

**A Critical Analysis of Menstrual Health Websites in  
Relation to the Needs of Pre- and Early Post-Menarcheal Girls**

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For all who menstruate.

To lose confidence in one's body is to lose confidence in oneself.

— Simone de Beauvoir

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## Chapter I

### INTRODUCTION

Menstruation is one of the most taboo and stigmatized topics in world. Pre-menarcheal girls are indoctrinated into cultures that use words like “dirty,” “messy,” “painful,” and “gross” to describe the experience of it. Girls learn it will be a *curse*, something that happens *to* them, and a monthly reminder of the *burden* of being a woman. These negative societal views of menstruation make it easy, if not desirable, to avoid discussing it. Menstrual silence means many young girls go without a proper education on their changing bodies and are often left to learn on their own, through their friendship circles, media campaigns or popular culture.

Frustrated with the lack of information from face-to-face conversations, adolescents are turning to the internet to learn about sexual and reproductive health concerns at a significant pace. Convenience, anonymity and 24-hour access are all reasons teens go online. The internet offers them places to chat with their peers, post questions specific to their individual concerns and receive emotional support in places like chatrooms and forums. However, many internet websites are not validated or monitored for accurate, unbiased information, particularly when it comes to menstrual health.

The purpose of my research is to examine menstrual health-related information on the internet and discern the reliability of content and the relatability of that content to pre- and early post-menarcheal girls. The websites we visit have the ability to shape our perspectives and influence our decisions. As more teens turn to the internet for menstrual

health advice it is imperative they have access to well-rounded, medically accurate, positive, non-biased information.

## **Background**

Menstruation has been a key component of women's health since the beginning of time. As humans evolved, so too has menstruation. It has been theorized that pre-historic women would only menstruate in the spring due to high-stress living environments. As society progressed, women began to live longer, healthier lives. This led to an increase in menstrual frequency. Now, on average, a post-industrial woman will menstruate 12 times per year.

The age of a girl's first menstrual period (menarche) has evolved as well. Up until the mid-19th century, it was not uncommon for a girl to experience menarche around 17 years of age. In the year 2016, American girls, on average, reach menarche around age 12. This drop in age of menarche is significant for several reasons. First, the age at which women marry in the modern-era has risen from 18 to 27 years of age. At a time when women would get their first period at 17 and marry by 20, paired with the cultural expectation that a married woman would have lots of children, it meant many women spent much of their early menstruating years pregnant. Modern girls, however, will menstruate for an average of 15 years before they begin to consider motherhood. This creates an information vacuum about the value and importance of menstruation outside of pregnancy.

Second, the growing gap between average age of menarche and average age at first pregnancy creates a new set of issues in reproductive health: the need to control

fertility. With the manufacturing and distribution of the first birth control pill in 1960, millions of women across the world have been able to delay or space pregnancy, control the number of children they have, or refrain from achieving pregnancy at all. The ability to control fertility allows for a woman to practice autonomy over her health and livelihood.

In 2012, the pill was the birth control method of choice for nearly 10 million American women and girls aged 15-44 (Guttmacher, 2015). While some look at the availability and effectiveness of the birth control pill as a contributing factor to the women's liberation movement, there is a flip side that some argue has contributed to the further oppression of women and girls: use of the pill suppresses menstrual cycles and disassociates women from their bodies. This brings me to my final point on the significance of early-onset menarche: the medicalization of the female body.

During the Victorian Era, the medical industry took over the care and treatment of the female body. Before the Scientific Revolution, women were the caregivers of other women. Nurses, midwives, herbalists and spiritual healers were responsible for assisting women with their reproductive health. Many midwives and healers would carry out menstrual-related traditions and ceremonies in celebration of womanhood among a cohort of mothers, aunts, sisters and daughters. In social circles, multi-generational groups of women would gather to discuss and share their experiences and be among friends. It was in these groups where young girls, sitting at the feet of their elders, would learn about their changing and developing bodies and what to expect as they became women.

As the medical industry gained momentum in controlling all aspects of human health, the field of gynecology and obstetrics was created. Medical schools and science fields quickly discredited midwifery, disregarded centuries of folk traditions in women's health, and medical schools refused to admit female students. Soon, the all-male fields of gynecology and obstetrics became the standard by which women would learn about their reproductive systems. And as more and more male physicians convinced middle- and upper-class mothers that their daughter's health was better left in the hands of medical professionals, it became more taboo to discuss menstruation outside of a doctor's office. This paradigm shift created silence around menstruation, and the tradition of multi-generational women's groups began to fall out of vogue.

In the modern era, there is no less need or desire of young girls to want to learn about their changing bodies. Unfortunately, for some it has been difficult to obtain answers for their questions. Many pre-menarcheal girls still rely heavily on their mothers for information regarding menstruation. And while this is an important mother-daughter conversation to have, it can be a tricky one. Many mothers admit to feeling unprepared to have open and honest discussions about biology and sexuality with their daughters. To the contrary, many daughters admit feeling embarrassed discussing these issues with their mothers.

As a backup, we rely on school health classes for girls to be educated about menstruation. However, in a survey conducted by Northwestern University, barely half (58 percent) of teens surveyed received any form of reproductive health education at school and nearly 10 percent of students had no access to any form health classes

(Wartella, Rideout, Zupancic, Beaudoin-Ryan, & Lauricelle, 2015). We also assume that teens discuss their sexual health concerns with their doctors. However, adolescents are less likely to have these discussions with their doctors because they feel judged and are fearful their parents will find out. Also, many physicians admit they are not properly trained or do not have the knowledge to counsel their patients on adolescent sexual health concerns (Ackard & Neumark-Sztainer, 2001).

In turn, the internet has quickly become the preferred provider of sexual health information for teens. The same study published by Northwestern University discovered that 25 percent of health-related information teens seek comes from the internet (Wartella, Rideout, Zupancic, Beaudoin-Ryan, & Lauricelle, 2015). However, many internet websites are not validated or monitored for accurate, unbiased information, particularly when it comes to menstrual health. Also, with the vast amount of information available online, it can become challenging for uninformed teens to discern credible vs. non-credible information.

Nearly 50 percent of students surveyed in a study published by the *Journal of College and Health* only clicked on the first three websites that came up in the results list (Buhi, Daley, Fuhrmann, & Smith, 2009). The top results in the list are often thought of as the most trustworthy. This can be problematic on a platform where hosts often pay to increase “hits” to their website through a process known as Search Engine Optimization (SEO). The more hits a website receives the higher it ranks in the search results, regardless of content quality. The first two Google search results for the word

“menstruation” are [wikipedia.org](http://wikipedia.org) (a crowd-sourced encyclopedia) and [womenshealth.gov](http://womenshealth.gov) (a government sponsored health website for women).

As more teens turn to the internet for menstrual health advice, it is imperative they have access to well-rounded, medically accurate, non-biased information. According to an MIT study on credibility of health information on the Internet, once information is learned from “trusted” websites, it becomes harder to unlearn (Eysenbach, 2008). The learning of biased or incomplete information influenced by marketers, or information that is false can have detrimental impacts on the health and wellness of young girls and women. Menstrual-related content found online can influence behaviors, personal care practices and even lead to a greater experience of menstrual pain through suggestive rhetoric. And because menstruation is a topic we train young girls and women to be embarrassed to discuss, they may not verify the information they have learned online with a doctor, educator or parent (Eysenbach, 2008).

## Chapter II

### LITERATURE REVIEW

In many ancient cultures, menstrual blood was revered for its life-giving properties. It was used in ceremonies, as a main ingredient in an elixir drunk by warriors before battle, and spread in the fields as an offering to the gods in exchange for a fertile crop. In some cultures, menstruating women were even worshipped. Yet, somewhere along the timeline, menstruating women who were once celebrated began to lose their social status. This shift in perception coincided with the infiltration of a more patriarchal ideology (Owen, 1993). As Christianity overtook traditionally Pagan cultures, Lara Owen postulates, the transition from menstrual worship to menstrual taboo began. (1993).

It is also believed that menstrual taboo grew from “vagina envy,” where men felt excluded from the experiences of pregnancy and childbirth (Montgomery, 1974). Although we may never know exactly when, where and why menstrual taboos originated, we do know they continue to be harmful and oppressive to women and girls all around the world. Menstrual taboos are used to exclude, ostracize, control the female body, and create a division among the genders (Thomas, 2007, Johnston-Robledo & Chisler, 2011).

Taboos are often created by those looking to maintain a power structure that directly affects their status within society. Taboos are used to “divide and conquer” by creating the illusion of “otherness” among the masses (Skultans, 1970; Thomas, 2007). If perpetuated long enough, taboos become societal rituals, which then become truth. These truths, thereby become ingrained as cultural knowledge and are very hard to detect, let alone correct.

Menstrual taboos create and sustain a divide between “male” and “female.” This divide has sustained for millennia and reaches across most cultures and societies (Montgomery, 1974; Thomas, 2007). Menstruation is believed to have serious, often negative consequences. Menstruating women are easily categorized as dangerous (Whelan, 1975). Traditional menstrual taboos have powerful and far reaching effects and can be used as justification to deny women full access to the public sphere. For example, if a woman is viewed as the “weaker” sex because of her “hormones,” it may create professional barriers for her, particularly in the military or in fields dominated by men.

Menstrual taboos throughout the world chip away at female autonomy in society by limiting what a woman can do, where a woman can go and what a woman can wear. According to Rita Montgomery (1974), menstrual taboos include, but are not limited to:

- Avoidance of menstruating women
- Proscriptions on sexual intercourse
- Menstrual seclusion (i.e. menstrual huts or sheds)
- Denial of formal education
- Restrictions on cooking for others, touching others’ dishes, clothing or personal articles (in extreme cases, restrictions on touching yourself)
- Considered dangerous to animals and crops - may be barred from working in or entering fields or stockyards
- Forbidden to touch weapons, boats or game animals
- Barred from attending or participating in religious ceremonies
- Forced to eat separately from men

- Seen as a polluter of men

Menstrual taboos also assume that women, contrary to men, are unable to transcend their physical bodies (Thomas, 2007). In other words, women are emotional and men are rational. This “truth” has become cultural knowledge, and influences the assumption that the “weaker” sex is unable to protect, provide or lead; women are not formidable or powerful. Women are therefore relegated to the domestic sphere where they carry out the brunt of home and care-giving responsibilities. Although it is important to note that these gender roles are changing rapidly in modern Western society, they continue to play a large part in certain cultures around the world.

