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The perceptions, experiences and meanings rural girls ascribe to menarche - implications for teachers/teacher training.

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ABSTRACT

This case study examines the attitudes and perceptions of a group of Year 6 girls (n=16) towards menstruation. Although modern science has led to a greater understanding of how the female menstruates (which helps to overcome mythologies born of awe, ignorance, fear and superstition) we continually tell girls experiencing menarche how they should feel, rather than asking them how they do feel.

Subjects completed questionnaires that were used to obtain sociodemographic information, level of menstruation knowledge and menstrual stage. Subjects were then interviewed in small groups to allow elaboration upon the questionnaire responses and to discuss other areas of interest in relation to menarche/menstruation.

Only three subjects stated they had received any type of formal education or advice relating to menstruation. Thirteen subjects expressed the need for more class time to be devoted to issues relating to menstruation, with eleven subjects indicating that they would prefer that any lessons on menstruation be conducted without boys being present.

Results indicate that girls approaching the age of menarche have not been adequately prepared to enter one of the most significant stages of their life. While it is acknowledged that the family has a role to play in this preparation, it is obvious that formal education has not dealt with this issue in an effective way. Educators need to re-assess their approach to this type of sexuality education. By implication, in-service and pre-service teacher education needs to be examined, particularly sexuality curricula for teachers in primary education.

INTRODUCTION

Most research undertaken about the relationship between stereotypical beliefs and social expectations, and the experience of menstruation, has emphasised the negative side of women's menstrual cycles. Little has been achieved in relating the experience with positive attitudes and beliefs. More importantly, little research has looked at menarcheal experience and the influence of significant others, and the depth of menstrual knowledge, on that experience.

The research is generally limited to white middle class western women who usually recollect the experience of menarche as a time of fear, shame and ignorance. Apart from learning about reproductive roles, women were denied full knowledge of the physiological changes and hormonal responses required for menarche to commence. Social and

cultural expectations revolved around a myriad of taboos and whispered secrets. Women were literally kept in the dark about their own bodily processes and were told to keep menstruation hidden. There was no reason in western white society for girls to celebrate their initiation into menstrual life. Today's youth are exposed to more relaxed attitudes about sex and sexuality through the media and our 'modern' lifestyles. Women are breaking free of restrictive reproductive roles, but are young females more informed and more prepared for the onset of menstruation?

Menstrual Mythology - An Historical Perspective

To develop an historical/cultural record of menarcheal/menstrual attitudes poses a number of problems. There are few, if any, records left by women of their experiences of menstruation and menarche. Therefore, it is difficult to assess the impact menstruation experience has had on women's lives. The records that do exist have been written generally by men " medical professionals, biblical writers, historians, anthropologists " and do not necessarily reflect the life experiences of women. The information left by these records is however important to a study of the (de)construction of today's menarcheal and menstrual attitudes.

Past attitudes emphasised the need for menstruating women and menarcheal girls to withdraw from normal activities because they were considered both dangerous and vulnerable. The worst shame of all was to reveal a drop of menstrual blood. Menstruation was hidden, unclean and debilitating.

Graeco-Roman records (Aubert 1989; King 1983) show that the menstruating woman was often perceived fearfully as the biology of the menses was not understood and menstrual blood was often afforded magical qualities, especially as a source for contamination and taboo. Prior to the third century BC menses was afforded the power to prevent conception and cause infertility. Enchantments utilising menstrual blood were invoked to drive away vermin and inclement weather; to cure leprosy, warts, birthmarks, gout, goitre, haemorrhoids, epilepsy, worms, and headache to name a few; as a love charm and to ward off evil spirits (Aubert 1989; King 1983).

The language commonly used in seventeenth century England contained delicate terms such as 'sickness', 'monthly disease', 'vapours', 'monthly infirmity', while the medicos would suggest 'monthly evacuations' or 'natural purgations'. Although the language of menstruation remained mainly negative, the biological processes and pubertal changes, although not fully understood, were at least now considered normal stages in a woman's life. Despite this, Crawford (1981) states that women kept their menstruation private. Sudden onset was a potential source of embarrassment, but its occurrence was no longer cause for alarm.

Public debate on the issue of menstruation as debilitating disease was brought to the forefront during the nineteenth century. Girls required frequent rest from school and physical exertion because they were constantly informed that menstruation was a disability to be endured. Menstruation was viewed as normal yet incapacitating: "the most active days of the period could be disagreeable, debilitating, and painful" (Gay 1984:218). Young girls received little, if any, preparation for onset and their menarcheal experience remained cloaked in secrecy. The move away from menstruation as disability came with the introduction of disposable sanitary protection early in the twentieth century. Research work by Gilbreth (cited by Bullough 1985) indicated that women wanted menstrual protection that was readily available, disposable, undetectable, comfortable and offered adequate protection. The availability of streamlined disposable napkins suited the needs of 'modern' women. Less restrictive clothing was encouraged as there was no longer a need to hide thick wadding which required regular changing

and often was ineffective in the protection it afforded. Although the freeing up of clothing and the partaking of outdoor activity began to see improved experiences of menstruation, early twentieth century western attitudes were still in the main informed by those already existing. Women's roles were becoming more diverse, yet their physiological processes were still perceived as experiences to be hidden, endured and as no source for celebration.

