionally degrade female victims. In an era where menstruation was taught by adolescent peers, there was no guarantee that the information provided came from credible sources.

A majority of the women in this study regard tampons as a sort of taboo subject in their youth. Participant B described her mother's strong aversion to tampon usage based upon the fear of Toxic Shock Syndrome (TSS).

PB: Well, I was really happy when I could finally start wearing tampons, I don't even remember how old I was, uh , but I remember begging my mother could you, "can I please wear a tampon so I can, do you know, so I can play my...", I played a lot of sports in high school. I was very athletic and I remember begging her "Can I please wear tampons? All you know the other girls are" and she's like, "I don't care what the other girls are doing, you can't". And and what her fear was

was back in the that day there was a fear and I guess it was a real phenomenon of toxic shock syndrome. She scared me to death with that, like, well, I don't want to get that. And then finally I, I, again I don't even know how old I was when I was, when I started wearing tampons, but I didn't get toxic shock syndrome. I read up on it and there was no computers, so I found something somewhere to read that said. How to avoid getting that. And I was like, Well, Had to figure out, you know, how to. And there was instructions on the box. And they were the old cardboard like yucky kind of tampons.

Her mother's fear was rooted in a lack of knowledge about tampons. Perhaps toxic shock syndrome was a feared phenomenon also due to knowledge deficit. TSS is a rare but deadly condition, but often is exclusively the result of tampon misuse. It is not recommended to exceed 8 hours of use for each individual tampon (*Toxic Shock Syndrome*, 2019). If this information about tampons was not known or overtly advertised, the fear surrounding TSS was completely valid. PB's mother instilled a fear of a vital menstrual tool into her based on inaccurate information. The use of tampons does not equate to TSS, the misuse does.

Participant A mentions a tampon taboo as well.

PA: I do remember the 1st time in my teen years ever trying to put a tampon in because I hated wearing pads because I bled so heavily. That was traumatizing too because You know, I'd never had sex or anything like that and I didn't know really like how to even put it in.

I wanted to highlight this excerpt from PA's interview because it portrays a misunderstanding of not only tampon use, but that of the female anatomy. She did not know where to place the tampon because of lack of understanding of her own anatomy.

Participant D reasserts the presence of a tampon taboo.

PD: I was, I did not realize that there were other products just besides pads, you know, tampons were never talked about, you know, anything like that.

PD, similar to the previous two participants, lacked an accurate education concerning tampons and usage. PD was lacking education to an extent that she was ignorant to the existence of tampons and other pad alternatives.

I also concluded that there was a correlation between participant age and comfort with menstrual matters and the discussion of such. This was attributed to the acquisition of knowledge through lived experiences. In this case, knowledge was power. Participant B stated:

PB: I'm so old now, and it's been so long, that all of it's kind of funny to me now, I'm sure It wasn't, you know, when I was young,

This concept is corroborated by Participant D after describing her experience with a male bully:

PD: Now as an adult, I, I really think that the fact that I got that upset about it was probably silly. But I think just through the years of nursing and actually knowing more about women's health and teaching some of that and understanding it, I think really I, reflecting back, probably would handle it totally different. Instead of giving people control over my emotions of how it was That's probably the biggest

thing. Through education and, and, and teaching that and also experiencing that I totally would handle it differently, I would actually meet it head on.

She was confirming that with knowledge and experience, she is confident in the discussion of her reproductive functions. Moreso, she was confident in her ability to educate others and correct the inaccuracies of others concerning menstrual education.

Every woman in this study was an advocate for thorough and accurate menstrual education of all genders. Incidentally, only one participant in this study had a daughter, three others had sons, and one had no children. Though they all have their own individual beliefs, ideologies, and experiences raising and educating children, they all expressed very similar concepts of menstrual education.

Participant A responded to me asking how her experience with period shame will alter the way she will educate her children.

PA: I would definitely be completely open, get them prepared for what's gonna happen, walk them through, you know what is going to happen to your body. You know, the things that can happen, the side effects that can happen from it, the pain that you might get. I would definitely be up front, honest, open communication. I have a boy, so I don't really have to do that, but if I had a girl, I would definitely have prepared her. Unlike my parents, did.

I then asked if she had educated her son about menstruation.

PA: Yeah, we, he already knows, he already knows that girls have a cycle every month and we bleed and I've definitely explained that to him. He, he's still kind of unsure about it. He's twelve, so he's still kind of unsure about it, but he, we have a very, very open relationship that I want him to feel like he can come and ask

me any question and not get shut down or, you know, that's too embarrassing to talk about or anything like that, you know.

