An intersectional exploration of alternative menstrual management strategies among menstruators in a Canadian context

by
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We acknowledge and respect the lək̓ʷəŋən peoples on whose traditional territory the university stands and the Songhees, Esquimalt and W̱SÁNEĆ peoples whose historical relationships with the land continue to this day.

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Abstract

In this thesis I work to understand what factors influence low-income menstruators' decisions to use alternative menstrual management strategies in the Canadian context. In order to provide a critical review on the factors associated with period poverty, I conduct an exploratory and critical analysis on how intersecting aspects of identity and social location influence diverse low-income menstruators' decision to use alternative menstrual management strategies. A short survey and semi-structured interviews were conducted with menstruators who use alternative menstrual management strategies. Through the thematic reflexive analysis, the qualitative data suggests that menstruation is a multifaceted experience, that is dependent on a number of diverse, personal, and variable factors. The findings indicate that menstrual management decisions by low-income menstruators are motivated by a number of factors including improved practical management of menstrual bleeding, the mitigation of menstrual management related stress and pain, as well as stigma and de-stigmatization. Contextual factors that support low-income menstruators manage their menstruation include receiving period-positive and comprehensive menstrual education, having access to supportive relationships, and having access to the financial and emotional resources.

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1. Introduction

1.1 Purpose statement

They say the best way to learn is to do, and that was truly embodied in this thesis experience. I have always known I have wanted to complete a master's degree, but to be quite honest the thought of completing a thesis was something that was rather daunting. You're supposed to run towards the things that scare you in life and so that is what I did. Throughout this project I have been able to develop and refine my practical research skills, but I have also learned a lot about myself.

I learned about period poverty while completing my undergraduate degree at the University of Guelph. Upon learning about this topic, I became engrossed in it and even obsessed with it. I was telling everyone I knew, and sending articles to all of my friends. When I first learned about period poverty, I only understood it from a neoliberal, product-focused perspective, which is a perspective I would later come to criticize.

Period poverty is generally defined as the inability to afford or access menstrual products (Singh et al., 2020). While this definition is quite broad, period poverty is often understood and operationalized based on the assumption that menstruation is a universal experience that solely revolves around personal finances- this is where my understanding started. This narrow construction of period poverty negates contextual intersecting factors that are at the root cause of period poverty. However, not all period poverty campaigns are the same, with some campaigns promoting menstrual equity. Menstrual equity refers to the idea that that menstrual needs to be openly recognised as an experience that largely effects approximately one half of the human population, and that it should be recognised and accepted without shame or stigma (Crawford et al., 2019). Most product-focused period poverty campaigns are spearheaded by the conglomerate of corporations that produce disposable pads and tampons (Røstvik, 2022). Corporations such as P&G, Essity, Kimberly-Clark, and Johnson & Johnson engage in one-for-one period poverty campaigns in which for every tampon bought, they donate one to someone in need (Røstvik, 2022). Outside of corporately funded period poverty campaigns, there are also campaigns that simply focus on the donation and redistribution of tampons and pads. Built into product-focused period poverty campaigns is the assumption that commercially produced pads and tampons are the

only adequate way to manage menstruation and that if you cannot afford them, you must be in a state of disparity (Lahiri-Dutt, 2015). In this way, period poverty is understood and operationalized based on the assumption that menstruation is a universal experience that solely revolves around personal finances and social class, which perpetuates neoliberal[1] understandings of menstrual management.

Learning about period poverty inspired me to better understand menstrual experiences. I started exploring alternative menstrual management options myself as a way to explore the ways in which experiences of period poverty could be mitigated. Upon using a diva cup, I was surprised that I started feeling more positively towards my body. For me, menstrual management now felt like a way to honour and care for my body rather than try to control and hide it. This experience is what made me start to adopt a more critical lens towards period poverty, and question why the monopoly of pads and tampons exists. As I was starting to think more critically about the menstrual industry, I came across Lahiri-Dutt's paper, *Medicalising menstruation: a feminist critique of the political economy of menstrual hygiene management in South Asia*, which for lack of better words, turned my world upside down. Lahiri-Dutt's paper introduced me to another way to think about period poverty, and that while on the surface it seems like a good cause, there are reasons to question it. This paper was foundational in solidifying and encouraging the critical lens I had started to explore and taught me to start to question and look at the power structures that were constructing period poverty. This is what led me to my thesis project.

My project originally started out with a global focus, hoping to understand the experiences of newcomers to Canada, and their menstrual experiences. With the help of my supervisors, I was guided to re-evaluate my project and assess what it was that I was really trying to understand. With their support I was able to turn a reflexive look into my own project and see that it was not only newcomers to Canada experiencing a push towards pads and tampons, but rather menstruators everywhere. Equipped with this new information I was able to redirect the focus of my study and it became what it is today; which is an exploratory qualitative research project that looks to understand what factors influence low-income menstruators' decisions to use alternative menstrual management strategies in the Canadian context. In order to provide a critical review on the factors associated with period poverty, I

[1] In the following paper neoliberalism is understood as a system of power that is based on three philosophical tenants: (1) Markets are the most effective way to allocate resources, (2) Society consists of autonomous individuals who are motivated mostly, or entirely by material and economic factors, and (3) Innovation is achieved through market competition (Coburn, 2003)

conduct an exploratory and critical analysis on intersecting aspects of identity and social location that influence diverse low-income menstruators' decision to use alternative menstrual management strategies[2].

Period poverty campaigns are experiencing increasing scrutiny for simply distributing free disposable pads and tampons and asserting that this will somehow address issues of poverty (Bobel & Fahs, 2020; Haneman, 2021; Lahiri-Dutt, 2015; McCarthy & Lahiri-Dutt, 2020; Røstvik, 2022). Period poverty literature and activism appears to ignore the power structures from which a dependency on commercially produced pads and tampons were built, and therefore does little to address menstrual stigma and may be contributing to creating negative and stigmatised menstrual experiences it. Menstrual stigma and shame are often experienced as an expectation that menstruators adhere to strict rules or "etiquette" that ensure all evidence of menstruation are concealed from others (Bobel & Fahs, 2020; Haneman, 2021; Lahiri-Dutt, 2015; McCarthy & Lahiri-Dutt, 2020; Røstvik, 2022). The potential of period poverty campaigns to stigmatize menstruators or capture them in a state of dependency suggests that there is a need to revaluate these campaigns as a movement towards menstrual equity. Low-income menstruators are the targets of such product-focused period poverty campaigns and there is a need to understand how they experience menstruation and make menstrual management decisions in order to create appropriate support systems.

Despite the implicit assumptions of period poverty discourse, there are many intersecting dimensions of menstruation that may include but are not limited to gender diverse, environmental, religious, and cultural factors which influence why an individual may choose to use an alternative menstrual management strategy (Bhartiya, 2013; Erchull et al., 2002; Hormes & Niemiec, 2017; Lahiri-Dutt, 2015; Ramaiya et al., 2019).

The purpose of this exploratory qualitative research project is to understand what factors influence low-income menstruators' decisions to use alternative menstrual management strategies in the Canadian context. It is hoped that the findings from this research will provide insight into the experiences of menstruators to better understanding how low-income menstruators make decisions to use alternative menstrual products and promote equitable resources for menstrual management, particularly for those who identify as low income in a Canadian context. Although period poverty campaigns have developed systems of support, there is a need to increase understanding how menstruation is experienced by

[2] In the following paper the term "alternative menstrual management strategies" will be used to refer to strategies to manage menstruation that do not involve commercially produced disposable pads and tampons.

diverse low-income menstruators The, overall aims of this study are to promote menstrual equity to support menstruators in the diversity of ways that they choose to manage their menstrual cycles.

1.2 Layout of chapters

In Chapter 2, I review the literature on what is known about period poverty locally in a Canadian/minority world[3] context and globally. The findings of the literature review suggest that period poverty campaigns may be underpinned by neoliberal[4] agendas that may not promote equity in menstrual management for all. This chapter is organized into five parts, the first section, traces the historical rise of the pad and tampon industry in order to provide context into how it has formed a monopoly on menstrual management strategies in the minority world. In this section I provide an overview of the marketing campaigns of the initial pad and tampon companies, most namely Kotex, and review a slew of literature that critiques the ways in which these marketing strategies used menstrual shame and stigma to market their products. The next section looks to the root of the menstrual stigma and shame that allowed for the effective marketing of pads and tampons. Here I review the literature that points to religion and biomedicine as power structures related to the patriarchy that create and perpetuate menstrual shame and stigma. These power structures are discussed as pre-cursers that created an environment that would later allow for pad and tampon companies to create a monopoly. The third section then looks to the majority world and discusses the slew of period poverty campaigns that are taking place there as the forefront of a feminist development agenda. The work of feminist critical scholars raising the alarm about such capitalist initiatives is discussed and reviewed here. Next, I discuss period poverty campaigns in the minority world in the context of a neoliberal market. Through the work of menstrual activists,

[3] The terms minority world and majority world are used in this thesis to refer to what is most commonly known as the "develop world" or "global north" and the "undeveloped world" or "global south". The terms global south and global north perpetuate an understanding of the world that relates to ideological, geopolitical, and socioeconomic functions rather than geographical locations (Nasser-Eddin & Abu-Assab, 2020). By using these terms we risk perpetuating uncritical binaries, and presenting a misleading conceptualization of the world that relays a homogenized experience rather than reflecting diverse settings withing and across countries and regions (Nasser-Eddin & Abu-Assab, 2020). The terms chosen in this paper, "minority world" and "majority world" simply point to where the minority of the world's population and where the majority of the world's population resides. These terms point to the dominance of perspective from western, industrialised, wealthy, and often white countries that include Australia, Aotearoa and New Zealand, the United States, Canada, the United Kingdom, and Western European countries such as France and Spain despite the minority of the world's inhabitants residing in these places. The majority world refers to the diverse cultural, social, and geological regions of Africa, Latin America, the Middle East, the pacific and most Asian countries where the majority of the world inhabitants reside (Adams et al., 2017; Confraria et al., 2017).

it is argued that period poverty has been hijacked by the capitalist market to be used as an opportunity to market and sell more products. In the final section, I conclude with a call for a different narrative from menstrual stigma, silence, and shame to resilience and empowerment. I present an emerging body of literature that explores alternative menstrual equity campaigns to bring light to the ways in which these campaigns suggest that product-focused period poverty campaigns may not be serving diverse menstruators. I position these arguments as a call to action that inspired the need for this research project as a way to promote equity through the voice of diverse menstruators, the factors that influence their decision making, and menstrual management strategies for all.

In Chapter 3 I provide an overview of both the methodology and methods that informed this research project. The chapter is organized into two main sections, First, I discuss the methodology and theoretical approach that informed the methods and analysis of the project. I introduce the methodology of the project as a critical qualitative inquiry informed by intersectionality as an emergent critical theory (Collins, 2019). In this research I use intersectionality as an analytic tool to understand the factors which shape menstrual management. I then provide an overview of the sampling criteria, research questions, and research objectives that guided the project. Next, I describe how I used a survey and individual qualitative interviews as the main methods to provide menstrual experiences and perspectives of factors that influence low-income menstruators' decisions to use alternative menstrual management strategies in the Canadian context. I begin with a brief overview of the survey, including the number of respondents, and how and when survey data was collected. I then provide an overview of the survey sample's demographics. I situate this demographic data within the context of the Canadian population to assess the ways in which this survey sample represents, and does not represent the general Canadian population. Next, I provide an overview of the qualitative sample. Qualitative interviews were used to dig deeper into the survey results, Finally, I discuss validity measures that informed the data analysis in terms of Maxwell's (1992, 2013) account of validity threats.

The findings of this thesis are reported in Chapter 4. I first report the major findings of the survey. The section that follows reports the findings of the participant interviews. I use this section to report the major themes: (1) menstruation as a struggle and painful experience, (2) the mental load of menstruation, (3) stigma, (4) a culture of intergenerational and educational stigma, and (4) socioeconomic status and menstrual management.

This thesis concludes with Chapter 5. Chapter 5 offers a discussion of the research findings. In this chapter, I summarize and report the overall findings of the study. I then

discuss each research question, how they were answered by the research findings, and then situate these findings in the larger context of menstrual literature. Next, I present my policy recommendations based on the research findings. Within this section I also include my plan for knowledge mobilization and dissemination to ensure that this project has an impact in the lives of menstruators and contributes to the current state of knowledge. I then provide an overview of the limitations of the study. I conclude the chapter with a personal reflection on the process of completing this thesis project and all that I have experienced, gained, and learned through the process.

2. Literature review

2.1 Introduction

In this chapter, I explore the literature regarding period poverty and the social understandings of menstruation. This exploration suggests that menstrual management is tightly entangled in overarching frameworks of power such as patriarchy, global capitalism, and neoliberalism which all inform issues of affordability and access. Proponents of period poverty are generally included as part of a larger menstrual equity movement. This project adds a critical understanding of period poverty and I intend to create the case for a more diversified and inclusive understanding of what menstrual management means, and how it should be addressed to truly achieve menstrual equity[5].

I first begin with an overview of the pad and tampon industry and review a body of literature that suggests the original pad and tampon companies capitalized off of stigma and shame in order to market their products- a legacy that still lives on through pad and tampon advertisements today. Next, I discuss religion and biomedicine as overarching systems of power related to the patriarchy that created a culture of silence and shame around menstruation which was later used by pad and tampon companies to effectively market their products and ensure their monopoly over menstrual management in the minority world. I then move my geographic focus in the next section to the majority world and explore a body of literature that is raising alarm over the adoption of period poverty campaigns in these geographic areas as a development initiative from western development agencies. These scholars suggest that this over-looked health initiative is being used as an opportunity to tap into new markets rather than address stigma and shame. In the following section I discuss period poverty as a research topic and campaign taken up by activist and explores a similar critical body of literature there which postulates that, once again, pad and tampon corporation may have hijacked menstrual equity campaigns as a strategy to market and sell more products. In my final section, I present an emerging body of literature that explores alternative menstrual equity campaigns to bring light to the ways in which these campaigns

[5] Menstrual equity refers to the idea that that menstrual needs to be openly recognised as an experience that largely effects approximately one half of the human population, and that it should be recognised and accepted without shame or stigma (Crawford et al., 2019).

suggest that product-focused period poverty campaigns may not be serving diverse menstruators.

2.2 Rise of the pad and tampon industry

Disposable pads and tampons came to dominate menstrual management strategies in the minority world because of building market economies. Haneman (2021) describes a menstruation-industrial-complex which made this domination possible where the organic event of menstruation has turned into a highly profitable market in which profit can be reaped, even from the poor. Rostvik (2022) adds that corporations view menstrual blood as a renewable resource, which presents the prospect of consumer dependency on disposable products (Røstvik, 2022). This dependency has been created by capitalizing off menstrual shame and stigma and controlling menstrual education to ensure a product-centred focus (Røstvik, 2022).

During the first world war, the Cellucotton Products Company started supplying field hospitals with bandages made from Cellucotton to help injured soldiers. Once the war ended, and the supply of mass amounts of injured soldiers dried up, the company looked for ways to rebrand its product, and to capitalize off of new markets (Mandziuk, 2010). This led to the creation of Kotex, a new brand of sanitary pads made for the "modern woman". Kotex expertly crafted an advertisement campaign that would sell menstruators the idea that the modern woman uses sanitary pads, and that not making the switch, would result in being left behind by modernism (Mandziuk, 2010). The bodies of the modern "woman" presented a new, untapped, market for Kotex, and other bandage companies, to expand their business in a post-war era.

Mandzuick (2010) performed a content analysis of the popular menstrual product brand Kotex's advertisements from 1921-1926. During this first five years of advertising, modern Kotex users were portrayed as women with thin, elongated bodies, wearing fashionable clothes, and menstruators were told explicitly, and implicitly through imaging that menstruation was a villain robbing them of their youth, beauty, time, and even their identity as women (Courts, 1993; Mandziuk, 2010). Similar findings were held in a content analysis of educational booklets from 1932 to 1997 where Erchull et al. (2002) found that all booklets placed a greater emphasis on the negative aspects of menstruation, with many booklets not citing any positive attitudes or sentiments towards menstruation. The first sanitary product companies used their brand names to assure menstruators that they would

never have to “embarrass” themselves by publicly requesting menstrual products, thus revealing themselves as menstruators (Mandziuk, 2010; Weiner, 2004). Scholars have noted that this created a notion that “getting caught” as a menstruator was something to be avoided, which is still noted in contemporary menstrual product advertisements today (Courts, 1993; Havens & Swenson, 1988; Mandziuk, 2010; Røstvik, 2022; Simes & Berg, 2001). Framing menstruation as requiring concealment ultimately gives the dominant capitalist culture the ability to perpetuate shame, stigma, and silence surrounding the menstrual experience.

Menstrual advertisements both historically and from contemporary sources also contain strict rules outlining specific products and lifestyle choices to follow to conceal menstruation. Erchull et al. (2002) and Havens & Swenson (1988) caution that these rules are often used so that any discomfort, pain, leaks, or stains experienced can be blamed on the menstruator for not adhering to the rules. Rostvik (2022) adds that disposable pad and tampon companies have played an important role in which they simultaneously stigmatize and de-stigmatize menstruation. On the one hand, these companies, their marketing campaigns, and their educational campaigns have played a pivotal role in bringing menstruation into the public realm and opening a discussion (Røstvik, 2022). On the other hand, this discussion is very tightly controlled by these companies which perpetuates menstrual shame and stigma. Pad and tampon companies maintain control over the menstrual management discourse through media serves to continue to uphold the message that the goal of menstrual management is to hide menstruation and ensure that no one else is aware of a menstruator’s bloody reality (Røstvik, 2022).

The original pad and tampon brands that expertly crafted advertising campaigns have allowed their products to be widely adopted without protest. Not only did the companies create a market for their products, but they capitalized from menstrual shaming to suit their corporate goals. The historical legacy of these campaigns can still be seen in modern-day advertisements, and through the lasting supremacy of pads and tampons as the primary menstrual management strategy in the minority world.

While pads and tampons were quickly adopted and came to dominate menstrual management strategies in the minority world, new markets have opened that are now threatening menstrual blood as a “renewable” resource- a resource which pad and tampon companies rely upon to sell their products (Røstvik, 2022). The phenomenon of menstrual suppression is one of grave interest to many menstrual companies and feminist critical scholars alike (Johnston-Robledo et al., 2006; Mamo & Fosket, 2009; Røstvik, 2022). The

topic seems to play an interesting role in which it is presented as a threat to the hold of corporations on menstrual management, but others point out that it does little to address menstrual stigma (Johnston-Robledo et al., 2006; Mamo & Fosket, 2009; Røstvik, 2022). It seems this phenomenon, while desired by many menstruators, does little to address the existence of capitalist powers, but just simply shifts who is in power. New corporate powers are now selling menstruation as unnecessary, and even harmful to individual health (Johnston-Robledo et al., 2006; Mamo & Fosket, 2009). For quite some time menstruators have used the hormonal birth control pill in order to completely forgo the menstrual experience. This practice was solidified as medically justified, and even beneficial, in recent years when the pill *Seasonale* was created for the sole intention of forgoing active menstruation (Johnston-Robledo et al., 2006; Mamo & Fosket, 2009). The *Seasonale* pill is taken every day for three months, and then users take a week of placebo pills to allow for "menstruation" (Johnston-Robledo et al., 2006; Mamo & Fosket, 2009). It should be noted that the form of menstruation induced on Seasonale and other birth control pills is not actual menstrual bleeding, but rather a form of withdrawal bleeding that is caused when the user stops supplementing synthetic estrogen (Johnston-Robledo et al., 2006; Mamo & Fosket, 2009)

Both researchers Mamo & Fosket (2009) and Johnston-Robledo et al. (2006) analyze the introduction of this drug and what it says about society's larger attitudes towards menstruation. Both groups of researchers perform a content analysis on advertisements and informational booklets on the drug. They discuss how the marketing of the drug has capitalized off of selling menstruators the ability to fulfil what is expected of them in heterosexual relationships (Johnston-Robledo et al., 2006; Mamo & Fosket, 2009). They note that here menstruation is depicted as something that is dirty, shameful, and problematic, and that to conceal menstruation is to be feminine and clean. These are all marketing techniques that have been used by menstrual management corporations since the created of disposable pads and tampons. While Mamo & Fosket focus more conceptually on how these discourses are recreating an idea of femininity, Johnston-Robledo et al. (2006) take on a different approach and focus more practically on the biomedical facts being presented to menstruators. For example, Johnston-Robelo et al. noted that many booklets utilized quotes from physicians to support the *Seasonal* drug. One doctor is quoted to say that, "...Even though we haven't done long-term studies, that doesn't mean that using the pill back to back isn't safe" (Johnston-Robledo et al., 2006, p. 357). It is important to note that menstrual suppression in

itself is not bad. Menstrual suppression is used and valued by many menstruators for reasons related to gender and comfort. The issue here lies in the implicit messaging from corporations and the way that they are proposing menstruation as a dangerous event for all. Menstrual suppression is no longer a tool for certain menstruators to be more comfortable, but a financial opportunity to continue to profit off of the menstrual cycle in the face of menstrual equity campaigns.

Menstrual suppression presents a threat to the control that pad and tampon companies have on the menstrual management market- but it does little to upset existing power structures. Even with the introduction of new alternatives to disposable pads and tampons, menstrual management still largely remains controlled by the neoliberal market and used as a profitable business venture. Period poverty can be argued to simply be another branch of a corporate agenda, where people who menstruate receive education on the necessity of making monthly purchases to manage their menstruation, and when they are unable to do so, they are simply supplied with more products. Current period poverty campaigns lack a critical lens that enables them to reflect on the structures of power, such as shame and stigma, that built a dependency on pads and tampons in the first place.

2.3 The creation of ready-made menstrual markets through menstrual stigma and shame

Pads and tampons were readily accepted by menstruators in the minority world and quickly came to dominate the lives of menstruators as the most popular form of menstrual management. Corporations were able to easily push their products upon menstruators due to a pre-existing climate of stigma and shame that facilitated the creation of ready-made markets and consumers. Not only did the original pad and tampon companies create a market for their products, but they did so by capitalizing off of menstrual shaming to suit their corporate goals. The menstrual shame and stigma that pre-dated the creation of pads and tampons ensured that menstruators were cast into silence and shame, did not openly discuss their menstruation, and were desperate to hide their menstrual blood from others as well as their identity as menstruators. Multiple and intersecting forms of power exist in relation to menstruation, and there is consensus amongst scholars that menstrual stigma can be examined through religion, and biomedicine across the minority/majority contexts (Bhartiya, 2013; Cohen, 2020; Kumar & Srivastava, 2011; Risse, 1988; Strange, 2000). In the following section I provide an overview of the ways in which biomedicine and religion have been used

to stigmatize menstruators in such a way that ready-made markets were created for menstrual corporations to profit off of.

2.3.1 Religion

Scholars have found that most religions contain some form of taboo towards menstruation, or rather, contain some sort of reference to menstruation that has been used to socially construct taboos and inflict shame (Bhartiya, 2013; Cohen, 2020; S. Garg & Anand, 2015; Kumar & Srivastava, 2011; Mahon & Fernandes, 2010; Siegel, 1986; Wasserfall, 1992). Various faiths such as Hinduism, Judaism, Islam, Christianity, and Buddhism have all been found to have practices that have been linked to menstrual shaming (Bhartiya, 2013; Cohen, 2020; Siegel, 1986; Wasserfall, 1992). In her analysis of religious texts, with a specific focus on references to menstruation, Bhartiya (2013) found that many faith-based institutions have negative and stigmatizing conceptualizations of menstruation. For example, in more traditional expressions of Hinduism, Judaism, Islam, and Christianity menstruators may face certain restrictions during active menstruation such as restrictions on sexual intercourse with their spouse, from partaking in certain religious ceremonies while menstruating, and in some cases restrictions on interactions with any male family members during active menstrual bleeding (Bhartiya, 2013). Cohen (2020), Seigel (1986), and Wasserfall (1992) outline the specific cleansing ceremony of Niddah that is unique to Judaism. The Jewish practice of Niddah views menstruators as unclean during active menstrual bleeding. In the strict practice of Judaism, related to Niddah, during the active menstrual bleeding, the menstruator must separate themselves from their spouse by sleeping in a separate bed. Once they are sure to be clean of all signs of menstrual blood they perform the Mikvah cleansing ceremony, to rid themselves of their menstrual "contamination" (Cohen, 2020; Siegel, 1986; Wasserfall, 1992). In rural contexts where Hinduism is the dominant religion, menstruators may also experience further restrictions such as on bathing, going near running water, and entering the kitchen (Bhartiya, 2013; R. Garg et al., 2012; S. Garg & Anand, 2015; Kumar & Srivastava, 2011; Mahon & Fernandes, 2010). It is noted by Bhartiya that Buddhist traditional texts are somewhat of an outlier and generally take on a neutral stance towards menstruation, but its cultural mingling with Hinduism has caused restrictive practices to be adopted (Bhartiya, 2013).

In her exploration of menstrual stigma specifically related to Hinduism and Judaism, Ilana Cohen notes that although many restrictive practices were developed based on a concept of "impurity" and wanting to protect men from "contamination", modern expressions

of such restrictions do not always carry the same sentiment (Cohen, 2020). Cohen highlights that what once may have been a venue for oppression has been reclaimed by many menstruators in religious communities (Cohen, 2020). For example, she outlines that in some liberal Jewish communities the Niddah and Mikvah ceremonies are not only practiced by married menstruators, but also by unmarried sexually active menstruators as well (Cohen, 2020). These individuals have also expressed that instead of conceptualizing the Mikvah as a "cleansing" ceremony, they rather see it as an opportunity for renewal and reflection (Cohen, 2020). So, while many religious texts point to expressions of oppression underpinned by patriarchy, the same practices also present the opportunity to be reclaimed and to become a source of empowerment.

Major religions are generally perceived to be quite distinct and unique in their beliefs, however, when in the context of menstruation there are overlapping practices related to menstrual management. In this way, it may be more useful to analyze religious practice in relation to 'race'/ethnicity, gender, class, and sex/gender as located across patriarchal systems of power. Temporal aspects of intersectionality such as time and space are " highly dependent upon when and where people live and interact with their …ways of knowing and cultural frames of meaning" (Hankivsky et al., 2010, p. 37). Menstrual stigma is therefore tied to social position, location, and processes that are changeable. Noteworthy, is the fact that without the opinions and experiences of menstruators, and their perspective on menstrual prescriptive practices a claim of oppression or stigma cannot be made. Future research should include knowledge building from lived realities of menstruators and their experiences of religious practices and beliefs, which is an important gap in much of menstrual literature. Despite this gap, the literature does demonstrate the ways in which religion was used to enforce menstrual shame in such a way that created a market for pad and tampon companies. In much of the same ways that religion was used to historically stigmatize menstruators, biomedicine was also used.

2.3.2 Biomedicine

Menstrual shame and stigma have used biomedicine as a tool to shape menstrual stigma and period poverty. It is critical to note that during the initial adoption of menstruation into the medical sphere, medicine was a field dominated by predominantly cisgender, white, men. The social location of medical professionals during the medicalization of the menstruating body in the early 19th century is pivotal in understanding its contribution to patriarchy.

Since the onset of the 19th century, menstruators' reproductive lives have been largely medicalized. Wiley and Allen (2017) define medicalization as, “a process by which some condition (physiological, behavioural, or emotional) becomes seen as a medical problem” (Wiley & Allen, 2017, p. 158). The institutionalization of medicine consequently gave birth to the medical field of gynecology which worked to pathologize the natural functioning of the female reproductive system (Risse, 1988; Strange, 2000; Wiley & Allen, 2017). It was here, during the 1800s and in the gynecological field, that menstruation was first diagnosed as a medical illness, one that was believed to drain the physical and emotional capacities of menstruators creating a natural handicap (Strange, 2000). Menstruation was used to justify a woman’s place in the domestic sphere and reinforced patriarchal control through marriage, which was often the goal of treatment for menstrual disorders (Strange, 2000). Additionally, medical beliefs about monthly blood loss dictated that women had a reduced cognitive capacity, and were, therefore, more suited to domestic life (Strange, 2000).

Undercurrents of the medicalization of menstrual management were underpinned by historical beliefs documented in ancient medical texts from Ancient Greece and Egypt which described a phenomenon referred to as “hysteria”. Hysteria is derived from the Greek word for the uterus, *hysteron*, that was used to refer to a disorder caused by abnormal movements of the uterus, or “wandering” that resulted in a variety of symptoms from anxiety to paralysis (Tasca et al., 2012). In the context of the 1900s it was believed that menstruators who experienced irregular, or absent menstrual cycles were the most likely to suffer from hysteria (Risse, 1988). The diagnosis of hysteria essentially worked to solidify menstruation as a medical ailment that required treatment. A menstruating body was created to be a body in a constant state of chaos and disorder, one that was out of control, and needed medical intervention to be brought back to normalcy. These initial expressions of menstrual stigma eventually extended into other medical fields and mainstream societal beliefs that are stigmatizing for many menstruators and menstrual management.

After its institutionalization as a medical disorder, hysteria was eventually taken up by psychiatrists and treated as a psychological disorder. Once adopted by the psychiatric field, Richardson (1995) explains that the name for hysteria started to evolve and change, but its sentiment and connotations remained intact. The early 1900s saw “premenstrual tension” as a diagnosis for the emotional disturbances that were associated with the later phase of the menstrual cycle (Richardson, 1995). This diagnosis was met with some tension, and in 1953 Greene and Dalton argued that it should be instead referred to as “premenstrual syndrome”, which is a term and diagnosis that is still used today (Richardson, 1995).