As time progressed, women's views were being used to manage menstruation. The selling of menstrual protection products today is based on similar requirements to those found by Gilbreth (Bullough 1985). Pads are thinner, shaped to fit the body, maximum absorbency, sanitised and often deodorised. Menstruation is still hidden, but it is now not viewed as a reason to discontinue life.

Menarcheal education

Nineteenth century writers on menstruation were the first to take up the need for young girls to be educated about their biological cycles. They claimed that "girls needed to be instructed in its significance, its discomforts, and the best way of managing it during its most intense days. All that was needed was good sense and more exercise" (Gay 1984:217), but there was no suggestion of how this management was to be carried out and by whom.

Ease of menstrual management encouraged a change in attitude. This enabled women to present their daughters with the opportunity to perceive menstruation as a regular and healthy event rather than a "periodic illness involving suffering and incapacity" (Delaney, Lupton and Toth 1988:59). This, however, is not to say that girls were prepared for their menarche. A 1981 American study (The Tampax Report, cited Milow, 1982:130-131) on menstruation found that one-third of those surveyed had not been prepared for menarche and two-fifths reported a negative experience. Two-thirds believed menstruation should not be discussed outside an educational setting. However, the report also found that 30% of teenagers learned many menstrual myths at school. Menstruation as biology should be included in the school setting, but menstruation as social process/experience is for many still to be hidden.

Recent research on the social and psychological aspects of menstruation has generally inferred a need for young girls to be educated about menstruation in such a way that it will be seen as a positive and pleasant change of life (Brooks-Gunn and Ruble 1980a, 1980b, 1982; Kitzinger 1983; Koff, Rierdan and Sheingold 1982; Koff, Rierdan and Stubbs 1990; Llewellyn-Jones and Abraham, 1993; Pillemer et al 1987; Rierdan and Koff 1990; Ruble and Brooks-Gunn 1982a, 1982b). According to Dashiff (1986:58) educational packages should offer methods which encourage active rather than passive learning, utilising written materials which "honestly explore and validate" individual responses to maturation together with hands-on and face-to-face teaching. Further to this, Dashiff (1986) suggests that young girls should first be exposed to menarcheal education prior to onset, perhaps as early as fourth grade (9 to 10 years) and that the participation, contribution and education of the students' mothers should also be encouraged in some way.

Gray (1990) confirms the influence of mothers as educators noting that 45% of girls stated that their mothers were the most appropriate source of information. Including mothers in the total education process may become necessary, as it cannot be assumed that all mothers hold positive attitudes towards menstruation.

School Curriculum

Recent documents relating to the health education area make ample provision for the examination of issues pertaining to menstruation. The recently developed Health and Physical Education National Profile contains an outcome which states that a student "explains how people manage significant transitions in their growth and development"

(Curriculum Corporation 1994:64). Relevant listed pointers to this outcome include: identify physical social and emotional changes common to both sexes and specific to girls and boys during puberty; and evaluate common myths and stories about puberty (Curriculum Corporation 1994:64). The NSW PD/Health/PE K-6 Draft Syllabus states that students should be able to "identify the changes that the body undergoes at puberty", which encompasses content on menstruation (NSW Board of

Studies 1992:103). Clearly, such outcomes provide sufficient emphasis and encouragement for the wider examination of issues surrounding menstruation. However, practice does not appear to reflect the potential for coverage of this area.

The aim of this research project was not to reproduce previous work on menstrual distress " but to discover what girls think about menstruation and how they would like to learn about it. Subjects were afforded an opportunity to ascribe their meanings, to offer their suggestions for education, to relate their experiences. Doing so showed that many educational suggestions from previous research do not sit well with those anticipating menarche (Amann-Gainotti 1986; Bennett 1985; Golub 1983; Hamilton and Gingiss 1993; Kestenberg 1965; Koff, Rierdan and Sheingold 1982; Korah 1991; Logan, Calder and Cohen 1980; Peterson 1980; Shainess 1961; Stolzman 1986). This paper outlines a case study that is descriptive rather than interpretive. It is a narrative of menstrual beliefs affecting the perceptions, experiences and meanings a group of rural girls ascribe to menarche. It does not intend to provide all the answers to issues raised, rather to heighten awareness of the myths and misconceptions surrounding a life event that is a natural occurrence for over half the population.