PA emphasized her pride in an open and honest relationship with her son. This was optimal for the facilitation of 'awkward' discussions for preteens and teens. I think it is important to highlight the education of her son about menstruation though she has no daughters.

Participant B responded to the same question about education of her children.

PB: Well, my children are well parents now. I was very careful to, and I have two boys and a girl, so wanted to have conversation with them. Unlike what my mother did with me, you know. So I wanted even my boys to know the facts and, you know, and and the right terms and and stuff like that. And then my daughter is the youngest, so of course You know I went into great detail with her.

PB is additionally a supporter of open menstrual education. PB educated her sons and daughters about menstruation, though she admits going in greater detail with her daughter than her sons. This was a great step in the right direction, but to begin eliminating menstrual stigma, all genders need to be taught the same depth of detail.

Participant C does not have children but walked me through a hypothetical situation of what educating her future children would consist of.

PC: Yes, I would definitely educate both like male and female kids and understanding it and not just like the men on women's like periods of things, but also like educate any daughters I have on like the change that men undergo, as well as like what females undergo and making sure that they understand like both sides of the coin, where it's different, but you're both dealing with different problems to

help in the understanding. And just make sure that they're aware it's a normal thing... But making sure that like, both genders of kids and it be a conversation that is not like shameful, and not trying to put them in a box and just keep it almost medically oriented. But like, you know, child level not get into like, super deep. But it's like, just clinically, this is what happens. This isn't anything wrong with you. It's not abnormal. It's just, this is the way your body starts working. And if you have any questions, it's like, I'll always be there to answer them and help you understand as much as I can. If I don't have an answer to a question, I'll help you find a good source to figure out like the solution or figure out what's going on.

PC did an excellent job of clarifying that she would educate all of her children in the same way. She also explains using medical language to explain puberty processes. She ended this narrative by saying that she would answer any questions even if she had to find the answer. Overall, she wanted to establish an open and honest relationship with her children.

Participant D explained that her son was going to have a class about puberty at school in response to my question about his education.

PD: We did have a discussion prior to, we knew that that was going on at the school, that they were gonna talk. So we actually got together and talked about puberty in general, but also the changes that happened with men, but also about females and what really that entails. As far as a menstrual cycle go, yes. So I was very open, very open with him about that.

PD, like all the previous participants, facilitated open communication about the topic.

Participant E is a mother to two boys. I asked her if she had educated her sons about menstruation specifically.

*PE: I have um, with the older one who you know is 15, but ‘*****’ at ten, I think he still has a little bit more growing to do. We have talked about the birds and the bees, but he kind of shuts down, so I want it to be more comfortable for him. I don't want to push anything that he's not really ready to discuss, I think. You know, but definitely the 15 year old knows about it and Hopefully he's not participating in any shaming.*

Participant E also mentioned she taught her sons to politely pull a woman to the side if she leaks through her pants. She taught her sons not to make a scene when notifying the woman. PE wanted to facilitate open relationships with her sons about puberty topics. Though she thought ten years of age was too young, some girls do experience their first period at this age (*Your First Period*, 2022). It is important that she explain these concepts to her son because he likely is already hearing things about menstruation at school. It is also vital to have these conversations early so the awkwardness is eliminated and leaves room for the child to ask questions.

The desire for thorough menstrual education is a unanimous topic regarding knowledge deficit. Though these women all may approach it differently, they all shared the same end goal.

Five women were sampled in this study, all with various demographic attributes. Their stories are very different, yet they all shared five themes of isolation, self-gaslighting, discomfort, bullying, and knowledge deficit regarding their menstrual experiences.

CHAPTER VI

Limitations

Limitations of this study included the convenience sampling method. Participants do not reflect the demographics of the area. Data saturation was reached with five participants. With this sample size, results may not be generalizable. The intention was to sample a woman's perspective from each decade range over the age of 18 years. This pilot study did not sample a woman in her 30s, 70s, or 80s, so the experiences in this study may not reflect the experiences of women in these age ranges. The sample pool was taken from women who live in a predominantly Caucasian, conservative, Christian area. The beliefs held by this demographic may be apparent in this study. This sample pool also reflected the experience of cisgendered females who have or have had a period. Therefore, the experiences of transgendered males and women who do not menstruate are not included.

CHAPTER VII

Future Recommendations

The stories of menstruation were sampled from five women of various ages. A broader understanding of themes and the derivation of more themes could be procured from different sources of populations.

Knowledge deficit was one of the more prevalent themes in this study. Areas of future study could focus on adolescent sex education. There is a need for improvement in menstrual education taught in schools and in the home.