While PMS was officially recognized as a psychological disorder in the 1980s, it is now often considered to be the 21st-century version of hysteria by many scholars (Wiley & Allen, 2017). Wiley and Allen argue that premenstrual syndrome (PMS) exists as a recognized illness within the minority world, or the 'global north', context which connotes a predominantly western cultural view (Wiley & Allen, 2017). Thus the negative emotions that are experienced during PMS may be manifestations of the ways that menstruation is culturally viewed and experienced, where emotions might be manifestations of anxieties that a menstruating body is viewed as a less efficient and productive one, and therefore menstruators may feel as though they cannot fulfill their "roles" in a neoliberal society and workforce during this phase of their cycle (Wiley & Allen, 2017).

Biomedicine, largely situated in the global north, has played a role in menstrual stigma. The literature has noted that menstruators located in the minority world in a culturally "Western" context learn about their menstrual cycles strictly in biological terms. They are only taught about their menstruation in terms of what is biologically occurring in the body, and how to use disposable products to manage this biological process (Britton, 1996; Erchull et al., 2002; Havens & Swenson, 1988; Mandziuk, 2010). Further, scholars have discussed that the very language surrounding menstruation in medical textbooks and informational pamphlets perpetuates a notion that menstruation is a violent and traumatic event that needs to be controlled by the use of correct products and medical interventions (Britton, 1996; Courts, 1993; Johnston-Robledo et al., 2006; Malefyt & McCabe, 2016). Medical anthropologist Britton notes that this way of learning ignores the variety of unique individual menstrual experiences and negates recognizing the overarching social structures that create and influence such experiences (Britton, 1996). By understanding menstruation as a medical event, individual, personal, and emotional experiences are silenced.

A critical analysis can reveal the ways in which patriarchal systems of power such as religion and biomedicine have been used to create a culture of stigma and shame around the menstrual cycle. This culture of shame and silence was manipulated by original pad and tampon companies in order to ensure that pads and tampons were easily adopted into the menstrual management practiced of menstruators without protests. The marketing around tampons and pads ensured menstruators that they would be able to adhere to what was socially expected of them and be able to better hide their menstruation with the use of pads and tampons (Havens & Swenson, 1988; Mandziuk, 2010). Pads and tampons are laden in a history of stigmatization- yet these products have become the forefront of menstrual activism

in recent years. Menstrual activism campaigns seem to turn a blind eye to the stigmatizing notions that are inherently built into the use of pads and tampons- products created my non-menstruating people to ensure that menstruating people could appear "normal" and would be saved from the bloody reality of their menstrual cycles. This stigmatizing ideology has not only been built into menstrual activism campaigns in the minority world but have also been asserted in as the forefront of a "feminist" development agendas in the majority world.

2.4 The rise of pads and tampons in the majority world

The definition of period poverty is one that was created within minority world academic institutions, but most studies on period poverty have been conducted by minority world scholars on majority world populations. Across the majority world, including the continents of Africa and South Asia, development agencies have been creating period poverty campaigns and studying the rate of period poverty. In these geographic spatial contexts, traditional forms of menstrual management are being replaced with pads and tampons, which may create a dependency on commercially produced menstrual products (Lahiri-Dutt, 2015). The literature suggests that this dependency may also create inequities of affordability, racialization, and the stigmatization of traditional cultural menstrual practices (Garikipati & Boudot, 2017; Lahiri-Dutt, 2015; McCarthy & Lahiri-Dutt, 2020; Ramaiya et al., 2019).

There has been considerable concern from critical feminist scholars surrounding the use of "menstrual hygiene" as the new forefront of feminist international development initiatives (Lahiri-Dutt, 2015; McCarthy & Lahiri-Dutt, 2020; Shah et al., 2013). Scholar Lahiri-Dutt (2015) published a paper criticizing Unicef's Water, Sanitation, and Hygiene (WASH) initiative for defining menstruation as one of its focuses. Lahiri-Dutt raises concern that menstrual management campaigns are being conceptualised as sanitation issues and being addressed by the same organizations that address issues such as unsafe drinking water, hand hygiene, and work to prevent diarrhoeal deaths. While these are important topics that are worthy of being addressed, Lahiri-Dutt's concern is that by adopting menstrual management as an initiative, there is implicit messaging that menstruation is an unsanitary and unhygienic act that needs to be cleaned. This way of conceptualizing menstruation has once again allowed pad and tampon companies to market their products affectively as development initiatives. Critical feminist scholars are raising alarm that while menstruators certainly deserve support in managing their menstruation, sanitary pads seem to be the only

intervention that is being offered (Lahiri-Dutt, 2015; McCarthy & Lahiri-Dutt, 2020; Pathak & Nichter, 2019; Shah et al., 2013). There is fear that sanitary pad companies are using the opportunity of this overlooked health initiative to promote their corporate and financial agendas (Lahiri-Dutt, 2015). Biases towards pads and tampons overshadow and obfuscate the possible alternatives to menstrual management and underlying factors associated with menstrual hygiene practices. For example, researchers Chandra-Mouli and Patel (2017) reviewed 81 menstrual hygiene articles and note that most menstruators in the majority world and minority world receive their menstrual knowledge from their mothers. However, in majority world context such as developing nations, development initiatives have asserted that this knowledge may inadequately prepare menstruators for their periods, and have used this opportunity to provide westernized educational programs that reinforce capitalist ideologies surrounding menstruation by highlighting the importance of using pads and tampons to maintain a "hygienic" menstrual cycle (Chandra-Mouli & Patel, 2017).

Pad and tampons corporations have taken up similar marketing strategies in the majority world as they did in the minority world in order to tap into the vast markets of menstruating bodies that exist in these geographic contexts. Much like the minority world, pre-existing social environments of menstrual stigma and shame have created ready-made markets that will easily and readily adopt pad and tampons as their main forms of menstrual management. Additionally, the majority world is not only seeing the push for pads and tampons as a marketing venture but are also seeing development agencies take on "menstrual hygiene" as the forefront of their "feminist" development agendas. Feminist scholars are raising alarm over the stigmatizing, and western-focused messaging and educational programs. While the majority world is facing a unique form of marketing and push towards disposable pads and tampons, it is also seeing the rise of an anti-hegemonic movement that opposes the supremacy of pads and tampons in these regions.

2.5 The hidden agenda of period poverty

Menstrual activism is a topic and initiative that has been largely co-opted by pad and tampon companies as a way to market and sell their products. Pad and tampon companies have a historic tradition of capitalizing off of menstrual shame and stigma to assert their corporate agendas, and they continue to do so through the phenomena of product-focused period poverty campaigns (Havens & Swenson, 1988; Mandziuk, 2010; Røstvik, 2022). In the minority world period poverty campaigns have been gaining in popularity both within and

outside of academia. In the following section I first explore how period poverty is being researched and understood in academia as the forefront of menstrual activism research and discuss the shortcomings of this research and their implications. I then discuss current period poverty and menstrual equity movements in the minority world and explore a body of literature that looks to criticize their potential hidden corporate agenda.

2.5.1 Shortcomings of menstrual literature in the minority world

Period poverty research in the minority world, i.e., 'developed world' is quite new, and there are only a handful of published studies that exist, although interest is steadily growing. The research that has been conducted shows that menstruators in the minority world experience trouble in accessing menstrual management products on account of personal finances, and therefore there is a need for more research in this area (Astrup, 2017; Cardoso et al., 2021; Singh et al., 2020). One study performed by Cardoso et al (2021) found that Latina and black women were more likely to experience period poverty than white women and that women of "other races" (as defined by the researcher) were found to be less likely to experience period poverty. Additionally, they found that respondents who were born outside of Canada experienced higher rates of period poverty, and that period poverty experiences were also significantly related to the respondent's parent's education level (Cardoso et al., 2021),. Similarly, the effects of "luxury taxes" on period products that creates higher taxes on these products posed a significant barrier for low-income women, and women with heavy menstrual bleeding (Singh et al., 2020).

While these studies mark some of the first academic interest into the experiences of menstruators in the minority world, the majority of these studies suggest that the only adequate way to manage menstruation is by purchasing sanitary products. Cardoso et al. (2021), reported that " ...over 80% of menstruating women and girls in Bangladesh use inadequate materials instead of hygienic products such as pads or tampons" (Cardoso et al., 2021, p. 2). This argument suggests that the absence of disposable pads and tampons, and a reliance on consumer driven menstrual management strategies is "inadequate" as menstrual management. This argument implies that menstrual management strategies other than disposable pads and tampons that may exist in other cultural contexts such as the use of menstrual rags, sponges, and even free bleeding are insufficient to maintain a "hygienic", "clean" or "managed" menstrual cycle. Similarly, Singh (2020) performed an economic analysis on the amount of luxury taxes placed on period products in each state and used this to hypothesize the potential effects on income and spending power. Findings from Singh

suggest that purchasing pads and tampons are the only way to manage menstruation. While these studies illustrate that menstruators experience trouble in access menstrual products due to personal finances, this may be because personal finances are the only lens that menstrual management is being studied from. Expanding our understanding of factors that inform menstrual management decisions is an essential step to creating systems of support and equitable alternatives.

It is clear to see that the concept of period poverty is one that was created within minority world academic institutions but was first operationalised in the majority world promoted by development initiatives through corporations such as P&G, Essity, Kimberly-Clark, and Johnson & Johnson. Once the corporate agenda was adopted in the majority world, it then was taken up by both academia, and non-academic organizations in the minority world. It was discussed above that the definition of period poverty is one that is quite broad and offers the potential or a multitude of different interpretations and understandings, but it is predominantly understood as an inability to afford disposable pads and tampons. Similarly, to mainstream forms of period poverty research, period poverty campaigns are being criticized to be a tool to perpetuate a dependency on commercially produced pads and tampons.

2.5.2 Activism or Slacktivism?

While menstrual stigma and menstrual management are important topics that require addressing, the literature suggests that current venues of menstrual activism have turned to a capitalist market to do so. Feminist scholar Rostvik (2022) explains that the commodification of menstruation has created a "productive body under capitalism' and that within the capitalist power structure everything, including bodily functions can be sold (Røstvik, 2022). There exists a small subset of critical research that exposes the shortcomings of product-focused period poverty campaigns. This literature is an important contribution but still seems to remain segmented and forgotten about by mainstream period poverty activism. Menstrual activism has shifted from a focus on embodiment and empowerment to one, "that prioritizes the efficiency of hiding menstruation through increasing access to menstrual products" (Bobel & Fahs, 2020, p. 956). Early menstrual activism campaigns were seen in the minority world in the late 1960s and early 1970s, and were centred around embodiment and used art to "out menstruation" (Bobel & Fahs, 2020). The goal of this early form of activism was to bring menstruation into the public arena as a normalized event, and one that was representative of

its bloody, messy, and diverse nature (Bobel & Fahs, 2020). However, as menstrual activism started to be adopted and taken up by organizations, and governments, they were hijacked and watered down (Bobel & Fahs, 2020). Bobel and Fahs (2020) critique current menstrual activism campaigns for handing out menstrual products with the assumption that this may mitigate menstrual stigma around the world, without looking into disparities and structures which may perpetuate or 'cause' menstrual stigma. Lahiri-Dutt (2015) further argues that the adoption of disposable menstrual products ensures that the menstruating body never poses a threat to the constant supply of labour that a capitalist system requires. In this way, with the help of menstrual products, a menstruating body will never have to be an unproductive body on account of their menstruation. Critical scholars have indicated that the current period poverty campaigns continue to uphold the oppressive structures that built menstrual stigma.

Bobel and Fahs and Lahiri-Dutt pick up on a notion that was termed "menstrual capitalism" by Bridget Crawford in 2018. Bridget Crawford defines menstrual capitalism as, "the marketing and selling of menstrual hygiene products by means of feminist messages" (Bridget, 2018). Scholars Haneman (2021) and Rostvik (2022) both discuss the issue of menstrual capitalism in their analyses of period poverty and menstrual equity. Rostvik and Haneman both discuss the role that corporations have played in menstrual activism and the ways in which they continue to evolve to stay relevant and maintain their hold. Both scholars criticize corporations for what Haneman uses the terms "femvertism" or "slacktivism" to describe, which refers to corporations using activism as a means to sell their product while making little to no meaningful commitment to the issue at hand (Haneman, 2021; Røstvik, 2022). In Haneman's analysis, she focuses on the emergence of B Corporations as an opportunity to harness the benefits of the intersections of activism and capitalism. B Corporations are corporations with a clear devotion to social equity and sustainability (Haneman, 2021). Menstrual B Corporations such as Ailse and Diva Cup are emerging as socially and environmentally sustainable alternatives to conventional disposable pad and tampon companies (Haneman, 2021; Røstvik, 2022). These companies offer reusable products and often present gender-neutral, body-positive messages and make efforts to address menstrual stigma.

Well on the one hand Menstrual B Corporations present an opportunity to change menstrual management practices and challenge menstrual stigma at the intersections of capitalism and activism, the phenomenon of B Corporations in relation to class-status cannot

be ignored. While tampons were originally marketed as the “modern”, feminine”, and “progressive” options as part of a marketing scheme we can now see the same thing happening in the alternative menstrual management industry. Alternative menstrual management companies, and ecofeminists alike are now asserting alternative menstrual management strategies as the “embodied”, “ecofriendly”, and “shameless” option to manage menstrual cycles (Haneman, 2021; Koskenniemi, 2021). The reusable menstrual product market is one that has been largely motivated by progressive notions related to the environment and embodiment. The menstrual cup, a popular alternative and reusable menstrual management option was first created in the 1930s, around the same time as pads and tampons but saw low adoption rates. This is largely due to the over-powering advertising campaigns that disposable pad and tampons were witness to. Menstrual cups are witnessing a huge surge in popularity due to concerns regarding personal health and environmental sustainability (Peberdy et al., 2019). While awareness is being raised over the waste produced by a reliance on disposable pads and tampons this movement is, once again, turning to the capitalist market for a solution. While menstruators generally do have more positive menstrual experiences using alterative menstrual management products such as menstrual cups and reusable pads, these products still largely fit into what is expected of a menstruator in a stigmatized social world (Koskenniemi, 2021; Owen, 2022). With reusable products menstrual blood is still largely concealed, either by remaining trapped inside the vaginal canal by a menstrual cup, or by being absorbed and concealed by a reusable pad or menstrual underwear (Koskenniemi, 2021; Owen, 2022). In Anio Koskenniemi’s (2021) analysis of alternative menstrual management products’ marketing materials and websites she finds that while all websites make mention of “breaking the menstrual taboo”, “inclusivity”, “embracing menstruation” they also stress how their products ensure that menstruators will remain leak-free and assure potential consumers that they will not have to come into contact with their menstrual blood. There exists evidence here of how important feminist agendas are being adopted by alternative menstrual management companies as a way to effectively manage their menstruation- but that in reality there still exists an undertone of menstrual shame and stigma that serves to protects the capitalist market.

Traditional disposable pad and tampon companies are also adapting their marketing in the face of increased demands for menstrual equity and empowerment to continue to appeal to consumers (Røstvik, 2022). While Rostvik commemorates these corporations for their ability to take feedback from their consumer and adjust their business models, she notes that

they have done little to address the ways in which they use menstrual shame for financial gain. Rostvik explains that "period poverty" in itself does little to threaten the profits of these companies but other rising movements such as menstrual suppression, environmental sustainability, and free bleeding do. In this way, corporations are evolving to support period poverty as a way to appeal to socially conscious consumers and to fend of the threat of other menstrual equity movements that threaten their profits (Røstvik, 2022). Rostvik uses the example of Scotland's pledge to end period poverty, a feat celebrated by many menstrual activists, to demonstrate how period poverty campaigns do little to upset power structures. She explains that in 2020 Scotland agreed to provide free menstrual products for all its citizens and that the Scottish government has simply just assumed the bill that used to be paid by menstruators (Røstvik, 2022). While on one hand, this may appear to be a win for menstruators as they are no longer paying for menstrual products. In reality, a dependency on disposable pads and tampons is still being created and supplied, menstrual stigma remains intact and untouched, and the profits of pad and tampon companies remain the same.

Menstrual activism is something that is needed, and requires a lens toward menstrual equity. Current strategies to address menstrual equity include disrupting neoliberal practices and policies that arose out of global capitalism. Critical enquiries into the motivations behind, and the effects of the current neoliberal approach to menstrual management need to be integrated into more mainstream period poverty discourses and complemented with the opinions and experiences of menstruators. A neoliberal market created the supremacy of pads and tampons, and continues to influence menstrual equity through period poverty campaigns (Erchull et al., 2002; Havens & Swenson, 1988; Mandziuk, 2010). Current expressions of period poverty campaigns can redress menstrual stigma and equity through greater affordability and access.

2.6 Resistance to the monopoly of the pad and tampon industry

As period poverty campaigns rise in popularity, so do counter-movements are that looking to expose the realities of pad and tampon marketing and use. This can be seen through the slew of critical studies taken up in the majority world as a movement to counter period poverty campaigns. In 2011, the government of India rolled out a policy that would subsidize sanitary pads for menstruators living in rural villages (Shah et al., 2013). Although this intervention appears to be one with feminist roots, social scientists have been visiting these rural villages to investigate menstruators' experiences and preferences. After

performing their large-scale investigation into the preferences of rural menstruators Shah et al. report that 68% of respondents preferred a falalin cloth over disposable pads, which is a material comparable to flannel (Shah et al., 2013). The reasons cited for these preferences were that the falalin cloth was easy to wash, reduced skin abrasions, and was more absorbent (Shah et al., 2013). The respondents also liked that the falalin clothes were available in red so they could dry them in the sun without needing to hide them as menstrual stains were masked by the colour of the cloth (Shah et al., 2013). The research suggests that not only are Falalin clothes preferred, and more culturally appropriate, but they are also a *cheaper* intervention as well as being more environmentally friendly than sanitary pads (Shah et al., 2013). Findings such as these have raised questions about the role of period poverty campaigns.

Another study regarding sanitary pad use in India found that while 56-64% of individuals currently used sanitary pads, and that an additional 57% of cloth users indicate a willingness to change their menstrual practices, 94% of respondents still prefer menstrual rags (Garikipati & Boudot, 2017). This suggests that menstrual management may be increasingly influenced by western corporations. Menstruators here are adopting the practices that they are being told are "better" and "cleaner", but these practices can re-stigmatize the menstruator. These examples illustrate how strong the effects of sanitation discourse are on the perceptions and practices of menstruators, where menstruators are using the method that dominates public health discourse, rather than choosing the method that they prefer (Garikipati & Boudot, 2017).

Similarly, Ramaiya et al. (2019) noted that educational programs in India that focused on culturally relevant aspects of menstrual health such as reducing restrictions on menstruators, and how to properly clean menstrual rags were more effective at improving menstrual well-being than promotional campaigns for the use of sanitary products (Ramaiya et al., 2019). There is a need for more social scientists to incorporate intersectionality as a viable methodology that includes a critical analysis of menstruation and cultural stigma beyond describing a phenomenon (Collins, 2021). This would include the lived experience of menstruators to produce interpretations for social justice.

2.7 Summary

A critical orientation toward period poverty unpacks the taken for granted assumptions that influence low-income menstruation ability and decisions to use alternative menstrual strategies. Patriarchy has long been a system of power that has

ensured the prevalence of menstrual stigma, often using systems such as biomedicine and religion to do so (Bhartiya, 2013; Cohen, 2020; Kumar & Srivastava, 2011; Risse, 1988; Siegel, 1986; Strange, 2000; Wasserfall, 1992; Wiley & Allen, 2017). Pads and tampons were created as a product that would ensure the continual profit off of menstruating bodies to fulfil a neoliberal market (Erchull et al., 2002; Havens & Swenson, 1988; Mandziuk, 2010). Pad and tampon companies used the shame that already surrounded menstruation in order to market their product and ensure their success (Courts, 1993; Erchull et al., 2002; Havens & Swenson, 1988; Mandziuk, 2010). These products and their implicit stigmatizing messages have now been centred as the solution for menstrual equity and issues of affordability and access through period poverty campaigns (Bobel & Fahs, 2020; Lahiri-Dutt, 2015). Recently, these neoliberal ideals have been seen to be spread throughout the majority world as a means to tap into new markets disguised as "development" initiatives. Critical scholars in the majority world have been raising consciousness about menstrual management and shedding light on its stigmatization effects (Garikipati & Boudot, 2017; Lahiri-Dutt, 2015; McCarthy & Lahiri-Dutt, 2020; Ramaiya et al., 2019; Shah et al., 2013).

The ideology of period poverty has dominated issues of menstruation around the world but there is a need to take up similar counter-cultural critical evaluations. This would include the voices of diverse people and their experiences and perspectives of menstruation. Critical analyses of period poverty campaigns have brought to light that there are diverse factors such as race, culture, education, class, religion, and personal beliefs that affect the ways that individuals view and manage their menstruation and how they might intersect to disempower menstruators (Cardoso et al., 2021; Singh et al., 2020).

The analysis provided an overview of historical, and political processes which shape period poverty and understandings of menstrual management. Menstrual stigma is shaped by biomedical, racialized, and gendered practices. Neoliberalism underpinned by capitalism can perpetuate stigmatizing messages, silence, and shame for menstruators globally. A gap in the knowledge exists related to diverse menstruators' experiences and the factors that shape and influence low-income menstruators decision to use alternative menstrual management products. There is a need to understand the social complexities that may influence a menstruator's decisions and wider menstrual experience. To address this gap, I adopt a critical theoretical orientation to understanding the factors that shape period poverty and the factors shaping menstruators management of their periods. I use

intersectionality as an analytic lens to understand the contextual factors and to centre the voices and experiences of people who menstruate.

3. Methodology and Methods

3.1 Chapter Overview

In the following chapter I provide an overview of both the methodology and methods that informed this research project. The chapter is organized into two main sections, First, I discuss the methodology and theoretical approach that informed the methods and analysis of the project. I introduce the methodology of the project as a critical qualitative inquiry informed by intersectionality. I discuss the sampling criteria, research questions, and research objectives that guided the project. I then describe the methods using survey data to provide an overview of the socio demographic factors shaping alternative menstrual management strategies. I then describe the use of individual qualitative interviews with menstruators who identified themselves as low income to contextualise and inform the survey results. I discuss the sampling criteria, research questions, and research objectives that guided the project. Finally, I discuss validity measures that informed the data collection and analysis in terms of Maxwell's (1992, 2013) account of validity threats.

3.2 Introduction

The purpose of this exploratory qualitative research project is to understand what factors influence menstruators' decisions to use alternative menstrual management strategies in the Canadian context. A review of the literature suggests that individual experiences of menstruation are largely culturally and socially dependent on gendered, capitalist corporate management agendas (Bhartiya, 2013; Erchull et al., 2002; Hormes & Niemiec, 2017; Lahiri-Dutt, 2015). However, diverse menstruators have not been including in the policies and practice which directly affect their menstruation. Understanding the factors that shape menstruators decision making can help to shed light on how to mitigate poverty and create more effective systems of support, programs, and policies to support menstruators in having more positive menstrual experiences (Garikipati & Boudot, 2017; Lahiri-Dutt, 2015; Ramaiya et al., 2019). This research aims to contribute to critical analyses and understanding of the factors that shape diverse menstruators decision making about their menstrual management in a Canadian context. Further, this inquiry is centred around the lived experiences of menstruators and employs a critical and intersectional methodology to ensure that underrepresented menstruators have a voice regarding the impacts of overarching systems of power.

3.2.1 Research questions

The purpose of this exploratory qualitative research project is to understand what factors influence low-income menstruators' decisions to use alternative menstrual management strategies in the Canadian context. The following research questions were posed to orient the research project towards its purpose:

1) How do low-income menstruators in Canada choose to use alternative menstrual management strategies?
2) What are the contextual factors which support decision-making amongst menstruators to use alternative products vs mainstream sanitary pads/tampons?
3) What factors shape perceptions of menstrual management?

3.2.2 Objectives

1) Better understand the experiences of low-income menstruators.
2) Assess the applicability and accuracy of the current understanding of period poverty.
3) Contribute to a growing body of knowledge surrounding period poverty in a Canadian Context
4) Understand if financial reasons are the primary reason for relying on alternative menstrual management strategies
5) Understand how income intersection with other social identities, for example, sex/gender, ethnicity race, culture, age, religion, to shape menstrual management strategies and experiences.

3.2.3 Sampling criteria

It is now well established that sex and gender influence all aspects of material health and wellbeing (Doyal, 2001; Heidari et al., 2016). There are often harmful connotations that exist in relation to menstruation and gender diversity. Many people equate the biological event of menstruation with the gender category of woman, but this is not an accurate representation of the phenomenon, and it perpetuates harmful binary understandings of sex and gender. Sex and gender experiences are both quite relevant in the study of menstruation as they have an intersecting relationship. Sex refers to the biological characteristics of a person, whereas gender refers to a socially constructed identity (Greaves, 2012). When it comes to menstruation, it is generally assumed that gender and sex are synonymous and everyone who is female-presenting should have a period. While most menstruators define

themselves as women, not everyone who menstruates identifies as a female or as a woman, and not all those that do identify as female or as a woman experience menstruation. For this reason, I use gender-inclusive language to promote sex/gender inclusivity and to capture the diversity that exists across diverse sex/gender identities.

Given the inclusive definitions of menstruators based on sex/gender intersections, careful consideration has gone into the sampling criteria and survey categories. The inclusion criteria for the survey and interview sample were people who menstruate who may or may not self-identify as a woman, that are over the age of 18, live in Canada, and rely on alternative menstrual management strategies. In addition, menstruators that were sampled for interviews had to meet the low-income criteria of Statistics Canada. For 2022 the low-income cut-off for Statistics Canada is $26,426/year for a one-person household, $32,898/year for a two-person household, $40,444/year per three-person household, $49,106/year for a four persons household, $55,694/year for a five-person household, $62,814/year for a six-person household, $69,934/ year for a seven-person household, and an additional $7,120 for each additional person after that (Government of Canada, 2022a).

3.3 Methodological approach

To answer the proposed aims of this project and related questions, I used intersectionality as an analytic tool to understand the contextual factors that influence low-income menstruators' decision to use alternative menstrual management strategies. Increasingly, intersectionality is considered a facet of critical theoretical thought and an emergent theory located within critical theoretical paradigms of knowledge (Collins, 2019). Originally coined by Kimberlé Crenshaw in the 80's, intersectionality has deep roots in Black activists and feminists, as well as Latina, post-colonial, queer, and Indigenous scholarship (Cole, 2009; Collins, 2015; Crenshaw, 1990). I used Intersectionality as tool for analyzing the study findings both micro-level intersections across socially stratified categorizations of groups of menstruating people, but also macro-level policies and practices, i.e., how multiple social identities and contexts interact to produce oppression, power and privilege (Collins et al., 2021).

Intersectionality was proposed by critical race theorist Kimble Crenshaw as a new way to understand the unique intersections of race and gender. Intersectionality has grown in which the social complexities that inform experiences of oppression and privilege can be

uncovered and understood across multiple lines of social difference including and not limited to race, gender, and class (Collins & Bilge, 2020).

Intersectionality orients itself towards the goal of social change by critically analysing systems of power and oppression that are often taken for granted. Within this overarching orientation, intersectionality offers a way of redressing inequitable systems of power, or as Collins et al. (2021) explains, it offers a "language that enables similar conversations across differences in power" (Collins et al., 2021, p. 692). It is important to note that intersectionality does not look at the sum of two oppressive forces, but rather the unique and distinct experience when two oppressional structures interact (Bowleg, 2012). In other words, it is not additive approach to understanding for example how poverty, race, class, sex/gender, and menstruation rather how each socially constructed category interrelates to shape menstruators experiences.

An intersectional approach here is essential due to the diversity of menstrual experiences, and an approach that not only accounts for this diversity, but also values it, is essential in capturing a more accurate understanding of diverse menstrual experiences. For this research study, an intra categorical intersectional approach was used. This is an approach in which social categories are acknowledged and used to organize experiences and identities, but the use and formation of these categories are questioned and interrogated (McCall, 2005). For example, although the experience of menstruation is diverse along fluid sex/gender identities the category of menstruators shares commonalities along the lines of stigma and discrimination. This stance understands the role that social categories play in daily social life but is also aware of the essentialist and harmful notions that come with categorizing people. It is for this reason, I employed intersectionality as an analytic tool to inform a critical analysis of period poverty (Collins & Bilge, 2020).

3.3.1 Sampling method

There were two parts to the research project, the first a survey was developed and used to capture socio demographic and broad range of menstruators experiences across Canada. Socio demographic characteristics included categories such as sex/gender, income status, and management strategies (i.e. pads, tampons, menstrual cups, reusable pad, menstrual underwear, free bleeding, etc.) Respondents who identified themselves as low-income as defined by Statistics Canada were also invited to engage in-depth interviews as the second part of the study. In-depth interviews were conducted to contextualize the survey results and provide a more nuanced understanding about the factors that influence

and shape menstruators decisions about menstrual management. Both the survey and the interviews provided a comprehensive data set to understand the factors influencing low-income menstruators' decisions to use alternative menstrual management strategies in the Canadian context.

3.3.2 Recruitment strategy

The survey was first disseminated through social media posts, and through an invitation email sent to partnering organizations (See Appendix I: Social Media Recruitment Post and Appendix II: Invite Email). The partner organizations were organizations selected based on pre-existing relationships that worked in tackling period poverty and menstrual stigma in Canada. The partner organizations that were invited to aid in recruitment were United Way's Period Promise, Bleed the North, and Free Periods Canada.