METHOD

Subjects

Sixteen female subjects aged from 11 years to 12 years participated voluntarily in the research project. All subjects attended Year 6 at a small rural school. The subjects had received little, if any, formal education on menstruation. Four of the subjects had experienced menarche: two within the previous six months and the other two having experienced menstruation for two years. All subjects were Australian born with three having parents born overseas in European countries. Two subjects were of Koori descent. Six subjects described themselves as having no religion and the rest belonged to traditional Christian churches. All subjects had lived in the area for the majority of their school years with twelve having lived there all their lives.

Procedure

The data was collected using the phenomenological approach discussed by van Manen (1990). Survey data was collected via a questionnaire containing closed and open-ended questions. This data offered an overall picture of the socio-demographic situation of the subjects as well as initiating them into the topics to be covered during the following in-depth interview sessions. Although the questionnaire was intended to be completed on an individual basis, the subjects chose to work in groups. The same groups formed the follow-up interview sessions (the interview format and schedule loosely followed that of Prendergast (1989) who interviewed females about menstruation within the school setting).

The procedure was constructed to elicit attitudes, expectations of menstruation and level of education. The procedure for this study was divided into three stages:

Stage 1

The subjects attended an introductory session which introduced the researcher, informed them of the project and its purpose and gave them the opportunity to decide whether to participate. They were given permission notes to take home for parental approval and signature. All but one of the seventeen subjects in Year 6 returned the signed

permission notes and freely participated in all stages of the research . It is not known why one girl chose not to participate.

Stage 2

Questionnaires were administered to all the subjects (n=16) in the one session. The questionnaire requested sociodemographic information, level of menstrual education and menstrual stage (closed questions). Attitudes to menstruation were assessed by completion of open-ended questions.

Stage 3

The subjects were then interviewed in groups formed around their social relationships. The interview sessions were aimed at elaborating upon the questionnaire and any other areas of interest to the subjects. It was not possible to control for cultural differences, but developing interview sessions around the social groups formed at school meant there was an understanding between members which extended to their choice of language and terminology (Nichols, 1980).

RESULTS

As this research was descriptive rather than interpretive, the results are presented in narrative form. The subjects responses have been categorised into the following subgroups for clearer analysis and clarification.

1. Menarcheal Stage and Education

- i. Only four subjects had started menstruating. Two subjects were relatively experienced (having started when they were 10) while the other two had only recently commenced.
- ii. All subjects believed they should receive school lessons in sex education in general, and menstruation in particular, starting in about Year 4. A majority of subjects (13) expressed the need for more class time on menstruation.
- iii. Subjects expressed a need to have time without the boys present to ask more specific questions and to discuss the social process of menstruation. Eleven subjects believe that boys should not be included in lessons mainly because "it's personal and private"; boys do not experience menstruation; and they will tease the girls. Most subjects felt extremely embarrassed asking questions with the boys present. However, subjects agreed that both boys and girls should learn about each other's biological processes.
- iv. Although the subjects' school teacher had reported that no sex education instruction had been conducted in the school, three subjects did state that they had received lessons. It was not possible to specify what form this instruction took.
- v. Most subjects had been informed about menstruation from their mothers

but some had not received information at all. The information passed on from mothers contained some details about biological processes, menstrual products and mother's/sister's experience.

vi. Sisters passed on information about their experiences with menstruation and generally offered information which led to the negative perceptions of pain, suffering and crankiness.

2. Menarcheal Situations

i. Responses indicated that having a period meant that the girl has become a woman, felt grown up, scared, upset and proud.

ii. Late maturers felt left out (different to peers) , although some felt glad because they hadn't started menstruating.

iii. Mothers responded to their daughter's menarche by telling them they were growing up, it's a natural process and they shouldn't worry. It was perceived by subjects that mothers who have monthly cramps are known to be having a period. However, two subjects saw this as a sign of pregnancy and some subjects didn't know what was causing the cramps.

iv. Swimming is not permissible during menstruation without wearing a tampon.

v. When a girl has neither a mother nor a sister to talk to, she is most likely to confide in an aunt, grandmother or close female friend before turning to her father or brother.