Further studies can also be found in the menstrual experiences of transgender youth, as this is an area that is lacking in the literature. Additionally it is imperative to consider cultural variations, beliefs, and practices regarding menstruation.

The availability of free menstrual products for all women in general, but specifically for the homeless and impoverished is another vital area of study.

Participant C enlightened me to the need for additional training for healthcare workers and teachers regarding menstrual shame and education. This would greatly benefit patient education and help supplement the education these children are not receiving at school or home.

Further knowledge about menstrual shaming can be garnered from schoolteachers. How do teachers approach the situation of a girl leaking through her pants with the rest of the class? Are teachers allowed to give students menstrual products? There is significant unknown knowledge about menstrual shaming in this area.

This study would also be fascinating to repeat with males. This would allow insight on the education men have received, their comfort with the topic, and if they have witness or caused menstrual shaming.

Future studies could also include the investigation of the prevalence of PMS stereotypes amongst both men and women of different geographical locations.

All the aforementioned recommendations would improve the lived experience of adolescent females and transgendered adolescent males, reduce menstrual stereotyping, and reduce menstrual shame. The education of youth about this subject is one of the most powerful tools we can provide.

CHAPTER VIII

Conclusions

The results of this pilot study are encouraging toward my initial research question, “Are memories of menstrual shaming in adolescence still traumatizing to the adult female?” Through the sampling of five women of various ages, I derived five main themes: isolation, self-gaslighting, discomfort, bullying, and knowledge deficit. These themes were all attached to inherently shameful stories and situations these participants endured. They provided invaluable insight into their past experiences, trauma, and their lives current. Considering the clarity and crudeness these narratives entailed, I conclude that memories of menstrual shaming in adolescence are still traumatizing to the adult female.

Through the concepts discovered in this study, future recommendations have been made. The results of this study can benefit healthcare workers, teachers, parents, and most of all, young girls. This study can also serve as groundwork for future studies.

My hope for this study is to benefit the lives of the young women who are uneducated and afraid. I hope this study helps create a more positive conversation about menstruation. Most of all, I hope to help end the stigma surrounding menstruation and the shame endured.

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Appendices

Appendix A: List of Abbreviations and Definitions

PA- Participant A

PB- Participant B

PC- Participant C

PCP- Primary Care Provider

PD- Participant D

PE- Participant E

PMS- Pre-menstrual Syndrome

TSS- Toxic Shock Syndrome

Feminine product: products intended to absorb menses and avoid spilling onto clothes.

Products include pads, liners, tampons, menstrual cups, and menstrual discs.

Menarche: a woman's first period.

Menorrhagia: menstrual periods with abnormally heavy or prolonged bleeding.

Menses: blood that is discharged during menstruation.

Menstrual Stigma: the shame placed on menstruating women based on society's view of the menses.

Menstruation: the (standard) monthly process of shedding the lining of the uterus, from puberty until menopause (except during pregnancy).

Menstruating women (in terms of this study): women who identify as female and experience a period.

Premenstrual Syndrome (PMS): symptoms such as bloating, headache, and mood swings that occur before a woman's menses.

Self-gaslighting: the internalization of abuse and taking blame for the abuse caused to oneself.

Toxic Shock Syndrome (TSS): Multi-system bacterial infection that is commonly caused by leaving tampons in for over eight hours.

Appendix B: Interview Questions

1. What is your age?
2. What age did you get your first menses?
3. Have you ever been shamed for your period while in adolescence (age 10-20)?
 - a. If yes, please describe your experience.
 - b. If no, did you witness other girls be shamed?
4. How has your experience with period shame in your adolescence affect you as an adult?
5. How has your experience with period shame altered the way you will educate your children about menstruation?

Appendix C: Copy of IRB Approval Letter



Office of Research Compliance
2269 Middle Tennessee Blvd.
Sam H. Ingram Bldg (ING) Room 010A
Box 124
Murfreesboro, TN 37132
www.mtsu.edu/irb

Date: February 28, 2023

PI: Ashlee Gauda

Department: Middle Tennessee State University, Nursing

Re: Initial - IRB-FY2023-32

The Influence of Generational Menstrual Shame on Menstruating Females

The Middle Tennessee State University Institutional Review Board has rendered the decision below for The Influence of Generational Menstrual Shame on Menstruating Females . The approval is effective starting February 24, 2023.

Decision: Approved

Category: 6. Collection of data from voice, video, digital, or image recordings made for research purposes.