Gender stereotypes can have far reaching affects as they diminish a woman’s ability to become anything other than an object of sexual pleasure and bearer of children. Compounding these gender biases is the fact that women menstruate regularly. Hormonal changes and periodic bleeding are used against women as “hard evidence” that they are unstable and easily manipulated by their emotions (Whelan, 1975; Thomas, 2007).

The obsession with, and negative perceptions of menstrual blood perpetuate to this day thanks to a cross-cultural study published in 1945 by C.S. Ford. In this study, Ford cited data from Dr. Bella Schick who claimed that menstrual blood contains a harmful compound known as “menotoxins.” These toxins are theorized to be emitted from menstrual blood and have the ability to kill plants, prevent bread from rising and even keep jam from setting (Whelan, 1975). This line of thinking, claims Whelan, manifests itself as both overt and covert forms of societal menstrual taboo.

When we think of menstrual taboo we tend to envision women or girls from a non-Western country being refused entrance to their place of worship or being banished to a menstrual hut. We often hear stories of how young girls are forced to drop out of school because of lack of clean bathroom facilities or access to menstrual products. And while these overt examples of menstrual taboo show the necessity of addressing them, covert taboos exist all over the world, including in the United States (Young, 1965; Montgomery, 1974).

Silence surrounding the mere discussion of menstruation is the most obvious cultural example of a societal menstrual taboo, but they also exist in the private sphere. Disgust with the idea of menstrual sex, avoiding wearing white during menstruation, choosing toxic, disposable menstrual care products and avoiding physical activity during menstruation are all examples of covert menstrual taboo (Young, 1965; Schooler, Ward, Merriwether, & Caruthers, 2005; Hensel, 2007). Other examples of covert menstrual taboos include emotional, irrational, unstable, and unpredictable tropes of the menstruating female. She is the butt of jokes in movies, TV shows, in friend circles and have real-life consequences. Menstrual stereotypes are a weapon used to damage the credibility of a woman or girl attempting to challenge the power of her male-counterpart(s) (Schooler, Ward, Merriwether, & Caruthers, 2005; Hensel, 2007; Thomas, 2007; Johnston-Robledo & Chisler, 2011).

### **Menstrual Experiences and Self-Objectification**

Menstrual stigma evolves from menstrual taboo. A stigma quite literally refers to a “stain or marking” that identifies the stigmatized as “different” (Johnston-Robledo &

Chisler, 2011). While taboos are outward behaviors, stigma are silent and often internalized efforts to avoid being aligned with a particular taboo (Newton, 2012). For example, a menstrual taboo would be to exclude a menstruating girl or woman from participating in sports. A menstrual stigma would be for a woman to conceal she is menstruating by hiding her tampon up her sleeve on her way to the bathroom.

Stigma also contributes to women and girls feeling ashamed of their menstruating bodies (Schooler, Ward, Merriwether, Caruthers, 2005; Thomas, 2007). Because of this shame, one of the most pervasive behaviors surrounding menstruation is the societal agreement not to discuss it (Schooler, Ward, Merriwether, Caruthers, 2005; Thomas, 2007). Feeling ashamed of menstruation can influence sexual satisfaction, menstrual health decisions, what types of menstrual care products are used, and overall body image (Lee, 1994; Johnston-Robledo, 2003; McPhearson & Korfine, 2004; Schooler, Ward, Merriwether, Caruthers, 2005; Hensel, 2007; Collins, Martino & Shaw, 2011; Johnston-Robledo & Chisler, 2011; Wister, Stubbs & Shipman, 2012; Grose & Grave, 2014).

### *Mixed Messages*

One way girls protect themselves from stigma is to hide their experiences. Whether it is refusing to talk or learn about menstruation, touch their menstrual blood, avoiding certain activities or isolating themselves from school or social functions, young girls go to great lengths to hide their menstruating bodies. Consequently, their unwillingness to disclose their menstrual status makes it difficult for them to learn accurate information about menstruation from direct sources like parents, teachers, and friends, while also making them susceptible to learning about it from indirect sources like

media, advertisements and magazines (Newton, 2012). Many advertisements for menstrual care products highlight the importance of secrecy; the ads tell young girls that preventing leaks is of utmost importance.

Navigating menstruation on one's own can be overwhelming, confusing and oftentimes contradictory. Girls are told by their health education teachers and mothers that menarche is a time when they become a "woman." They leave the realm of childhood and are swept away into a world of adult sexuality. They are warned to watch out for sexual predators and practice modesty while at the same time being told to celebrate their maturity (Hust, Brown, & L'Engle, 2008; Wister, Stubbs, & Shipman, 2012).

#### *Self-Objectification Theory*

Advertisements that consistently sexualize the female body for the male gaze, an increase in public attention to girls changing bodies and a social stigma that teaches girls their menstruating body is unacceptable can lead to self-objectification (Lee, 1994; Grose & Grabe, 2014). Self-objectification theory states that in a culture or society where the sexualization of women and girls becomes normative (through advertisements, media, television, movies and popular culture), women and girls view themselves, their worth, and their power through their sexualized bodies. In other words, they view themselves as objects to be judged and evaluated by others (Roberts & Waters, 2004). The sexualization of the female body is the antonym of the menstruating one (Grose & Grabe, 2014). Not surprisingly, women who score higher on a self-objectification scale view menstruation

more negatively than women who score lower on the scale (Lee, 1994; Grose & Grabe, 2014).

Ironically, women who view menstruation as an inconvenience to their sexual lives tend to be more in-tune with their bodies and more likely to accurately predict the onset of menstruation - although this does not apply to women on hormonal birth control (McPhearson & Korfine, 2004; Grose & Grabe, 2014). Such hyper-menstrual vigilance is due to fear of being surprised and unprepared for menses. You are at less risk of a leak or stain if you are closely monitoring your cycle.

When we diminish the importance of the menstruating body while elevating the sexualized one, many girls begin to become preoccupied with the way others see them rather than the way they see themselves (Lee, 1994; Johnston-Robledo, 2003). This preoccupation with her new sexualized body can lead many young girls to despise their menstruating one. This is a pivotal moment when girls are at highest risk of aligning with the cultural stereotype that menstruating is a “curse.” They begin to view menstruation as something that happens to them, rather than something that happens from them (Lee, 1994; Diorio & Munro, 2000).

### **Menstrual Health and Hygiene**

At this point, girls and young women are more susceptible to complete disassociation of themselves and their menstruating body. Disassociation of self is perpetuated through menstrual silence and can lead to habitual, unhealthy menstrual behaviors. These behaviors include, but are not limited to:

- Going to great lengths to avoid contact with menstrual blood through the use of (often toxic) applicator tampons
- Avoiding sexual intercourse during menstruation
- Using hormonal birth control for complete menstrual suppression

(Young, 1965; Lee, 1994; Schooler, Ward, Merriwether, & Caruthers, 2005; Hensel, 2007; Chrilser, Gorman, Marvan, & Johnston-Rubledo, 2013).

### *Hormonal Intervention*

As menstruating girls approach their teenage years, they will likely be introduced to hormonal birth control, either by media, their peers or doctors. Hormonal birth control is sold as a way to stave off painful periods, to “cure” acne, to “regulate” irregular cycles or to suppress menstruation all together (Gunson, 2012). Since these young women have been taught to loathe their menstrual bodies in exchange for sexualized ones, they are often more open and willing to use synthetic hormones to control it (Harlow & Ephross, 1995; Ernster, 1997; Johnston-Robledo, 2003; McPhearson & Korfine, 2004; Mamo & Fosket, 2009; Chrilser, Gorman, Marvan, & Johnston-Rubledo, 2013).

There are several dangers with introducing young girls to hormonal birth control use. First, artificial regulation of the menstrual cycle in girls who have yet to become familiar with their unique cycles completely disconnects them from the rhythm of their natural body (Ernster, 1997). Second, hormonal birth control perpetuates the pathologizing of the female body that defines the menstrual cycle as 28-days long (Foster, 1996; Harlow & Ephross, 1995). In fact, a healthy and normal menstrual cycle is on a spectrum and can range from 21 to 35 days in length.

Third, long-term use of hormonal contraception can mask underlying reproductive health issues like menorrhagia (heavy menstruation), dysmenorrhea (painful menstruation), amenorrhea (absence of menstruation), oligomenorrhea (light or infrequent menstruation) or anovulation (missing ovulation) and delay treatment (Gunson, 2012). Finally, the use of hormonal birth control to regulate or suppress the natural menstrual cycle further validates cultural stereotypes and taboos. Validation serves to continue the beliefs that menstruation is inconvenient, messy, painful, unnatural, shameful and something to be avoided (McPhearson & Korfine, 2004; Mamo & Fosket, 2009; Johnston-Robledo, 2003).

### *Hygiene*

Possibly the most stressed aspect of menstruation is hygiene (Koff & Rierdan, 1995). It has become such an ingrained concept in the discussion of menstruation that even period-positive activists continue to use the word. Hygiene by definition is the act of keeping something pure, clean, sanitary, and free of disease. This implies that menstruation is impure, dirty, unsanitary and disease ridden if the proper precautions are not taken. Referring to menstrual care as “hygiene” or “sanitary” products further preserves the stereotypes that influence and affect the lives and health of girls. It is important to note that access to clean menstrual care products and bathroom facilities are imperative to reproductive health. However, the words *hygiene* and *sanitary* have been used to manipulate menstrual health habits in Western cultures.

The menstrual hygienic movement came about in the 19th century with the pathologizing of the menstrual cycle. Gynecology and obstetrics saw menstruation as an

‘illness,’ - - as something to be sanitized, much like you would purchase bandages for a wound. A new consumer market was created to manufacture and sell menstrual “first aid” to women and girls. This is considered the beginning of the relationship between medicine and consumerism (Mandziuk, 2010; Brumberg, 1993).

With scientific and medical endorsements of “hygiene” products, companies like Kotex created advertisements to convince consumers of the “necessity” for new hygienic and sanitary menstrual practices. In its first marketing campaign in 1921, Kotex successfully branded itself the “new way” of caring for your menstruating body. It did this while simultaneously demonizing the “old way” of menstrual management, homemade cloth pads, as unhealthy, or unsanitary (Mandziuk, 2010). With the popularity of mass-produced, disposable menstrual products, women and girls have become even further removed from their menstrual bodies. No longer needing to wash cloth pads, and with the invention of the applicator tampon, in the name of hygiene, women and girls can completely avoid contact with their menstruating bodies.