3. The what, when and how of menarche

i. Pre-menarcheal subjects were extremely interested in knowing about the experience of menarcheal bleeding, asking questions such as:

a. What does it feel like to have your first period?

b. When do you think I'm going to get mine?

c. How does it feel when you get your periods?

d. How can you tell when it's going to happen?

e. Does every girl have to get them?

f. But why do you get them anyway?

ii. All subjects stated that having a period means one (or all) of three things:

a. you are becoming a woman;

b. you are growing up; and

c. you can have a baby.

iii. Subjects stated emphatically that they did not want to start menstruating while at school. Menstruation at school was perceived to be problematic by both pre- and post-menarcheal girls. For those yet to start menstruating, the biggest problem if they started at school was not being able to consult their mothers. All subjects stated they would not discuss menstruation with male teachers. Most would also feel uncomfortable with their female teachers.

iv. All pre-menarcheal subjects did not carry pads in their school bags in preparation for onset. Most said this was because they would feel embarrassed if the boys went through their bags, found the pads and teased them about it. This is a problem experienced and confirmed by post-menarcheal subjects.

v. Subjects felt confident that their mothers would be the first person they would want to tell and this was confirmed by the post-menarcheal subjects. Friends were also informed, especially if their friends had confided in them. However, it would be whispered rather than celebrated. All felt that they would be scared to tell most others, except sisters, and most would definitely not tell their fathers.

3. Menstrual Health

i. Most pre-menarcheal subjects were concerned about the possibility of an odour being emitted during menstruation, although this topic was not discussed by subjects experiencing menstruation. All felt it important to keep themselves clean and to change pads regularly.

ii. All subjects said that they would not wear tampons until they were older and preferred the thin stream-lined pads.

iii. The decision about which pad to use was informed through media advertising, talking to sisters and friends, and which pads mothers have already bought for them. Subjects felt that product advertising has highlighted the freedom afforded via tampon use; for example, the ability to go swimming and play sport undetected.

iv. Post-menarcheal subjects stated that they do not buy their own pads for it would be too embarrassing.

4. Summary of Results

Recurring themes from the research revolve around the need to keep menstruation hidden as exposure causes embarrassment. Girls do not wish to celebrate menarche by having a party and none would go swimming during menstruation " both would be too embarrassing. Males should never know a girl is menstruating because 'boys tease' and 'fathers do not understand'. The need to prevent pads from showing, have mothers buy menstrual products and then hide them in their rooms confirms their need for privacy.

Menstruation means 'growing up' and 'becoming a woman' because significant others told them this, with mothers and older sisters being

of greatest influence. The subjects held neutral to positive perceptions of menstruation despite a lack of educational preparation. All agreed education should be given prior to menarche and preferably without the boys for in-depth discussion on social processes. Negative attitudes appear, they seem to develop as menstrual experience increases, but this may be related to difficulties association with early maturation.

Few share the experience by talking to non-significant others, yet all were pleased the research was undertaken in group situations. It was easy to talk among themselves but to discuss menstruation individually with a stranger, although female, would have been difficult, if not impossible.

DISCUSSION

The results of the research confirmed there is still a necessity to

dispel myths, fears and apprehensions. Further to this, there is a great need to both inform young girls of the correct biological and physiological processes relating to menstruation and to ensure that the experience is also described as a personal cultural/social process which requires careful attention to their needs prior to, during and after menarche. All subjects who participated in the research had been denied both formal and informal education in the school setting. Teachers of children at the primary school age need to feel comfortable in teaching the content and issues surrounding menstruation. It is not uncommon for people who are not at ease with certain topics to avoid such issues - and teachers are no exception. It cannot be assumed that a young female's education, in relation to menstruation, will be adequately passed on through the family and significant others. Moreover, research cited by Milow (1982:130-131) reported that 91% of those surveyed believed that school was the correct place for discussion on menstruation.

Given the current mythology that surrounds menstruation, it would seem to be important for teachers to be competent in utilising strategies for teaching sexuality issues, particularly menstruation, to girls and boys. Further to this, it would seem important that prospective/current teachers examine the reasons for their prevailing attitudes and perceptions of menstruation. In a similar way, teachers should encourage students to discuss their feelings, perceptions and needs. When students are empowered in such a manner, teachers would then be in a position to provide positive and factual feedback to the students. This is not to deny that teachers, whether they feel comfortable or not, will bring with them mythologies and beliefs contributing to their own misconceptions. However, if teachers are able to recognise the origins of their own ideas and attitudes, then they will be more likely to empower students to do the same.

While it is acknowledged that physical and health education specialists examine such strategies as part of their pre-service training, it is often too late for these people to influence the development of attitudes to menstruation in young people. This is because most specialists teach in the secondary school. As the age of menarche continues to lower, the need for primary teachers to be trained in dealing with issues surrounding menstruation becomes more critical. Unfortunately, the current cohort of graduating teachers will not receive the training that is required to address the issues and concerns outlined in this paper. Current time allocation to the area of health education in teacher training institutions is so minimal that content, issues and strategies to deal with menstruation are totally neglected, or at best given a token time allocation. The reasons for such allocation are varied and valid in many instances. However, the result of this priority will be the perpetuation of existing myths and misconceptions.

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