To capture contextual understanding and lived experience of menstruators, nine participants were interviewed to allow for deep explorations of the participant's experiences (Christoffersen, 2017). Purposeful sampling was used in order to answer the research questions. Purposeful sampling implies that research participants are intentionally chosen based on certain characteristics that make them ideal candidates to be research participants in the given survey (Hoepfl, 1997). The intent was to use purposeful sampling to capture a diversity of experiences amongst the self-identified low-income sample. For example, survey questions allowed participants to respond to questions related to age, cultural origins, gender identity, religion, employment status, abilities/disabilities, and level of education. Due to the sample being a unique minority of Canadians, identifying participants to participate in interviews had its challenges, and certain diverse factors were unable to be captured within the sample.

3.4 Data collection

There were two parts to the data collection stage in this study. The first part consisted of a survey, the survey was augmented with qualitative interviews; both informed the data analysis used to answer the research question. Both the survey and the interview were used to collect data on the menstrual experiences of menstruators who use alternative menstrual management strategies. The survey was available to any menstruator over the age of 18 that used alternative menstrual management strategies and looked to capture data on their feelings towards menstruation, potential factors that influenced menstrual experiences and

management, as well how menstrual experiences had changed since the adoption of alternative menstrual management strategies (See Appendix IV: Survey). Participants were asked to provide consent before they were able to access the survey (See Appendix III: Survey Consent Form). Those who identified themselves as low-income, as defined by Statistics Canada[6], were presented with the opportunity to provide contact details to participate in the qualitative portion of the study. All other participant's responses were anonymized. The survey was be disseminated through local organizations tackling period poverty including United Way, Bleed the North, and Free Periods Canada, as well as through personal social media channels. The survey was anonymous and disseminated online and 227 responses were collected. Those who indicate that they were interested in being contacted for the qualitative portion of the survey were brought to a separate page to submit their contact information. Of the 228 respondents, 38 respondents met the inclusion criteria and indicated they were interested in being contacted to participate in an interview. A total of 30 respondents were invited to sign a consent form and participate in an interview. Nine of the 30 participants followed up requesting to complete an interview. An interview was conducted with all nine participants that responded to the interview invitation and signed a consent form (See Appendix V: Interview Consent Form).

To collect data for the qualitative portion, semi-structured in-depth interviews were used. In-depth interviews ensured that participants had the opportunity to recount their lived realities in ways that they feel were most accurate (Cuádraz & Uttal, 1999). Questions posed were related to past and current menstrual management practice, past and present feelings towards menstruation, menstrual struggles, as well as more generally menstrual experience and factors that may have influenced it such as education, religion, financial status, and culture (see Appendix VI: Interview Guide). The questions posed during the in-depth interviews were developed based on survey questions. The main questions in the survey regarding the factors that influenced menstrual management decisions, struggles related to menstrual management, and menstrual education and early experiences were all developed and posed here.

[6] For 2021 the low-income cut-off is $26,426/year for a one-person household, $32,898/year for a two-person household, $40,444/year per three-person household, $49,106/year for a four persons household, $55,694/year for a 5 person household, $62,814/year for a six-person household, $69,934/year for a seven-person household, and an additional $7,120 for each additional person after that (Statistics Canada, 2021).

3.4.1 Description of the data

The data is derived from (a) an online survey disseminated between March and May of 2022, and (b) interviews conducted via Zoom between March and June of 2022. Both survey and interview questions focused on feelings towards menstruation, management practices, and factors that may affect management practices such as religion, education, and culture. These factors were previously identified in the literature review as potentially shaped by broader systems of patriarchy, global capitalism, and neoliberalism.

3.4.2 Description of survey sample

A survey was completed with n= 227 menstruators across Canada that use alternative menstrual management strategies. The survey was disseminated through local organizations tacking period poverty (Bleed the North, Free Periods Canada, and United Way Period Promise), and through social media posts on Facebook and Instagram. There were varying levels of full survey completion, incomplete answers in the following section are represented by the "unspecified" category. The survey contained general questions regarding alternative menstrual management strategies, and more generally menstrual experiences. Respondents that identified themselves as low-income were invited to participate in a qualitative interview. The results of the survey questions were used to provide a general understanding and overview regarding alternative menstrual management, menstrual education, and feelings and perceptions towards menstruation. The qualitative interviews were used to provide a deeper understanding about menstruators' experiences and perspectives about contextual factors that influenced the decision to use menstrual products.

3.4.3 Survey demographics

Sample characteristics were collected as part of the survey and recruitment tool. Demographic information regarding ethnicity, age, education, gender identity, religion, disability or impairment, and employment were collected. The decision to use these sociodemographic variables were based on the intersectional analysis guide created by Sima Bilges. This guide was used to analyse the interview findings and suggested that these social categories may influence an individual's experiences. The distribution of characteristics of each variable can be seen in Table 4.4.1 to Table 4.4.6.

Table 4.4.1: Sample Characteristics: People who use alternative menstrual management strategies

Variable	Percentage

Ethnicity	
Black	1.34%
Chinese	2.68%
First Nations	0.45%
Japanese	0.45%
Jewish (Ashkenazi)	0.45%
Latin American	0.89%
Métis	0.45%
Mixed Race	8.04%
Other, please specify	1.34%
Prefer not to answer	1.34%
Scottish	0.45%
Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)	0.45%
Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)	0.45%
West Asian (e.g., Iranian, Afghan)	0.89%
White	63.39%
Unspecified	16.96%

Respondents were asked to indicate which ethnic group they identified with; they were able to select all that apply. The question, and options presented were derived from the Canadian Census question regarding "population groups". Most of the respondents self-identified as white (63.39%) followed by mixed race (8.04%), and Chinese (2.68%). Other ethnic groups contained a very small percentage of participants. As this was a Canada-wide survey these results are representative of 2016 census results in relation to self-identified ethnicity. The most represented groups in the 2016 Canadian Census were predominantly white, European countries, followed by Chinese. Overall, in the 2016 Canadian census, there were 20,297,890 respondents that indicated a single ethnic identity, compared to 14,162,175 that indicated they were of mixed race (Government of Canada, 2017a).

Table 4.4.2

Age	
18-21	16.52%
22-25	23.21%
26-29	13.84%

30-33	10.27%
34-38	8.04%
39-42	6.70%
43-46	2.68%
47-52	2.23%
Unspecified	16.52%

The most represented age group was 22-25 (23.21%) with 63.84% of the participants indicating that they were under the age of 33. This means that the sample here is relatively young and correlates with the fact that most menstruators are generally younger as most menopausal transition begins between the ages of 45 and 55.

Table 4.4.3

Education	
College, CEGEP, or other non-university certificate or diploma	6.25%
High school, or high school equivalency certificate	8.48%
Post graduate degree, or professional designation	29.02%
Prefer not to answer	0.45%
Some high school, but did not graduate	0.89%
Some university, but did not graduate	10.71%
Undergraduate degree	29.91%
Unspecified	14.29%

The sample was quite educated with 58.93% having a university degree with about half of those having an undergraduate degree and half having a postgraduate degree. An additional 10.71% of participants have completed some of a university degree. This group may represent some respondents who are in the process of completing their degree. This sample represents one with more university-related educational qualifications when compared with the general Canadian population. In 2016, 28.5% of Canadians had a bachelor's degree or higher and 22.4% of Canadians had a college degree (Government of Canada, 2017b).

Table 4.4.4

Self-Described Gender	
Agender	0.45%
Agender/nonbinary/woman	0.45%
Cisgender female	6.25%
Female	64.29%
Female/nonbinary	0.45%
Femme	0.45%
Femme genderflux	0.45%
genderfluid	0.89%
Genderqueer	0.45%
genderqueer femme	0.45%
Non-binary	4.91%
Nonbinary (genderqueer)	0.45%
prefer not to share	0.45%
Queer	0.45%
Questioning	0.45%
Two-Spirit	0.45%
Transgender man	0.89%
Unspecified	17.41%

Participants were asked to self-describe their sex and/or gender identity with an open response format. Majority of participants (63.29%) indicated that they identified as female sex. While we know that female is related to sex, and the category of woman is related to gender respondents considered their gender to be female. This could be indicative of the strong associations between biological sex and gender, and the ways in which people choose to identify.

Table 4.4.5

Religion	
Anglican Faith	0.45%
Catholic/Pagan	0.45%
Christian	2.68%
Islam	0.89%
Judaism	3.13%
Latter-day Saints	0.89%
Roman Catholic	0.89%
Unspecified, or not religious	90.63%

Participants were asked to indicate their faith with an open-ended question. A large portion of the sample were not religious (90.63%). Amongst religious respondents Judaism represented the largest percentage of respondents (3.13%), followed by Christian (2.68%). In comparison to the general Canadian population there is an over-representation of non-religious respondents in this sample. In 2019 68% of Canadian's indicated having a religious affiliation with 63.2% of those being affiliated with the Christian faith and 1.0% being affiliated with the Jewish faith (Government of Canada, 2021).

Table 4.4.5

Disability or Impairment	
No	56.70%
Yes	28.13%
Prefer not to answer	0.89%
Unspecified	14.29%
Disability or Impairment	
Sensory (vision or hearing)	1.34%
Mobility	3.57%
Learning (e.g. Dyslexia)	5.80%
Mental health (e.g., Depression, Bipolar, Post-Traumatic Stress disorder, Generalized Anxiety disorder)	23.66%
Autism spectrum (e.g Autism, Asperger's)	4.02%
Chronic (e.g., Crohn's, Colitis, Multiple Sclerosis)	10.27%

Most participants did not indicate having a disability or impairment (56.70%) and 28.13% indicated that they did. Among the participants that indicated they had a disability or impairment, a mental health condition was the most common (23.66%) followed by chronic health conditions (10.27%), learning disability (5.80%), Autism spectrum (4.02%), mobility (3.57%), and sensory (1.34%). This is representative of the general Canadian population with 22% of Canadians having a disability or impairment (Government of Canada, 2018). Disabilities related to mental health, pain and mobility were the most reported in the general Canadian population according to Statistics Canada (Government of Canada, 2018).

Table 4.4.6

Employment	
10-20 hours	7.59%
20-30 hours	4.46%
30-40 hours	46.43%
5-10 hours	6.25%
I am currently unemployed	18.30%
Prefer not to answer	2.68%
Unspecified	14.29%

A large portion of respondents worked fulltime hours (46.43%) and a culminative 18.30% of respondents indicated that they were employed but working less than 30 hours a week. 18.30% of respondents indicated that they were currently unemployed. The ratio of employed versus unemployed respondents is not representative of the general Canadian population. In June of 2021 Statistics Canada reported an unemployment rate of 7.60% and an employment rate of 60.10% (Government of Canada, 2022b).

Table 4.4.7

Income	
Below low-income threshold	26.75%
Above low-income threshold	51.75%
Perfer not to answer	5.26%

For 2022 the low-income cut-off is $26,426/year for a one-person household, $32,898/year for a two-person household, $40,444/year per three-person household, $49,106/year for a four persons household, $55,694/year for a 5 person household, $62,814/year for a six-person household, $69,934/ year for a seven-person household, and an additional $7,120 for each additional person after that (Government of Canada, 2022a). For this question, respondents were asked first how many members were in their household, and then depending on that number were asked if their household income was under the corresponding amount. For example, if the respondent indicated that their household was a three-person household, they would then be asked if their income was under $40,444 to assess if they would be considered low income. The latest figures on percentage of low-income Canadians were collected in 2020 and suggests that approximately 9.3% of the Canadian population falls below the low-income cut-off line (Government of Canada, 2022a). The survey demographics suggest that

there is an over-representation of low-income individuals who participated in the survey in comparison with the general Canadian population.

3.4.4 Description of interview data

Participants who completed the survey were also invited to take part in qualitative interviews to better understand their experiences and contextual factors shaping their menstrual management. Interviews were conducted from March to June of 2022. The interviews were conducted over Zoom with the shortest interview being 40 minutes, and the longest being an hour and 20 minutes. An interview guide with semi structured questions were used to discuss participants' current menstrual management strategy, their menstrual experiences, and potential factors shaping their menstrual management such as sex/gender identity, religion, culture, and education. The survey indicated that sex/gender and education may have the most influence over menstrual perceptions and experiences and were therefore a focus. Seven of the nine interviews were audio recorded and two were recorded with the use of notes due to participants' preferences not to be recorded. Interviews were transcribed and then analyzed using Braun and Clarke's (2006) reflexive thematic approach with the use of the qualitative coding software NVIVO.

3.4.5 Description of interview participants

The interview guide was designed in such a way allowed for the survey data and interview data to support and inform each other. In-depth interviews allowed the participants to describe their own identities and experiences most authentically, therefore presenting the opportunity to create a more realistic account of their lived experiences, while also ensuring that participants are not forced to fit themselves into predetermined categories and identities (Cuádraz & Uttal, 1999; McCall, 2005).

The interviews ranged between 40 minutes and an hour and twenty minutes in length. They took place over Zoom due to COVID-19 pandemic-related restrictions and to ensure that location and proximity was not a barrier to participation. A total of n=9 low-income participants that use alternative menstrual management strategies participated in qualitative interviews. Eight of the participants resided in Ontario, and one in British Columbia. The age of the participants ranged from 23 to 42, with the average age being 27. Education included college degree to PhD. All but one participant self-identified as white, with one identifying themselves as mixed race. Two of the participants identified as Catholic, while seven participants identified with no religious faith. Though a few of them had grown up in

religious households, attending catholic schools, and churches. Eight of the participants self-identified as a woman and used she/her pronouns, and one identified as non-binary and uses they/them.

Seven of the nine interviews were recorded with the consent of the participant, and then transcribed for analysis. The two remaining interviews were recorded through note-taking due to the participants' preference to not be recorded. All participants were invited to follow-up over the days or weeks that followed the interview if any other thoughts or ideas came up that the participants wanted to expand on or clarify. One participant requested a follow-up interview the week following their initial interview to clarify some themes that had come up in their interview, and to add some thoughts that had followed it. This interview lasted about 15 minutes in length and was also recorded and transcribed for analysis. This interviewed helped to provide further context to some of the participant's answers, and also helped me to develop an understanding of their experience participating in the qualitative interviews. This participant expressed that they had left the initial interview feeling empowered and validated in the unique knowledge and expertise that they had.

3.5 Data analysis

The survey portion of the study was analysed using basic descriptive analysis functions in Microsoft Excel. Survey results were analysed in relation to the interviews. For example, a question regarding the reasons for choosing alternative menstrual management strategies was posed in the survey. The options offered for responses were financial reasons, personal wellbeing, personal beliefs, religious/cultural reasons, environmental reasons, and other. A similar question was posed in the interview and respondents were prompted to explain how they had chosen their current menstrual management strategies. The responses from the interview allowed for the survey responses to be contextualised and explained. The survey findings were used to describe menstruators practices on menstrual management, create an understanding of contextual factors that may influence a menstruator's management experience, and served as a starting point for a more in-depth conversation.

The qualitative analysis was completed using a reflexive thematic approach guided by Braun and Clarke's (2006, 2021) approach to thematic analysis. I used NVIVO[12] data management program to help analyse the survey results and qualitative interview themes. Thematic analysis was selected due to its nature as a flexible research tool. Analytical methods are often strictly tied to specific methodologies and theoretical traditions. While

qualitative research can never be atheoretical, thematic analysis presents a unique flexibility in which it provides freedom for a researcher to integrate (most) theoretical orientations (Braun & Clarke, 2006). This theoretical freedom lends itself well to an intersectional approach, as intersectionality, and more generally critical theoretical approaches, are also regarded to be quite a pragmatic and dynamic theoretical approach which does not dictate a specific analysis.

Reflexive thematic analysis, popularized by Braun and Clark, (2006, 2021) views the researcher, and their own interpretations as embedded in the analysis process. Braun and Clark argue that while there is no one perfect analysis method for each project, and they are chosen for a number of reasons, it is important that the method "fits" the research project (Braun & Clarke, 2021). Thematic analysis is a family of methods that includes coding reliability approaches, reflective approaches, and codebook approaches. Reflexive analysis was selected from other forms of thematic analysis due to the unstructured and organic coding process (Braun & Clarke, 2021). Coding reliability and codebook approaches generally require some sort of predetermined codes and themes and are generally more suited towards quantitative or "small q" research (Braun & Clarke, 2021). Since menstrual experiences are quite under-explored, I wanted to select a coding process that would not place pre-determined categories onto the data and represented my inductive approach. Reflexive thematic analysis was also an appropriate choice because I served as a sole researcher on this project. Reflexive approaches dictate a process in which codes are developed first while reviewing the collected data by identifying common themes, and then codes are grouped together to create themes that represent patterns of shared meanings underpinned by a central organizing concept (Braun & Clarke, 2006, 2021). This process views the researcher as an integral component to the analysis. In this way analysis is considered to be inherently subjective, and codes cannot be separated from the researcher, but rather represent their deepening understanding of the issue (Braun & Clarke, 2006, 2021). I found this to be the most representative of the research project and the best fit, as I was taking an inductive approach to explore and learn more about menstrual perceptions and experiences.

Additionally, qualitative analysis cannot be atheoretical, and analysis always involves theoretical assumptions and choices (Braun & Clarke, 2006, 2021). For example, I used intersectionality as an analytic tool. Intersectionality informed the codes that were made, and the overarching themes what were produced. For example, during the qualitative interviews, participants retold stories of stigmatizing experiences that they had experienced in relation to

their menstruation. On the surface it was easy to see that stigma was a large factor in menstrual experiences. The intersectional orientation that I adopted, and the use of the intersectional framework allowed me to dig deeper and see that a lot of these stigmatizing experiences were happening at a gendered level and participants were reflecting on how gender both facilitated and presented a barrier to accessing menstrual support.

First, through the process of transcription, and additional read-throughs, I familiarised myself with the data. In the case of this project, I had the benefit of being the sole researcher allowed for a very close relationship with the data produced. Conducting the interviews and engaging in the labour-intensive process of listening to interview recordings and transcribing them allowed for a deep familiarity with the interview content. Adhering to a reflexive thematic approach, next, I engaged in a process of open coding, in which I read through the transcripts and began flagging and coding the ideas and experiences that the participants were sharing. After reading through each transcript, I also wrote a summary of the participant's main ideas and experiences. Once this was complete, I considered all the separate codes, and started to group them by shared experiences and similarities. Once grouped, I then read through the transcripts again to ensure that the new groups included all relevant data, and then did a final compilation into the five themes that are listed below. Each theme was then provided with a description. This stage of the analysis provided a general overview of the shared experiences of research participants, and the deeper meaning of these experiences.

Once the initial reflexive thematic analysis was complete, I then worked to understand how different intersecting social identities and structures might affect a menstruator's management experience. To do this, I utilized a template proposed by Sirma Bilge (2009) to systematically complete what Curdraz and Uttal (1999) describe as a process of "asking the other question" and utilized the process of reflexive thematic analysis within this template. The template used was based off the template created by Sirma Bilge, but it was tailored towards this project after I had gained a deep familiarity with the data (see Appendix VII: Intersectional analysis guide). To complete the intersectional analysis stage the transcripts were read through several times, each time with a different social structure in mind such as gender. I would then once again start the process of open coding, but this time open coding towards the specific social structure. For example, in the case of gender if a participant mentioned a gendered relationship, I would open code this experience. This act of reading and re-reading from different perspectives is a part of the ongoing reflective role of the researcher and ensures that personal biases, beliefs, and perceptions are not causing the researcher to miss out on any important data points or themes (Christoffersen, 2017).

Once I had constructed the template with the codes considered. I combined them based on shared experiences and patterns of meaning as they pertained to the overarching construct (i.e. gender). These shared experiences represented my intersectional themes. These intersectional themes were then considered in the context of my major five themes. I considered how each social construct might affect the general shared experience. For example, in the case of the central theme of stigma, I considered how social constructs such as gender, abilities/disabilities, education, or age might affect and inform this experience. This helped to develop an understanding of how complex social identities and structures might create a diversified menstrual experience. In other words, while all participants may have experienced stigma, it was often felt differently depending on different intersecting factors.

3.6 Validity

Validity is an important, albeit contentious topic in qualitative research. Validity, within the tradition of quantitative or scientific studies has often been assumed as integrated into the use of specific methods. It is generally believed that by following the scientific method, you can produce valid and reliable results (Maxwell, 2013). In the case of qualitative research simply following a "scientific" method is not so easily achieved. Qualitative research is quite fluid, and dynamic in its practice and often relies on the interpretations of the researcher. Some scholars have completely given up on the concept of validity in qualitative research as a whole due to the difficulties in defining and practicing it (Maxwell, 2013). These scholars such as Guba and Lincoln (1989) argued that the action of trying to ascribe validity measures to qualitative data adheres to a positivist notion that does not have a place in most qualitative practices. Despite the apparent contention that exists in the validity debate as it applies to qualitative research, concepts of validity have proven themselves to be an important piece to producing reliable and credible research (Creswell & Miller, 2000; LoBiondo-Wood & Haber, 2021; Maxwell, 1992, 2013).

For this thesis project I used Maxwell's process in terms of understanding validity as considering how we could be wrong in our interpretations based on our own research biases and assumptions, and minimizing this possibility. Maxwell (2013) points out, there is a need in qualitative research to determine what are the plausible alternative explanations to the research findings. To this end I employed several strategies to promote validity of the

findings. Drawing on Maxwell's (2013) typology of descriptive validity, theoretical validity, and interpretive validity.

3.6.1 Descriptive validity

Descriptive validity is understood as the factual accuracy of a researcher's account. For example, if you report that an interview participant said a certain statement, did they say this? While, like most types of validity it is difficult to eliminate threats, it is still important to be aware of the ways that you could be wrong and take steps to minimize this possibility.

In this study in order to eliminate descriptive validity threats, I relied on what Maxwell (2013) refers to as "rich data". Rich data constitutes as intensive interviews that enable you to collect detailed and varied accounts (Maxwell, 2013). These accounts allow you to capture more realistic and revealing pictures of what is truly going on. For example, I used verbatim excerpts from the transcripts to harness the rich data collection (LoBiondo-Wood & Haber, 2021; Maxwell, 2013). Recordings of in-depth semi-structured interviews were taken, and verbatim transcripts were produced. Maxwell (1992) notes however, that even a verbatim transcript can suffer from descriptive invalidity due to the omission of the tone and body language of the participant during the interview. There are non-verbal cues that can often influence the meaning of a statement. For this reason, care was taken while transcribing to note certain non-verbal influences. For example, notes were added in parentheses when an interview participant laughed, said something nervously or laughingly, and whenever they motioned certain activities with their hands such as removing a tampon. I additionally allotted time after each interview to reflect and write about the interview. During these writing periods I would reflect on (a) my interpretations of the data, and the experiences of the participant as well as (b) my experiences as an interviewer during the interview. To further improve the collection of rich data, I utilized follow up questions during interviews. Instead of strictly sticking to an interview guide, I would allow interview participants to guide me through their experiences and then ask them to describe more or tell me about certain experiences or feelings that they were relaying. This allowed me to develop a deeper understanding of their thought processes and feelings. I also asked questions to probe by saying, "so it sounds like…..did I understand that properly?" This allowed participants to either confirm my interpretation, correct it, or expand upon it to explore deeper meanings. This is explained by Braun and Clark and moving from semantic coding to latent coding. Semantic coding refers directly to what is being said by the participant(s), whereas latent

coding moves beyond this surface-level understanding and looks for the deeper meaning of what is being experienced.

To improve the descriptive validity of the survey results, graphs and numerical values were reported. Maxwell (2013) notes that using language such as “frequent”, “typical”, or “rare” when it comes to a quantitative interpretation can lead to descriptive invalidity as these terms are based on the researcher’s interpretation. Terms such as these can therefore be influenced by personal researcher bias and might be misleading to a reader who does not have the same bias or understanding. To mitigate this the actual percentage of survey respondents who indicated a certain answer was provided as well as a graphical representation of the survey results. This way the reader can see what I, as the researcher, might consider to be a lot, or a little and what constitutes as a significant finding. This is also referred to as a validity tool called “numbers” by Maxwell. Maxwell (2013) asserts that by using numbers you are able to effectively test and support claims, while also being able to assess the amount of evidence that you have to support specific claims.

3.6.2 Interpretive validity

Interpretive validity is not only concerned with what was said by a participant, but more so what it *meant* (Maxwell, 1992). In terms of qualitative data interpretive validity are an important topic but can also be difficult to mitigate. Qualitative research often sees the researcher as involved in the same social world as the participant and co-creating meaning. This means a researcher’s personal bias and understanding will always have some level of influence on the data (Braun & Clarke, 2021; LoBiondo-Wood & Haber, 2021; Maxwell, 2013). There are a number of ways to try to mitigate the effects of interpretive invalidity, in other words seeing only what I want to see, in this project I have chosen to use reflexivity and what LoBiondo-Wood and Haber (2021) refer to as auditability.

Reflexivity is a process that allows a researcher to reflect on the ways that their personal bias may affect the data collection and analysis phases (LoBiondo-Wood & Haber, 2021). To practice reflexivity in this research project I started by writing down my own assumptions and feelings towards menstrual management. To do this, I looked at the interview guide, and answered the questions for myself in my own experiences. This was an important step in reflexivity for me as I am a person who experiences menstruation, who uses an alternative menstrual management practice, and who is quite outspoken and passionate about the topic. My identity as a member of the community I was studying has a huge potential to affect my interpretations and only one perspective. Throughout the data

collection and analysis process I would refer to my answers and biases and question the pieces of data I was seeing as significant and asked myself about the ways in which this was represented or not represented through my bias. I also was reflexive about the effect that my identity as a critical researcher had on research participants. It was important that was not asking leading questions, and to make sure that participants felt that the information they shared was important, celebrated, and validated whether it aligned with my critical view or not. For example, a couple of the participants expressed that they enjoyed the use of tampons. It was important that these participants felt validated in their experience and knew there was no wrong answer- a fact that I stated before every interview. I explained to research participants that I was simply there to learn more from them, not to find specific pieces of information.

I also practiced what LoBiondo-Wood and Haber (2021) refer to as Auditability. They describe auditability as a process that allows for another researcher or reader to follow the thinking process and conclusions of the researcher. In order to do this whenever I made a statement, or presented a finding in the results section, I first provide a direct quote of what the participant said, including other non-verbal annotations, and I then state what they meant by this statement according to my interpretation, and then go on to describe what the meaning or significance of this finding is as it pertains to the specific theme it is supporting. This way a reader can review my thought process and understand how I am deriving meaning, which in term helps to mitigate threats of interpretive validity. This method of reporting my research finding also allows for the reader to follow my reflexive analysis process. As outlined by Braun and Clark you first read the transcripts, then group what the respondent is saying in terms of themes, and then link these themes to a deeper meaning (Braun & Clarke, 2006). Readers are guided through following this analytic process by practicing auditability.

3.6.3 Theoretical validity

While the previous two types of validity are generally concerned with how you are representing and understanding your data, theoretical validity refers to the soundness of the theories that you develop from your descriptions and interpretations (Johnson, 2019; Maxwell, 1992). This type of validity generally asks if your theories are credible and defensible (Johnson, 2019; Maxwell, 1992). To achieve theoretical validity in this project I used what LoBiondo-Wood and Haber (2021) refer to as fittingness. Fittingness often refers to the transferability of the study based on theoretical assumptions and the literature about the factors that shape decision making to use alternatives low income. In this study I used the

results of my survey as well as findings from the interviews to triangulate my analysis. In my discussion I discuss how the findings are justified in relation to the broader literature and how critical orientations can help to uncover the ways in which stigma operates in the context of global capitalism, neoliberalism and sexism. The survey provided respondent demographics, which I was able to compare to the statical data available about general Canadian populations. In this way it is clear to see the ways in which this data represents and does not represent certain populations. I then used interview data to provide further context to the survey results and noted where the interview results differ and support what was found in the survey. This act of triangulation, was used to provide evidence beyond a single point (LoBiondo-Wood & Haber, 2021; Maxwell, 2013). Finally, I engaged with theoretical validity by reflecting on the literature and its relationship to the data findings.

3.7 Chapter Summary

In this chapter I discussed the chosen methodology of this research project and laid out how this methodology informed the research design. From the outset of the project, it was clear a critical methodology was needed, but traditional critical theory itself contained some major shortcomings that would limit the analysis and findings of the project. For this reason, intersectionality was adopted as an analytical framework to allow for a deeper understanding of the social complexity of menstruation and the factors that may influence a menstruator's decision and experience. Intersectionality as a framework helped to inform how the data would be collected- first through a survey and then followed by in-depth semi-structured interviews to provide context to the major survey findings. Intersectionality also informed the type of analysis that would take place. In the chapter that follows the findings of the reflexive thematic analysis are presented as informed by an overarching intersectional analytic framework.

4. Results

4.1 Overview

In this chapter I present the results of the research findings. The purpose of this study was to understand the contextual factors that influence the decision to use alternative menstrual management strategies. To gain a deeper understanding of these factors, an intersectional analytical orientation was used. Data was collected through both a survey, and in-depth semi-structured interviews. The survey data was analysed using basic descriptive analysis in Excel. Interview data was analyzed using Braun and Clarke's (2006) approach to reflexive thematic analysis. An Intersectionality lens was used to analyze the factors that intersected and shaped period poverty from diverse menstruators perspectives. Specifically, an intersectional analysis was applied to understand how the social identities of menstruators may impact their menstrual management experiences. In this chapter, I begin with the results of the survey. The survey contained a considerable number of question and therefore only the major findings of the survey are reported here, but the findings of all survey questions can be found in appendix VII. I then. I then discuss the major themes in the date; menstruation is a struggle, stigma, intergenerational and educational stigma, and socioeconomic status and menstrual management.

