From ‘Old Wives’ Tales’ to Digital Trackers: The Shifting Social Imaginaries of Menstruation in Ireland

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Submitted for the degree of Doctor of Philosophy in Sociology.

Maynooth University,

Department of Sociology,

October 2025

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Acknowledgements

When thinking about writing the acknowledgments for this PhD (and really, my life this far), I have always been reminded of the phrase ‘it takes a village’. Except, I have not had a village. I have had an entire continent of people behind me, supporting me and cheering me on, every step of the way. In fact, I could probably write a whole other thesis about all of the people who have made this journey possible. Don’t worry Mam, I won’t.

I would like to extend extreme gratitude to Prof. Pauline Cullen. I truly believe that you are the best supervisor that someone could have. I cannot believe that I was the one fortunate enough to have you guiding and supporting me through the last 5 years. I cannot thank you enough for all of the understanding, time, care and effort you have given to me. I think we both know I could not have done any of this without you.

Thank you to Prof. Jane Gray for so generously sharing your expertise. Your insight has been invaluable and I deeply appreciate the time and guidance you have given me. I also want to thank all of the Sociology and Politics department in Maynooth. Áine, Trish and Darien, I hope you know this already, but you keep us all going. Thank you for letting me bother you for the last 5 years. To the PhD cohort in Maynooth- you have made the PhD so much fun. Roisin, Akangshya, Yuening, Nikos, Shane, Eimhin, Críostóir, Niall, Iva-Nicole, Shams, Ali, and the rest of the gang; thanks for always being up for a chat. I am very sorry for always distracting you and talking excessively when you were trying to work.

I have been blessed with friendships in abundance. Aoife, Lauri, Matt, Aideen, Katie, Rachael, Eoin, Sadhbh and Sophie. Thank you all for all of the giggles, cups of coffee, glasses of wine, and shoulders to cry on. You have done so much for me, and I only hope I can give back a fraction of what you've given me. Even then, it still wouldn’t be enough. You are exemplars of love in action and I love you all so much.

I want to thank all of my family. Mam (Valerie), Dad (George) and my two big brothers; Eric and Albert. You have all listened to me talk excessively about my research, maybe not always understanding what I was talking about, but you still listened. I hope I am even a little bit like all of you when I grow up. Love yous. Jean, Suzanne and Austin, Robert, Marilyn and Bill, Jim, Pat, Brian, Alison, Pauline, Aoife, and all of the cousins- thank you. I might have something else to talk about at Christmas this year… but I'm not making any promises.

My amazing partner, Cormac. Each year together has been better than the last. You are the most caring, loving and supportive person I have ever met. You know better than anyone else, that these have been an intense few years. I genuinely would have not been able to finish this without you. Thank you for always believing in me and never letting me give up. Your support has been unwavering, and I don't think you will ever understand what you have done and continue to do for me. It has been so lovely to watch you thrive in your own PhD journey, and I hope you know that you are a source of constant inspiration to me. I love you to the moon and back. Also, Deirdre, Fintan and Andrew- Cormac is the way he is, because of you. Thank you. For always welcoming me and making me feel part of the family from day one.

This research would not have been possible without the support of the Irish Research Council/ Research Ireland under Grant GOIPG/2022/2084. ORCID ID 0000-0002-6527-7276.

Most importantly, you are only reading this because of all of the people who so generously participated in this research. I will never be able to effectively convey my gratitude to all of you. The trust you all gave me was an honour. Thank you all for sharing your stories and so much of your life with me. I can only hope I have done you justice.

This is as much my thesis as it is yours. This is for all of you. This is for us.

Summary

Menstruation, previously a hidden and ‘unspeakable’ physiological process, has become a topic of cultural interest and political activism evident in recent campaigns on period poverty. Yet coping with the menstrual cycle remains in large part individualised, falling within the remit of medical advice, limited educational interventions or commercial interests including digital tracking technologies. To date there are no sociological studies of menstrual ‘management’ in Ireland. Drawing on an intergenerational sample and using qualitative including visual methods, this thesis investigates how menstruation is navigated across and between generations of people who menstruate. Critical menstrual theories are used to explore how those who menstruate manage, frame and understand menstruation within Ireland's evolving social and political landscape. It investigates often unspoken and informal social practices of menstrual ‘management’ passed down through kinship and peer networks.