### **Menstrual Education**

There are a myriad of places young girls can and do learn about their menstruating bodies. All important, all influential. However, cultural socialization tells us that if you are willing to discuss menstruation you must follow strict, unwritten privacy rules. In other words, it continues to be socially and culturally taboo to discuss menstruation in the presence of men or boys. Furthermore, one should never discuss menstruation directly with them (Ernster, 1997). These unwritten rules are of particular

concern for young girls who do not have a mother, sister or other female confidant to have these conversations with.

### *From Mom*

Pre- and newly post-menarcheal girls most often turn to their mothers to learn about their changing bodies (Koff & Rierdan, 1995). The mother-daughter relationship, in most healthy cases, is still strong at this phase of development. Mothers willing to speak openly and honestly to their children about menstruation can effectively set the tone for their daughter's menstrual experience over her entire life course. A mother can also help lessen embarrassment, fear and anxiety about menstruation (Clarke & Ruble, 1978; Lee, 2008). In contrast, unsupportive mothers who take little interest in educating and guiding their daughters through the menstrual experience can lead to the establishment of negative perspectives of menstruation (Ernster, 1997; Lee, 2008).

### *In school*

Menstruation is typically part of the sex-education curriculum in schools. However, menstruation is often a single topic briefly discussed in a larger section or chapter. Even so, menstruation education in sex-ed curricula is typically framed as a reproductive phenomenon. Girls learn the biological basics and relationship of menstruation to fertility. However, girls of this age are often more concerned with how menstruation will affect their lives now (Koff & Rierdan, 1995). Rarely is menstruation discussed in terms of sexuality, and if it is, it is typically taught through the lens of heteronormativity (Lee, 1994; Diorio & Munro, 2000).

### *Advertisements, Television, Movies and Popular Culture*

With the cultural inundation many pre- and newly post-menarcheal girls experience through television, movies, magazines, and social media (at home and on-the-go through smart phones), many are subconsciously absorbing messages about menstruation and their menstruating bodies. Unfortunately, this type of information rarely frames menstruation in a positive light (Hust, Brown, & L'Engle, 2008). Advertisements sell products to conceal and hide menstruation and teen magazines are riddled with mortifying anecdotes of “leaking in gym class” or having a boy “see you with a tampon”.

Movies and television shows often make jokes about menstruation, and stereotype menstruating women as irrational, unpredictable monsters. These messages can be confusing to a young girl who is still trying to learn about, and become comfortable with, her changing body (Hust, Brown, & L'Engle, 2008). These negative messages, once absorbed, can affect the individual's menstrual health decisions and outcomes for her entire life course (Ernster, 1997; Clarke & Ruble, 1978).

### **Seeking Menstrual Health Information Online**

Even with all of the avenues for learning about menstrual health mentioned above, there is an emerging area of learning for many adolescents: the internet. The internet provides round-the-clock answers to questions and curiosities. And while pre- and newly post-menarcheal girls still prefer to get a bulk of their questions answered by their mothers, the internet offers anonymity, privacy and a myriad of perspectives on sexual, reproductive and menstrual health related topics (Ackard & Neumark-Sztainer,

2001; Gray, Klein, Cantrill, & Noyce, 2002; Pandey, Hart, & Tiwary, 2003; Suzuki & Calzo, 2004; Eysenbach, 2008; Mitchell, Ybarra, Korchmaros, & Kosciw, 2014).

In a study conducted by Kimberly Mitchell, et al. in 2013, 52 percent of teens aged 15-17 have turned to the internet to find health related information, with the 13-15 age group being most likely to utilize the World Wide Web. The popularity of using the internet for seeking out health advice is higher among this younger demographic because many have yet to establish a relationship with a healthcare provider, lack the means or accessibility to a healthcare professional, or are concerned with their privacy (Mitchell, Ybarra, Korchmaros, & Kosciw, 2014). Internet usage among teen girls has grown five times faster than any other demographic (Pandey, Hart, & Tiwary, 2003; Gray, Klein, Cantrill, & Noyce, 2002).

### *Digital Divide*

There is a growing concern about what is known as the “digital divide.” A digital divide occurs when teens lack access to computers or the internet, specifically for private use. A teen whose only access to a computer is through the school library may not feel comfortable searching for sexual health related materials, or, in the case of filters, websites may be blocked (Padney, et al. 2003; Gray, et al., 2002). The digital divide can create a learning gap for those who do not have access to the internet. This is of particular concern in pre- and newly post-menarcheal girls who do not have menstrual health education classes in school, access to a regular physician, or a close relationship with their mother or female confidant. In worst cases, a young girl may be missing access to

all avenues through which to learn about menstruation. This will make her especially susceptible to the influence of media, popular culture, advertisements and peer messages.

### *Discerning Information*

Access to unlimited amounts of information on a specific subject can be a great thing. The covering of various topics from diverse perspectives can help teens think critically about their concerns, questions and curiosities. However, it can also be overwhelming and confusing, especially when the average Google search of the phrase “menstruation” yields over 23 million results ([google.com](http://google.com)), and that number is growing by the day. The abundance of responses has created specific search habits among teens that may actually hinder their efforts to find accurate, credible answers to their questions.

The internet is severely lacking in quality control of its websites. The World Wide Web is like the Wild West of information. Anyone with an internet connection and the smallest amount of technological savvy can start a website. Herein lies the problem. Teens, young teens in particular, are easily swayed by appearances. In a study conducted by Gunther Eysenbach (2008), online users tend to believe that:

- Professional looking websites are the most credible
- Higher placement in the search results means the information is more accurate
- Domain name of the website (.com/.org/.gov) determines the credibility of the content.

Recent studies have also shown that even college students have difficulty discerning the credibility of information they find online (Eysenbach, 2008; Gray, Klein, Cantrill, & Noyce, 2002). Fifty-one percent of college students observed using the

internet to find sexual-health related information “never” or “hardly” verified the information they were reading, or knew whether or not the information was reviewed or written by a medical professional (Buhi, Daley, Fuhrmann, & Smith, 2009). In the same observational study, nearly 50 percent of the websites used were .com and 94 percent of the students used Google for their search rather than going directly to known websites (Buhi, Daley, Fuhrmann, & Smith, 2009).

The trouble with using Google as your primary search engine is that advertisers and websites can pay to have their site come up higher on the list of results. This practice makes teens, who tend to view the top results as the most credible, more likely to be exposed to false, biased or advertised content (Eysenbach, 2008; Gray, Klein, Cantrill, & Noyce, 2002). Fifty percent of teens surveyed admitted to only clicking on the first link in the search result list (Wartella, Rideout, Zupancic, Beaudoin-Ryan, & Lauricelle, 2015). This is troublesome because teens, especially younger teens, are more apt to believe the information they find online regardless of quality, accuracy, or bias (Goonawardene, Jiang, Swee-Lin Tan, & Jiang, 2013).

### **Gaps in the Literature**

There are several studies on internet usage among teens that discuss how and why they search for sexual health-related information on the internet, as well as studies on how menstrual taboo and stereotypes affect health outcomes in women and girls. But there has yet to be any studies combining the two topics. My research is necessary because it seeks to close the gap between what we understand about internet usage and

how the menstrual-health related information available influences the perspectives, understanding, and health choices made by pre- and newly post-menarcheal girls.

This is important because pre- and newly post-menarcheal girls are highly susceptible to believing anything and everything they find on the internet. This young demographic is learning about their changing bodies in an environment that may be sending them contradictory messages about their sexuality, inaccurate information about their menstrual health and may inadvertently perpetuate menstrual stereotypes. It is imperative we not only understand the type of information available, but that we analyze the sub-text of these messages.

Internet usage among teens is growing exponentially. Teens' ability to access menstrual health-related information is 24/7 and menstrual taboo and stereotypes exist in this platform. The intention of my research is to highlight the need to better understand the menstrual health content available on the internet and how it can affect and influence the health and habits of pre- and newly post-menarcheal girls.

## **Chapter III**

### **METHODOLOGY**

For my research I conducted a literature review on menstruation by drawing upon the disciplines of women and gender studies, holistic health and public health. My searches were based on specific keywords and phrases: menstrual health, period stigma, stigma, menstrual stigma, menstruation, teen health, period, perspectives of menstruation, reproductive health, reproductive stigma, holistic health, menstrual stigma online, teens online usage, menstruation's online visibility, teen attitudes about menstruation, approaches to menstruation and biomedical approaches to women's health.

I then conducted 36 separate internet searches of phrases related to menstrual health. I chose this method because, according to a study conducted by Buhi, Daley, Fuhrmann and Smith (2009), sexual health is one of the most commonly searched for topic online, with over 75 percent of 15-24 year olds turning to the internet for answers.

#### **Gathering of Primary Sources**

A study of analytics published by the Massachusetts Institute of Technology discovered that the first few results in an online search are the most visited, with Google being the most popular search engine (Eysenbach, 2008). Conducting my own searches allowed me to better understand the type of information accessible to teenagers who search the internet for menstrual health related information. My primary sources were based on the following criteria:

- Simulated question search for menstrual health related information through the perspective of a teenaged girl using the three most popular search engines: Google, Yahoo, and Bing
- Searched the following questions on all three search engines:

*Biomedical:*

- Why haven't I gotten my first period yet?
- Why isn't my cycle 28 days long?
- Which is better: tampons or pads?
- What does it feel like to have your period?

*Holistic:*

- When will I get my first period?
- How long should my menstrual cycle be?
- What are my choices for reusable menstrual products?
- What can I expect to feel during my period?

*Balanced:*

- What is the average age of menarche?
- What is the average length of the menstrual cycle?
- What are my options for period protection?
- What will I experience during menstruation?

For each search I only viewed the first two websites because these are the ones most often clicked on (Buhi, Daley, Fuhrmann, & Smith, 2009).

## **Classification of Primary Sources**

I then classified the websites as either holistic in bias, biomedical in bias or balanced in approach on the following definitions:

### *Biomedical Bias*

Biomedical, otherwise known as a Western approach to medicine, tends to compartmentalize the body's differing systems. Medical professionals often ignore how each body system interacts with other systems of the body when treating patients. It is not common to consider the influence of environment, psychology or lifestyle when applying the biomedical approach to health and wellness. For the purpose of categorizing my primary data, I will be using "biomedical bias" to mean websites that refer *only* to Western medicine and do not discuss holistic health options.

### *Holistic Bias*

The holistic model of health is most often described as the "mind-body" approach to medicine. Holistic health practitioners take into account environment, lifestyle and work-life stressors when treating patients. For the purpose of categorizing my primary data, I will be using "holistic bias" to mean websites that refer *only* to alternative health practices and do not discuss biomedical options.

### *Balanced Approach*

For the purpose of categorizing my primary data, I will be using "balanced approach" to mean websites that refer to *both* holistic and biomedical models of health.