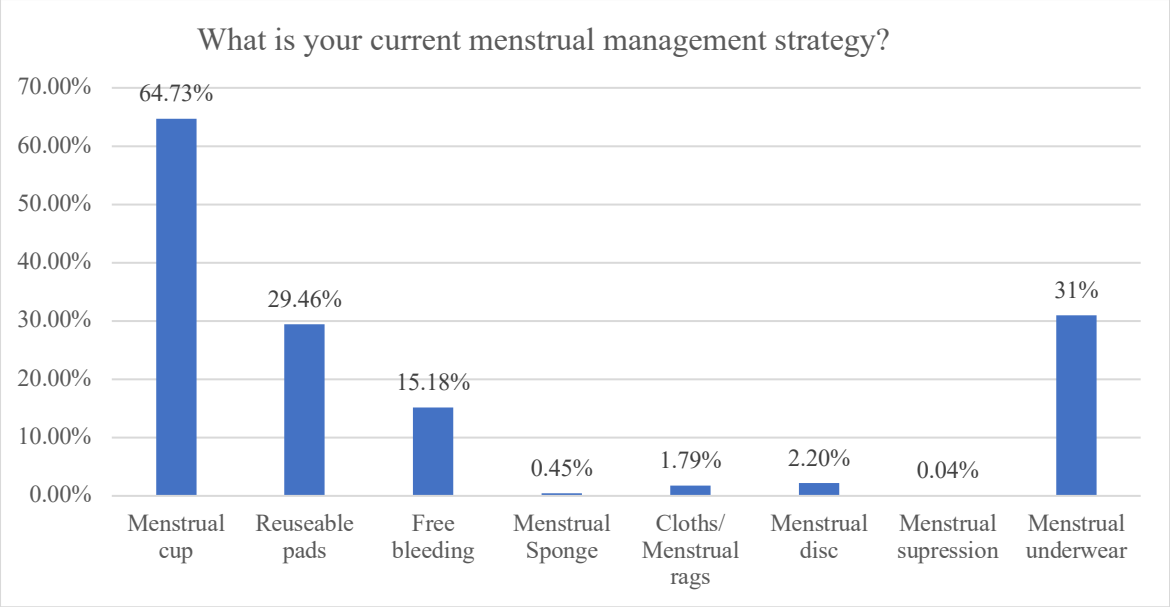
4.5 Survey findings

In addition to demographic questions, the survey asked general questions regarding alternative menstrual management strategies and menstrual experiences to capture of an overview of the issue that would serve as a starting point for interview questions. A basic descriptive analysis was performed on the survey data.

What is your current menstrual management strategy?

Table 4.5.1 summarizes the results for the first question. Participants were asked to select all menstrual management strategies that were applicable. The findings here indicate that menstrual management is generally a multifaceted approach. It was found that the most popular menstrual management options were menstrual cups (64.73%), reusable pads (29.46%), menstrual underwear (31%), and free bleeding (15.18%).

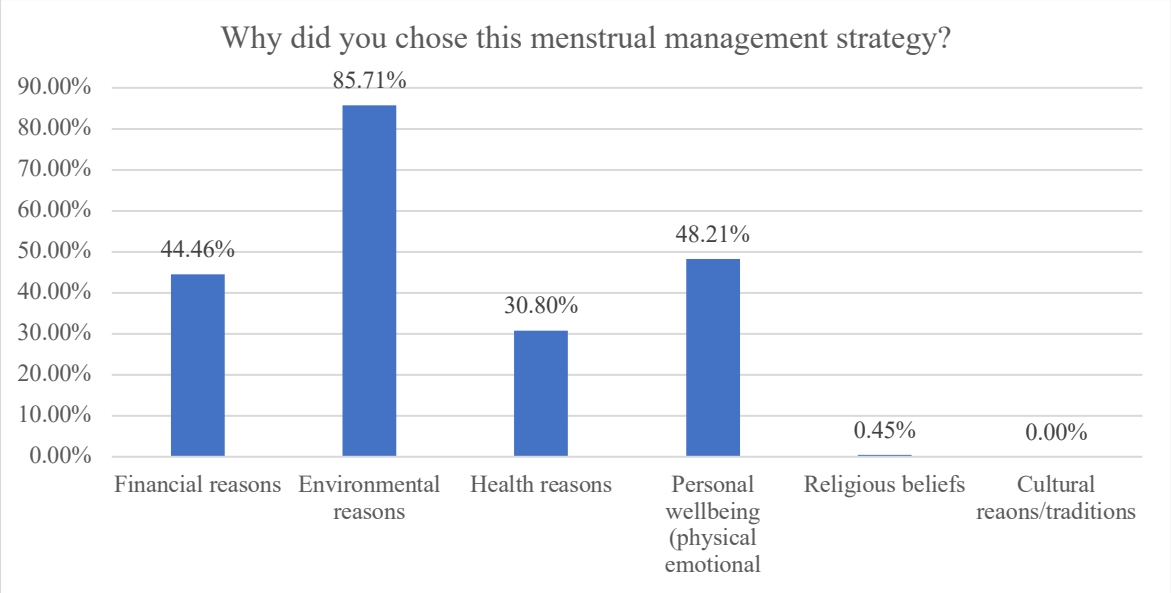
Table 4.5.1



Why did you choose this menstrual management strategy?

Respondents were then asked why they had chosen their current alternative menstrual management strategy. Reasons provided included financial reasons, environment reasons, health reasons, personal wellbeing, religious beliefs, cultural reasons/traditions, or they were provided with an opportunity to include their own reasons that fell outside of these options. Respondents were asked to select all that apply. The most popular reason for changing menstrual management strategies was environmental reasons (85.71%). Environmental reasons included choosing a product due to reduced waste/pollution. Personal wellbeing (48.21%) and financial reasons received (44.46%) comparable results, with health reasons being slightly less prevalent (30.80%). Only 0.45% participant chose their menstrual management strategy due to religious reasons, and no participants selected cultural reasons/traditions.

Table 4.5.2

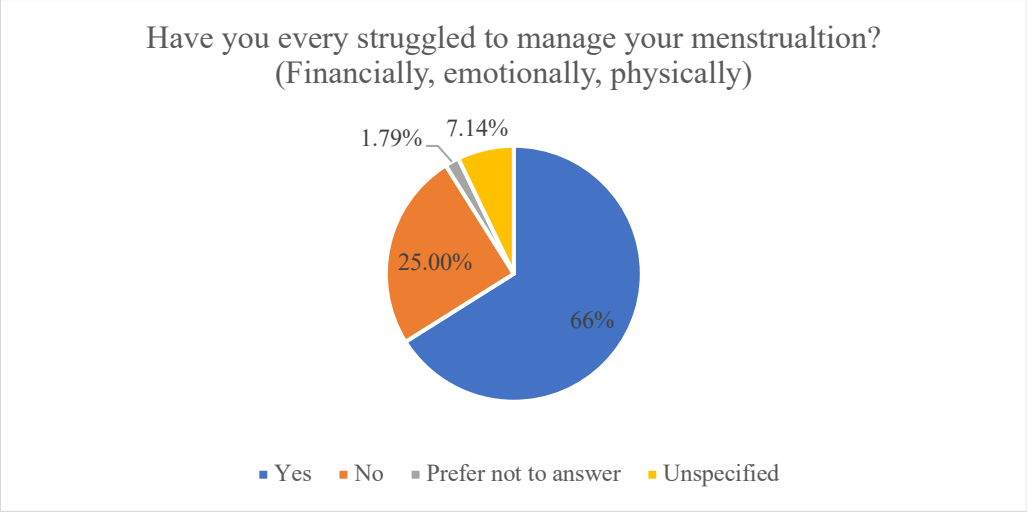


Convenience and ease of use was the most prevalent open-ended response other reasons included comfort (8), longevity (7), safety (4), cleanliness (1), lifestyle fit (2), and reasons related to gender dysphoria (1).

Have you every struggled to manage your menstruation? (Financially, emotionally, physically)

Respondents were asked if they had ever struggled to manage their menstruation. Most of the participants indicated that they struggled to manage their menstruation at 66%, with 25% saying they had never struggled and a small amount of 1.79% indicated that they preferred not to answer. This suggests that menstruation is a struggle for most menstruators and more education and support is needed.

Table 4.5.3



Those respondents that indicated that they had struggled to manage their menstruation were then prompted to provide more details with an open-ended survey question. Heavy flow and physical discomfort were the primary reasons listed as struggling to manage their menstruation. A summary of the most common responses (responses that were cited by more than 5 participants) can be found in table 4.5.4.

Table 4.5.4

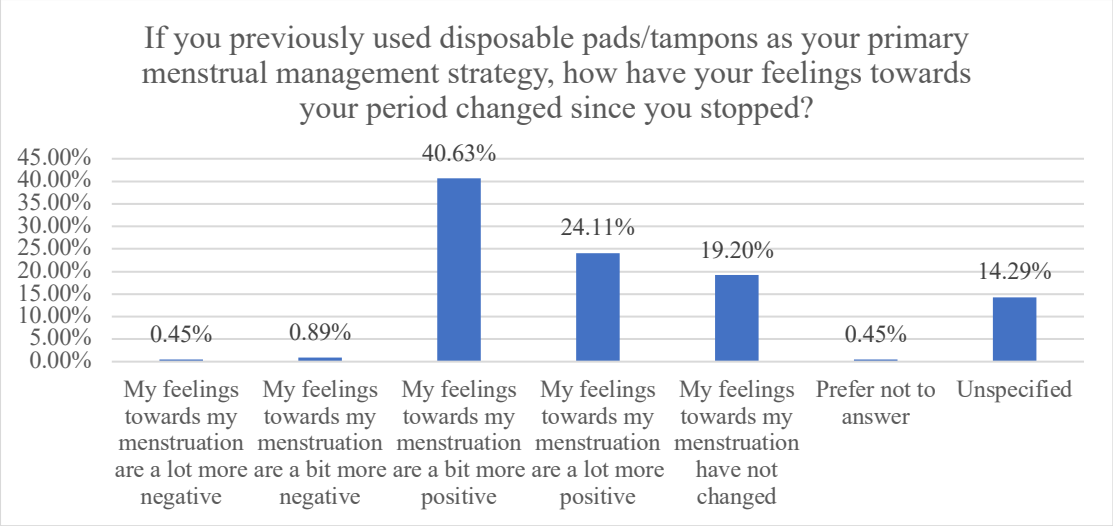
Issue cited	**Description**	**Percentage of participants**
Physical Discomfort	*Respondents also spoke about physical discomfort that came along with menstruation. Such discomfort included things like cramps, irregular periods, and inconsistent menstrual flows.*	47.30%
Heavy flow	*Respondents indicated that they had trouble managing their heavy menstrual flows and finding products that are suitable for their flows.*	25.68%
Cost	*Respondents indicated that their menstruation was too expensive for them. Most respondents indicated that disposable products had been too expensive for them, but some also mentioned the heightened upfront cost of reusable products.*	18.92%
Emotional struggles	*Respondents indicated that menstruation is an emotionally draining or distressing process and/or struggle to control their moods and emotions as they fluctuate through their cycles.*	14.86%
Health issues related to menstruation	*Respondents here made mention of health issues related to menstruation that made it difficult to manage their menstruation. Such health concerns included issues such as fibroids, anemia from heavy flows, and PCOS. Respondents indicated struggling*	11.49%

	to manage pain and bleeding related to these health concerns.	
Gender	*Respondents also expressed struggles related to the gendered aspects of menstruation. Some cited gender dysphoria as a constant struggle related to their menstrual cycle, while others also mentioned difficulties in accessing support from people of other genders. This finding indicates that menstruation is an experience that is laden in gendered perceptions and assumptions.*	6.75%
Leakage	*Respondents expressed struggles related to leakage when experiencing menstrual bleeding. Sentiments of stress and anxiety in relation to leakage were expressed.*	4.73%

If you previously used disposable pads/tampons as your primary menstrual management strategy, how have your feelings towards your period changed since you stopped?

Respondents were asked how their feelings towards their menstruation had changed since they stopped using disposable pads and tampons. They were given scale to indicate their feelings on starting with “my feelings are a lot more negative” and ending with “my feelings are a lot more positive”. Respondents overall had more positive feelings towards their menstruation with 40.63% indicating that felt a bit more positive, and 24.11% indicating that their feelings towards their menstruation were a lot more positive since they stopped using disposable pads and tampons. 19.02% indicated that their feelings towards menstruation had not changed, with a very small percentage of participants indicating that their feelings were either a bit more negative (0.89%) or a lot more negative (0.45%). This could indicate that menstrual management strategies could be a factor in helping menstruators to have more positive menstrual experience.

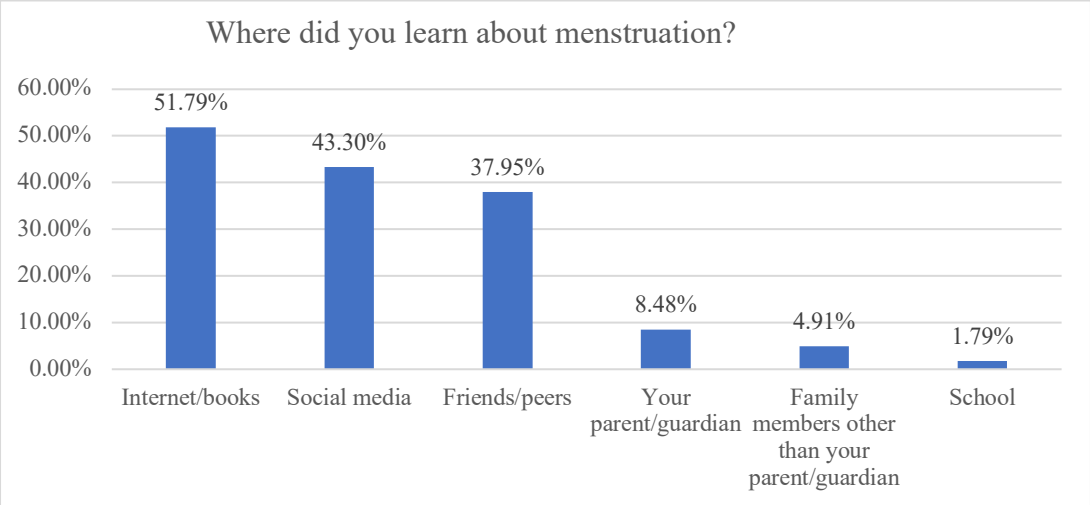
Table 4.5.5



Where did you learn about menstruation?

Respondents were asked about where they had learned about menstruation to track their general menstrual experiences. Respondents were asked to select all that apply. The results indicated that most menstrual knowledge was being acquired independently and through friends. 51.79% of respondents indicated they learned their menstrual knowledge through the internet or books, 42.30% indicated they had learned menstrual knowledge through social media, 37.95% indicated learning about menstrual knowledge through their friends or peers, 8.48% from parents or guardians, 4.91% from other family members, and only 1.79% in school.

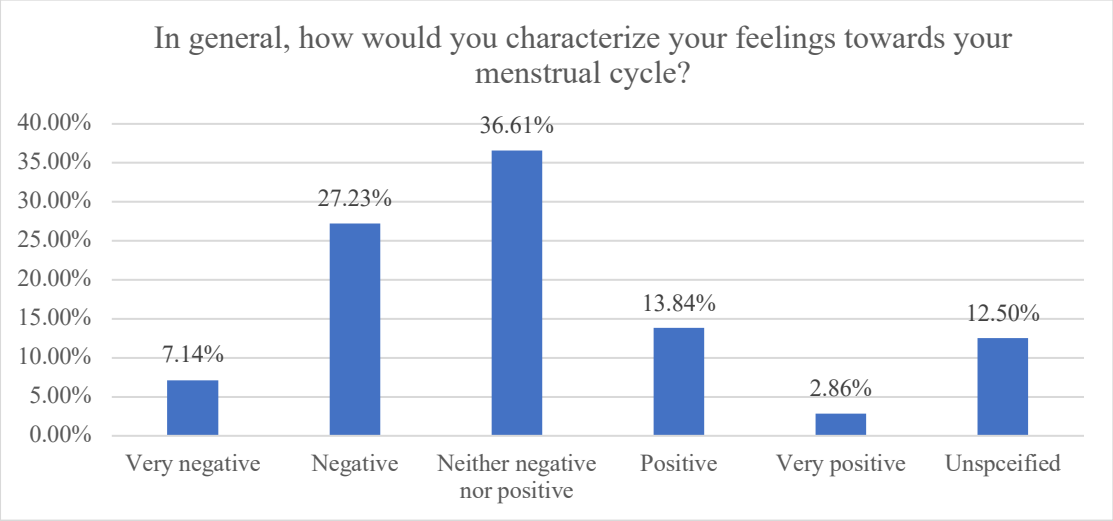
Table 4.5.6



In general, how would you characterize your feelings towards your menstrual cycle?

Respondents were asked to rate their general feelings towards their menstruation. They were given a scale to rate their feelings on from “very negative” through to “very positive”. Despite most participants indicating that their feelings towards their menstruation had improved since they stopped using disposable pads and tampons as seen in Q9, feelings towards menstruation still remained quite negative overall with most participants sitting in the middle of the scale. 7.14% of respondents rated their feelings towards their menstruation as very negative, 27.23% rated their feelings as negative, 36.61% rated their feelings as neither negative nor positive, 13.84% rated their feelings as positive and only 2.86% rated their feelings as very positive. While alternative menstrual management strategies were supporting respondents to have more positive menstrual experiences, more work is needed. This finding in relation to Q9 indicates that a chosen menstrual management strategy is simply one factor in feelings towards menstruation, and that more work and more support is needed outside of a focus on menstrual management products/strategies to improve menstrual experiences.

Table 4.5.7

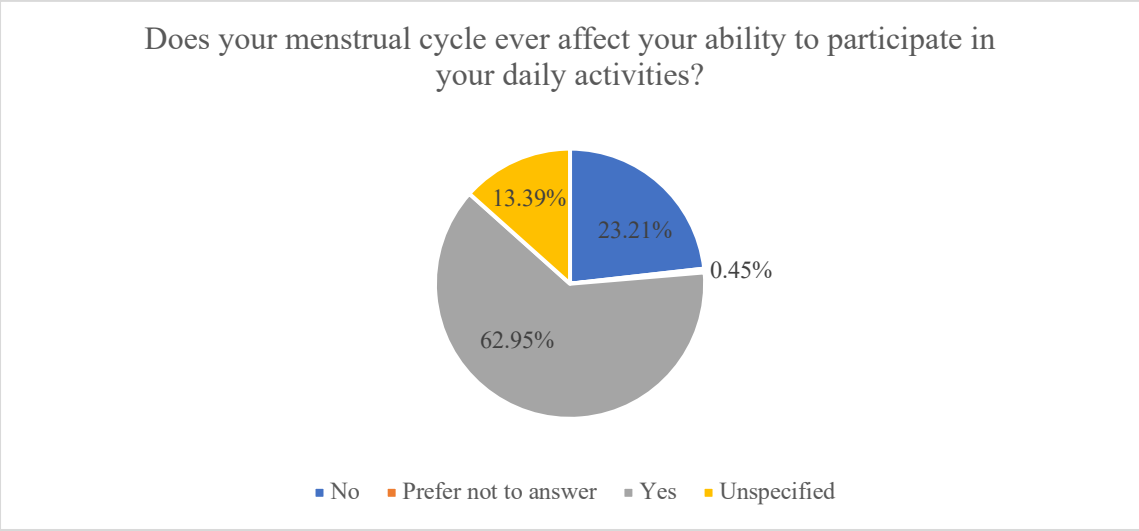


Does your menstrual cycle ever affect your ability to participate in your daily activities?

Respondents were asked if their menstruation ever affected their ability to participate in their daily activities. They were given the options of yes, no, or prefer not to answer. The results indicated that menstrual cycles for the participants are quite disruptive with 62.91% indicating their menstrual cycles affect their ability to participate in their daily lives, 23.21%

indicating their menstruation did not affect their ability to participate in their daily lives and 0.45% preferring not to answer.

Table 4.5.7



4.6 Major themes

It was found that menstruation was generally a struggle and a painful experience related to experiences of stigma, shame, and restricted menstrual education. Factors that exacerbated the discomfort of menstruation included insufficient menstrual management strategies, gender, and menstruation-related health concerns. The struggle of menstrual management also caused significant stress and added to the mental load of the menstruator. It was found that alternative menstrual management strategies such as menstrual cups, reusable pads, menstrual underwear, and hormonal birth control helped to ease the experience of pain and struggle. Menstruators also found that managing their menstruation is a stigmatizing experience. Stigma was internalised and often expressed by menstruators in (1) a need to feel clean, and (2) a need to conceal menstruation. Stigmatized notions towards menstruation were something that were taught both intergenerationally and through formal education systems. Stigmatized menstrual education was minimal and restricted. Accessing comprehensive menstrual knowledge was an empowering experience. Finally, it was found that socioeconomic status influences the way that menstruators choose to manage their menstruation and experience it and further informs experiences of stigma, pain, and struggle.

4.7 Menstruation is a struggle and painful experience

Menstruation was found to be a struggle and a painful experience. The survey results indicated that 66% of respondents struggled to manage their menstruation, with 47.5% of those who struggle citing physical pain and discomfort as the reason. Similarly, all interview participants seemed to accept that menstruation is an uncomfortable, inconvenient, and painful experience. This sentiment was mostly expressed in relation to the use of disposable pads, as well as tampons for some participants. While most survey participants 67.73 % and interview participants used menstrual cups, interview participants were prompted to speak about their menstrual experiences before they had transitioned to using alternative menstrual management strategies. All interview participants struggled to figure out how to appropriately use pads and tampons in a way that fit their lifestyles. The survey found that menstrual cycles were quite disruptive in the lives of the respondents as 62.91% of respondents indicated that their menstrual cycles affected their ability to participate in their daily lives.

Interviews with participants further showed how menstrual cycles were experienced as disruptions to the lifestyles of menstruators. Casey, who has been an athlete for her whole life, provides insight into the disruptive nature of menstrual management with pads and tampons:

> *"I was a gymnast so [I wore] leotards…like there was no room to bleed through things…So [I had this] this idea that, you could bleed through things… so I would go and I would take out tampons probably before, like I needed to, and so just that experience of like [cringes and motions pulling a tampon out]."*

The inability to effectively fit the use of pads and tampons around her lifestyle led Casey to have uncomfortable and painful menstrual experiences. Casey explained that the experience of pulling out a tampon too early was painful, but this is what she had to do to avoid leaks. Similarly, Alex and Charlotte also spoke about the discomfort of tampon wearing and Alex compared removing tampons too early to "giving birth to cotton". Alex describes their experience of pad and tampon use:

> *"I felt like the tampon situation is kind of painful? Like I feel like we all joke about it or people who menstruate like joke about it, but like you're pretty much like giving birth to cotton, like it's not comfortable. Um, and pads just like hated feeling them, and having them like catch on my skin, um, or like irritate my skin. Um, and then you're just like sitting essentially like in a diaper. Um, which I like very much hated." [Alex]*

Alex expressed that even figuring out the etiquette around pad and tampon use as a young menstruator was something that they struggled with and were never taught. Alex recalled emotional distress and confusion over how to conceal and transport menstrual products to the bathroom while attending school. They explain:

> *"I just feel like there was probably some period shame, and like not knowing how to like...you know. How do you?- It seems so silly, but even just like to get up and go to the bathroom, while also having something, and like bringing it with you like all of this like silly stuff."[Alex]*

They felt frustration that they were expected to conceal their menstruation but were never taught how to. Similarly, Alex, Casey, Francis, and Heather expressed considerable stress and anxiety surrounding the safety of pads and tampons. Alex recalled the first time using a tampon having an anxiety related reaction that left them feeling clammy and in cold sweats due to concern over toxic shock syndrome. Francis felt a weight lifted off her shoulders when she switched to using reusable pads and a menstrual cup. In a follow-up interview, Francis stated that she completely forgot that toxic shock syndrome existed with the use of her menstrual cup. She felt that it was important to bring up because she used to spend her menstrual cycles in an anxious state due to the fear of toxic shock. Francis explains that:

> *"Sometimes I do forget [to remove my menstrual cup] and I'm like, "Oh, shit! I've had my Diva Cup in for like way longer than I should have". Um, but it's not the same kind of stress [as tampons] it is more just like, "Oops", [laughs] as opposed to like, "yikes, [that] could have killed me" [laughs].*

Francis here makes light of the situation by laughing but expresses an important sentiment that using pads and tampons created enough anxiety for Francis that she used to fear for her health. Heather's fears and discomforts offered another perspective around toxicity and use of disposable pads and tampons, stating that using pads and tampons used to leave her with chemical rashes and burns while she used them as a young menstruator. Heather and Isabella both experienced a considerable amount of waste when using pads and tampons due to quality concerns. They explained that if their pads and tampons got wet, sat in a hot car or in the sun too long, or expired that they would have to throw them out as they did not feel comfortable using them.

Participants who had pre-existing health issues, both related to their reproductive or menstrual health and those that were not, expressed heightened feelings of pain and struggle in relation to managing their menstrual cycles. Three of the participants had specific health issues related to their menstrual cycles which caused heavy, and unpredictable menstrual

bleeding and increased pain related to their menstrual cycles. These participants were particularly vulnerable to feeling the effects of inadequate menstrual care.

For the participants, while using pads and tampons it seemed that menstruation was presented as an issue that they just needed to deal with and as a struggle in their lives with no solution. They just needed to accept challenging, inadequate, and uncomfortable management. For many participants, learning about alternative menstrual management strategies provided other options that would make menstrual management easier, safer, and less problematic.

Sofia explained when comparing reusable pads to disposable pads that: “Just the reusable ones are made of like fabrics that my body is already used to um, and that my body responds well to, whereas disposable ones are not, and they are very irritating”. Sofia noted that making a simple switch from disposable pads to reusable ones significantly reduced discomfort related to menstrual management due to the material being more agreeable with her body and comfort. The majority of participants expressed that alternative menstrual management strategies such as menstrual cups, reusable pads, menstrual underwear, and hormonal contraceptives made menstruation less of a problem and struggle in their daily lives. One way that using menstrual cups did this is it allowed some menstruators the flexibility of using the product for a longer duration, and therefore made menstrual management less disruptive to their day-to-day lives. Using a menstrual cup also meant that they did not have to make continual purchases, experienced a reduction in safety concerns, and higher levels of physical comfort. These findings were also held in the survey results as on one hand, menstruation was reported to be quite a disruptive event in the lives of the respondents, but that the use of menstrual cups, reusable pads, menstrual underwear, and hormonal contraceptives products seemed to support respondents in have more positive menstrual management experiences.

The findings suggest that alternative menstrual management products that are practical and that can be used for longer periods of time help menstruators plan and manage their experience. Importantly this reduced pain, discomfort, stress and anxiety. On the other hand, managing menstruation with disposable pads and tampons for the participants was a timely and uncomfortable experience. While menstruation was a physically uncomfortable, and even painful experience for the participants it was also an emotionally stressful experience for them.

4.8 The mental load of menstruation

> *"The only thing I can relate it to is like taking medicine when you have a headache, it doesn't always get rid of the headache, but it lightens the load. Um, and I would say that the menstrual cup, and I guess the IUD too um, were that for me." [Sofia]*

Participants expressed a sentiment of menstruation presenting a mental load which further contributed to their struggle in managing menstrual bleeding. The concept of the mental load is generally used to refer to the additional cognitive and emotional labour that women take on in their family lives to think, plan, schedule, organize, and care for the lives of their families (Dean et al., 2022). While the mental load was created as a concept to analyse additional burdens placed on women in the nuclear family, this concept can be helpful in understanding stressors unique to menstrual management. All participants expressed that, particularly when using disposable pads and tampons, menstruation was something that they constantly had to plan their lives around, and something they needed to be constantly thinking about. Additionally, survey findings also suggested an experience of a mental load. 14.86% of participants indicated that their menstruation was an emotionally draining or distressing experience that they struggled with. The interview findings here helped to provide context to survey findings and provide understanding as to how menstruation created a mental load. Interview participants explained a balancing act in which when they put in a product, they would need to calculate when they would need to remove the product to avoid adverse health risks, where they would be when they would need to remove the product, how long they would be away from the home for, and how many products they would need to bring with them to avoid leaks. Participants also felt that the continual purchase of disposable products was constantly on their mind, even when not actively bleeding as they would need to ensure that when menstrual bleeding came around that they were prepared to handle it. Charlotte, who loves to travel explains that:

> *"You always have to remember- um, but the diva cup is easier in the fact that, like, if I'm going somewhere, I will be okay if I only remember the one item, whereas if I didn't have the one item, and I'm going somewhere I'd have to think about how many days I'm gone, um, how many hours, like what size I'm bringing, how many pads for how many nights I'm going to be sleeping. Um, or I guess I could just bring two giant containers, but sometimes that's not an option so if I forget or if I, if I don't do my math right, or I end up like not knowingly staying a couple extra days, then that would involve going to the store buying more and then using those. So, I think it's nice to*

that way too, where it's something that I can only remember one thing, and that's okay, and then I'll be okay without one thing."