Menstrual management is conceptualised as operating on three levels: at the subjective micro level of individual management, the meso level of kinship and peer dynamics and at the macro level of cultural, institutional, and commercial framings including technological management. These levels interact to produce a particular social imaginary, a set of values, institutions, and symbols through which menstruation is experienced, regulated, commodified, digitised and contested. I situate menstruation within the terrain of everyday experiences to assess it as a site of stigma but also of resistance. The aim is to understand menstruation within broader processes of gendered social change. The power of cross-generational dynamics in shaping how women and girls frame their embodiment, and their sexual and reproductive lives reveals much about the 'stickiness' of gendered norms, while also indicating sources of resistance, creativity, and gendered social change in Irish society. In doing so, the thesis contributes to sociological understandings of how embodied experiences

and gendered subjectivities are socially produced, negotiated, and potentially transformed across generations.

Chapter 1: Introduction

> ‘Throughout my life, I have just kind of struggled on with my period. I feel like my life has been constantly interrupted, or like it’s been constantly dictated by this experience that I have every single month. Sometimes it’s felt like I’m allergic to myself...I never knew when it would come. Or when I thought I knew it was coming and it didn’t…and it came early, or later, or not at all…The constant uncertainty, like, knowing it’s coming but not knowing when, or how long or short it will be, or how heavy or light, or whatever…is just so stressful. You know?’ (Sinead, 48)

Sinead’s reflection speaks to the centrality of management in the menstrual experience. What she describes is the everyday, relentless negotiation of an embodied process that is predictable and uncertain, mundane and yet persistently disruptive. This makes menstruation a compelling subject of study. As the quote above indicates, managing menstruation is a core task for many menstruators that across the life course may act as a source of disruption, pain, shame, expectation, fear, and/or perhaps hope. Menstrual cycles act as a pulse animating the days, weeks, months and years of reproductive lives. For menstruators managing this biological reality demands specific actions and resources from the menstruator. It is deeply physiological, psychological and sociological and as such a process that is central to understanding gendered embodiment and social change (Bobel, 2019; Johnston-Robledo and Chrisler, 2013; Hennegan, 2017). To study menstruation, then, is to interrogate the material practices of management as well as the menstrual imagination, the constellation of cultural meanings, myths, and anxieties that render menstruation either shameful, pathological, empowering, or in need of suppression (Przybyło, 2025, pp. 6-8).

This thesis focuses on how menstrual experiences are shaped across and between generations in Ireland, a nation undergoing profound social, political, and cultural transformations in relation to reproductive rights and gender (Kennedy, 2020). These transformations and the

accompanying shifting attitudes towards bodily autonomy, reproductive politics, and gender norms are relevant for understanding menstrual management because they shape how menstruation is framed, discussed, concealed, or politicised across different generational cohorts. The thesis argues that menstruation is both materially and symbolically significant in shaping everyday practices, bodily knowledge, and social identities. Adopting a feminist lens, I examine how menstruation is managed, framed and understood across generations in Ireland.

Research Problem/ Gap

Contemporary scholarship has studied menstruation as a site of biomedical control (Johnston-Robledo and Stubbs, 2013), stigmatisation (Przybyło and Fahs, 2018), datafication (Lutz and Sivakumar, 2020; Fox and Epstein, 2020), commodification (Mørk Røstvik, 2022) and an object of political and social contest (Bobel and Fahs, 2020b). However, research on intergenerational menstrual dynamics remains rare (Brantelid et al., 2014), whilst a consensus emerges that menstruation continues to be framed as an individual experience that occurs in silence and concealment (Przybyło and Fahs, 2018, p. 213).

To gain a deeper understanding about how individuals who menstruate ‘do’ menstruation across the life course, this research explores subjective experiences of menstruation within Irish cultural contexts, examining how social structural forces frame periods as a source of stigma, shame, and material and societal exclusion, as well as positive gendered embodiment and menstrual solidarity. Representing the first sociological, qualitative examination of menstrual experiences and management practices in Ireland, this research addresses a significant research gap identified by the Period Poverty Sub-Committee in the National Strategy for Women and Girls (2017-2020), which underlined the need for ‘more extensive research amongst women and girls across the full menstrual age range (10-54)’. In doing so, I propose a reimagining of menstrual imaginaries that extends existing conceptualisations of

21st-century reproductive embodiment and gendered social change in Ireland. This will contribute to feminist epistemologies and knowledge production in the field of sexual and reproductive health.