The above definitions allowed me to organize my findings according to the most predominant bias in the discussion of menstrual health. I further classified the website results based on the following sorting criteria:

- Identify the sources referenced within each website result
- For websites that referenced scholarly sources, I sub-classified the journal in which the scholarly source is published as either holistic in approach, biomedical in approach, or balanced by reading the journal's mission statement
- For websites that did not reference scholarly sources (pop culture, blogs, or other social media), I reviewed the "about me" information (if available) in order to discern the author/website philosophy and approach

### **Textual Analysis of Primary Sources**

Once the website results were organized based on classification (biomedical, holistic or balanced), I conducted a textual analysis. A textual analysis allowed me to better understand, the credibility and relatability of each website. My analysis was based on the following criteria:

- Closely read websites for themes, concepts, patterns, discourses and frameworks as related to a biomedical, holistic or balanced approach to menstrual health
- Drew upon my secondary research to answer my research question: How inclusive of a biomedical, holistic, or balanced approach to menstrual health are the online websites most often visited by teens?

- Determined the reliability and accuracy of the information presented on each website based on evidence/facts used to write the content (is it scholarly? anecdotal?)
- Attempted to identify potential bias (is the website being sponsored? is it a commercial website?)
- Determined relatability of content to a pre- and early post-menarcheal audience
- Evaluated the identified author based on training, credentials and reputation

### **Interpretation of Primary Sources**

Once my gathering, classification and analysis of websites were complete I interpreted my findings. To do this, I organized my data based on the following categories:

- Total searches by URL: .com, .gov, .org, .net and .ca
- Website credibility: lay author, medical author, medically reviewed and cited references
- Content bias: biomedical, holistic or balanced
- Website categories: sponsored, popular culture, medical, government, quiz, forum/chatroom, wikipedia

The quantification of my data made it easier to cross-reference each category by search engine (Bing, Google and Yahoo). This gave me a more complete picture of the reliability and relatability of my websites results.

Finally, I determined whether or not these findings informed my original research question of how reliable and relatable the information on menstrual health websites are to

the needs and curiosities of pre- and early post-menarcheal girls. To do this, I drew upon my own data, as well as my secondary sources, to make the argument of why? Or why not?

## Chapter IV

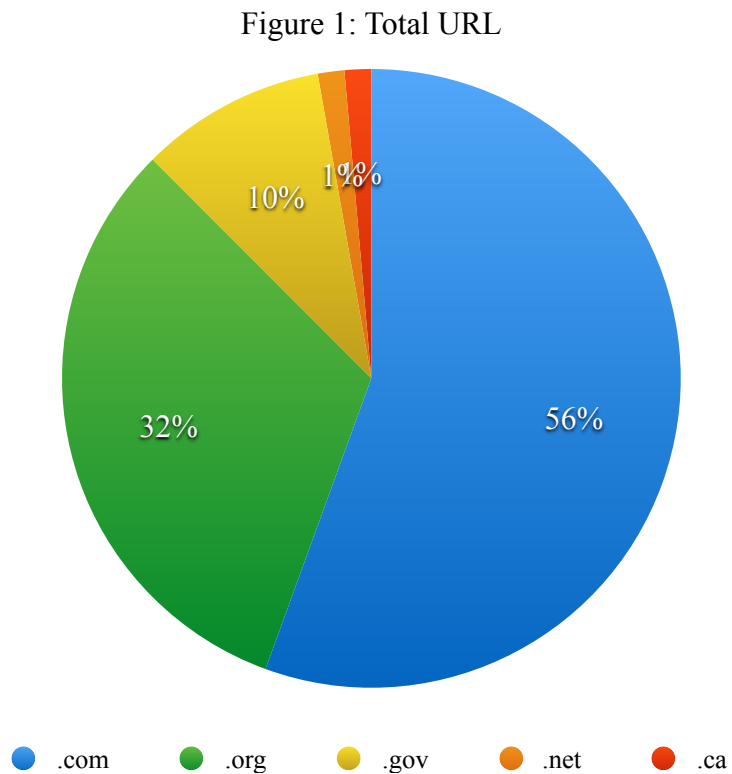
### RESULTS

I have organized my data based on pre-determined criteria as outlined in my methodologies chapter in order to determine reliability and relatability of the website results. Of the 12 questions I searched for on Bing, Google and Yahoo, I ended up with a total of 72 website results. Of that total number, 14 websites appeared 39 different times. Although they are overlap, the websites will be accounted for each time they appeared. The following is the categorical breakdown of my results.

#### Overall

##### *Total URLs*

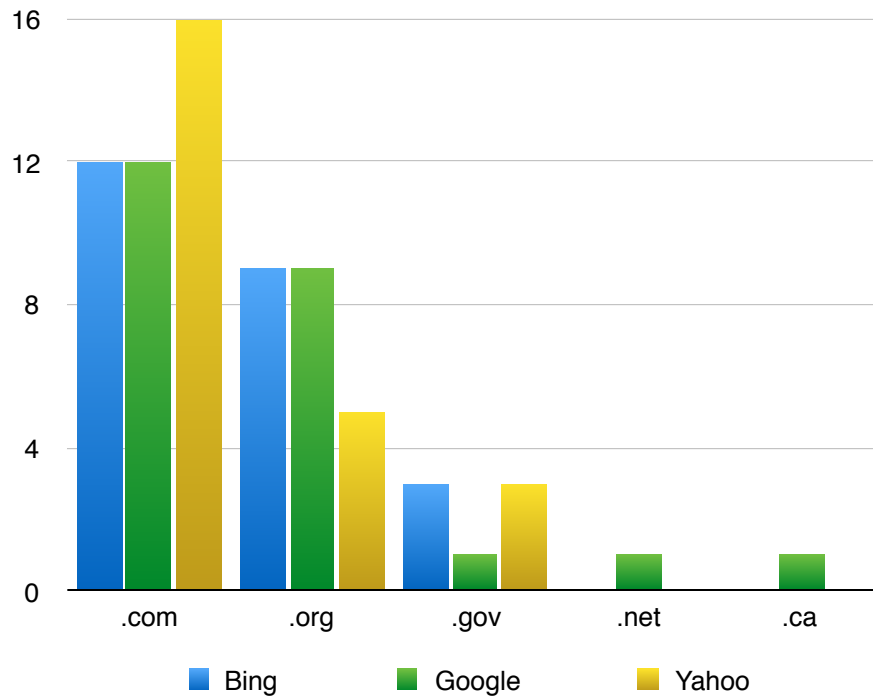
- 40 .com
- 23 .org
- seven .gov
- one .net
- one .ca



*URL Results by Browser*

<u>Bing</u>	<u>Google</u>	<u>Yahoo</u>
12 .com	12 .com	16 .com
nine .org	nine .org	five .org
three .gov	one .gov	three .gov
zero .net	one .net	zero .net
zero .ca	one .ca	zero .ca

Figure 2: URL Results by Browser



**Credibility of Authorship**

*Author listed*

- Bing, eight
- Google, 10
- Yahoo, nine

*Websites written by a medical professional*

- Bing, One
- Google, two
- Yahoo, zero

*Websites that were regularly reviewed for content accuracy*

- Bing, six
- Google, one
- Yahoo, four

*Websites that listed any type of reference*

- Bing, 10
- Google, four
- Yahoo, seven

**Content Bias**

*Biomedical Bias.* Biomedical, otherwise known as a Western approach to medicine, tends to compartmentalize the body's differing systems. Medical professionals often overlook how each body system interacts with other systems of the body when treating patients. It is not common to consider the influence of environment, psychology or lifestyle when applying the biomedical approach to health and wellness. For the purpose of categorizing my primary data, I will be using "biomedical bias" to mean websites that refer *only* to Western medicine and do not discuss holistic health options.

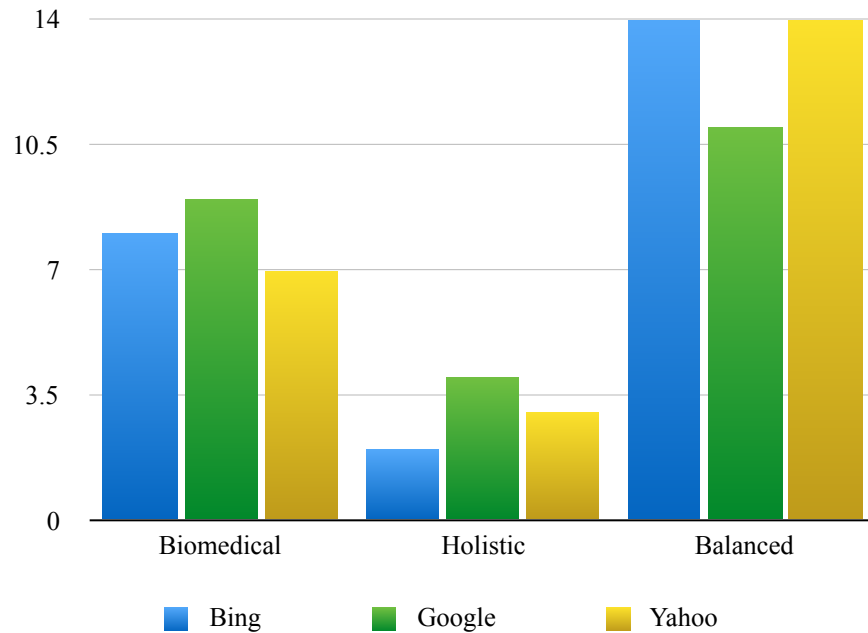
*Holistic Bias.* The holistic model of health is most often described as the "mind-body" connection. Holistic health practitioners take into account environment, lifestyle and work-life stressors when treating patients. For the purpose of categorizing my primary data, I will be using "holistic bias" to mean websites that refer *only* to alternative health practices and do not discuss biomedical options.

*Balanced Approach.* For the purpose of categorizing my primary data, I will be using “balanced.