Here Charlotte walks us through the mental thought process she used to have to deal with when travelling with disposable pads and tampons. For her, trip planning was fraught with trying to pack enough disposable products to effectively manage her menstrual bleeding. With disposable products, not only was trip planning more challenging, but her menstruation took away from her ability to be spontaneous or presented challenges if travel plans changed at the last minute. A menstrual cup for Charlotte has eased this stress, and now as long as she remembers her menstrual cup, she knows she does not have to worry about menstrual management no matter how long she is away for and is able to bring spontaneity back into her travel.

For Heather, the use of reusable pads and a menstrual cup freed up the cognitive space she needed to focus on managing the physical aspects of menstruation other than bleeding. She explains:

"I find like it's not as annoying like I don't- it's not like, "Oh, crap now I have to go to the store and have to pick this up" or, "oh, surprise! My period came today, not tomorrow", and you know I only have one tampon at home like it, it made it more that, like I could focus on, I found it, it made me have a better ability to focus on natural like pain relief and pain management because I didn't have that extra stress of like, "Do I need to pick up pads?", or, "Where is this, and how much is it going to cost?"

With her menstrual cup, Heather was able to focus on pain management rather than the management of physical bleeding.

This theme was one that is informed and interrelated with many other themes. A fear of being caught as a menstruator, stigma, and poverty were all factors that influenced and exacerbated the mental load for participants. The mental load almost happens as a result of trying to match up physical management of menstrual blood with the ideologies and expectations that wider society has put upon menstruators in terms of how they should be managing their menstruation.

Participants who had health concerns expressed that they felt their health added to the mental load that menstruation presented. These participants experienced a heightened sense of a mental load due to the fact that their menstrual cycles presented more challenges to them through heavy bleeding, unpredictable cycles, and pain. Additionally, Not identifying as a cis-gendered female led to feelings of gender dysphoria in relation to the participant's

menstrual cycle. One participant identified as non-binary and another participant spoke about the experiences of her sister who was also non-binary. They expressed that active menstrual bleeding was a time of heightened stress due to the gendered connotations associated with it and feelings of gender dysphoria.

Switching to alternative menstrual management products helped to relieve this mental load for all participants. They felt as though they were better able to conform to what was expected from them in terms of menstrual management (i.e., hiding their menstrual cycle), while having menstruation be minimally invasive in their normal lives. Participants went from expressing feelings of anxiety, nervousness, stress, and dread to feelings of normalcy, and freedom. Many participants expressed that they would even forget that they were menstruating and would have to physically set reminders for themselves to change and clean their menstrual products. Alex explains:

> *"But switching to the diva cup was almost it became like I had to really remind myself that I had it in like I had to be like, oh, crap! And like set a reminder, because it just it truly felt like nothing." [Alex]*

This was seen as a benefit to participants as they were able to free up the cognitive space that used to be dedicated to managing their menstruation and use it for other, more productive means. Alternative menstrual management products took another item off of an already very full plate for participants. Heather even expressed that stress-related symptoms she experienced including headaches and insomnia were completely relieved after switching to alternative menstrual management products:

> *"But a lot of the like stress symptoms like headaches, or like the insomnia that I found either lowered or disappeared. Once I went with the, um, cup and reusable pads, and I think a lot of it had to do with also like not having to stress about what I was using and what I was doing through the actual process which would always like exacerbate the actual symptoms I was having when I added the stress on top of it." [Heather]*

Menstruation is a stressful event for menstruators. Alternative menstrual management products reduced the mental load of menstrual management for participants and allowed them to focus on other parts of their menstrual experiences such as pain management. The pain and struggle of having to manage menstrual bleeding is was also informed by a stigmatized notion that menstrual blood is dirty substance that needs to remain hidden.

4.9 Stigma

Stigma was an important theme that emerged from participant conversations that shaped menstruators' experiences and management decisions. Importantly, menstrual management was a stigmatizing experience that affected menstruators' mental and emotional wellbeing. All participants expressed either past or current feelings and experiences related to menstrual stigma. Stigma was often expressed and experienced in a few ways including: (1) a need to feel clean or a fear of others perceiving them as unclean, and (2) a need to hide or conceal menstruation.

4.9.1 A need to feel clean

The need to feel clean and have others perceived them as clean was a common sentiment amongst the participants. Sofia, Francis, April, Rebecca, and Rachel all expressed concerns around the feel and smell of disposable pads. They all expressed that while wearing pads they had a feeling of "sitting" in their menstrual blood or sitting in something wet that made them feel unclean. They all seemed to prefer menstrual management strategies in which they did not have to feel their menstrual blood while menstruating. They also expressed a stress and discomfort surrounding the smell of pads. They all felt that when using disposable pads, there was a certain smell to their menstruation. None of them felt uncomfortable that they could smell their menstruation, but rather feared others smelling their menstruation. Two participants even expressed that their feelings of menstruation being "gross" or "unclean" were closely tied to their menstrual management strategy. Sofia explains:

> *"Every time I had dissatisfaction with my period through puberty and all of that stuff, it was always tied to pads..... So, I think part of the distaste is for that, because it was during a time where, [sighs] I just was so upset about all the symptoms I had about PMS and managing it, and it was before I had an IUD, and that was able to help with some of it. So, I just had a lot of distaste for my period, and therefore a lot of the products I used during that time" [Sofia]*

Sofia associates the discomfort and dissatisfaction she felt towards her menstruation in her youth with disposable pads. Similarly, Francis expressed that when witnessing her menstrual blood soaked into disposable pads and tampons that she felt a sense of disgust towards her menstruation. For both Sofia and Francis using reusable pads or a menstrual cup relieved their feelings of disgust or issues with their menstrual blood.

Interview participants further explained a feeling of fear of others perceiving them as unclean and felt that this meant they had "failed" to manage their menstruation. Francis

explained that when she experienced leaks or stains from her menstrual blood, she was afraid that others would see it and think that she was unclean or unable to properly manage her bodily functions. Charlotte, Francis, Sofia, and Alex all expressed fears surrounding cleaning their menstrual cups in public bathrooms due to a fear of others seeing their menstrual blood and thinking they are unclean or unsanitary. For Alex, the uncertainty and uncomfortableness around this event has led them to completely avoid changing their menstrual cup outside of the home. When at work, Alex will leave their menstrual cup in for longer than ideal and risk leakage to avoid cleaning their cup in a communal space. Other participants described similar sentiments in which they would rather leave their cup in for longer and wait until they got home, rather than be faced with cleaning their cups in public. Others also leaned on finding and using "family" washrooms that are usually designed in a way that is more conducive to a menstruating body. These washrooms often have the toilet and sink contained in a private space which makes cleaning their cups easier. These washrooms are usually less accessible and often meant participants having to go out of their way to find them.

The need to feel clean and be perceived as clean was an experience that was rooted in stigma for interview participants. This notion inherently made participant's feel disgust and discomfort regarding their menstrual blood. The inherent disgust and discomfort that participants felt towards their menstrual blood encouraged a need to hide, conceal, or even control their menstruation.

4.9.2 A need to hide or conceal menstruation

The need to hide or conceal menstruation was often expressed by interview participants as a need to be "in control" of their menstruation. When participants were not able to manage their menstruation effectively and experienced leaks they expressed feeling like they were out of control of their body. Alex recalls one experience where they had brought a purse containing pads and tampons to the bathroom at school:

> *"I would bring that to the bathroom, and it had like pads and stuff in it, and then I forgot it on the toilet or the toilet paper dispenser, and so somebody went in after me, and she was like making fun of it- it was like, "who the fuck" and just like, yeah making fun of it so I like didn't know how to manage my period, because I was like, well, if people are gonna see it and make fun of me, and like, also now I can't use that one anymore I can't claim it's mine."*

This maybe an account of internalized stigma and as something that is actively experienced by menstruators. In this context Alex forgot to go back and get the menstrual products and

being called on it made them othered, ashamed, and embarrassed and therefore did not identify themselves as the owner of the purse. Alex felt stigmatized and recalls this experience as a pivotal learning experience in which she learned the importance of concealing her menstruation. Similarly, Heather notes:

> *"It went from being more like, like ashamed and embarrassed that I had- and less about the fact that I had a period and more that, like, I was ashamed that I felt like I had to hide it because to me it's always been like it happens, it's a part of life there's nothing I can do at this age that can stop it." [Heather]*

Heather described a certain level of resiliency to menstrual stigma and found herself getting angry when encountering instances of stigma. Heather discussed feeling trapped when her body was menstruating, and that she did not have any control over it, yet others expected her to. Throughout her menstrual experience, Heather discussed that she always felt enraged when people made her feel embarrassed or ashamed about her menstruation. Heather described growing up in, "a in a small religious town" but received her menstrual education from her mother who exuded period-positive education and sentiments. For Heather switching to her disposable pads and later a menstrual cup was a way for her to feel empowered and less ashamed about her menstruation. Heather explains that the marketing of menstrual cups as compared to pads and tampons encouraged her to feel less ashamed towards her menstruation.

> *"You had to somewhere that had it and it- just the people that you would typically see advertising or using or promoting these sorts of products and the menstruation around like a natural process, just made it feel more of like a beautiful thing than you know, a messy secret we have to keep." [Heather]*

For Heather enacting agency was related to gaining control over owning her menstrual management strategies which ultimately led to more positive menstrual experiences.

While Heather gained empowerment through period-positive lessons from her mother and from advertisements in popular media, April found that in her teenage years, getting a job and having the financial ability to purchase her own products enabled her to take control over her menstrual experience. Having the financial means to explore menstrual management options that worked better for her body lead to feelings of empowerment. April explains that when using a menstrual cup, "It just kind of feels like embracing your period more than just like dealing with it…And I don't know like, it is kind of empowering". April was no longer a passive participant in her menstruation but was actively making the decision to choose what worked best for her and her body.

Much of the stigma experienced by participants was associated with the female gender. In general, being a cis-gender woman, being in female spaces, and interacting with others who identify as a woman eased feelings of stigmatization. One of the participants who was non-binary struggled with period-related shame and the ways in which it was associated with the female gender. The survey response echoed this finding as gender was cited as a reason for struggling to manage menstruation by 6.75 of survey respondents. Reasons cited in the survey included reasons related to gender dysphoria and difficulty accessing support from people who identified as men.

It is unclear in both the interviews and the survey data if alternative menstrual management strategies themselves addressed stigma. While participants expressed a feeling of relief while using alternative menstrual management strategies, this feeling was often because they were able to more effectively hide their menstruation. This was due to the ability to leave the products in for longer, reduced leaks, and the ability to feel like they were not menstruating. Participants experienced less stress and anxiety as the ease and effectiveness of concealing their menstruation went up with the use of alternative menstrual management strategies such as menstrual cups, reusable pads, menstrual underwear, and hormonal birth control. The results of stigma have been noted above and expressed in a need to feel clean, and a need to conceal menstruation, this feeling of stigma was often something that was learned both through the formal education system and intergenerationally.

4.10 A culture of intergenerational and educational stigma

Participants also experienced a culture of silence and restricted menstrual education surrounding their menstrual experience that informed their experience of stigma Almost all of the participants went through an experience of learning and then unlearning stigma. Stigma was learnt from a young age through relationships with family members, educators, and friends.

4.10.1 Intergenerational knowledge

Generally, if menstrual management education was received it was from the participants' mothers. This finding differed slightly from survey responses as only 8.48% of survey respondents reported learning about their menstruation from their parent or guardian. Interview participants expressed restricted education from their mothers and often felt it was insufficient. Seven out of nine participants received restricted menstrual management

education from their mothers. The menstrual management education in these cases revolved around how best to hide their menstruation and menstrual products. Francis explained that:

> *"I think that [stigma] mostly probably comes from my mom…[from] the way that she taught me to manage my period when I first started menstruating, like, you know you hide your menstrual products then….after you take out a tampon, you wrap it in toilet paper a 1,000,000 times and shove it to the bottom of the garbage can."*

Menstrual stigma maybe a gendered experience shaped by one's upbringing and beliefs about menstruation and how it should be managed. Casey received similar messaging from her mother which revolved around wrapping menstrual products in toilet paper and hiding them in the washroom garbage can. The other five participants who received restricted menstrual education were largely left to learn about menstrual management on their own. Their mothers provided pads or tampons for them and then they were left to use the instructional pamphlet in order to figure out how to best use the product. Participants learned that speaking about menstruation made their mothers uncomfortable and therefore learned that it was an uncomfortable experience. Charlotte reflects:

> *"My mom was the same way like, I don't think her parents ever talked about it. I don't think her mom had the conversation with her, so I think it was just, she didn't have it. She had to figure it out on her own, and even when I started dating and started taking like contraception, and started, like, having health things along- evolving around like sex and stuff, uh, even today like, I could go to the doctor and learn something, and I will relay it back to my mom, and she'd be like, "I never knew that", so I think, inside of the home, internally, it was never on purpose if that makes sense. It was like a generational- didn't happen to her, then she didn't know how to pass it on to me."*

Charlotte's reflection here offers insight into how menstrual stigma is relational and generational. While Charlotte received stigmatization from her mother, she does not blame her mother. She reflects that her mother also received stigma from Charlotte's grandmother, and she therefore simply did not know any better or any differently.

A couple of participants also experienced stigmatizing lessons from their fathers as well. This usually came in the form of their fathers actively disengaging from their menstrual experiences and asking them not to speak about it. Francis explained:

> *"My dad, um, at his house they like, they get mad, him and his, his, partner get mad if they, if we put menstrual products in the like the common bathroom that doesn't have a lid because then it's like, oh, that's not like, no one wants to see your menstrual products in the garbage basically." [Francis]*

Francis, whose parents divorced when she was young, experienced her father getting upset with her when she would put her pads or tampons in the main floor washroom of her father's home, which was a washroom that they shared as a family. Francis learned through interactions with her father that menstruation was shameful and should be hidden. Her father was not the only stigmatizing relationship that Francis experienced. She expressed that at menarche, she was quite excited to get her period as she saw it as an important milestone in her growth. She recalled that her older sisters quickly took the magic away from the experience with their cynicism. They advised her that she may be looking forward to it at the time, but once she had gotten it, she would wish she had not as it was a negative experience. Francis quickly adopted this mindset towards menstruation after getting her period.

On the contrary, Heather, in particular, gained positive menstrual education from her mother from early on:

> *"My mom actually, when I was 9 or 10 like, started introducing the fact, and like as long as I can remember, like the tampons the pads were never hidden they were always out. We asked what they were. She told us like she's very open, that it was a part of life, and then growing up even my younger brother like, by the time we are old enough to understand that the body will change, and everything like she was just very open like, "this is gonna happen and if you need help, if your friends need help", she always told my brother, "like if you have any friends who are uncomfortable, um, it's totally fine, like, this is safe space", and even to this day my brother, he's 21 now, and he always in his emergency kit he has in his bag, he always has tampons and pads like it, it was nice growing up, knowing that like it was okay and like, to see how that affected both of us like, obviously I had to deal with it because I'm a woman but to see my younger brother, who like, doesn't matter if he has pads, he's never gonna have to use them but even to this day, like for him to pack a bag to go on a trip, or even to go to the mall with friends like if he doesn't have them he's like, "Oh, crap I need to go buy more tampons, or I need to go grab more pads"*

Heather's mother introduced the idea of menstruation to her and her brother before the age of menarche, so they were comfortable with the idea. They were provided with open and comprehensive education and an open attitude from their father as well. This resulted in Heather growing a resistance to menstrual stigma and never internalised the stigmatizing notions she received from others when growing up. Interestingly, since her brother was included in the menstrual education, he also adopted quite open ideas towards menstruation. She noted that her brother now purchases pads and tampons and keeps them in his backpack

wherever he goes in case one of his menstruating friends finds themselves needing a product. Heather's story is an example of how positive menstrual education can have a rippling effect not only for menstruators, but also for those who do not menstruate. While many participants expressed having negative menstrual experiences in relation to non-menstruators or men in their lives, Heather's brother is an example of how education can mitigate this. Being a non-menstruator, had he not received the education he did from his mother, he could have gone on to foster those negative menstrual experiences that were experienced and cited by participants, instead Heather's brother now creates period positive experiences for his menstruating friends and has become a source of menstrual support.

The participants who had received stigmatizing lessons through their relationships in their youth, were able to access systems of menstrual support and create positive menstrual relationships as they grew up. These experiences were most often had in post-secondary educational spaces. One participant, Casey, who had become very passionately and actively period positive in her adulthood was able to access period positive relationships early on externally from her family. While her mother carried stigmatized views towards her menstruation, she became involved in sports and was involved in an athletic group with adult menstruators. Here she learned about alternative menstrual management products and learned comprehensive, and positive menstrual management education and support. This enabled Casey to adopt a reflective stance quite early on and was therefore quite resistant to menstrual shame throughout her teenagerhood and adulthood. It seemed that across the sample, the younger the participants were able to access period positive relationships, the more resistance they were able to develop to menstrual stigma and generally had more positive feelings towards their menstruation.

Both Heather and Casey, who were able to access period positive relationships at earlier stages than the other participants have gone on to spread the messages that they had learned to other young menstruators. They both fill roles in which they teach children and they both actively provide normalised and positive menstrual education for the children that they teach and try to create a more positive narrative surrounding menstruation.
Relationships were also an important source of education and encouragement for the participants in terms of alternative menstrual management products. Five participants heard about alternative menstrual management products and were encouraged to try them through period positive relationships that they had created. These relationships enabled them to access the knowledge and perspective needed to understand that menstrual management did not have to be uncomfortable or stressful and that there were other options out there.

"So I tried [the menstrual cup] in first couple of times, it was really unusual, so it consisted of, like me, sitting against the bathroom door, then my roommates sitting on the other side [laughs] and trying to like explain the process." [Charlotte]

Charlotte recalls her first experiences using a menstrual cup in which her roommates sat on the other side of the door and instructed her and supported her through trying to insert it for the first time. Charlotte explains that she still relies heavily on her friends for menstrual support and education. Charlotte received almost no education regarding her menstruation in her youth, and so building these relationships were integral in creating more positive menstrual experiences for her. To this day, whenever she encounters something that she is unfamiliar with or concerned about regarding her menstrual or reproductive health, she calls up her friends to access education and support. While survey findings did not indicate the nature of relationships, it was clear that there was a lot of menstrual knowledge between spread relationally in the experience of survey respondents. 37.95% of survey respondents indicated learning about their alternative menstrual management strategy through friends and peers, and it appears the same amount (37.95%) learned about menstruation in general through friends and peers.

Being cisgender and a woman made accessing menstrual support and creating supportive menstrual experiences easier for the participants. Period positive relationships were often built with others that menstruated and identified as women. Participants spoke about accessing menstrual support from their "girlfriends" or specifically seeking out people who presented as women in public if they needed menstrual support. Participants leaned on classmates, teachers, and bosses who were women and felt they could discuss menstruation openly and honestly and access support when needed. Casey identified as cisgender but as a gay woman and is involved in a lot of queer and trans communities and spoke about queerness as a privilege in her menstrual experience.

"Being in queer communities, I think that we are like, you know, we often have more forthright conversations than I than I would have perhaps, um, growing up or among like other friend groups who you know aren't thinking about their gender aren't thinking about their sexuality aren't trying to figure out how to date in their twenties, like I think that, um, I think that's been sort of a really big cultural shift for me around like around bodies and around sort of more like taboo topics."

Casey encountered queer communities as a result of her education and became involved in them. She spoke about how these group are used to engaging in conversations regarding conventionally taboo subjects, particularly in relation to bodies. This community for her

helped her to view her menstruation as a normal bodily function, rather than a gendered experience. While menstruation has clear gendered divides for some, there are certainly opportunities to address these gendered connotations. Creating gender-diverse spaces and learning about menstrual experiences from gender-diverse groups can be helpful in breaking these associations.

Relationships acted as a stigmatizing and destigmatizing force in the lives of the interview participants. In a similar fashion, the way in which formal menstrual education was received, or not received, could make it either a source of stigma or a source of empowerment.

4.10.2 Educational stigma

All participants also experienced restricted menstrual education in formal educational settings growing up. This finding was largely echoed in the survey responses as only 1.79% of respondents reported learning about menstruation in school. Three interview participants were involved in the catholic schooling system, while the rest were involved in the public schooling system. Charlotte, Heather, and Rebecca, who attended a catholic school received no education regarding menstruation. The rest of the participants received some menstrual education, but it was generally a restricted lesson that revolved solely around what was happening biologically in the body, or for some, how to manage or hide menstruation effectively with pads and tampons. Francis recalls:

> *"It was more just like uh… like…I don't know… um…like a…. participation ribbon kind of thing, like, here's a tampon for sitting through the class kind of thing, um it wasn't like we needed to actually talk about like how, how do you use them, or like or alternative menstrual [management] products, or like strategies, it was kind of like, assumed knowledge." [Francis]*

For Francis, she received general education on the biology of menstruation and then was given some pads and tampons. Francis did not feel that there was any support or education around how to manage menstrual bleeding and that she was just expected to discover this on her own. In contrast, neither Heather or Sofia received any education regarding the biology of menstruation or management. Heather reflects:

> *"But I can honestly say, having like successfully completed, you know, my college degree and a lot of extended, uh, education. I don't think I've ever truly had education surrounding menstrual…anything. Menstrual problems, how menstruation works…" [Heather]*

Having been through the elementary, secondary, and post-secondary school system Heather has never been taught about her menstruation. Findings regarding restricted menstrual education were held in the survey findings as well. Most survey respondents indicated that they had gained most of their menstrual knowledge independently rather than through parents or schooling systems. Additionally, participants expressed that the lack of adequate menstrual education created a certain taboo around menstruation in which it was not discussed. Sofia explains:

> *"I think the fact that it was never talked about in school um, from an education standpoint in terms of formal education that influenced it as well. It just kind of solidified that this is something you're not really meant to talk about. Um, I distinctly remember having male teachers who had asked us not to talk about it in class, because it made people uncomfortable."*

For Sofia, the culture of silence that she observed in an educational setting reinforced menstrual stigma. She learned that teachers were uncomfortable with the topic, avoided discussing it, and even actively stopped menstruating students from talking about it. She learned here that menstruation was something that should be kept to oneself, and that talking about it could get you in trouble.

Participants who attended catholic schools expressed unique experiences of menstrual shame. Participants in catholic schools received no menstrual education and were actively discouraged from discussing it. The participants expressed how this led to increased stigma as they knew nothing about menstruation other than it was shameful. Charlotte, Rebecca, and April went to catholic schools and all experienced restricted menstrual education which contributed to their experiences of menstrual shame and stigma.

Despite experiences of restricted menstrual education, it was evident that once menstrual education was accessed, it was an empowering experience. For all of the participants switching to alternative menstrual management strategies was an integral step in learning more about their menstruation. For some switching to an alternative menstrual management strategy was a first step, as they had received a recommendation from a friend or had seen an advertisement for their chosen product. Once choosing to use their alternative menstrual management strategy they were forced to do research in order to learn how to properly use their new product. This activity forced them to start a process of exploration. Participants learned that there are other options out there and that menstrual management does not have a one-size-fits all solution.

Four of the participants described a process of discovery once they had adopted the use of alternative menstrual management products. The four participants had started out with the brand name menstrual cup the “Diva Cup”. They found that while they liked it better than pads or tampons, they now knew that there are always other options out there. These participants started researching and learning more about what their body needed, and which products were designed best for them. They ended up all purchasing additional menstrual cups that fit them and worked for them better. They found this experience to be empowering. They felt that they had once struggled to control their menstruation, but now they developed more understanding and harmony with their menstrual cycles. They were able to co-exist rather than constantly be in a fight for their body for control.

In addition to learning more about menstrual management options, the experience of coming into contact with their menstrual blood was a normalizing experience for them. Four of the participants expressed that they had been disgusted by their menstrual blood when using pads and tampons, but when using menstrual cups, they were not. This is an interesting finding as menstrual cups are often considered to be a messier management option because the product simply catches menstrual blood rather than absorbing it. When a user goes to empty their menstrual cup, they have to come into contact with all of the blood that has been caught by the cup. Francis explained that:

> *“I know what it like looks like and like how much comes out, and it's just like I don't know, it's just like the… the mystery isn't there so it's not like, there's nothing like…gross about it anymore….”*

For Francis, she had adopted a heavily stigmatized view towards her menstruation and avoided talking about or having to witness her menstrual blood at all costs. She had been taught that menstrual blood is dirty, smelly, and gross, and since this is the only menstrual education that she had learned, she adopted this view as well. The experience of coming into contact with her menstrual blood was a normalizing experience for her. She learned that her menstrual blood was not dirty, it did not smell, and it was not gross. This realization encouraged her to start to confront other negative menstrual narratives she had been taught and started a de-stigmatization process for her.

Seven of the participants also spoke about how they were able to learn more about their own bodies and about their health. Alternative menstrual management strategies often involve a more active process that forces you to have some level of menstrual knowledge. Francis, Charlotte, and Casey spoke expressly about learning where their cervix was, and that this was something they were able to touch and measure throughout their cycle.

"It was the first time that I was actually just like, oh, like noticing different things, and like not even just about like my period, but about my body like I didn't know that my like, cervix was something that I could like touch inside of me, which is just like, seems stupid because like it's my own body like why shouldn't I be aware of that?" [Francis]

Francis, Charlotte, Casey, Sofia, Rachel, and April all spoke positively about the ability to monitor their menstrual health through the use of menstrual cups.

"I love that. Like knowing like exactly where I'm at in my period by like how much…how much I'm bleeding that day like I don't know. I really liked that then, like you actually can kind of like see like how much you're producing rather than just like it being soaked into a tampon or something. I don't know, I really liked that. I don't know why." [April]

While using a menstrual cup they are able to monitor how much blood is coming out, the colour, and consistency. For Sofia, Heather, and Rachel they find this feature of particular importance as these participants struggle with health issues that affect their menstrual cycles. Using a menstrual cup enables them to better monitor their health. Similarly, Sofia explains:

"Given the um, reproductive health issues I have, I liked the idea that I could see what was happening throughout my cycle more visually, um, most period cups have measurements on them so, or sorry, menstrual cups have measurements on them which helped me in terms of keeping track of how often I had to change those things, and what my flow was looking like and things like that." [Sofia]

For Sofia, the menstrual cup was a central piece in learning that there was something wrong with her health. Being able to monitor her menstrual blood helped her identify there was an issue with her menstruation and was able to seek help for a menstruation-related disorder.

For Casey, the experience of learning more about her menstruation, her body, and her cycle led her to develop more self-love overall. Casey explains:

"I have an app, and it will be like this is your fertile window, and, like, you know, predicted start date is like in a week and be able to have that knowledge has been a like, "Oh, this is why, I'm feeling more dysregulated. This is why I'm fricking exhausted". Um, you know this is why, like I can't do that skill that I've been working on, even though I had it last week. So I think, having that knowledge has been really empowering to just have, like a little more self-compassion, and be like, you know, or being like, um, "oh, like maybe I'm ovulating" and being like that's why my brain feels like it's really working times a thousand this week, and why I'm like you know, I

wanna make all the decisions and take charge of everything and like, so I think that's been really neat and I've only really started doing that in like the last year." [Casey]

Casey was able to learn about her hormonal cycle, and the way it affected her energy, mood, and cognitive capacity. This led to her having more compassion towards herself. Now instead of getting upset or frustrated with herself when she is feeling foggy, irritable, or exhausted she can identify that this is just part of her menstrual experience and gives herself understanding and rest.

This experience of experiential menstrual learning was also picked up in the survey findings. It was clear that most menstrual education was being achieved independently with 51.79% of survey respondents indicating that they had learned about menstruation on the internet or through books. Despite this element of independent learning a combined 75.89% of respondents indicated that they had a lot of knowledge or were very knowledgeable about menstruation. Additionally, it was also found that the experience of using alternative menstrual management products lead to more positive menstrual experiences with 64.74% of respondents indicating that their feelings towards their menstruation had become more positive since using an alternative menstrual management strategy.

Francis has been able to extend this feeling of empowerment and compassion beyond herself. She not only feels more attuned and understanding of her own body but having more knowledge about menstruation has enabled her to feel more connected to other menstruators.

"I think of my period now as something that like connects me to… like a huge number of other women who like, and menstrua- like sorry, um, people who have periods…like, but just I don't know I think it's just like a, uh, it feels more like a network of like, like, there's like a sense of like solidarity, and like empowerment to it now."[Francis]

She now sees menstruation as an experience that brings people together and uplifts people. Francis also mentioned that starting the process of learning about her menstrual cycle also makes her feel more connected to the natural world around her. Francis likes to track her menstrual cycles in relation to moon phases and in turn feels more contacted to the world and people around her. This process would not have been possible for her if she had not been forced to face her menstrual blood and start to unlearn and relearn menstrual knowledge.

Gaining menstrual knowledge creates the opportunity for positive, destigmatized, and empowered menstrual experiences. It is important to remember that the tone and source of this knowledge is very important. The participants were forced to seek alternative venues of menstrual knowledge due to restricted menstrual education in schools, and in many cases

restricted menstrual education from parents. Knowing more about menstruation helps menstruators to feel more connected and positively towards their bodies. The experiential aspect of learning when using a more involved menstrual management strategy such as a menstrual cup is one that may not be accessible by all and is largely dependent on socioeconomic status.

4.11 Socioeconomic status and menstrual management

The survey findings suggested that finances did play a role in menstrual experiences. 18.93% of participants expressed struggling with the cost associated with menstrual management products and an additional 44.46% of respondents indicated choosing their alternative menstrual management strategy due to financial reasons. Similarly, three interview participants specifically expressed being unable to afford menstrual products, or other aspects related to menstrual management.