Findings:

Research Notes:

Please note:

Any modifications to the approved study must be submitted for review through Cayuse IRB. Please note, as well, that according to MTSU Policy, a researcher is defined as anyone who works with data or has contact with participants. Anyone meeting this definition needs to be listed on the protocol and needs to complete the required training. If you add researchers to an approved project, please add them to the project within Cayuse IRB for approval before they begin to work on the project.

Any unanticipated harm to participants or adverse events must be reported to the Office of Compliance, and any subsequent changes to the protocol must be submitted to the IRB for review before implementing this change.

You must submit an end-of-project form to the Office of Compliance upon completion of your research. Completed research means that you have finished collecting data.

All research materials must be retained by the PI or faculty advisor (if the PI is a student) for at least three (3) years after study completion and then destroyed in a manner that maintains confidentiality and anonymity.

All approval letters and study documents are located within the Study Details in Cayuse IRB.

Appendix D: Copy of Informed Consent



Office of Research Compliance
2269 Middle Tennessee Blvd.
Sam H. Ingram Bldg., Room 010A
Murfreesboro, TN 37132
(615) 898-2400 compliance@mtsu.edu

INFORMED CONSENT

Study Title: The Influence of Generational Menstrual Shame on Menstruating Females

Protocol Number: **IRB-FY2023-32**

Approval Date: 02-24-2023

Principal Investigator: Ashlee Gauda

Institution: Middle Tennessee State University

Name of participant: _____ Age: _____

You are being asked to participate in a research project. The following information is provided to inform you about the research project and your participation in it. Please read this form carefully. You will be given an opportunity to ask questions, and your questions will be answered. Also, you will be given a copy of this consent form.

Your participation in this research study is voluntary. You are free to withdraw from this study at any time with no penalty and no loss of benefits already earned. In the event new information becomes available that may affect the risks or benefits associated with this research study or your willingness to participate in it, you will be notified so that you can make an informed decision about whether or not to continue your participation.

1. Purpose of the study: This study will be a qualitative cross-generational analysis of the effect of adolescent menstrual shaming on adult menstruating females.

2. Description of procedures to be followed and approximate duration of the study: The data collection will be structured as a interview via Zoom. The interview will be recorded for data analysis.

3. Expected costs: None

4. Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of participation in this study: Emotional distress from recalling upsetting memories is a possible discomfort of this study.

5. Compensation in case of study-related injury: None

6. Anticipated benefits from this study:

a) The potential benefits to science and humankind that may result from this study include:

Appendix E: Copy of IRB Approved Recruitment Letter

Dear Honors College and Nursing Students and Faculty

Study Description & Purpose – The goal of this research is to investigate the relationship between menstrual shame in adolescence and the effects it had on adulthood. The target population for this study is women of varying ages, 18 years of age or older.

IRB Details:

- Protocol Title:* The Influence of Generational Menstrual Shame on Menstruating Females
- Primary Investigator:* Ashlee Gauda
- PI Department & College:* Amanda J. Flagg, Ph.D., RN, ACNS, CNE, COI. School of Nursing, Middle Tennessee State University

Target Participant Pool – Women of varying ages, at minimum 18, who have either menstruated or are still menstruating.

Risks & Discomforts – Risk associated with participation in this study is thought to be minimal and no more than what participants can expect to experience in everyday life. Nevertheless, participants could experience some psychological discomfort by responding to survey items that inquire about histories of adverse experiences.

Benefits – Participation yields no direct benefit to the participant.

Additional Information – Prospective participants will be screened before signing consent to determine their eligibility. Individuals who fit the requirements will read and sign an informed consent form. The study will take place in an interview format and will take no more than an hour.

Compensation – There is no compensation for participation in this study.

Contact Information – Primary Investigator: Ashlee Gauda- alg9f@mtmail.mtsu.edu

Faculty: Amanda Flagg @ Amanda.Flagg@mtsu.edu

Thank you for your consideration in participating in this research study.

Appendix F: Copy of IRB Approved Research Debriefing Letter

The Influence of Generational Menstrual Shame on Menstruating Females

Institution: Middle Tennessee State University

Researcher: Ashlee Gauda

Contact information:

Cell: 716-957-9036

Email: alg9f@mtmail.mtsu.edu

Dear Participant,

Thank you for being a critical part of my research study! The purpose of this study is to gather information about your menstrual experiences and analyze it comparatively to the experiences of other women of various ages in the study. I am looking for similarities and differences between your experience and the experience of other women in the study. I am using this information to show if menstrual shaming has gotten worse or better throughout multiple generations, and how that experience has affected the woman throughout her life. I appreciate your time and effort to meet with me over Zoom. If you have any follow-up questions or concerns, feel free to reach out to me through the methods listed above.

Thank you,

Ashlee Gauda