*Content Bias by Browser*

<u>Biomedical</u>	<u>Holistic</u>	<u>Balanced</u>
Bing, eight	Bing, two	Bing, 14
Google, nine	Google, four	Google, 11
Yahoo, seven	Yahoo, three	Yahoo, 14

Figure 3: Content Bias by Browser



**Content Genre**

*Popular Culture or Organization*

Bing, five  
 Google, eight  
 Yahoo, eight

*Medical-Based Websites*

Bing, 11  
 Google, six  
 Yahoo, four

*Product Sponsored Website*

Bing, one  
Google, seven  
Yahoo, three

*Chatrooms, Quizzes or Q&A Forums*

Bing, two  
Google, one  
Yahoo, four

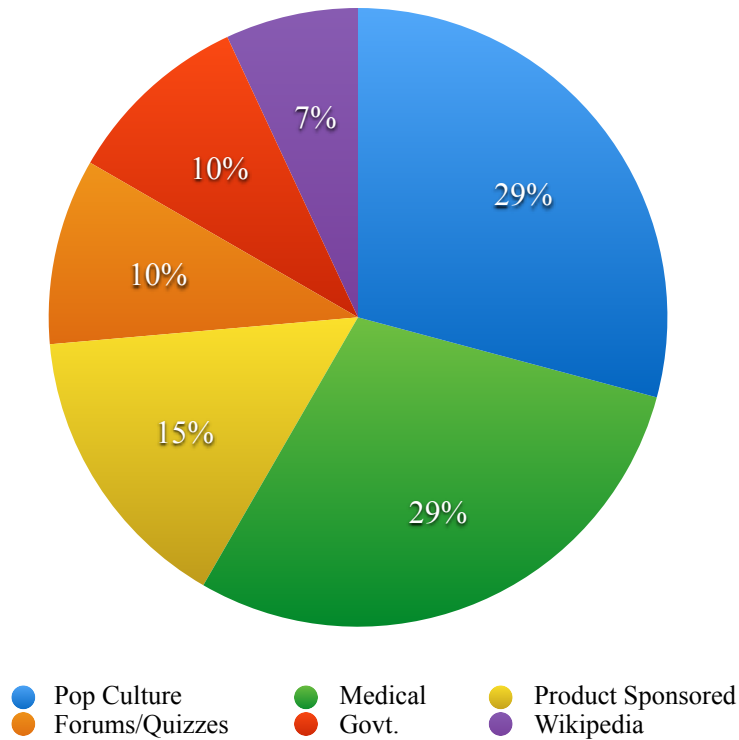
*Government Affiliated*

Bing, three  
Google, one  
Yahoo, three

*Wikipedia Entry*

Bing, two  
Google, one  
Yahoo, two

Figure 4: Content Genre Total



## Chapter V

### ANALYSIS

#### Reliability

As I showed in chapter four, most of the content on the websites in my search is accurate and straight forward and a majority of the information mentions at least one holistic aspect of menstrual health and wellness (exercise, healthy diet, natural remedies, reusable products). Of the 72 websites I examined, I classify 39 of them as balanced, this is a little over 54 percent of

the total websites (Figure 5).

For further analysis of

credibility, I broke down these

39 websites by total urls. I

then removed all website

results that were not of .org or

.gov origin. Of these results I

examined authorship,

removing any that did not list

an author or were not written or reviewed by a medical professional. I then categorized

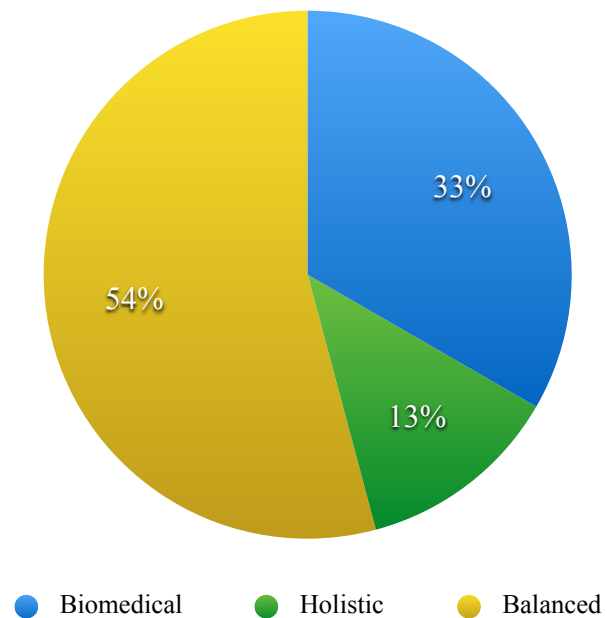
the remaining websites by content genre. I disqualified any website that originated from

Wikipedia, an online chatroom or forum, a product sponsored website or a popular

culture website. This left me with exactly one website that met all the criteria and

therefore qualifies as “highly credible.” Kids Health from Nemours ([www.kidshealth.org](http://www.kidshealth.org))

Figure 5: Content Bias Total Breakdown



showed up four separate times in my searches, three times when I used the Bing browser and once when I used Yahoo. It was the first result when I searched the questions: “When will I get my first period?” and “Why isn’t my cycle 28 days long?” It came up second in my search results for the questions: “Why haven’t I gotten my first period yet?” and “Which is better, tampons or pads?”

Now, this does not mean that these are the only credible results. Many of the .org and .com websites offer quality content, but were disqualified because they did not list an author or citations in the article. It seems unlikely that an organization like the Mayo Clinic, for example, would not provide medically accurate information. But without knowing who authored the article, it is impossible to discern total credibility. By requiring rigid specifications for a classification of highly credible, it guarantees balanced, accurate and up-to-date information.

### **Relatability**

It is important to mention, all of the websites that came up in my search were written from a heteronormative perspective, regardless of intended audience. While my research focuses on young girls who identify with their assigned gender, it will be important to include non-gender normative discussions in any further research on this topic.

With that being said, when categorizing my results I paid special attention to how relatable the content would be for young readers. This is important for several reasons. First, a pre- or newly post-menarcheal girl will have no frame of reference upon which to understand much of the discussion about menstruation. Therefore, it is imperative for

menstrual health websites to also educate their audience. Second, teaching that the menstrual cycle corresponds with fertility and sexuality, or other abstract notions of the female body, will most likely be confusing or even frightening for a young girl. Children in the eight to 12 year age range still rely on concrete information to make sense of things. Although this is also a time when pre-teen brains are beginning to develop the capacity to understand abstract concepts, it is prudent to focus menstrual health education on concrete information.

Third, framing menstruation as a bodily function that exists for the sole purpose of succeeding or failing to achieve pregnancy further perpetuates a pro-natalist agenda. Pro-natalism is a societal or familial expectation that a women's purpose is to bare children. This can be harmful to women who do not want children, cannot have children, or do not identify with their assigned gender. Ignoring their needs marginalizes their menstrual experiences and excludes them from the conversation.

Finally, the information a young girl learns about menstrual health can influence how she views herself, her body and her health habits for years to come. The right information can instill a curiosity and openness about one's body, whereas the wrong information can cause them to disassociate with their body. Therefore, it is critical to put out educational materials that can aid in the development of a solid foundation for future learning.

*Relatability of Website Results*

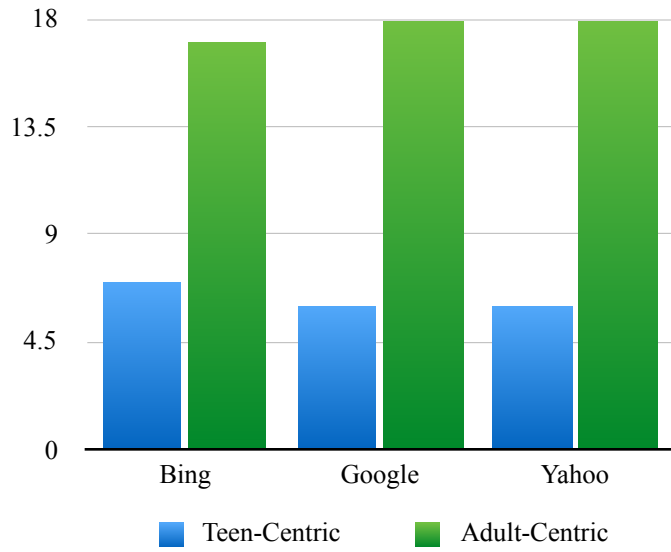
Teen-Centric Websites

Bing, seven  
 Google, six  
 Yahoo, six

Adult-Centric Websites

Bing, 17  
 Google, 18  
 Yahoo, 18

Figure 6: Relatability of Content



Twenty-nine percent of the information I found in my search takes the form of non-biased information from reputable medical websites (Figure 4). However, the information on these sites is heavily medical and reads like a text book (Figure 7). Pre- and post-menarcheal girls want to learn about what is happening to their bodies from a

Figure 7: Basic Biology  
 Source: www.fwhc.org

**Basic Biology: the cycle begins**

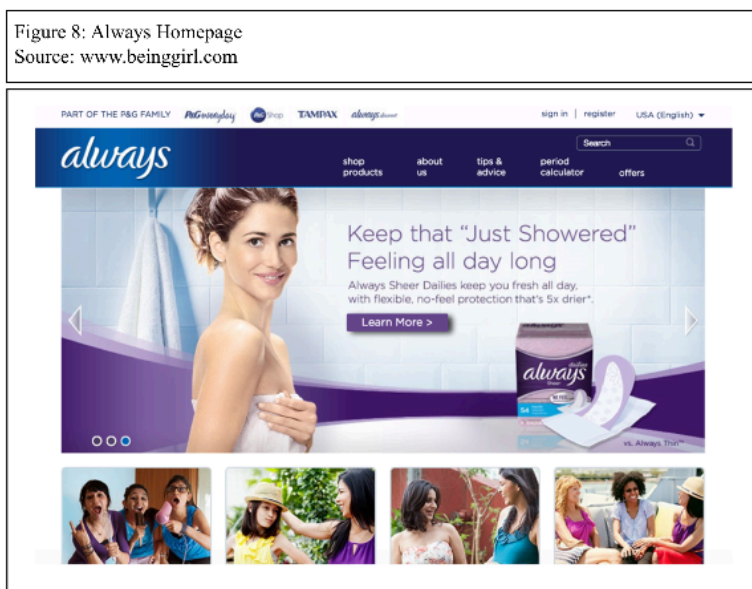
Did you know that when a baby girl is born, she has all the eggs her body will ever use, and many more, perhaps as many as 450,000? They are stored in her ovaries, each inside its own sac called a follicle. As she matures into puberty, her body begins producing various hormones that cause the eggs to mature. This is the beginning of her first cycle; it's a cycle that will repeat throughout her life until the end of menopause.

Let's start with the **hypothalamus**. The hypothalamus is a gland in the brain responsible for regulating the body's thirst, hunger, sleep patterns, libido and endocrine functions. It releases the chemical messenger **Follicle Stimulating Hormone Releasing Factor (FSH-RF)** to tell the **pituitary**, another gland in the brain, to do its job. The pituitary then secretes **Follicle Stimulating Hormone (FSH)** and a little **Leutenizing Hormone (LH)** into the bloodstream which cause the follicles to begin to mature.