Socioeconomic context also came up within this theme in terms of the ability that people had to spend time in their own homes vs. in public. Generally, bathrooms in the homes of participants were structured in such a way that they were able to manage their menstruation easily if they were living alone. People who had the ability to work from home expressed how much easier their menstruation was to manage inside of the home. Working in an office or having to be away from the home for activities such as schooling forced participants to encounter washrooms that were constructed with a non-menstruating body in mind. Using alternative menstrual management strategies in such places was stressful for the participants. Additionally, those that lived with roommates also faced this problem inside of the home. Menstrual cups and reusable menstrual products often need to be cleaned in a communal space such as the kitchen or with communal laundry facilities. In these cases, alternative menstrual management products created additional stress for the participants who felt embarrassed about their menstruation or wished to keep it private.

Menstruators saw alternative menstrual management products as both an opportunity and a barrier to accessing menstrual products. Once they had access to alternative menstrual management products, there was a general sense of feeling relieved and empowered. For example, Sofia noted:

> *"Disposable was really hard on my financial account um, I can't even remember the prices anymore because I try to not think about it, but I just remember having to budget like between, "Okay, I can spend this much on groceries and stuff, and I can only spend this much on pads and tampons" [Sofia]*

For Sofia being faced with making tough decisions and trade-offs between buying herself groceries and providing menstrual products for herself. Once alternative menstrual management products were introduced, she was able to focus and redirect her budget to provide other necessities for herself. While alternative menstrual management products offered relief to those experiencing financial strain, they also presented a barrier due to the higher upfront costs. Participants experiencing financial struggles felt as if they needed to save up and often had to delay the purchasing of alternative menstrual management products until they had enough disposable income. The excerpt from Alex explains this frustration:

> *"But the upfront cost is like so expensive Um, and that was like really frustrating when I was-I mean they just kind of like I just honestly just went for it like bit the bullet just kind of bought it all, and said, you know, whatever but it's very expensive." [Alex]*

Alex found alternative menstrual management products to be expensive and found themselves relying on their student loans in order to purchase their menstrual cup. Alex expressed that had they not had their loan; they would have had to rely on others to buy them menstrual products. In this way, while alternative menstrual management products relieved financial pressure, participants were only able to gain access to them when they had disposable income. It seems that alternative menstrual management products remain unattainable to those who may need them the most, due to elevated upfront financial costs.

The costs of alternative menstrual management products also presented some additional challenges. One of these challenges was an elevated sense of worry related to having to replace the product if anything happened to it. Sofia explains that, "there's definitely been instances where, um, I have very little money, and I was like if I had to replace something right now I'm in a bad spot because I will have nothing". Here we can see an example of how low-income individuals using alternative period poverty products are constantly operating on the edge of what would be considered period poverty. While Sofia is currently protected from an experience of period poverty, there have been times when she has been acutely aware that if something were to happen to her menstrual cup, she would not be able to afford to replace it. This once again is representative of a wider experience of financial need. Being on this edge suggests that low-income menstruators are struggling to afford necessities, and not just their menstrual products.

Socioeconomic status and income created a barrier was choosing alternative menstrual management products that were sub-par or not the ideal product to effectively manage their menstruation as an attempt to lower the costs. Rebecca attempted to sew her

own reusable menstrual pads to lower the cost and was unsatisfied with them. Heather was also forced to choose a menstrual cup that was not her first choice and she explains:

> *"I would say it's definitely been a barrier in the sense of picking products that maybe I felt were less like, not less appropriate, but less like of a fit for me, and going with maybe like the second best for what I wanted, but I wouldn't say it stopped me from wanting to do it, and in one hand the fact that I kind of had to evaluate where I wanted to allocate the money gave me an opportunity to like research, and kind of explore more avenues. So, at first, I would say it was definitely more of a negative, and I was like, "Wow, this is a lot. Okay, we've got to find something different". Um, but then, as I went through it was kind of nice to be like, "they're not all this", you know, you don't need the name brand of menstrual cups. It's about, you know, what works for your body and what you can afford and there are a lot more options out there than I think a lot of people are- like, a lot of people recognize."*

For Heather, while the elevated costs of alternative menstrual management products presented a financial barrier, Heather was eventually able to see this as an opportunity. Although disappointed at the elevated costs and not being able to afford the "brand name" menstrual cups, Heather described doing her own where she learned that menstrual cups had different fits and she was able to find the one that worked best for her. In many cases alternative menstrual management products are still products being sold by corporations to make a profit. There is a monopoly and control over the alternative menstrual product market by "brand name" companies that are making alternative menstrual management products appear to be more unaffordable than they may be. For example, the menstrual cups sold by Diva Cup may be marked up due to the popularity of the brand.

Alex also noted that there are additional, hidden costs to alternative menstrual management products that are once again embedded in a wider experience of poverty. Alex expressed that while in times of financial need, laundry was an additional expense that added strain to her finances. Alex uses a menstrual cup as well as menstrual underwear and found that having to pay to for laundry to provide themselves with clean menstrual underwear was an added burden.

The remaining six participants who did not experience financial struggles related to menstrual products expressed a general frustration at the cost of menstrual products. They felt as though they had no choice but to menstruate and manage their menstrual bleeding and therefore were forced into making purchases. Charlotte explains, "They're just a basic

necessity like gas. Like, yes, I hate buying gas because it's so expensive, but I have to, anyway, like there's no, there's literally no way around it". Similarly, April elaborates:

> *"Until I was in high school, and then I decided and then also I started working, and like having money to like, buy my own stuff, but I don't think a lot of thought went into it. I think it was just like I use what my mom has around, and it sucked. I hated it like, I never felt, like I used to leak all the time. I used to ruin my sheets all the time, I used to, like, ruin my door all the time, and so like sometimes I'd be like out, when I was young, and it would like, I would like bleed through to my jeans and it was so embarrassing. It was like always trying to hide it like I feel like that happened to everyone, but like, uh, it was the worst, until I guess I like started to buy my own stuff. It was like, it does not have to be this way, like, there's just, I can just like, I guess then I just figured out like trying different, like brands of tampons and what worked for me and stuff."*

At menarche April had always used pads, simply because that is what her mom used and so that is what was available in the home. April hated the feeling of pads, and therefore starting to have negative feelings towards her menstruation as the pads. During high school April got a job and started making her own money. April started to use that money to explore menstrual management options first trying tampons, and eventually menstrual cups. April learned that periods did not have to be an uncomfortable experience and that certain products are a better fit for certain people. As a result, April started having more positive menstrual experiences and now is passionately period positive and tries to break stigma in her daily life and interactions. For April, finances were a huge piece that allowed her to go from being a passive participant in her menstrual management, to taking control and advocating for her comfort and finding what was best for her body. April's experience suggests that period poverty campaigns may not be the best way to address instances of financial need. While on one hand, menstruators experiencing poverty or financial strain certainly need and deserve support, having the financial means to explore management options leads to more empowered and positive menstrual experiences.

Heather also expressed justifying their alternative menstrual management products in terms of the price of tampons:

> *"Some of the products I find like at first, when you're looking at them, you're like, "Oh, that's a lot". But when you think about, in the long run, you know that costs only three boxes of tampons, but this is going to last me years, whereas three boxes is not going to last me very long so." [Heather]*

Participants would take the price of the alternative menstrual management product, and then calculate how many boxes of disposable products they would be able to buy with that amount of money. They would then compare how long those products would last in comparison to alternative menstrual management products. When conceptualised in this way, the alternative menstrual management product was always the better purchase. This thought process provides insight into how to present the option of alternative menstrual management products to menstruators, as well as how they think about their menstrual purchases.

4.12 Conclusion

The focus of this chapter has been on the experience of people who use alternative menstrual management strategies. More specifically, in this chapter I presented the results of a survey that was completed by 227 people who menstruate and use alternative menstrual management strategies across Canada. Additionally, I presented the results of nine in-depth semi structured interviews that were conducted with survey respondents who indicated they were low-income and expressed interest in an interview. The interviews provided contextual information about menstruators experiences and perspectives about the factors that shaped their management and decision-making about alternative menstrual management strategies. Key themes that came from the finding were that menstrual management is a gendered-stigmatizing experience for menstruators and that many experienced stigmas of menstruation at an early age. Knowledge and education about how to best manage their menstruation was for the most intergenerationally passed down and generally not discussed and something participants felt shame about. For some reproductive health promotion and access to information about menstruation was empowering. For many others, their socioeconomic status, and experience of pain and struggle resulted in anxiety and stress. Intersecting factors related to stigma, fear, lack of formal and informal education and knowledge shaped menstruator experiences and decision making related to alternative menstrual management strategies.

Increased knowledge and support served as a source of empowerment for low-income menstruators. As participants explained having more choices and knowledge promoted inclusion and feeling in control. These interviews provided insight into the rich experiences and perceptions that menstruators hold in relation to their menstruation and menstrual management. In the next chapter, I discuss the findings as they relate to current research in the menstrual field. I also discuss the implication of this study, limitations, and identify future areas of research.

5. Discussion

5.1 Introduction

In this chapter I situate the research findings within the current field of menstrual and period poverty literature. In the previous chapter, I reported the findings and major themes that were found during analysis. In this chapter, I return to the original research questions, and the current state of knowledge of menstruation as laid out in Chapter 2. This chapter is split into five major sections. The first section provides a general overview of the major findings of the research study as informed through thematic analysis using an intersectional analytic framework. In this section I describe how I as the researcher made sense of the data. I used Intersectionality as an analytic guided to unpack and understand how broader systems of power such as patriarchy, capitalism, and neoliberalism played out managing menstruation and menstrual experiences. Here, all the themes and data are considered to formulate a couple of overarching findings. The section that follows goes into more detail, and the findings are discussed in relation to the wider field of menstrual literature. For organization, this section is split into three sub-sections, one that addresses each of the research questions. The data is therefore used to answer the research questions posed, and then it is situated and contextualised within menstrual literature. The next section provides recommendations for future research, for policy, and practice. The section that follows outlines the limitations of this study. Finally, the chapter concludes with a personal reflection on the experience of conducting this research project, including what I have learned, and what I will take away.

5.2 Overview of major findings

The research questions guiding this project were (1) Why do low-income menstruators in Canada choose to use alternative menstrual management strategies, (2) What are the contextual factors which support decision-making amongst menstruators to use alternative products vs mainstream sanitary pads/tampons, and (3) What factors intersect to shape perceptions of menstrual management. In order to answer the research questions posed intersectionality was used as an analytic framework which informed a thematic reflexive analysis (Braun & Clarke, 2006). Through the thematic reflexive analysis, it was found that menstruation is a multifaceted experience, that is dependent on several diverse, personal, and variable factors. Period poverty campaigns have generally assumed menstrual management to be a financial experience, but the findings suggest menstrual management decisions by low-income menstruators are motivated by several factors, as represented by the major themes,

including improved practical management of menstrual bleeding, the mitigation of menstrual management related stress and pain, as well as stigma and de-stigmatization. Contextual factors that support low-income menstruators manage their menstruation include receiving period-positive and comprehensive menstrual education, having access to supportive relationships, and having access to the financial and emotional resources that are needed to become an active participant in their menstrual experiences.

The analysis also led to an understanding that menstrual equity is more than buying one product, disposable or alternative, rather management must consider stigma as a major factor shaping management. Experiences of stigma are created and reinforced through overarching systems of power such as a capitalist market which experienced at the intersections of contextual factors such as gender identity, education level, class, age, and even ability/disability. While menstrual equity cannot be achieved through a product, it was generally found that alternative menstrual management products were a pivotal step in the de-stigmatization journey for the participants. This indicates that there might be a stigmatizing aspect to pad and tampon use that needs to be addressed. Based on the findings the current support provided by product-focused period poverty campaigns may not be working to improve menstrual experiences. Menstrual equity campaigns need to be expanded beyond the use of pads and tampons, and even beyond the use of menstrual products to support menstruators in having more positive menstrual experiences.

It was also clear that for many participants menstruation was a stress-inducing, negative experience due to the cognitive energy it took to manage physical menstrual bleeding and fulfil what was socially expected of them in terms of hiding their identities as a menstruator. Participants expressed that broader intergenerational discourses and education received regarding menstruation in their youth created a narrative that menstruation was bad and that they were supposed to resent it. For example, many of the participants were taught to that they needed to hide their menstrual blood from others, and that menstruation was a dirty, shameful, and uncomfortable experience. For many of the participants this was disproven for them through the process of learning, questioning, and exploring not only alternative management options but also alternative management narratives in which menstrual could be a normal, and even pleasant experience. Having positive menstrual experiences is largely dependent on empowering menstruators to recognise the ways in which overarching systems of power such as the patriarchy, neoliberalism, and global capitalism inform and control menstrual experiences, and giving menstruators the tools to overcome them. Based on the findings, the tools required for such a task include comprehensive and positive menstrual

education that includes the biological and emotional aspects of menstruation, as well as access to education regarding the variety of menstrual management options that exist. The analysis also suggests that while these are the tools needed, menstrual experiences are largely dependently on social contextual factors such as age, gender, class, education level, and ability/disability. This means that while all menstruators may need the same tools, everyone needs different levels of support and care depending on their unique social location. Overcoming these overarching systems of power enables menstruators to choose management options that work in their lives, and with their bodies best, rather than just accepting whatever management option is handed to them.

5.3 Discussion

(1) Why do low-income menstruators in Canada choose to use alternative menstrual management strategies?

The findings suggest that choosing to use alternative menstrual management strategies amongst low-income menstruators is multifaceted. While finances do play a role in the decision to use alternative menstrual management strategies, the findings show that there are other stronger factors at play such as stigma, gendered constructions of space, relational exchanges of menstrual knowledge and perceptions, and intersecting factors of gender, age, ability/disability, class, and education. Alternative menstrual management products and disposable products present similar financial barriers to access and therefore access to them is largely regulated by class. Once a menstruator can get a reusable product, it protects them from experiences of period poverty in the long run. Current period poverty literature situates and understands menstruation and period poverty as purely a financial class-based experience. While class is an important contextual factor, without understanding context of menstrual products and their use can reinforce a dependency on products marketed as hygienic and necessary including other factors such as gender, age, education and ability/disability effective systems of support cannot be built. Narrow definitions of period poverty tend to assume that disposable pads and tampons to be the only suitable ways to manage menstruation and that being unable to afford them puts menstruators in a state of disparity (Cardoso et al., 2021; Singh, 2020). These results are both supported and disproved through the findings of this research product. On the one hand, there is a certain reality of existing in a capitalist world- making it challenging to experience a truly “free” period. No matter the product, disposable or reusable, it needs to be purchased by somebody and

therefore management will always be motivated by the neoliberal market. The purchase of a menstrual product will present a barrier to anyone who is in a financially vulnerable position. This was supported in the findings as participants expressed difficulty accessing both disposable products and reusable products when they were in a state of financial need. Where the results here differ from the assumptions of period poverty literature is the way in which once reusable menstrual management products can be afforded, they protect participants from future experiences of period poverty. Participants expressed relief once alternative products were purchased that they would not be in a state of period poverty again.

The findings suggested that there is a certain amount of truth to the class-based understandings of period poverty. Recent arguments asserted that period poverty is used by corporations motivated by a neoliberal market to sell more products and ensure that menstruators remain in a state of dependency Bobel and Fahs (2020), Lahiri-Dutt (2015), Rostivik (2022), and Haneman (2021). This argument was felt by participants who believed that they needed preventative measures through reusable products, rather than to be simply provided with a limited number of free pads and tampons to truly relieve themselves from a state of period poverty. Period poverty has been constructed to be a unique experience, but participants' experiences suggest that period poverty was just simply poverty that may have been reconstructed to serve as an opportunity for profit. Participants in a state of financial need, were not only struggling to afford menstrual products, but just generally struggling in their ability to afford necessities and pay for things such as their living spaces, laundry, and food. In general, findings from this study support that participants did not feel empowered by being given menstrual products, but rather by the ability to be able to afford and choose the product that they preferred. In this way period poverty campaigns may be taking away from a menstruator's agency and disvaluing their knowledge and expertise. Period poverty campaigns assume that they know how to help a menstruator, but period poverty may be better managed by honouring a menstruator's unique knowledge and experience and empowering them to be able to make choices for their own bodies.

The decision to use alternative menstrual management strategies was largely one that was motivated by a desire to manage menstrual bleeding more effectively. Participants struggled with the experience of using disposable pads and tampons and found that their use made their menstrual cycles a disruptive, uncomfortable, and even painful experience. This decision was also partially motivated by stigma. Participants expressed a need to gain control of their menstrual cycle to effectively conceal their menstrual blood from themselves and from others. This need to control and manage their blood flow during menstruation is rooted

in intergenerational messaging they had received about menstruation in their youth. Similar to other research this study suggests that that the need to hide menstruation was a stigmatised notion that was crafted by Kotex and other original pad distributors (Courts, 1993; Erchull et al., 2002; Havens & Swenson, 1988; Mandziuk, 2010). Sanitary pads were marketed as an effective way to hide your identity as a menstruator and presented the notion that menstruation is something dirty that needs to be disposed of (Courts, 1993; Erchull et al., 2002; Havens & Swenson, 1988; Mandziuk, 2010). These sentiments are still observed in pad and tampon advertisement today and were evident in the ways that participants spoke about their menstruation. While the decision to use alternative menstrual management strategies was one that was motivated by stigma, making the switch was a pivotal point in the participant's de-stigmatization journeys. Alternative menstrual management strategies forced participants to confront their menstrual blood, and in turn confront negative menstrual narratives that they had been taught. In addition, they were also forced to learn more about their bodies and their menstrual cycles which further aided in the de stigmatization process.

In short, to answer the proposed research question menstruators choose to use alternative menstrual management products for more effective menstrual management, as well as to reduce stress related to the financial, emotional, and physical management of menstruation.

(2) What are the contextual factors which support decision-making amongst menstruators to use alternative products vs mainstream sanitary pads/tampons?

Menstrual education was strikingly lacking in both the survey results, and in the participant interviews. It was evident that most of the menstrual education was either happening independently, or relationally between friends and peers. Having supportive, period-positive relationships helped participants to access and learn how to use alternative menstrual management strategies. Participants discussed accessing support from friends and peers to gain the knowledge, courage, and support needed to explore menstrual options. Receiving positive and comprehensive menstrual education early on made participants more open to exploring management options to find a good fit for their bodies and made participants more resistant to feelings of stigma. Those that did not receive menstrual education in their youth suffered from more stigmatized and negative views towards their menstruation, and generally explored alternative menstrual management options later in life.

In Chapter 2, I argued that disposable pad and tampon companies capitalised off of the existence of menstrual stigma and shame in order to create a market for themselves and

maintain social control over the event (Erchull et al., 2002; Haneman, 2021; Havens & Swenson, 1988; Mandziuk, 2010; Røstvik, 2022). The findings from this study suggest that menstrual education remains restricted among most young menstruators in educational environments and in the home. Participants in both the survey and interviews experienced restricted education in formal educational settings and from their parents and guardians. The interviews revealed that if menstruators received education from these sources, it generally focused on how to use disposable pads and tampons to effectively hide their menstruation. Erchull et al.'s (2002) analysis revealed the ways in which menstrual education was designed by corporations. In Erchull et al.'s analysis they analysed educational pamphlets that were produced by pad and tampon companies on how to use their product to hide menstruation. This orientation on menstrual education was echoed in the interviews, and many participants used the pamphlet found in pad and tampon boxes as their main form of menstrual education. Mandzuik (2012) explains that pad and tampon companies expertly crafted a culture of stigma in which menstruators were discouraged from discussing menstruation which allowed them to effectively market and sell their products as the only appropriate option to manage menstruation. Interview participants experienced this restriction in menstrual discussion and education. They experienced little to no education in school, and for many of them mothers and parents that were uncomfortable with discussing menstruation outside of directing their menstruation children towards where pads and tampons were kept in the house. In their youths, participants accepted the menstrual management products that were provided to them, regardless of whether they were appropriately supporting management due to a lack of education and inability to initiate conversations regarding menstruation.

The findings differ slightly from the literature in which participants that were able to access post-secondary education were generally made aware of this attempt at social control. Participants described a process of critically questioning the lessons they had learned regarding their menstruation using critical tools given to them through post-secondary education. The finding suggests that access to the tools needed to start engaging in de-stigmatization might be guarded by class and education level. Participants were very explicit in the way in which the tools used to destigmatize their menstrual experiences were accessed at the post-secondary level which creates significant financial and social barriers. It was also apparent that de-stigmatization had rippling affects. Menstrual feelings and perceptions were generally exchanged relationally. Participants often cited meeting and forming a relationship with another menstruator who had positive and de-stigmatizing feelings towards their menstruation was a large factor in creating their own period positive perspectives. The

interview data suggests that menstruators rely on each other for support, and if the support that is received is positive and de-stigmatized, they then are more likely to adopt these feelings towards their own menstrual cycles. This means that one de-stigmatized menstruator can spread their perspectives and feelings to their entire menstruating social circles. So, while menstrual companies have created and maintained control over public menstrual discourse, it seems that menstruators have develop private menstrual knowledge networks that have the ability to overcome menstrual stigma.

In the case of menstruation and menstrual management, knowledge is truly power. Yes, so there may be some nuance between social class and education giving menstruators the knowledge they need about their bodies and about management options fosters feelings of empowerment as menstruators are equipped to make management decisions that best honour themselves and the needs of their bodies. This was touched on by the suggestions of Shah et al. (2013), and Ramiya et al. (2019). These scholars together are part of a group of counter-cultural researchers that are rising in the majority world as a movement against the capitalist and neo-colonial period poverty campaigns that are being extended in their regions. Shah et al. (2013) found that falalin cloths were more appropriate for menstruators due to the way that they fit into the cultural lives of menstruators in rural India. We can see this finding was echoed and represented in the findings here as well. For Casey, who had been an athlete from a young age, alternative menstrual management strategies presented an option that best allowed her to continue with her lifestyle while experiencing active menstrual bleeding. Similarly, Ramiya et al. (2019) found that educational programs in India that focused on culturally relevant aspects of menstrual health, rather than the use of disposable pads and tampons were a more effective way of creating positive menstrual experiences. At the root of Ramiya et al.'s findings is the sentiment that menstrual education is more important than education on the use of pads and tampons. Based on the findings in this project, as supported by the literature, menstrual education needs to be broadened and, in a way, severed from product-focused menstrual management education. Comprehensive education about what menstruation is, the way it effects the body, and a variety of management options is most effective at creating positive menstrual experiences.

Returning to the original research question it is most simply boiled down to a single factor: knowledge. Knowledge is the single most important factor in supporting decision making amongst menstruators, particularly as it relates to menstrual management options. Menstrual knowledge increases knowledge about menstrual options, about one's own body, and about the existence of the false narratives created by overarching systems of power.

(3) What factors shape perceptions of menstrual management?

There were several factors that shaped perceptions of menstrual management. The most prevalent one was stigma. As discussed earlier, stigmatized views towards menstruation made menstruation a stressful experience for the participants. They were confronted with (1) disposable pads and tampons that were inadequate to effectively manage their menstrual bleeding, (2) a fear of leaks and others seeing their menstrual blood, (3) a lack of knowledge about options or ways to better manage their menstruation, and (4) an inability to speak to others due to menstruation being taboo. Participants generally felt trapped, out of control, and out of touch with their bodies. The need to be in control largely shaped perceptions of menstrual management. In addition to this, there were several lived realities and experiences that informed the menstrual experience. Much of the feelings that were expressed by participants in relation to stigmatized notions towards their menstruation echoed the sentiments that were created and instilled by the biomedical field. For one, a desire to feel "clean" or "sanitary" very much represents the type of language one would expect to hear in a medical setting. Participants almost spoke about their menstruation as hazardous waste that they did not want to touch themselves or others. There was a concern around disposing menstrual blood appropriately to ensure that they remained clean. This may be indicative of the ways in which menstruators are strictly taught about menstruation in biological terms, and largely negates to recognize the visceral, diverse, and emotional menstrual experiences (Britton, 1996; Erchull et al., 2002; Havens & Swenson, 1988; Mandziuk, 2010).

In addition to this, participants seemed to understand menstruation as their body doing something that was either out of control or out of the norm. Some participants, like Alex, felt like getting their period was an othering experience. While Rachel, Sofia, Francis, Charlotte and April spoke about their menstruation as if it were a battle that they were trying to win with their body. The battle was won by managing menstruation in such a way that the experience was concealed from others. The idea of the menstruation body being one that is out of control is something that is largely rooted in biomedical traditions. The field of gynaecology was one that was founded on building menstruation to be a medical condition that was traumatic and harmful to the menstruating body that required treatment (Risse, 1988; Strange, 2000; Tasca et al., 2012). Further, three of the participants expressed that they had been diagnosed with a menstrual disorder. The symptoms described by participants included heavy bleeding, inconsistent menstrual cycles, and pain. For the participants, it appeared as though the inability to predict menstruation, or having cycles that could not be effectively

concealed were a diagnosable medical concern. While menstruation can certainly be a challenging experience, and support should be accessed when needed, it seems having less manageable menstrual bleeding remains a medical issue.

Overall, menstruation was also a heteronormative experience for the participants. Heteronormativity is a term that was coined by Michel Warner in 1991 and it refers to a system of norms, discourses, and practices that assert heterosexuality as the "normal" or "natural" state of being (Warner, 1991). Being a cisgender female made accessing support easier, but only with other people that menstruated. While it was expressed that support was easier accessed from other menstruating people, this was often expressed as "women" by the participants. It seemed that being in spaces with others ghat identified as women made participants feel more comfortable about talking about and experiencing their menstruation. Participants often expressed relying on their "girlfriends" for menstrual support. It seems that for many of the participants, they recognized that menstruation was an experience that was not tied to gender, but that those that were a woman were expected to be compassionate and accepting of menstruation. For those that were cis-gendered females, while sometimes frustrating, this aspect was relatively easy to navigate- for them it was clear who menstrual support could be accessed from and who it could not. While menstruation is not tied to gender, but rather to sex, this association is not represented in our social world. Current gendered associations with menstruation represent a binary understanding of the world and it not representative of both the reality of the gender diversity of our social world, and the gender diversity of the menstrual experience. This finding was similar to Mamo & Fosket (2009) in relation to their analysis of menstrual suppression drugs. Mamo & Fosket (2009) noted that while menstrual suppression is a helpful tool, it was generally marketed to maintain what is expected of a menstruating person in a heterosexual relationship. Menstrual suppression in the case of the drug *Seasonale* is considered to be the "feminine", "clean", and "attractive" thing to do. While in a way menstrual suppression can be considered to have the opposite goal of disposable pads and tampons, they are quite united in the ways in which they use gender constructs to create a menstrual experience that benefits their corporations. Pad and tampon companies built their market off of an idea of being feminine and modern, and this in turn in many ways has contributed to gendered constructs related to menstruation (Mandziuk, 2010). In all cases there is an association between managing menstrual bleeding to be a feminine act, or one that is related to women. This notion was very clearly represented in the data as gender was a huge factor in the menstrual experience.

Participants were also confronted with the gendered construction of space as a barrier to menstrual management. The concept of gendered spaces was one that was developed in the 1970s by feminist scholars critiquing urban planning epistemologies. Most urban planners were men, and that traditionally men occupied public spaces, while women were confined to domestic spaces. For this reason they argued that public spaces, buildings, and even entire cities have been built to serve the needs of men and a nuclear family structure (Beebeejaun, 2017). The participants seemed to pick up on this notion as all but one expressed frustration with the physical construction of public washrooms. They found that these spaces were built in such a way that created a barrier to emptying, cleaning, and changing alternative menstrual management products. All but one participant mentioned a certain level of stress that was brought on when forced to clean and empty their menstrual cups away from the home. Participants explained that washrooms were not set up with the menstruating body in mind. In public washrooms the privacy of the washroom stall, and sinks are often separated. Menstruators are either forced to insufficiently clean their menstrual cup or walk into the communal sink area and clean their blood off of their menstrual cups so that they can re-insert them. It seems that pads and tampons adequately support a menstruating body to use a public washroom space similarly to a non-menstruating body. Reusable menstrual management options such as menstrual cups may be more representative of the bloody reality of a menstruating body as they simply work to catch and hold menstrual secretions rather than absorb and get rid of them. A menstruator having a more embodied menstrual experience is clearly faced with new and unique barriers when managing their menstruation outside of the home. Gender as a contextual factor that informs that menstrual experiences in this case is built into not only social relationships but also the physical constructions of space.

Education also largely played a factor. Access post-secondary education for the participants played a huge role in having more positive menstrual experiences. Post-secondary education introduced participants to a way of critically questioning assumptions and narratives, and this included menstrual stigma. Class played a role in this as well as having the financial means to attend post-secondary education is not something that is accessible to all. In addition, having roommates and having to work away from the home-made menstrual management more stressful and challenging. Having health concerns, both related to the menstrual cycle and not also shaped perceptions of menstrual management. Those with health issues were more prone to experiencing stress related to menstrual management and increased feelings of a mental load.

Religion also appeared to have an effect on menstrual management. Religion's effect appeared to be a social effect rather than a personal one. Bhartiya (2013), in her review of religious texts revealed the restrictions that may be placed on menstruating people, suggesting that these could be interpreted and actioned to stigmatize menstruators. This was held in the findings as participants who were involved in religious communities experienced menstrual stigma and restrictions placed on menstrual conversations and education. With that being said, the findings here seemed to differ slightly from the literature as personal religious views did not seem to influence menstrual perceptions as found in both the interviews and survey findings. Heather and Charlotte held religious views rooted in the Catholic faith, but neither of them felt that their religious views effected their menstrual management decisions or experiences. This is evidence of menstrual stigma being linked to larger systems of patriarchal power, rather than the religion itself. On a personal and individual level, religious views did not affect menstruation, but when involved in a religious community, religion was used to stigmatize menstruation. There is a suggestion here towards Illan Cohen's (2020) argument on the ways in which while religion has stigmatizing roots, it also can be reclaimed as a source of empowerment. We can see here that personal religious beliefs are not stigmatizing, and that menstrual feelings and perceptions are exchanged relationally. Similarly, to the ways in which menstruators have created private networks to exchange menstrual knowledge, similar pathways could be built here as a way to remove menstrual stigma from religious practices.