The contemporary global context presents additional challenges to advancing menstrual justice and embodied equality. The rise of far-right movements in Western democracies has intensified attacks on reproductive rights and bodily autonomy. At the same time, processes of re-traditionalisation seek to restrict discussions about gender and sexuality (Korolczuk, 2020). These developments have created increasingly hostile environments for feminist advocacy and research on reproductive embodiment. In particular, restrictions on discussions of reproductive rights globally have made it more difficult to challenge entrenched menstrual taboos and advance menstrual equity initiatives. Policymakers and international frameworks such as the United Nations Sustainable Development Goals have made concerted efforts to reconceptualise menstruation from a taboo subject to a human rights issue, highlighting the need for menstrual equity and dignity. Yet, most Irish institutions still find it difficult to recognise menstruation as a matter requiring structural support and open discussion (Sundstrom and Delay, 2023).

Theoretical Framework

This research is grounded in feminist theories of embodiment (Butler, 1990), gendered knowledge production (Cullen and Corcoran, 2020) and feminist epistemologies that challenge dominant ways of knowing about reproductive bodies.

Central to this thesis is the concept of menstrual imaginaries. Drawing on Taylor's (2004, p. 23) conception of social imaginaries as 'the ways people imagine their social existence' and the 'deeper normative notions and images that underlie' social expectations, menstrual imaginaries are defined here as the shared understandings, practices and narratives through which societies make sense of menstruation as both biological process and social

phenomenon. Social imaginaries hold tangible power in shaping lived experiences, institutional practices and bodily realities (Taylor, 2004). The menstrual imaginary operates across three interconnected levels of menstrual management: the subjective micro level of individual perception and practice, the meso level of kinship and peer dynamics, and the macro level of cultural, institutional, and commercial framings including technological management. The literature review is organised according to these three levels, discussing each separately before analysing how they interact to produce particular sets of values, institutions, and symbols through which menstruation is experienced, regulated, commodified, digitised, and contested.

The cross-generational dimension of menstrual imaginaries shows how menstrual knowledge and practices are passed down through kinship, educational, and peer networks. This transmission is never straightforward reproduction. Instead, it involves active negotiation between inherited understandings and contemporary realities, as successive generations encounter different social, technological, and cultural contexts for understanding menstruation. Age operates as an important axis of analysis within menstrual imaginaries, as both a marker of biological development and social location that shapes access to resources, knowledge networks, and forms of agency. The research centres on understanding how cross-generational transmission of menstrual knowledge occurs and also recognises that different age cohorts may develop distinct menstrual imaginaries shaped by their particular historical moment, available technologies, and social movements. This approach allows me to investigate how menstrual experiences are constituted through the intersection of age with other structural positions, creating multiple, sometimes competing, imaginaries that coexist within and across generations.

The Irish Context

Ireland provides a particularly interesting context for examining menstrual experiences due to the legacy of traditional Catholic influences, rapid social change and feminist activism around reproductive rights (Ferriter, 2024). Recent social changes, including the repeal of the Eighth Amendment and increasing discussion of reproductive rights, have created new possibilities for challenging restrictive menstrual imaginaries (Kennedy, 2020).

Significant silences and taboos around menstruation persist within Irish culture, shaped by historical religious influences and conservative attitudes towards female sexuality and embodiment. The contemporary political climate, characterised by restrictions on reproductive rights discussions globally and the resurgence of traditionalist values, may be repeating aspects of these cultural taboos (Dungy and Krings, 2024). Understanding menstrual management across generations offers insights into continuity or change in reproductive realities. It also affords assessment into changes within the menstrual imaginary, understood here as an assemblage of attitudes and social practices influencing the terms under which menstruators experience, understand, reproduce and/or contest menstruation. This research examines how menstruating individuals across generations navigate these political and cultural dynamics while developing their own menstrual management practices and embodied knowledge within an increasingly contested social and political landscape.

Research Aims and Objectives

The overarching aim of this study is to investigate how menstruation is navigated, managed, and understood by individuals across different generations in Ireland. It attends to how menstrual knowledge is transmitted, transformed, and contested within and between generations, and how these processes are situated within social and political contexts.

The objectives are:

1. To provide the first sociological study of menstrual experiences and management practices in Ireland.
2. To explore how menstrual knowledge is transmitted intergenerationally within kinship and peer networks, and how this knowledge is shaped by social norms, cultural memory, and changing gender ideologies.
3. To conceptualise 'menstrual imaginaries' as a framework for understanding how cultural, institutional, and technological structures shape these imaginaries.
4. To examine how menstruation is experienced as both a site of stigma and resistance, and how it contributes to broader processes of gendered social change.
5. To develop inclusive feminist methodologies that centre embodied, experiential knowledge across diverse menstruating populations, including cis women, trans men, and non-binary individuals.