The maturing follicles then release another hormone, **estrogen**. As the follicles ripen over a period of about seven days, they secrete more and more estrogen into the bloodstream. Estrogen causes the lining of the uterus to thicken. It causes the cervical mucous to change. When the estrogen level reaches a certain point it causes the hypothalamus to release **Leutenizing Hormone Releasing Factor (LH-RF)** causing the pituitary to release a large amount of **Leutenizing Hormone (LH)**. This surge of LH triggers the one most mature follicle to burst open and release an egg. This is called ovulation. [Many birth control pills work by blocking this LH surge, thus inhibiting the release of an egg.]

personal perspective: they want to know what menstruation feels like, how to catch their flow, how to prevent leaks, etc. Not having access to relatable information can actually contribute to fear and anxiety surrounding menstruation, which can create a more negative experience of menstruation altogether.

Of my total website results, only 19 were aimed at pre- or newly post-menarcheal girls (Figure 6). And of those 19 results, 36 percent of them were from product sponsored websites. Proctor & Gamble, a manufacturer of menstrual care products, for example, came up four separate times ([www.beinggirl.com](http://www.beinggirl.com)). While some of the information found on [www.beinggirl.com](http://www.beinggirl.com) was balanced, it is difficult to disassociate the content from the products they sell (Figure 8). I must note here that [www.beinggirl.com](http://www.beinggirl.com) has officially been



changed to

[www.always.com](http://www.always.com), this

occurred after I completed

my data collection. This

website is filled with

advertisements for their

menstrual care products,

and some of the content is

written with the purpose

of helping their young readers decide which of the Always or Tampax products will work best for them.

Some other websites aimed at pre- and newly post-menarcheal audiences take the form of chatrooms, public forums, and quizzes. These websites account for ten percent of my total results (Figure 4). While websites like these should not be utilized for health related topics because of the high vulnerability of spreading false or inaccurate information, these platforms do serve a purpose. Chatrooms, forums and comment

threads allow readers to share experiences, answer each other's questions, and assuage fears. They can become virtual friend circles. This can be of particular value if the girls participating in these chats have no one in their real world lives to speak with. Emotional support from online peers can be incredibly helpful for young girls experiencing menstrual anxiety.

However, online forums are also a place where negativity about the menstrual experience can spread. For example, one of my results was an online quiz that claims to “predict” when a pre-menarcheal girl might expect to have her first period. At the bottom

of the page is a comment thread where girls can share and discuss their results. A common theme became evident as I read through the thread: pre-menarcheal girls were excited about “becoming a woman” and their post-menarcheal peers



would warn them of their excitement (Figure 9). The undermining of menstrual excitement by peers is not only deflating, it can be a pivotal moment where they begin to internalize negative thoughts and feelings about menstruation - - even before they reach menarche.

We have a small window of opportunity to educate pre- and early post-menarcheal girls on menstrual health and wellness in a relatable and well-rounded way.

These education opportunities should be free of negativity, stereotypes and corporate influence. Unfortunately, as my research has shown, this demographic is oftentimes ignored online, viewed as a new market to advertise to, or exposed to the period-negative perspective.

## **Rhetoric**

When I began this study, I did so with the intention to explore the reliability and relatability of content on menstrual health related websites. To my surprise, a little more than half of the content was balanced in its approach to menstrual health (Figure 5). However, as I began to examine the relatability of these websites, a chasm began to develop. Only fifteen percent of my results are considered relatable to pre- and early post-menarcheal girls (Figure 6).

Furthermore, what I did not expect to find was the amount of negative rhetoric used. A common theme in all of the websites I found was the framing of menstruation in a negative light. This even occurred on medical-based websites where a majority of the discussion focused on PMS, cramps, mood swings, and all the potential negative symptoms a menstruating person can experience. Popular culture websites, like Cosmopolitan and BuzzFeed were the second most common result after medical websites - 21 results to 21 results (Figure 4).

These websites also used the most period negative language. All

Figure 10: Recommendations  
Source: [www.womenshealthency.com](http://www.womenshealthency.com)

### **RECOMMENDATIONS**

Menarche marks an important transition to adulthood, and being prepared for the experience plays a critical role in girls' perceptions of themselves and the significance of the event. Opportunities to talk about menarche before it occurs, have a venue for asking questions, and increasing communication about the process will diminish anxiety and enhance their understanding of the experience. Indeed, placing the onset of menarche in a positive light, such as marking it with a celebration, can significantly influence how girls interpret and respond to the event. Families and schools can play a special role in providing support and information for young girls to assist them through the transition.

but a few of the websites I analyzed framed menstruation in this manner and the few websites that attempted to highlight the positive aspects of menstruation did so with only a sentence or two (Figure 10).

### *Period-Positive Language*

Period-positive language is anything that frames menstruation in a positive light or focuses on the more positive aspects of the menstrual experience. To be clear, period-positive language is not to convince those who menstruate that there are not negative aspects of menstruation, instead, it is used to help create self-advocacy for menstrual and reproductive health matters. There were very few examples of period-positive language in any of the 72 websites I examined.

Young Women’s Health ([www.youngwomenshealth.org](http://www.youngwomenshealth.org)), for example came up first in all three browsers when I searched “What are my options for period protection?” The article *Period Products: Information About Tampons, Pads, and More*, discusses the various kinds of reusable and non-reusable menstrual products available on the market. At the end of the article is a Q&A section where they answer the question: “Are reusable menstrual products safe and healthy to use?” It is in this answer they address a widely held stereotype: “There is nothing ‘dirty’ about menstrual blood.” While this in and of itself is not period-positive language, it is one of the few examples of an article attempting to override menstrual stereotypes.

The website Women’s Health Encyclopedia ([www.womenshealthency.com](http://www.womenshealthency.com)) is one of the few websites to actually uses period-positive language: “Indeed, placing the onset of menarche in a positive light, such as marking it with a celebration, can significantly

influence how girls interpret and respond to the event” (Figure 10). While the advice on this website is written with a parental audience in mind, it provides positive language for parents to emulate in conversations with their daughter’s.

### *Period-Negative Language*

Period-negative language is anything that frames menstruation as negative or focuses on negative aspects of the menstrual experience. The best example of period-negative language is an article titled: *21 Women Explain what Having your Period Feels Like*, published on [www.buzzfeed.com](http://www.buzzfeed.com). This article came up three times when I searched the question: “What does it feel like to have your period?” In fact, this article was the first



result for each browser. As the title states, this article is a list of 21 women’s explanation of what menstruation feels like. It is written in a quippy, snarky, humorous tone, and accompanied by GIFs of bloody horror scenes and

women binging on junk food. This article exemplifies period-negativity (Figure 11). Of the 21 descriptions given, every single one was written with period-negative language. All of them either focused on pain, discomfort, messiness or inconvenience.

Menstruating women are often seen as a joke; a hormonal caricature who cannot function normally. She is ‘irrational,’ ‘moody,’ and ‘emotional.’ Aside from the societal

implications this language can have, like perpetuating gender bias, for example, this view of menstruation can also be confusing for the women experiencing it. The fifth response in the BuzzFeed list describes menstruation as the following: “Periods are awful, inconvenient, dirty, uncomfortable, excruciating, and you aren’t supposed to talk about them, which only makes it worse . . .” This explanation perfectly highlights how period-negativity is internalized. This woman expresses a desire to want to discuss her period but because of stereotypes surrounding menstruation, but she has been taught, by society, by the media, and possibly by friends and family, not to discuss it openly. The oppression of menstrual-related discussion is what allows period-negative rhetoric to thrive.

Another example of period-negative rhetoric is from [www.beinggirl.com](http://www.beinggirl.com). Aimed directly at a pre- and early post-menarcheal audience, the copy used in their advertisements create doubt and self-consciousness in their consumers. Take, for example, an image from their homepage. It is a picture of a girl in a towel in front of a backdrop of a sanitary, all-white shower (Figure 8). The copy reads: “Keep that ‘Just Showered’ Feeling all day long.” This message is influential on two levels. First, it perpetuates the stereotype that menstrual blood is unclean or unsanitary. The copy effectively creates a problem. On the second level, it provides a solution. The copy continues to say: “Always Sheer Dailies keep you fresh all day . . .” The most literal translation is: “periods make you feel gross, our products will make you feel clean.”

These types of advertisements are the perfect example of the subtle ways period-negative language infiltrates the menstrual discussion. Unfortunately, magazines, social media sites, and television shows aimed at a teen and pre-teen audience are often

accompanied by ads like this one. The objective of the company may only be to create brand-loyalty, but the method with which they go about it can influence a girl's perspective of menstruation for the remainder of her life.

### *Implications of Period-Negative Rhetoric*

The language we use to discuss menstruation is often internalized by those exposed to it. The internalization of period-negative rhetoric from advertisements and the way we talk about menstruation can influence the way women and girls care for their menstruating bodies. And the way one cares for their body can affect their menstrual experiences. This is particularly true among pre-menarcheal girls who learn about menstruation through the experiences of their friends, mothers, female family members and now, the internet. Many young girls cannot explain what menstruation is, but know that it is painful.

Stories about cramps, headaches, backaches, and bloating are often bonded over in the company of other women whilst in the presence of young girls. Negative menstrual messages, like the kinds that tell young girls their periods will be a painful, messy and a nuisance, can influence their actual experiences of menstruation. I believe this can have long-term and far-reaching implications on the health of women and girls:

1. A pre- or newly post-menarcheal girl who constantly hears her period will be painful, is more likely to interpret her menstrual experience as painful.
2. It normalizes painful periods. In fact, a healthy menstrual cycle is not painful.

Premenstrual syndrome, cramps, headaches, etc. are all symptoms of

hormonal imbalances. But rather than addressing any underlying issues, we use pain medication and hormonal birth control to mask these symptoms.

3. It makes it more appealing to want to suppress menstruation with medication - women and girls who have a negative view of menstruation are more likely to view menstrual suppression favorably. The long-term use of hormonal birth control can lead to severe depression, fertility issues, reproductive cancers, heart disease and stroke.
4. Women and girls become detached from their bodies. They lose curiosity about their bodies in a non-sexual context. A study out of the UK, for example, discovered that nearly half of women 26-35 years of age cannot accurately identify the vagina on an anatomical chart (Davies, 2014).
5. Women and girls who disassociate with their bodies are also less likely to want to come into contact with their own menstrual blood - this leads to greater use of toxic, disposable menstrual care products, like chemically-laden tampons. This simultaneously makes the idea of using non-toxic, eco-friendly reusable products, like cloth pads and silicon menstrual cups, repulsive.
6. It supports the theory that menstrual blood is unhygienic. We often use terms like “feminine hygiene” and “sanitary pads” in menstrual discussion, these phrases subconsciously influence our understanding and perspective of menstruation to be dirty, unsanitary and dangerous.
7. It can perpetuate self-objectification. Meaning, it can influence women and girls to magnify themselves as sexual objects in order to disassociate with

their menstrual bodies - which is seen as un-sexy in the eyes of Western society.