The environment appeared to be a large factor that supported decision-making amongst survey respondents. 85% of survey respondents indicated that the environment was a factor in the decision to use alternative menstrual management products. For this question, survey participants were asked to select all responses that were applicable, so it is important to note that this indicates that the environment was the most-common *shared* factor, but not necessarily to only nor strongest. The individual qualitative interviews were able to contextualise that the environment often played an important, but secondary, role in menstrual management decisions. Participants expressed that they preferred their chosen alternative menstrual management strategy over disposable strategies for a slew of reasons related to comfort, increased leak-protection, and reduced stress. The environment was often expressed as an afterthought, or an added bonus. For some participants, such as April who is an environmental researcher, the environment was what lead them to discover their alternative strategy, but the environment on its own was not enough to persuade her to make a switch- it also needed to provide comfort and protection. This finding exemplifies the

argument of Anio Koskenniemi (2021) who discussed the ways in which environmentalism is being used as a progressive marketing notion in order to appeal to the socially conscious consumer. We can see that the research findings suggest marketing of alternative menstrual products as environmentally friendly may spark an initial interest towards alternative menstrual products, but without the aspects of emotional and physical comfort, adoption of these products is unlikely.

Finally, age seemed to play a role as well. The data suggests that being a young menstruator presents more challenges and feelings of stigma. It seemed that the adults and people in the lives of young menstruators were not comfortable with the young menstruators identity and therefore avoided or discouraged conversations regarding it. Young menstruators were subject to a higher expectation to hide their menstrual bleeding. As participants got older, those around them became more comfortable with their identity as a menstruator and conversations became more common. Being a young menstruator presents additional challenges in accessing support. Age was not necessarily discussed in the literature and therefore was an unexpected finding. Experiences of interview participants suggested that young menstruators are subject to higher experiences of stigmatization, negative menstrual feelings, and are subject to a higher expectation to conceal their menstrual cycles. Perhaps there is a need for more research to examine the why young menstruators are considered to be more taboo than older menstruators.

The findings here overall suggest that more work needs to be done to support menstruators in having more positive menstrual experiences. They also suggest that menstruators are quite resilient, and that while they do experience and internalize stigma, once empowered they have the capacity to uplift their entire social circles and actively challenge menstrual stigma. The most important thing that can be done to support menstruators is to give them agency in their menstrual experiences. Agency comes from both the knowledge that is required to have embodied and positive menstrual experiences, but also the ability both financially and socially to choose the menstrual management option that they like best. The findings here extend themselves to a number of research, policy, and practice recommendations.

5.3 Recommendations

From a research perspective, insights were gained regarding both the methods and line of inquiry. What has been made quite clear is that there is an element missing to current period poverty and menstrual research that needs to be bridged. Much of period poverty

literature in a minority world context relies on quantitative-style collection methods and often does not place much importance on the rich experiences of menstruators. In the case of this study, it was easy to see that while the survey was certainly helpful in gaining an overview, without the interview portion many insights regarding stigma, and menstrual experiences would have been missed. It is important for future research to continue this line of inquiry and incorporate the voices of menstruations as the central focuses of studies. Incorporating intersectionality as an analytical framework is also a useful tool to gain additional insight into the social processes that are affecting menstruators' experiences. In this way there is value in future period poverty research taking on the critical approach that we have witnessed rising in the majority world. Period poverty as an issue and research interest is quite new, with little research being done in Canada. There is a great opportunity here to ensure that an appropriate tone, and research orientation is set as the norm in Canadian period poverty literature by championing the voices of menstruators at the centre of the research.

Additionally, the findings here suggest that there is certainly a need to revisit understanding of period poverty campaigns and question the motives behind them. Bobel and Fahs (2020), Lahiri-Dutt (2015), Rostvik (2022), and Haneman (2021) all expressed caution that period poverty was a ploy being used to silence menstruators and continue a dependency on pads and tampons. It was clearly seen in the data that pads and tampons are not an appropriate menstrual management strategy for everyone. Pads and tampons often carry stigmatizing notions and can make menstruation a physically and emotionally more uncomfortable experience. More research needs to be done to understand correlation between product and menstrual feelings and experiences.

Beyond research, there are several practical implications of this research as well. The practical implications here are of utmost importance as they have the potential to make real changes in the lives of menstruators and create more positive menstrual experiences. The first practical implication is the need to stop conceptualizing period poverty as a distinct and unique experience, but rather to understand it as embedded in a generalized experience of poverty and financial need. Menstruators who are struggling to afford period products are also struggling to afford food, housing, education, and other necessities. Menstruation certainly does present an additional cost that non-menstruators do not have to consider, but a more equitable approach to poverty and financial support could consider the additional financial burden a menstruator may face.

There is a fear here that corporations are using period poverty to continue to profit off of people who are financially struggling. Alternative menstrual management products pose a

threat to the profits of pad and tampon companies and therefore ensuring that a dependency on their products is maintained is in their best interest. This is not in the best interest of menstruators. As seen through the experience of the participants, and particularly April's experience financial independence is an empowering experience in relation to menstrual management. Empowered menstruators do not want to be passive participants in their menstrual experiences and simply accept which ever product is given to them, but rather they desire having the ability to choose the product that is best for them. While period poverty needs to be conceptualised as an issue embedded in a generalized experience of poverty, support is certainly never a bad thing. For supporters and organizers of period poverty campaigns an alternative model for such campaigns could look like either (a) providing menstruators with a variety of different menstrual management products, or (b) focusing on the financial aspect of menstruation and providing menstruators with the financial means explore menstrual management options. This could look like a gift card, or something of equal monetary value of a supply of menstrual products so that menstruators are empowered with the opportunity to honour what works best for their lifestyles and their bodies.

Product-focused period poverty campaigns and menstrual equity need to be separate endeavors. That is not to say that those organizations that tackle period poverty cannot also work towards menstrual equity, but there needs to be a consciousness that giving out products does nothing to address menstrual stigma and shame. Menstrual equity needs to be tackled from the bottom up and the top down. Menstruators certainly need access to options to manage their menstruation, but the work simply cannot stop there, otherwise organizations run the risk of perpetuating menstrual stigma. The results of this study suggest that comprehensive menstrual education is the single most important component of breaking menstrual stigma. Receiving menstrual education for the participants started a process of questioning and exploring. In the case of Francis, she had been taught that menstrual blood was dirty, smelly, and gross. The process of coming into contact with her menstrual blood made Francis realise that this was simply not true. Once she was able to recognize that that narrative was not true, she began to question others and therefore started a process of unlearning. As a result, Francis was able to have more positive menstrual experience and even enjoys her menstruation now. Receiving comprehensive menstrual education includes education that is gender-neutral, that provides education regarding alternative menstrual management options (reusable products, menstrual suppression, birth control to regulate menstruation, free bleeding, etc.), the biological process of menstruation, as well as education regarding the emotional and personal aspect of menstruation. Providing menstrual education

addresses menstrual stigma in two important ways. Most obviously, it provides menstruators with the appropriate knowledge required to have a positive menstrual experience, and it also starts an open and honest conversation. It was seen through the results that menstruation is not an individual experience that happens in private, but menstrual feelings and perceptions are produced and reproduced relationally. Starting an open and honest conversation provides the opportunity for menstruators to build period-positive and supportive relationships.

Considering these policy and research recommendations I discuss my knowledge mobilization and dissemination plan related to the key findings of this research project, particularly as they pertain to providing insight on how to support menstruators to have more positive menstrual experiences.

5.3.1 Knowledge mobilization

Knowledge mobilization can be broadly thought of as the active attempt at making your research findings available and accessible to certain groups of people. There are many different types of knowledge mobilization including knowledge exchange, knowledge brokering, knowledge creation, and knowledge dissemination (Koskenniemi, 2021). Knowledge Mobilization supports connections between academic and non-academic individuals and partners such as community-based organizations (Phipps et al., n.d.). The voice of diverse menstruators must be understood and taken up in policy to their diverse needs. Therefore, mobilization activities will be used to share research results with community organizations. When it comes to intersectional research, knowledge mobilization and dissemination are particularly important parts to ensuring a valid intersectional approach. This step of the research process ensures that the project can trigger real social change, which is the ultimate goal of any critical approach (Brydon-Miller et al., 2003).

The main knowledge translation activity concerning the research results here is sharing the research findings with local period poverty groups. To do so, an executive summary of the research project including the research questions, objectives, methods, major findings, and recommendations will be created and shared. The report will be accompanied by an infographic to condense the main findings of the project as they pertain to the organizations' interests. The executive summary and the infographic will help to ensure that the results of the survey are easy to understand, accessible, and readily available. Organizations are often quite pressed for time and labour, and so having a

resource that can be quickly reviewed is an essential step in ensuring that research findings are read and understood.

It is hoped that menstrual equity campaigns are able to use this knowledge to conceptualize a different approach to period poverty and in the ways that they provide support to menstruators. A re-conceptualised period poverty campaign would be one that focuses around creating an empowered menstruator through education and access to de-stigmatized knowledge and management options.

5.3.2 Knowledge dissemination

Knowledge dissemination is a part of knowledge mobilization that focuses on targeting the research findings at a particular audience (Gagnon, 2011). This branch of knowledge mobilization focuses on moving the knowledge obtained through a study, or research paper both within and beyond academia (Gagnon, 2011). Gagnon (2011) explains when it comes to knowledge dissemination there is a continuum with passive dissemination on one end and active dissemination on the other. Examples of active dissemination include the purposeful and active planning of events or strategies to disseminate knowledge such as running small workshops or creating social media posts to target knowledge at specific demographics (Gagnon, 2011). In the case of this study knowledge, dissemination will occur both within and outside of academia.

As seen in the literature review, there exists a vast gap in academic research pertaining to diverse menstruators. In the few studies that have investigated menstrual experiences, they often employ a positivist orientation with a quantitative, or cost-analysis approach. These approaches have largely silenced the voices and experiences of menstruators and have negated the need to understand and consider the diverse, subjective and socially dependent menstrual experiences. It is the hope that mobilizing the results of this study will help to raise awareness around both the need to understand menstruation as something that is beyond the simple biological western model that is prized in the majority world and to inspire more research into understanding the unique experiences of menstruation.

To reach this goal portions of the thesis paper will be submitted to journals for peer review, and ideally publication. Most notably the literature review and/or findings. The literature review is useful in helping to paint a picture as to why the current state of knowledge and methodological orientation on menstruation are simply not enough. Additionally, the findings of the research are an integral piece to creating more interest in

menstrual experiences. The findings offer an interesting starting point for future research, as discussed above, and provide insight into how menstruators conceptualise and experience their menstruation, and how this is affected by management products or strategies.

Finally, to ensure that research participants are empowered by the research project and can directly see the results of their efforts and expertise, each research participants will also be provided with the same infographic or pamphlet that will be provided to organizations. Too often, research participants provide their knowledge, and expertise and then are left without seeing how their information is used. To actively work against the tendency to leave research participants without tangible results and communication, they will all have the opportunity to see the knowledge that was co-created.

5.4 Limitations of the study

This study was limited in several ways. The sample for the open-ended interviews were quite a unique subset of the Canadian population. It is one thing finding people who use alternative menstrual management strategies within Canada to participate in the survey, but additionally identifying those that were low-income that were willing to dedicate their time to the interview process was an additional challenge. For this reason, it was quite difficult to capture the type of social diversity in the sample that was originally envisioned. The sample remained quite uniform in terms of ethnicity, and education level. These constraints render the interview results ungeneralizable to a larger, more diverse population of low-income menstruators who use alternative menstrual management strategies.

The inclusion criteria for the study may also be seen as limiting. It was expressed by several of the participants that they still used pads and tampons as emergency backup products and they were therefore still incorporated in their overall management strategy, even if they were seldomly used. This indicates that the line between using alternative menstrual management strategies and disposable strategies is not so easily drawn. Some menstruators that use primarily alternative methods, but still rely on some level on disposable products may have felt they did not fulfill the criteria for participation.

Additionally, the project was limited in its scope and size due to the capacity of one researcher, and timelines of completion. Having additional researchers, or a longer timeline would allow for larger sample sizes, potentially a more diverse sample, and a more involved analysis process. This also limited the scope of the analysis to one born of the perspective of a menstruator who uses an alternative menstrual management strategy and who is

passionately period-positive in their menstrual perspectives. While my own identity as a menstruator is helpful in many ways as it allowed me to closely relate to and understand the experiences of my interview participants, and of the study topic in general, it also means that that the data collection and analysis may have been influenced by my own personal bias. Although I did ensure to use validity measure to ensure that my data had integrity and credibility, it is impossible to truly remove all instances of bias. Having additional researcher to aid in the collection and analysis could help present alternative interpretations of research data.

5.5 Post-study reflections

The final section here presents a personal reflection on the process of completing the data collection, analysis, and writing my thesis as it stands today.

Completing participant interviews is likely the most memorable part of this experience for me. It was fraught with a variety of emotions. I was nervous to start doing interviews, I had never done them before. I was nervous about how much participants would be comfortable sharing, how they would perceive me, and how their experience doing the interviews would be. I practiced on a few of my menstruating friends which helped, but still I found myself nervous. My first interview was with April. April was very outspoken and passionate about breaking menstrual stigma. April made the first interview an easy and enjoyable one. Once in the interview I forgot about the nerves and was completely engrossed in the stories and experiences that she was providing me with. I found follow up questions came naturally, and the hour flew by. Interviews after this followed a similar tone. I loved doing the interviews, listening to people tell me about their menstrual experiences and learning first-hand. The one bit of nervousness that remained throughout my interviews was the way in which interview participants were perceiving me. Interview participants knew I was a critical researcher wanting to learn about period poverty and alternative menstrual management products. I was nervous about them trying to tell me what I would want to hear and only focusing on the positives. There were a couple of participants who stilled used tampons, or who liked the use of tampons but just simply did not like the waste they created. It seemed they were unsure sharing this information with me. Upon hearing this information, it was important that I provided validation and encouragement about their experience to create a space and tone in which there was no wrong answers, or experiences and that I was delighted to hear anything and everything that they would tell me, because I truly was. My intention has never been to shame menstruators, and I want to provide acceptance and

support to menstruators in all of the ways that they choose to manage their menstrual bleeding. My critical lens has always been directed at larger corporations and power structures that might be taking advantage of the menstruating body, and it was important to me that my participants knew this. If I were to take on another research project such as this one, I would take care to state my privilege and my knowledge at the onset of my participant interviews. I would take this time to assure participants that no matter what they had to say, what their opinions where, or menstrual experiences were that this was valuable and important information. This is an important lesson that I will take from this experience.

Transcribing the interviews was a task that I largely underestimated but looking back also appreciated. I transcribed the interviews usually within the days following an interview and listening, and relistening (and relistening…) to the interview recordings allowed me to refine my interview skills. I was able to reflect on what I said, how I was saying it, and the answers I was getting. I learned I needed to be a quieter listener while interviewing, and I learned how to ask the more challenging or reflective questions to my participants that led to the most interesting findings. During Francis's interview I remember her reflecting on the ways that she felt disgusted by tampons, and I asked her if she felt the same way about menstrual blood when using her menstrual cup. This question very apparently made Francis adopt a self-reflective stance and she was surprised when she realised that she didn't. Francis and I together were able to discover parts of her menstrual perceptions that she had never been aware of. Francis later asked for a follow-up interview and expressed gratitude over having participated in the interview. Francis expressed that the interview was a very empowering experience for her, and she was surprised in the way that she felt realised she had important knowledge and experiences. This conversation was validating for me. I was inspired by listening to the experiences and knowledge of my interview participants, and in their ability to be self-reflexive and honest. I was delighted to know that, at least for Francis, they were also getting something out of the experience.

Analysis was daunting, but like any other task I simply had to force myself to put one foot in front of the other. Relying on Braun and Clark's step-by-step approach to reflexive thematic analysis helped to guide me through this process as a novice researcher. After my first round of open coding, I remember looking at the mess of codes I had and feeling overwhelmed and feeling like I would simply never be able to put them all together into coherent themes. But, alas, I had to push forward. Many, many hours later I had themes. This was a lesson in perseverance and in trusting myself, and my instinct. Of course, these codes

would go on to be revised, reworded, and redone a handful of times but I knew now that I could do it and I understood what the process meant and entailed.

Outside of the research project itself, being interested in period poverty led me to meeting and being involved in a network of menstrual researchers, and activists. Early on in my master's degree I connected with United Way's Period Promise. Through this group I have built relationships not only with organizations, but with other researchers across Canada. This group for me has been a source of inspiration and support. The relationships that I built helped me develop and spread the project, provided motivation when I felt like giving up, and the inspiration I needed to stay committed to producing a project that would be important in the lives of menstruators. Having these connections to a community allowed me to have confidence in the ways in which my project does not end with my defence. I am able to share my findings and my results and hope that they become part of the building blocks for future programs and research. Building these relationships highlighted the importance of ensuring that academic research is extended beyond the walls of the institution.

Reflecting on the process of analysis and of writing the thesis in itself, I am realising how much I enjoyed the process of creating. Academic writing has always been something I have understood to be very practical and procedural but being able to plan, execute, and write my own thesis added an element of creativity that I loved. I appreciated the experience of being the sole researcher and recognising that my bias and perspective were integrated in the research project and these findings were completely of my own analytical lens and how my own lived experience of period poverty shaped this work. I enjoyed thinking of the ways to best present the results in the way that they made sense to my own project. In coming to the end of the process I can look back and be proud, and I find myself quite attached to this seemingly endless document. I am humbled and honoured by the opportunity to engage with other menstruators and the knowledge I have gained. Understanding the diversity of experiences and impacts of stigma to the health and wellbeing of menstruators has inspired me to move toward developing knowledge for social change.

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7. Appendix I: Social Media Recruitment Post

CAPTION:

Do you use a strategy to manage your menstruation other than commercially produced pads and tampons? We want to hear from you!

Please use the following link to participate in our survey about alternative menstrual management strategies: LINK HERE (participants will provide consent)

This study is being conducted by a graduate student at the University of Victoria and has been approved by the Human Research Ethics Board. For more information please privately message me here or you can contact Courtney Majewski at: cmajewski@uvic.ca

8.Appendix II: Invite Email

Hello,

My name is Courtney. I am a graduate student at the University of Victoria in the department of Public Health and Social Policy. I am conducting research on period poverty and menstrual management in British Columbia, and I am extending an open invitation for anyone who menstruates and uses alternative menstrual management strategies to participate. Examples of alternative menstrual management strategies include:

- Menstrual cup
- Reusable pads
- Free bleeding
- Menstrual Sponge
- Cloths / menstrual rags
- Anything else that does not include the use of disposable pads and tampons

Participation in this research includes taking a survey about your current menstrual management strategies, which should take approximately 15-20 minutes to complete. Some participants will also be invited to participate in follow-up interviews. If you agree to participate in a follow-up interview about your experiences surrounding menstrual management, the interview will take approximately an hour to an hour and a half.

If you would like to participate in the survey, please follow the link below:

https://tinyurl.com/menstrualmanagement

*Participants will provide consent

This study is being conducted by a graduate student at the University of Victoria and has been approved by the Human Research Ethics Board. For more information please privately message me here or you can contact Courtney Majewski at: cmajewski@uvic.ca

Warmly,
Courtney

9. Appendix III: Survey Consent Form

Participant Consent Form

An intersectional exploration of alternative menstrual management strategies among low-income menstruators in a Canadian context

You are invited to participate in a study entitled ***An intersectional exploration of alternative menstrual management strategies among low-income menstruators in a Canadian context*** that is being conducted by Courtney Majewski.

Courtney Majewski is a Graduate Student in the department of Public Health and Social Policy at the University of Victoria and you may contact her if you have further questions by emailing her at cmajewski@uvic.ca, or calling (646) 686 8091.

As a Graduate student, I am required to conduct research as part of the requirements for a degree in the Social Dimensions of Health. It is being conducted under the supervision of Dr. Thea Cacchioni (tcacchio@uvic.ca) and Dr. Nancy Clark (nancyclark@uvic.ca).

Purpose and Objectives

The purpose of this research project is to understand what factors influence low-income menstruators' decisions to use alternative menstrual management strategies in the Canadian Context. An alternative menstrual management strategy is defined as any strategy to manage menstrual bleeding other than commercially produced disposable pads and tampons. Current understanding of period poverty assert that personal finances are the only factor that effect menstrual management strategies, and that commercially produced pads and tampons are the only effective way to manage the menstrual cycle.

Importance of this Research

Research of this type is important because there are many different factors such as personal beliefs, culture, and religion that may affect the menstrual experience and the ways that it is

managed. Understanding what contextual factors affect the menstrual experience and decisions about how to manage menstruation can help to shed light on how to create more effective systems of support, programs, and policies to support menstruators in having more positive menstrual experiences.

Participants Selection

You are being asked to participate in this study because you are a person who menstruates that uses alternative menstrual management strategies.

What is involved

If you consent to voluntarily participate in this research, your participation will include completing a short, anonymous survey that should take no longer than 20 minutes to complete.

Inconvenience

Participation in this study may cause some inconvenience to you, including the time needed to participate in this survey.

Risks

There are some potential risks to you by participating in this research and they include potential emotional distress or feelings of embarrassment depending on individual comfort levels of discussing menstrual experiences. To prevent or to deal with these risks the following steps will be taken: all questions in the survey are optional and you are at under no obligation to answer a question you feel uncomfortable answering, you may stop the survey at any time or take a break, you may also withdraw your survey data at any time with your confirmation code.

Benefits

The potential benefits of your participation in this research project include the opportunity to share your menstrual experiences and address shame and stigma. This can lead to more positive feelings towards your menstruation and your decisions about menstruation. The knowledge and the expertise that you share may help to create more awareness about alternative menstrual management, help to address menstrual stigma, and provide insight into how organizations can provide more inclusive menstrual care. Your participation in this

research will also contribute to the state of knowledge on menstrual management and period poverty.

Voluntary Participation

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will be withdrawn and deleted from the database. If you wish to withdraw your data, please use the following link **[LINK HERE]** to submit your confirmation number.

On-going Consent

You may be invited to participate in the later stage of this research project which includes an open-ended interview. If you are invited to participate in this stage of the project, to make sure that you continue to consent to participate in this research, your consent will be obtained once again through an additional consent form.

Anonymity

In terms of protecting your anonymity, all survey results are anonymous and there will be no identifying information collected about participants who chose to only participate in the survey. If you are invited, and wish, to participate in the latter part of the study, you will be prompted to submit your contact information with your survey answers. In this case your survey answers will remain confidential and you will be asked to provide consent to being contacted.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways: as a masters Thesis project, results will be shared through a short report with partnering organizations and interview participants, through the project's social media page, and parts of the thesis project may be published as a journal article.

Disposal of Data

Data from this survey that does not contain identifiers may be kept by the researcher indefinitely as a reference for future research, or questions regarding the project. These files will be kept on a password-protected file on the researcher's computer.

Contacts

Individuals that may be contacted regarding this study include:

Courtney Majewski (researcher): cmajewski@uvic.ca, (647) 686 8091

Thea Cacchioni (supervisor): tcacchio@uvic.ca

Nancy Clark (supervisor): nancyclark@uvic.ca

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

- Yes, I have read the consent form above, I consent and wish to continue with the survey

- No, I have read the consent form above, I do not consent and wish to be taken out of the survey

10. Appendix IV: Survey

(1)What is your current menstrual management strategy(s)? (Select all that apply)

1. Menstrual cup
2. Reusable pads
3. Free bleeding
4. Menstrual sponge
5. Cloths / Menstrual Rags
6. Other, please specify
7. Prefer not to answer

(2)How long have you been using this menstrual management strategy?

1. 1-3 years
2. 3-6 years
3. 6-9 years
4. 9-12 years
5. 12-15 years
6. 15-20 years
7. 20-25 years
8. 25-30 years
9. Over 30 years
10. Prefer not to answer

(3)Why did you choose to use your current menstrual management strategy? (select all that apply)

1. Financial reasons
2. Environmental reasons
3. Health reasons
4. Personal wellbeing (physical, emotional)
5. Religious beliefs
6. Cultural reasons / traditions
7. Other, please specify
8. Prefer not to answer

(4)Where did you learn about your current menstrual management strategy?

1. Your parent/guardian
2. Other close family members
3. Friends/peers
4. School
5. Internet/books
6. Social media
7. Other, please specify
8. Prefer not to answer

(5)Have you ever struggled to manage your menstruation? (financially, emotionally, physically)

1. Yes (SKIP TO STRUG)
2. No
3. Prefer not to answer

(STRUG) You indicated that you have struggled to manage your menstruation, please tell us more about when you have struggled to manage your menstruation

1. Short answer
2. Prefer not to answer

(6)Have you ever used disposable pads and/or tampons as your primary menstrual management strategy?

1. Yes (TAMP/PAD)
2. No
3. Prefer not to answer

(TAMP/PAD)For how long did you use disposable pads/tampons as your primary menstrual management strategy?

1. 1-3 years
2. 3-6 years
3. 6-9 years
4. 9-12 years

5. 12-15 years
6. 15-20 years
7. 20-25 years
8. 25-30 years
9. Over 30 years
10. Prefer not to answer

(TAMP/PAD)If you previously used disposable pads/tampons as your primary menstrual management strategy, why did you choose to use other methods?

9. Financial reasons
10. Environmental reasons
11. Health reasons
12. Personal wellbeing (physical, emotional)
13. Religious beliefs
14. Cultural reasons / traditions
15. Other, please specify
16. I have never used disposable pads/tampons as my primary menstrual management strategy
17. Prefer not to answer

(TAMP/PAD)If you previously used disposable pads/tampons as your primary menstrual management strategy, how have your feelings towards your period change since you stopped?

1. My feelings towards my menstruation are a lot more negative
2. My feelings towards my menstruation are a bit more negative
3. My feelings towards my menstruation have not changed
4. My feelings towards my menstruation are a bit more positive
5. My feelings towards my menstruation are a lot more positive
6. Prefer not to answer

(7)Where did you learn about menstruation? (Select all that apply)

1. Your parent/guardian
2. Other close family members
3. Friends/peers

4. School
5. Internet/books
6. Other, please specify
7. Prefer not to answer

(8)How would you rate your knowledge on menstruation?

1. I do not have much knowledge about menstruation
2. I have some knowledge about menstruation
3. I have a lot of knowledge about menstruation
4. I am very knowledgeable about menstruation
5. Prefer not to answer

(9)In general how would you classify your feelings towards your period?

1. Very negative
2. Negative
3. Neither negative nor positive
4. Positive
5. Very positive

(10)Does your menstrual cycle ever affect your ability to participate in your daily activities?

1. Yes (skip to PARTI)
2. No
3. Prefer not to answer

(PARTI)How often does your menstrual cycle affect your ability to participate in your daily activities?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

(11)How comfortable are you discussing your menstruation with the people close to you?

1. Very uncomfortable

2. Uncomfortable
3. Neither uncomfortable nor comfortable
4. Comfortable
5. Very comfortable
6. Prefer not to answer

Demographic questions:

(12)What is your gender?

1. Short answer
2. Prefer not to answer

(13)Where were you born outside of Canada

1. No
2. Yes, please specify the Country that you were born
3. Prefer not to answer

(14)Were one or more of your parents born outside Canada

1. No
2. Yes, please specify where one or more of your parents were born
3. Prefer not to answer

(15)Are you a Canadian Citizen?

1. Yes, a Canadian Citizen by birth
2. Yes, A Canadian Citizen by naturalization
3. No, not a Canadian citizen
4. Prefer not to answer

(16)Do you identify as: (Select all that apply):

1. First Nations
2. Inuit
3. Metis
4. White
5. South Asian (e.g., East Idian, Pakistani, Si Lankan)
6. Chinese

7. Black
8. Filipino
9. Latin American
10. Southeast Asian (e.g Vietnamese, Cambodian, Laotion, Thai)
11. West ASian (e.g Iranian Afghan)
12. Koren
13. Japenese
14. Other, please specify
15. Prefer not to answer

(17)Are you a practicing member of a religious group?

1. Yes (RELIG)
2. No
3. Prefer not to answer

(RELIG)What religion are you a member of?

1. Short answer
2. Prefer not to answer
3.

(18)What is the highest level of education you have completed?

1. 8th grade or less
2. Some high school, but did not graduate
3. Highschool, or high school equivalency certificate
4. College, CEGEP, or other non-university certificate or diploma
5. Some university, but did not graduate
6. Undergraduate degree
7. Post graduate degree, or professional designation
8. Prefer not to answer

(19)How old are you?

1. Short answer
2. Prefer not to answer

(20)Do you self-identify with any disability or impairment?

1. Yes (SKIP TO SPEC)
2. No
3. Prefer not to answer

(SPEC)If yes, please specify which one(s) (select all that apply)

1. Sensory (vision or hearing)
2. Mobility
3. Learning (e.g. ADHD, Dyslexia)
4. Mental health (e.g. Depression, Bipolar, Post-Traumatic Syndrome disorder, Obsessive compulsive disorder, Generalized anxiety disorder)
5. Autism spectrum (e.g. Autism, Asperger's)
6. Chronic (e.g. Crohn's, Colitis, Multiple Sclerosis)
7. A disability or impairment not listed above, please specify:
8. Prefer not to answer

(21)How many children do you have?