Contribution to Knowledge

This thesis makes several contributions to the fields of menstrual studies, feminist theory, and Irish sociology by addressing key gaps in knowledge and methodology. It responds to the absence of sociological analysis of menstrual experience in Ireland, offering an in-depth, qualitative exploration of how menstruation is managed and experienced in Ireland. While situated in Ireland, this research offers a methodological and theoretical framework for understanding how menstrual management practices are shaped by individual experience, social and kinship networks, and macro- level institutional forces. This approach has applicability beyond the Irish context, particularly for societies undergoing rapid shifts in reproductive politics, where examining intergenerational differences can reveal both the persistence of gendered norms and emerging sites of resistance. In doing so, it introduces the

concept of 'menstrual imaginaries' to theorise how historical religious influences, rapid social change, and feminist activisms shape contemporary menstrual imaginaries.

Central to this work is an emphasis on intergenerational knowledge transmission. The study highlights how menstrual knowledge is passed down, withheld and reinterpreted within kinship and peer networks. These intergenerational dynamics are shown to be crucial in shaping how menstruation is understood and managed, revealing change and continuity in menstrual norms over time.

Through the use of a range of qualitative methods that include semi-structured interviews, dyadic interviews, body mapping, and digital walkthroughs, the study demonstrates how feminist methodologies can centre lived, embodied experience. These methods capture the multiplicity of menstrual meanings and allow participants to reflect on their bodily knowledge in situated and relational ways.

By producing a detailed account of menstrual practices across diverse life stages and social positions, this thesis provides a foundation for future work on menstrual justice in Ireland. Its findings speak to ongoing debates in healthcare, education, and public policy, particularly in relation to menstrual equity, menstrual dignity, and period poverty in Ireland. More broadly, the thesis contributes to feminist epistemologies by affirming the value of experiential knowledge and expanding the repertoire of legitimate ways of knowing the menstrual body. This contribution is particularly significant, as historical silences around menstruation have meant that subjective, every day, embodied experiences have rarely been documented.

Feminist Epistemologies

Feminist epistemologies challenge dominant ways of knowing and knowledge production, emphasising the importance of situated knowledge and embodied experience as valid sources of understanding (Cullen and Corcoran, 2020; Harding, 1991). Knowledge about

menstruation has historically been produced within patriarchal frameworks that privilege medical and scientific authority over experiential knowledge, marginalising the voices and experiences of menstruating individuals (Martin, 1994; Ussher, 2006).

Contemporary feminist scholarship has expanded the categories of people understood to be menstruators and underlined the exclusions associated with menstrual normativity (Przybyło and Fahs, 2018; Lowik, 2020). This framework challenges essentialist assumptions about gender and menstruation while recognising the continued relevance of gendered analysis for understanding menstrual experiences. As part of this the development of inclusive research approaches that recognise the experiences of all menstruating individuals, including trans and non-binary people, represents an important advancement in menstrual research and feminist epistemologies. This thesis includes trans and non-binary participants in an effort to align with these perspectives. The contribution here is in employing methodological approaches that privilege embodied knowledge and lived experience with the aim of generating new empirical insights into menstruation as a biological process that serves as a source of regulation, stigma, consumption, datafication, gendered solidarity and increasingly feminist empowerment.

Methodological Overview

This research employs a feminist methodological framework designed to capture the embodied, relational, and digitised nature of contemporary menstrual experience. The study involved 38 participants aged between 18 and 78. combining multiple methods to provide a multifaceted account of menstrual knowledge and practice. I conducted 30 individual interviews, and 4 dyad interviews. Each methodological choice directly addresses the research objectives detailed above.

Individual semi-structured interviews: Conducted to gather personal narratives of menstrual experience across the life course. These interviews provide the foundational data

for the first sociological study of menstrual experiences in Ireland. The interviews examined the subjective experiences of menstrual management, gathering narratives of how individuals experience and make meaning of their menstrual cycles across the life course. The narrative approach enables examination of how menstruation is experienced as both a site of stigma and resistance, and how it contributes to broader processes of gendered social change over time.

Dyadic interviews: Conducted between mothers and daughters to explore intergenerational knowledge transmission. These interviews captured the meso-level dynamics of menstrual knowledge transmission, including how menstrual understanding is passed down, negotiated, and transformed within kinship networks.