8. Viewing menstrual blood as “dirty” and “unsanitary” proscribes acceptable and unacceptable behaviors when it comes to sexual activity.
9. It fills pre- and newly post-menarcheal girls with worry, anxiety and fear about getting and having their periods.
10. Most importantly, it makes it desirable to avoid having menstrual-related conversations. By framing menstruation negatively it encourages girls and women to feel ashamed and embarrassed. If every time you bring up a concern about your period, and the people you are talking to squirm and react with disgust, you are less likely to want to talk about it - this can also lead to medical issues going undiagnosed and untreated.

### *Implications of Menstrual Silence*

Period-negative language can actually shut down discussion about menstruation and menstrual health. Incorporating period-positive rhetoric can affect more than just the issue at hand. Growing comfortable with talking about menstruation has benefits that go beyond this simple bodily function. I believe that being aware of our natural cycles and understanding what they mean can have profound effects on our health and wellness over our entire life in the following ways. First, learning to read your menstrual cycles and flow can be an indicator of health, underlying hormonal imbalance, low thyroid function, adrenal fatigue, anovulation, endometriosis, metabolic reproductive disorder and insulin resistance - making your menstrual health a fifth vital sign.

Second, being connected to your reproductive body can help you identify early signs of gynecological cancers (endometrial, cervical and ovarian). When we disassociate with a part of our body, we don't see warning signs. When we are embarrassed to discuss changes in our reproductive health it can delay diagnosis, and more seriously, it can delay treatment. Also, the desire to mask unwanted symptoms can make you more open to the use of hormonal birth control methods. Hormonal birth control is used for various reasons, but most popularly, to suppress ovulation or to suppress menstruation altogether.

More research is coming out showing how detrimental the side effects of synthetic hormone therapy can be on a woman's livelihood. Most recently, how the pill was shown to cause severe depression in users (Skovlund, Steinrud and Kessing, 2016). Synthetic chemicals change the way our brain functions, so using the birth control pill not only suppresses ovulation and/or menstruation, it suppresses your authentic personality. Ironically, a study of a male form of hormonal birth control was slowed after a number of men dropped out due to their experience of adverse side effects - side effects many women who use the pill live with for years (Behre, Zitzmann, Anderson, et. al, 2016).

Finally, understanding your natural cycle can help you be an advocate for your own health. Sadly, it is common for women who present with irregular cycles, menstrual irregularities, or reproductive organ pain to be ignored by medical professionals (Hoffman & Tarzian, 2001). Delay in treatment for certain gynecological pain, like ovarian torsion, for example, can at best lead to the loss of an ovary or fallopian tube, and at worst, lead to death. If you have been tracking your cycles and have a clear picture that

the symptoms you are experiencing are out of what's normal for you, you have more leverage to demand thorough examinations or testing to find the cause of your symptoms.

Comfort with discussing menstruation in a productive manner, and not just to make jokes and perpetuate stereotypes, can lead to better body literacy. Better body literacy can lead to more effective advocacy in menstrual and reproductive health-related matters. This can lead to more positive health outcomes in women and girls. Viewing menstruation as something more than a 'painful nuisance' that makes women 'crazy' will have long-lasting impacts on health, wellness and quality of life.

## **Chapter VI**

### **CONCLUSION**

Menstruation continues to be one of the most taboo health experiences women and girls can have. People are embarrassed to discuss it, often reacting with disgust at the mere thought of it, and go to great lengths to hide it. However, menstruation is an incredibly natural occurrence and is often an indicator of wellness. Some holistic health practitioners even consider the state of a woman or girls menstrual health to be a fifth vital sign of wellbeing. Yet, we continue to ignore teaching and educating young girls on what a healthy menstrual cycle is. As I discussed in my second chapter, we often rely on schools or medical professionals to have “the talk” with our children. We have this expectation even though there is no standard of menstrual health education in schools and some medical professionals admit to lacking knowledge on teen health.

This creates a knowledge vacuum in which pre- and newly post-menarcheal girls become vulnerable to social and cultural conditioning about menstruation. It also creates a desire to seek out information on their own. The internet is a powerful health tool for young girls. It offers anonymity to those seeking answers to embarrassing questions, allows 24/7 access to whatever curiosities they may have, and gives them a means of entry to some of the world’s most renowned medical institutions. Yet, as much as we like to view the internet as a benefit, there are also pitfalls, as discussed in chapters two and five. Search Engine Optimization (SEO) allows companies to manipulate the order their websites appear in search results, advertisers can run and manage websites created

specifically to draw in new customers, and website content is often not verified for accuracy.

As I discuss in chapter five, various menstrual care product companies run “educational” websites. Proctor & Gamble, who manufactures and sells menstrual care products under the brand names Tampax and Always, also runs the website [www.beinggirl.com](http://www.beinggirl.com). Kimberly Clark, who manufactures and sells menstrual care products under the brand name Kotex, also runs the website [www.ubykotex.com](http://www.ubykotex.com). Both of these websites are aimed at drawing in a pre- and newly post-menarchial audience to create brand loyalty.

It is also important to remember that anyone with even minimal technological skill can write content for, and run a professional-looking website. All of these factors can contribute to the spreading of biased and even misleading information. The internet is still considered the Wild West of knowledge. There is no online sheriff to determine the credibility of website content. This can be problematic, particularly because it can be difficult for the untrained Googler to discern credible from non-credible information. This is especially the case for teens who still lack certain critical-thinking skills.

We are just beginning to explore and understand the online search habits of teenagers. At the same time, it is crucial to recognize the limitations of my own study. Two of the most important being that the rank of the websites in each search engine, and the content of the individual websites, can and will change over time. As websites gain in popularity, or become more adept at SEO manipulation, their content will have the ability to be seen by a wider audience. This makes it more vital than ever to continue studying

internet search habits of those seeking menstrual health-related information online and the credibility of the content they find.

As I discuss in chapter two, the websites that rank the highest in a search result are often blindly considered the most credible. We also know that readers rarely, if ever, verify the author or sources used for the creation of content. As I have shown in my own data, of my 72 search results, less than 40 percent of the websites listed an author, and less than 30 percent cited any sources. So even if readers wanted to verify the information, in most cases, they can't. Fortunately, just over half of the websites I examined offered a balanced, neutral approach to menstrual health. Which is what I originally set out to examine in my research.

Although my sample size is small, only 72 websites, it gives me a better understanding of how the internet can influence our perspectives of health and wellness. This was made clear to me, not in the data I collected, but in the language I discovered. As I explained in chapter five, the website results overwhelmingly used negative language to discuss and explain the menstrual experience. Take, for example, the [buzzfeed.com](https://www.buzzfeed.com) article I discussed in chapter five: *21 Women Explain What having your Period Feels Like*. It came up as the first result in each browser when I searched for the question "what does it feel like to have your period?"

Unfortunately, the overwhelmingly negative sentiments highlighted in this article have become the dominant cultural opinion. My concern comes in because we don't have enough period-positive articles to counteract the period-negative opinions. Without them, how we feel about our own menstrual experience can become choice by default. What if

all a pre-menarcheal girl hears about menstruation is that it's inconvenient, messy, painful, gross, dirty, or embarrassing? What if she stumbles across this BuzzFeed article and reads that menstruation is "like someone glued and duct-taped the inner wall of my uterus and then started violently ripping it off" or "A combination of having muscle cramps and stomach pain from hunger, but in your lower abdomen. Feeling lethargic and just generally kinda gross. It sucks" or worse yet, someone speaks directly to her expected experience: "In the first few years, it felt like someone was drilling holes in the base of my spine. I was tired, cranky, hungry, and easily agitated . . ." (Rhodes & Althouse, 2015).

The influence of period-negative rhetoric on a young girl can be vast. Particularly because girls who are pre-menarcheal have no experience upon which to compare the information they are being exposed to. Although a major limitation of my research is that, I, myself am not a pre-menarcheal girl, I did my best to word my searches in a way that would give me the most diverse results. But unfortunately, the use of period-positive verbiage or rhetoric was only present in less than three percent of my findings.

If we tell young girls that periods are awful, they are more likely to view their experience of menstruation through a negative lens. And if we constantly tell girls that their periods are going to hurt they are at increased risk of interpreting their periods as painful (Housotn, Abraham, Huang & D'Angelo, 2006). The constant rhetoric of the "painful period" is problematic. Now, I understand pain is subjective, but when women refer to *all* of their menstrual symptoms as painful it muddies the waters for those who are trying to determine whether or not their symptoms are normal.

Sadly, many women go for years with undiagnosed menstrual disorders, like dysmenorrhea or endometriosis. This is because they learned to believe, through period-negative rhetoric, that their painful symptoms are “common.” Self-treatment with pain medication, needing to take time off work, using hormonal birth control to “regulate” menstrual pain, and living a life more painful and less fulfilling are serious, real life side-effects of this way of thinking. We need to start paying closer attention to how we talk about menstruation. The framework we use can be very suggestive for a lot of women and girls and we risk perpetuating menstrual taboos and stereotypes.

Most importantly, we must begin to combat the overwhelmingly negative rhetoric that surrounds menstruation. My intention here is not to convince every person who menstruates that they should love it. I have no expectation that people are going to be celebrating or shouting how much menstruation rocks from the rooftops, I merely intend to make the conversation more inclusive of a period-positive perspective.

The way we talk about our menstrual health matters. Menstrual stereotypes and taboos cause girls all around the world to be shunned, to miss school, to be teased and oppressed, to be marginalized, criticized, to be medicated, and seen as a joke. Menstruating girls and women are “hormonal,” “irrational,” and “unpredictable.” This type of language contributes to and perpetuates the dominant period-negative narrative. Menstrual health education affects more than just the individual, it affects our society at large, our collective cultural perspectives and our world as a whole.

If women are taught to believe their menstrual cycle is a “curse,” their mothers, sisters, and friends confirm that it is indeed a “curse,” and the independent information

they find online discusses only the negative aspects of menstruation, how can we ever expect to improve menstrual health? If our bodies bring us pain and discomfort, we disassociate with that part of ourselves. This makes it easier for external influences to manipulate our opinions about menstruation and sway our menstrual health-related decisions.