1. none
2. 1 child
3. 2 children
4. 3 children
5. 4 or more children
6. Prefer not to answer

(22)Do you fill another other caregiver role?

1. Yes
2. No
3. Prefer not to answer

(23)If you are currently employed, on average how many hours a week do you work? I am not currently employed

1. 5-10 hours
2. 10-20 hours
3. 20-30 hours
4. 30-40 hours

5. Over 40 hours
6. Prefer not to answer

(24)How many people are in your household including yourself?

1. 1 person (SKIP TO ANSWER 1PERS)
2. 2 people (SKIP TO ANSWER 2PERS)
3. 3 people (SKIP TO ANSWER 3PERS)
4. 4 people (SKIP TO ANSWER 4PERS)
5. 5 people (SKIP TO ANSWER 5PERS)
6. 6 people (SKIP TO ANSWER 6PERS)
7. 7 or more people (SKIP TO ANSWER 7PERS)
8. Prefer not to answer

(1PERS) Was your total household income in 2020 under $26,400?

1. Yes (SKIP TO LOWINC)
2. No
3. Prefer not to answer

(2PERS) Was your total household income in 2020 under $32,899?

1. Yes (SKIP TO LOWINC)
2. No
3. Prefer not to answer

(3PERS) Was your total household income in 2020 under $40,445?

1. Yes (SKIP TO LOWINC)
2. No
3. Prefer not to answer

(4PERS) Was your total household income in 2020 under $49,106?

1. Yes (SKIP TO LOWINC)
2. No
3. Prefer not to answer

(5PERS) Was your total household income in 2020 under $55,695?

1. Yes (SKIP TO LOWINC)
2. No

3. Prefer not to answer

(6PERS) Was your total household income in 2020 under $62,814?

1. Yes (SKIP TO LOWINC)
2. No
3. Prefer not to answer

(7PERS) Was your total household income in 2020 under $69,935?

1. Yes (SKIP TO LOWINC)
2. No
3. Prefer not to answer

(LOWINC) Would you be interested in participating in an interview for this research project?

1. Yes (SKIP to CONTACT)
2. No

(CONTACT)
CONTACT FORM:

First Name:

Last Name:

Phone number:

Email:

Preferred method of contact:

1. Email
2. Phone number

Your contact information and your survey answers will remain confidential. Your contact information will only be used for the purposes of contacting you for your participation in this research study. Your contact information will be securely stored on a password protected external hard-drive accessible by only the principal investigator. You have the right to withdraw yourself, and your data from the research project at any time.

I have read and understand the above, and wish to be contacted for participation in an interview for this research project:

- Yes
- No

Thank you for your participation in this survey, your answers are greatly appreciated. The results of this research project will be provided on SOCIAL MEDIA LINKS HERE once the project is complete.

11. Appendix V: Interview Consent Form

Participant Consent Form

An intersectional exploration of alternative menstrual management strategies among low-income menstruators in a Canadian context

You are invited to participate in a study entitled ***An intersectional exploration of alternative menstrual management strategies among low-income menstruators in a Canadian context*** that is being conducted by Courtney Majewski.

Courtney Majewski is a Graduate Student in the department of Public Health and Social Policy at the University of Victoria, and you may contact her if you have further questions by emailing her at cmajewski@uvic.ca, or by calling (646) 686 8091.

As a Graduate student, I am required to conduct research as part of the requirements for a degree in the Social Dimensions of Health. It is being conducted under the supervision of Dr. Thea Cacchioni (tcacchio@uvic.ca) and Dr. Nancy Clark (nancyclark@uvic.ca).

Purpose and Objectives

The purpose of this research project is to understand what factors influence low-income menstruators' decisions to use alternative menstrual management strategies in the Canadian context. An alternative menstrual management strategy is defined as any strategy to manage menstrual bleeding other than commercially produced disposable pads and tampons. Current understandings of period poverty assert that personal finances are the only factor that effect menstrual management strategies, and that commercially produced pads and tampons are the only effective way to manage the menstrual cycle.

Importance of this Research

Research of this type is important because there are many different factors such as personal beliefs, culture, and religion that might affect the menstrual experience and the ways that it is managed. Understanding what contextual factors affect the menstrual experience, and

decisions about how to menstruation is managed can help to shed light on how to create more effective systems of support, programs, and policies to support menstruators in having more positive menstrual experiences.

Participants Selection

You are being asked to participate in this study because you are a person who menstruates that uses alternative menstrual management strategies, that has identified as low-income based on the cut-off determined by Statistics Canada.

What is involved

If you consent to voluntarily participate in this research, your participation will include an open-ended interview that will take place in-person or over a video conferencing service such as Zoom, depending on your preference. The total interview time should take no longer than 2 hours, but will likely take about an hour to complete.

This interview will be recorded, and written notes will be taken by the interviewer. This recording will then be transcribed, and the recording will be destroyed. The transcript will then be used for analysis.

Please be advised that information about you that is gathered for this research study including identifiable information uses an online program located in the U.S. or a program that can be accessed from the US. (As such, there is a possibility that information about you may be accessed without your knowledge or consent by the US government in compliance with the US Freedom Act.

Inconvenience

Participation in this study may cause some inconvenience to you, including the time commitment needed to participate in the interview.

Risks

There are some potential risks to you by participating in this research and they include potential emotional distress or feelings of embarrassment depending on individual comfort levels of discussing menstrual experiences. To prevent or to deal with these risks the following steps will be taken: all questions in the interview are optional and you are at under

no obligation to answer a question you feel uncomfortable answering, you may stop the interview at any time or take a break, and a resource list will be provided with appropriate community resources if needed.

Benefits

The potential benefits of your participation in this research include the opportunity to openly discuss your menstrual experiences and address shame and stigma. This can lead to more positive feelings towards your menstruation and your decisions about menstruation. The knowledge and the expertise that you share may help to create more awareness about alternative menstrual management strategies, help to address menstrual stigma, and provide insight into how organizations can provide more inclusive menstrual care. Your participation in this research will also contribute to the state of knowledge on menstrual management and period poverty, while also helping to provide an alternative perspective on what menstrual management actually looks like.

Compensation

To compensate you for any inconvenience related to your participation, you will be given $25CAD for your participation in the interview.

Voluntary Participation

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study, you will be asked if your data can still be used. If you choose to withdraw your data all data related to the interview including any recordings of the interview, personal field notes, and transcripts will be destroyed. If you have started the interview you are entitled to keep your $25 honorarium. This means if you choose to end the interview early for any reason, or withdraw your data, you may keep the honorarium.

If you wish to withdraw your data please contact Courtney Majewski over email (cmajewski@uvic.ca), or the phone (647.686.8091).

Anonymity

In terms of protecting your anonymity there are significant limits in this stage of the project. The limits include the nature of a face-to-face interview and the need to contact you to

arrange this meeting. This means that the researcher will be aware of some identifying details but will work to ensure your confidentiality is protected.

Confidentiality

Your confidentiality and the confidentiality of your data will be protected by removing any identifying data from responses, and using pseudonyms to replace participant names. There will be a code sheet containing participant names and which pseudonym they have been assigned and this will be stored, along with any contact information on a password-protected external hard drive. Interview recordings will be transcribed with participant pseudonyms, and then recordings will be deleted.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways: as a master's Thesis project, through a short report given partnering organizations and interview participants, through the project's social media page, and parts of the thesis project may be published as a journal article.

Disposal of Data

Data from this study will be disposed of in different stages. Data that contains identifiers (consent forms, code sheet with pseudonyms, contact information of participants) will be stored on a password-protected external hard drive for 3 years after the study, and then after that time destroyed. Data that does not contain identifiers such as transcripts and raw survey data may be kept by the researcher indefinitely as a reference for future research, or questions regarding the project. These files will be kept on a password-protected file on the researcher's computer.

Contacts

Individuals that may be contacted regarding this study include:

Courtney Majewski (researcher): cmajewski@uvic.ca, (647) 686 8091

Thea Cacchioni (supervisor): tcacchio@uvic.ca

Nancy Clark (supervisor): nancyclark@uvic.ca

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

Name of Participant	*Signature*	*Date*

A copy of this consent will be left with you, and a copy will be taken by the researcher.

12. Appendix VI: Interview Guide

1. Tell me about how you currently manage your period.
2. How do you feel about your current strategy? (Or how does it make you feel)
3. Tell me about how and why you developed your current strategy
4. Have you ever used pads and tampons? If so, how did you come to the decision to change your management strategy?
5. Have your feelings towards your period changed since changing your menstrual management strategy?
6. Would you say your period plays a big role in your life? Explain...
7. How do you feel about your period?
8. Did you ever feel differently?
9. How do you discuss your period with others in your life?
10. How did you learn about your period, and about menstrual management options at menarche?
11. Have you ever struggled to manage your menstruation? Explain.
12. How do finances play a role in your experience managing your period?
13. How would you define your relationship with religion ?
14. How does religion play a role in your experience managing your period?
15. How would you describe your educational level?
16. How does education play a role in your menstrual experience?
17. How does culture play a role in your menstrual experience?

13. Appendix VII: Intersectional Analysis Guide

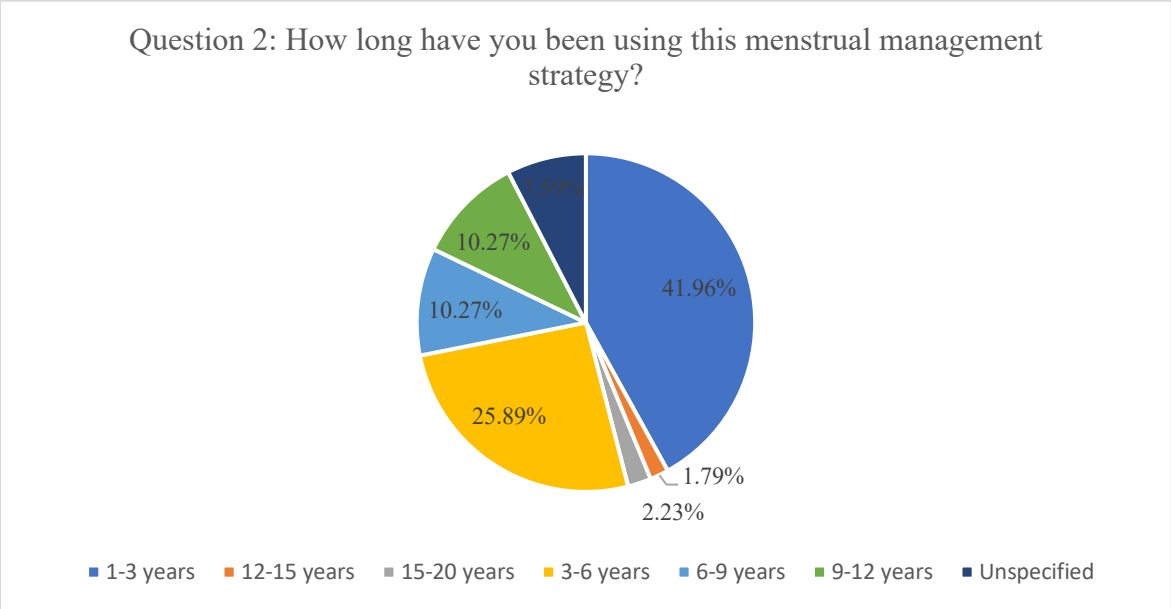
Below is the generic intersectionality template developed by Sirma Bilge (2009), the template was adjusted to fit the needs of this project.

Social Categories	**Discrete consideration (1st step)**	**Intersectional Consideration 2nd Step)**
Gender	*How does gender inform this account?*	*How does gender interact with other social categories?*
Race/ethnicity	*How does race/ethnicity inform this account?*	*How does race/ethnicity interact with other social categories?*
Class	*How does class inform this account?*	*How does classinteract with other social categories?*
Religion	*How does class inform this account?*	*How does class interact with other social categories?*
Age	*How does age inform this account?*	*How does age interact with other social categories?*
Handicapp/ ablebodiness	*How does handicapp/ablebodiness inform this account?*	*How does handicapp/ablebodiness interact with other social categories?*

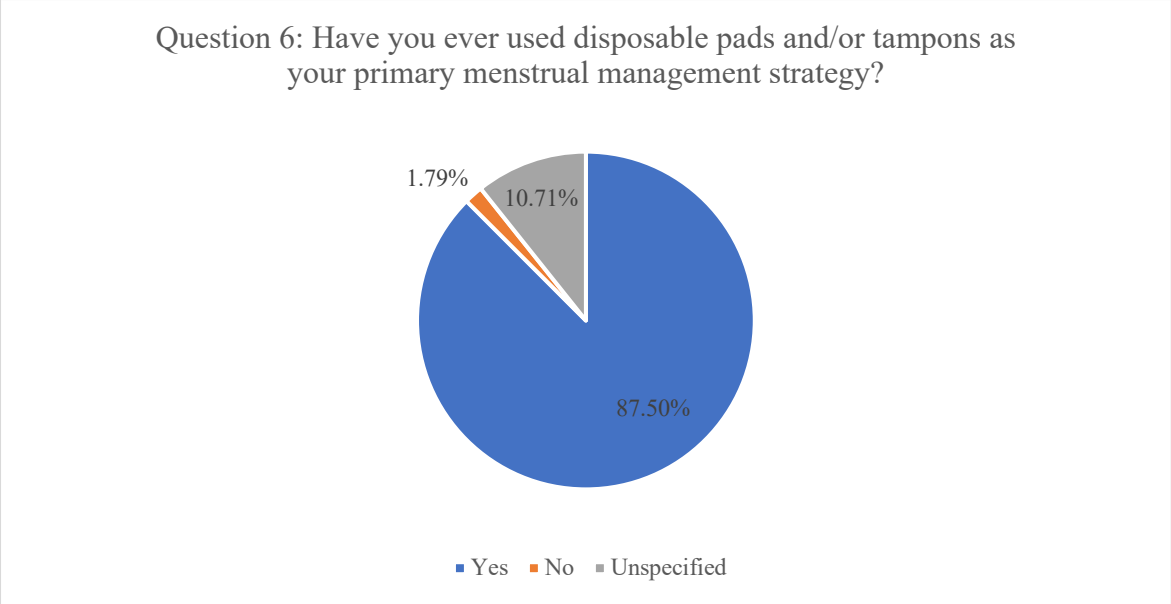
14 Appendix VII Remaining Survey Findings

Q2: How long have you been using this menstrual management strategy?

Participants were asked how long they had been using their current alternative menstrual management strategy for. The majority of participants were relatively new to their menstrual management strategy with 67.85% of responses falling within the last six years. This finding makes sense in the context of the age distribution of this group. The majority of participants fell under the age of 33. This indicates that most respondents adopted alternative menstrual management strategies in their twenties. Table 4.3.2.2 summaries the results for Q2

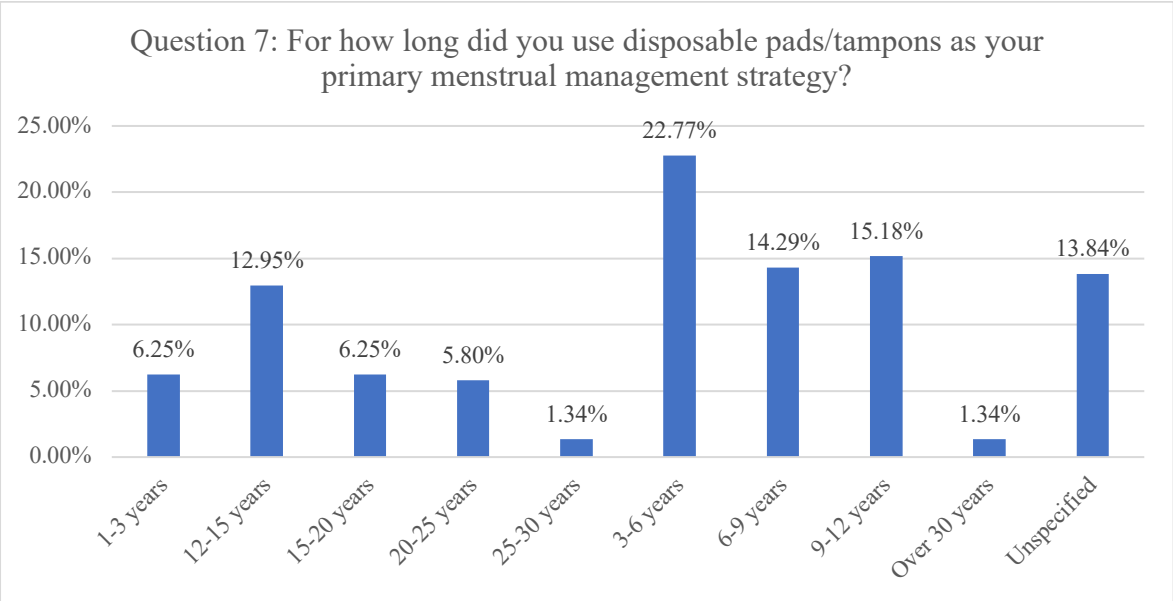


Q6: Have you ever used disposable pads and/or tampons as your primary menstrual management strategy?
Respondents were asked if they had previously used disposable pads and tampons to manage their menstruation. It was clear that pads and tampons are the norm for most menstruators at menarche as 87.5% of respondents indicated that they had previously used disposable pads and tampons as their menstrual management strategy, and only 1.79% indicating that they had not.



Q7: For how long did you use disposable pads/tampons as your primary menstrual management strategy?

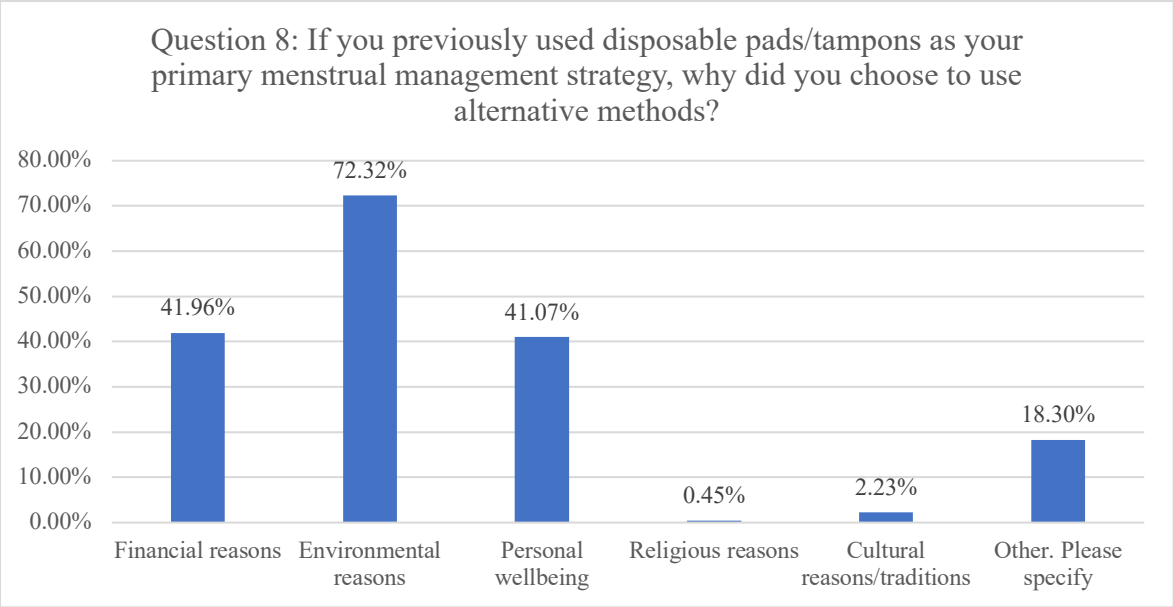
Respondents were asked how long they had used pads and tampons as their primary menstrual management strategy for before searching for alternatives. With such a question it is important to remember the age distribution of the sample with 53.57% of the participants being under the age of 30. This means that most of the participants have been experiencing menstruation for 10-15 years. 3-6 years was the most common amount of time that pads and tampons had been used as a primary menstrual management option.



QuestionI f you previously used disposable pads/tampons as your primary menstrual management strategy, why did you choose to use alternative methods?

Respondents were then asked the reasons for changing from disposable methods to alternative menstrual management methods. Respondents were asked to select all that apply. Similar results were held here as to why they selected their current menstrual management strategy as asked in Q3 with environmental reasons being the most popular reason (73.32%),

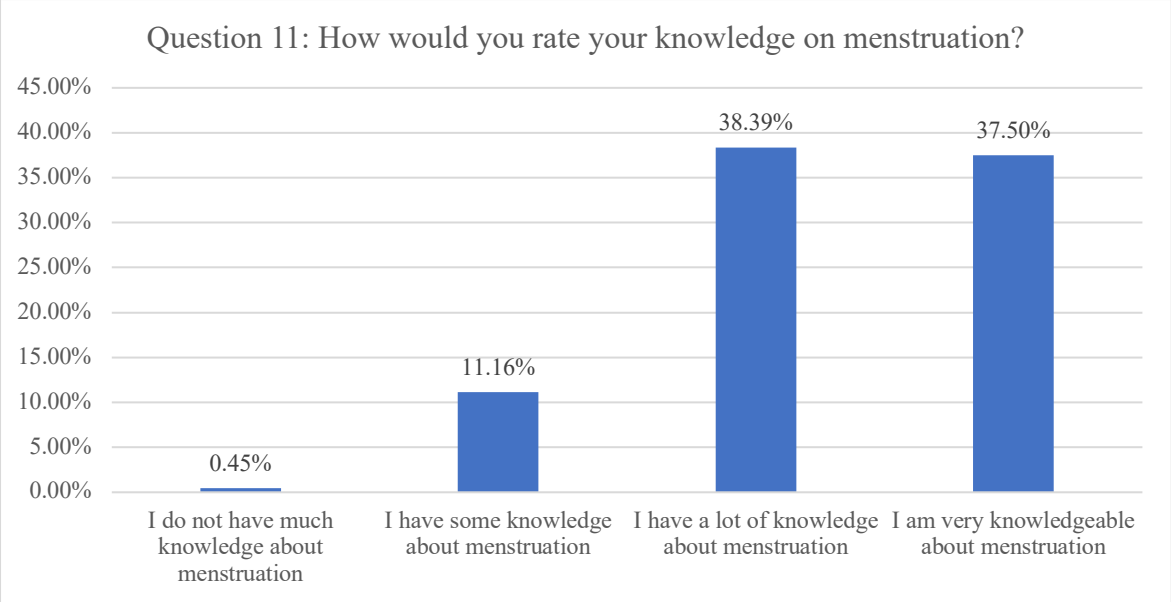
followed by personal wellbeing (41.07%) and financial reasons (41.96). Religious reason (0.45%) and Cultural reasons/traditions (2.23%) made up a very small percentage of reasons selected.



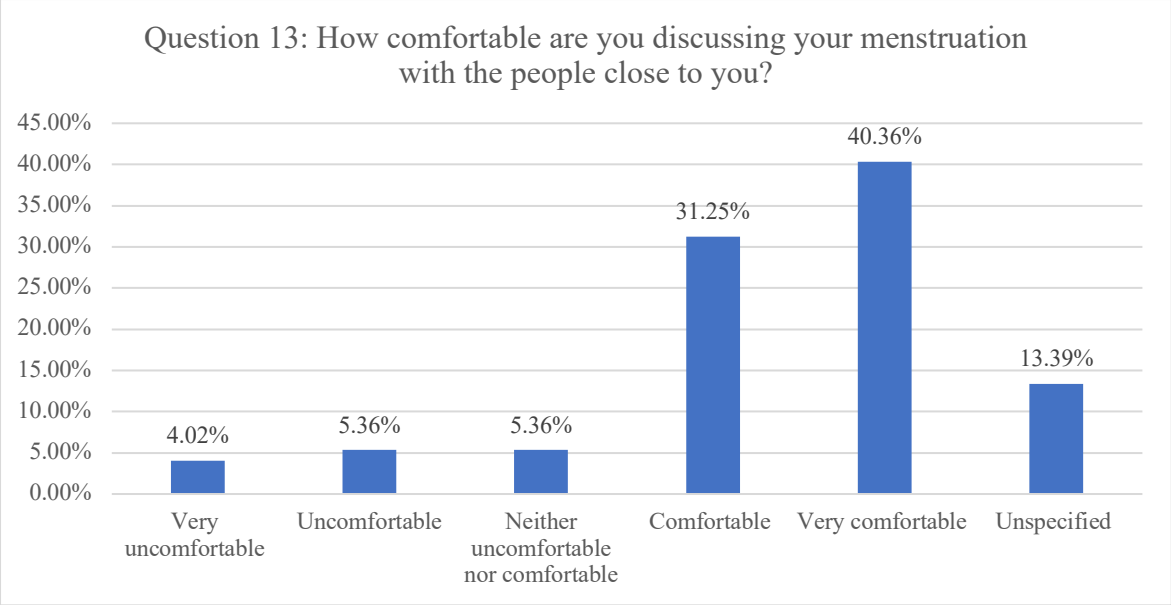
Respondents were given an option to include an answer that was not listed. Amongst the open-ended responses some prevalent responses were environmental reasons, personal wellbeing, and financial reasons.

Q11: How would you rate your knowledge on menstruation?

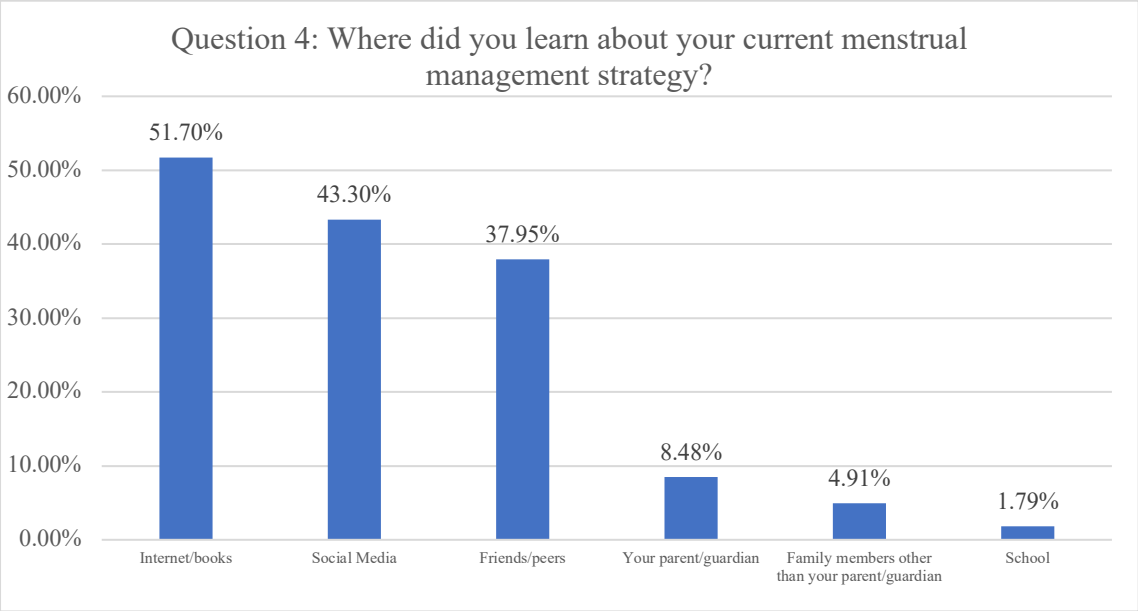
Respondents were then asked how they would rate their knowledge on menstruation. They were given a scale to rate their knowledge on from “I do not have much knowledge about menstruation” to “I am very knowledgeable about menstruation”. Most participants saw themselves as knowledgeable about menstruation with 37.50% indicating they were very knowledgeable and 38.39% indicating had a lot of knowledge regarding menstruation. 11.16% of respondents indicated that they had some menstrual knowledge with only 0.45% indicating that they did not have much knowledge about menstruation. This is an interesting finding in relation to findings regarding menstrual education and knowledge. Most respondents indicated gaining menstrual knowledge through independent research, receiving little education from schools, and parents yet still consider themselves to be quite knowledgeable about menstruation. These findings suggest that there could be an aspect to alternative menstrual management strategies that requires additional learning, or potentially those who were predisposed to being interested in attaining menstrual knowledge are more likely to adopt alternative menstrual management strategies.



Q13: How comfortable are you discussing your menstruation with the people close to you? Respondents were asked to rate how comfortable they felt discussing their menstruation with people close to them. They were given a scale from very uncomfortable to very comfortable. The majority of participants indicated that they were comfortable discussing their menstruation with people close to them with 31.25% indicating they felt comfortable and 40.36% indicating they were very comfortable. 5.36% of respondents were neither comfortable nor uncomfortable and a very small number of respondents were uncomfortable with 5.36% of participants indicating they were uncomfortable and 4.02% indicating they were very uncomfortable.



Q4: Where did you learn about your current menstrual management strategy?

Respondents asked where they had learned about their current menstrual management strategy and had the option to select all that apply. Results showed that most learning

regarding alternative menstrual management strategies was occurred independently through the internet or through friends and peers. The most popular source of alternative menstrual management education was the internet and books (51.70%), followed by social media (43.30%), and friends and peers (37.95%). Only 8.48% respondents indicating they had learned about their menstrual management strategy from their parents or legal guardians, 4.91% indicating family members other than their legal guardians and parents, and only 1.79% indicating they had received this knowledge at school.