This paradigm is what makes it easier for us to medicate our young daughters with synthetic birth control in order to “regulate” their cycles, “alleviate” menstrual cramps, or “cure” acne. We are failing our girls. By not educating them on how their menstrual health is a reflection of their overall health from a positive perspective, we take away their power to be informed medical consumers. We also limit their ability to be assured of their healthcare decisions, to take control of and feel confident in their menstruating bodies, and to be fully realized, sexual beings free from self-objectification, societal influence, and consumer marketing.

## Appendix

### WEBSITE & ARTICLE RESULTS BY SEARCH ENGINE, BIAS AND RANK

In this appendix I have provided all of my 72 search results. They are organized by search engine and subcategorized by bias. I then organized them by question and list the results in the order of which they appeared in my search.

#### BING - BIOMEDICAL

Q1 - Why haven't I gotten my first period yet?

[www.estronaut.com](http://www.estronaut.com)

*I Haven't Gotten my First Period Yet*

[www.kidshealth.org](http://www.kidshealth.org)

*I'm 14 and Don't Have my Period yet. Is this Normal?*

Q2 - Why isn't my cycle 28 days long?

[www.kidshealth.org](http://www.kidshealth.org)

*Coping with Common Period Problems*

[www.mayoclinic.org](http://www.mayoclinic.org)

*Menstrual Cycle: What's Normal, What's Not*

Q3 - Which is better: tampons or pads?

[www.yahoo.answers.com](http://www.yahoo.answers.com)

*Which is Better Tampons or Pads?*

[www.ubykotex.com](http://www.ubykotex.com)

*Which is Healthier to Use - Tampons or Pads?*

Q4 - What does it feel like to have your period?

[www.buzzfeed.com](http://www.buzzfeed.com)

*21 Women Explain what Having your Period Feels Like*

[www.answers.webmd.com](http://www.answers.webmd.com)

*What Does a Menstrual Period Feel Like?*

BING - HOLISTIC

Q1 - When will I get my first period?

[www.kidshealth.org](http://www.kidshealth.org)  
*When Will I Get my Period?*

[www.proprofs.com](http://www.proprofs.com)  
*When Will I Get my First Period?*

Q2 - How long should my menstrual cycle be?

[www.mayoclinic.org](http://www.mayoclinic.org)  
*Menstrual Cycle: What's Normal, What's Not?*

[www.womenshealth.gov](http://www.womenshealth.gov)  
*Menstruation and the Menstrual Cycle Fact Sheet*

Q3 - What are my choices for reusable menstrual products?

[www.naturalparentsnetwork.com](http://www.naturalparentsnetwork.com)  
*Making the Switch to Reusable Menstrual Products*

[www.treehugger.com](http://www.treehugger.com)  
*7 Powerful Reasons why you Should Switch to Reusable Menstrual Products*

Q4 - What can I expect to feel during my period?

[www.womenshealthmag.com](http://www.womenshealthmag.com)  
*13 Thoughts Every Woman has During Her Period*

[www.mayoclinic.org](http://www.mayoclinic.org)  
*First Trimester Pregnancy: What to Expect*

BING - BALANCED

Q1 - What is the average age of menarche?

[www.wikipedia.org](http://www.wikipedia.org)

*Menarche*

[www.healthtap.com](http://www.healthtap.com)

*What is the Average Age for Menarche?*

Q2 - What is the average length of the menstrual cycle?

[www.wikipedia.org](http://www.wikipedia.org)

*Menstrual Cycle*

[www.womenshealth.gov](http://www.womenshealth.gov)

*Menstruation and the Menstrual Cycle Fact Sheet*

Q3 - What are my options for period protection?

[www.youngwomenshealth.org](http://www.youngwomenshealth.org)

*Period Products: Information About Tampons, Pads and More*

[www.sheknows.com](http://www.sheknows.com)

*What to Use and When*

Q4 - What will I experience during menstruation?

[www.healthline.com](http://www.healthline.com)

*What Causes Painful Menstruation? 13 Possible Conditions*

[www.womenshealth.gov](http://www.womenshealth.gov)

*Menstruation and the Menstrual Cycle Fact Sheet*

GOOGLE - BIOMEDICAL

Q1 - Why haven't I gotten my first period yet?

[www.beinggirl.com](http://www.beinggirl.com)

*When Will I Get my First Period?*

[www.beinggirl.com](http://www.beinggirl.com)

*8 Common Questions About your First Period*

Q2 - Why isn't my cycle 28 days long?

[www.parents.com](http://www.parents.com)

*8 Facts About your Cycle and Conception*

[www.thefword.org](http://www.thefword.org)

*The Myth of the 28 Day Cycle*

Q3 - Which is better: tampons or pads?

[www.cosmopolitan.com](http://www.cosmopolitan.com)

*Why I'm Team Maxi Pad Forever: Tampons are Great and All, but Nothing Beats a Pad!*

[www.beinggirl.com](http://www.beinggirl.com)

*Find the Best Period Protection for you*

Q4 - What does it feel like to have your period?

[www.buzzfeed.com](http://www.buzzfeed.com)

*21 Women Explain what Having your Period Feels Like*

[www.answers.yahoo.com](http://www.answers.yahoo.com)

*What Does it Feel Like When your Period Starts?*

GOOGLE - HOLISTIC

Q1 - When will I get my first period?

[www.ubykotex.com](http://www.ubykotex.com)

*First Period: What You Might Expect*

[www.ubykotex.com](http://www.ubykotex.com)

*First Period Q&A*

Q2 - How long should my menstrual cycle be?

[www.womenshealth.gov](http://www.womenshealth.gov)

*Menstruation and the Menstrual Cycle Fact Sheet*

[www.mayoclinic.org](http://www.mayoclinic.org)

*Menstrual Cycle: What's Normal, What's Not*

Q3 - What are my choices for reusable menstrual products?

[www.lunapads.com](http://www.lunapads.com)

*Company's Homepage*

[www.naturalparentsnetwork.com](http://www.naturalparentsnetwork.com)

*Making the Switch to Reusable Menstrual Products*

Q4 - What can I expect to feel during my period?

[www.womensday.com](http://www.womensday.com)

*8 Things you Didn't Know about your Period*

[www.bustle.com](http://www.bustle.com)

*How your Menstrual Cycle Affects you Each Week*

GOOGLE - BALANCED

Q1 - What is the average age of menarche?

[www.obgyn.net](http://www.obgyn.net)

*First Menstruation: Average Age and Physical Signs*

[www.wikipedia.org](http://www.wikipedia.org)

*Menarche*

Q2 - What is the average length of the menstrual cycle?

[www.mayoclinic.org](http://www.mayoclinic.org)

*Menstrual Cycle: What's Normal, What's Not*

[www.shadygrovefertility.com](http://www.shadygrovefertility.com)

*What Does your Menstrual Cycle Say about Your Fertility?*

Q3 - What are my options for period protection?

[www.youngwomenshealth.org](http://www.youngwomenshealth.org)

*Period Products: Information about Tampons, Pads and More*

[www.softcup.com](http://www.softcup.com)

*Company's Homepage*

Q4 - What will I experience during menstruation?

[www.sexualityandu.ca](http://www.sexualityandu.ca)

*Cramps Pimples and PMS*

[www.fwhc.org](http://www.fwhc.org)

*Menstrual Cycles: What Really Happens in Those 28 days?!*

## YAHOO - BIOMEDICAL

Q1 - Why haven't I gotten my first period yet?

[www.thefriskky.com](http://www.thefriskky.com)

*Don't Panic! 7 Reasons your Periods Might be Late (Besides Pregnancy)*

[www.ourhealth.com](http://www.ourhealth.com)

*I Haven't Gotten my Period Yet*

Q2 - Why isn't my cycle 28 days long?

[www.fwhc.org](http://www.fwhc.org)

*Menstrual Cycles: What Really Happens in Those 28 days?!*

[www.health-and-parenting.com](http://www.health-and-parenting.com)

*Help! My Cycle isn't Exactly 28 Days*

Q3 - Which is better: tampons or pads?

[www.ubykotex.com](http://www.ubykotex.com)

*Which is Healthier to Use - Tampons or Pads?*

[www.kidshealth.org](http://www.kidshealth.org)

*Which is Right for you?*

Q4 - What does it feel like to have your period?

[www.buzzfeed.com](http://www.buzzfeed.com)

*21 Women Explain what Having your Period Feels Like*

[www.answers.yahoo.com](http://www.answers.yahoo.com)

*What does it Feel Like When your Period Starts?*

YAHOO - HOLISTIC

Q1 - When will I get my first period?

[www.proprofs.com](http://www.proprofs.com)

*When Will I Get my First Period?*

[www.quibblo.com](http://www.quibblo.com)

*When Will I Get my First Period?*

Q2 - How long should my menstrual cycle be?

[www.womenshealth.gov](http://www.womenshealth.gov)

*Menstruation and the Menstrual Cycle Fact Sheet*

[www.beinggirl.com](http://www.beinggirl.com)

*My Period: Menstruation and your Cycle*

Q3 - What are my choices for reusable menstrual products?

[www.naturalparentsnetwork.com](http://www.naturalparentsnetwork.com)

*Making the Switch to Reusable Menstrual Products*

[www.treehugger.com](http://www.treehugger.com)

*7 Powerful Reasons why you Should Switch to Reusable Menstrual Products*

Q4 - What can I expect to feel during my period?

[www.womensday.com](http://www.womensday.com)

*8 Things you didn't Know about your Period*

[www.bustle.com](http://www.bustle.com)

*How your Menstrual Cycle affects you Each Week*

YAHOO - BALANCED

Q1 - What is the average age of menarche?

[www.womenshealth.gov](http://www.womenshealth.gov)  
*Menstruation and the Menstrual Cycle Fact Sheet*

[www.wikipedia.org](http://www.wikipedia.org)  
*Menstruation*

Q2 - What is the average length of the menstrual cycle?

[www.womenshealth.gov](http://www.womenshealth.gov)  
*Menstruation and the Menstrual Cycle Fact Sheet*

[www.webmd.com](http://www.webmd.com)  
*Normal m]Menstrual Cycle - Topic Overview*

Q3 - What are my options for period protection?

[www.youngwomenshealth.org](http://www.youngwomenshealth.org)  
*Period Products: Information about Tampons, Pads and More*

[www.softcup.com](http://www.softcup.com)  
*Company's Homepage*

Q4 - What will I experience during menstruation?

[www.womenshealth.gov](http://www.womenshealth.gov)  
*Menstruation and the Menstrual Cycle Fact Sheet*

[www.wikipedia.org](http://www.wikipedia.org)  
*Menstruation*

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