Body mapping: An art- based, participatory and visual method that enables participants to represent their menstrual embodiment in a creative form. Body mapping examines embodied knowledge that often remains unspoken, enabling participants to represent their menstrual experiences through creative expression.

Digital walkthroughs: Used to explore how participants engage with menstrual tracking technologies and what meanings they attribute to them. This method examines how macro-level technological and commercial framings shapes participants' engagement with menstrual tracking applications and the meanings they attribute to digitised menstrual data.

These methods were chosen for their capacity to elicit rich, textured accounts of embodied life. They are also part of my commitment to feminist epistemologies that value subjectivity, reflexivity, and relationality.

Sites of Menstrual Experience

This research examines menstrual experiences across multiple sites of social life, recognising that menstrual management and meaning making occur within different social contexts with

varying norms and expectations. Each site represents a distinct arena where menstrual knowledge is produced, transmitted, and negotiated. The sites examined include:

Family and Kinship The family constitutes the primary site of menstrual socialisation, where initial knowledge about menstruation is transmitted and early management practices are established. Family dynamics significantly shape menstrual imaginaries and experiences of menarche, creating foundational understandings that influence lifelong relationships with menstruation. These intimate spaces of learning are characterised by intergenerational knowledge transfer, cultural traditions, and varying degrees of openness or silence around menstrual matters.

Educational Contexts Educational institutions constitute important sites for menstrual learning and management, where young people navigate menstruation within institutional contexts that may or may not provide adequate support and facilities. Schools, colleges, and universities serve as spaces where formal and informal menstrual education occurs, whilst also presenting challenges around access to facilities, peer interactions, and the negotiation of menstrual management within structured environments.

Healthcare Contexts Healthcare settings represent sites where medical knowledge about menstruation is produced and transmitted, shaping understandings of 'normal' and 'abnormal' menstrual experiences whilst potentially reproducing biomedical control over menstruating bodies. These contexts include GP surgeries, specialist clinics, and sexual health services, where menstrual concerns are medicalised and treatment pathways are established.

Media and Commercial Spaces These spaces constitute sites where menstrual products are marketed and cultural representations of menstruation are circulated, contributing to menstrual discourse and processes of commodification. Advertising, retail environments, and

media representations work together to construct particular understandings of menstruation whilst promoting commercial solutions to menstrual management.

Digital and Technological Spaces Digital platforms represent emerging sites where menstrual tracking and femtech applications create new forms of menstrual knowledge and management whilst raising questions about datafication and surveillance of reproductive bodies. These technological interventions promise greater understanding and control over menstrual cycles yet simultaneously generate new forms of data about reproductive health.

Workplaces and Public Spaces These constitute sites where menstrual management must be negotiated within social contexts that may not acknowledge or accommodate menstrual needs. The navigation of menstruation in professional environments and public facilities highlights ongoing challenges around menstrual equity and inclusion.

Thesis Structure

The thesis is structured as follows:

Chapter 1	• Introduction
Chapter 2	• Literature Review
Chapter 3	• Mapping the Menstrual Imaginary in Ireland: Contextualisng the thesis
Chapter 4	• Researching Menstruation: Methodology Chapter
Chapter 5	• First Blood: Menarche
Chapter 6	• Blood Lines: Menstruation and the Family
Chapter 7	• Bodies of Knowledge: Embodiment and Menstruation
Chapter 8	• Flow State: Menstrual Technologies
Chapter 9	• Red Threads: Navigating and Negotioating the Menstrual Imaginary in Ireland
Chapter 10	• Conclusion

Figure 1: Thesis Structure

Chapter Two presents a literature review examining feminist scholarship on menstruation, embodiment theories and research on menstrual management practices. This chapter establishes the theoretical foundations for the research and identifies gaps in existing knowledge, including the limited sociological attention to intergenerational transmission of

menstrual knowledge and to experiences of everyday menstrual management. These gaps are particularly acute in the Irish context and reflect broader limitations in menstrual scholarship internationally.

Chapter Three provides context for understanding menstruation in the Irish context, examining historical and contemporary cultural constructions of gender and menstruation within Irish society. This chapter contextualises an Irish menstrual imaginary and analyses how religious, traditional and modern influences have shaped how menstruation is experienced in Ireland.

Chapter Four discusses the feminist methodological approach supporting this research, including the use of art-based methods (body maps), interviews and dyadic interviews to capture embodied knowledge and lived experience. This chapter addresses the challenges and opportunities of conducting inclusive menstrual research whilst outlining the feminist epistemological frameworks that inform this study's approach to knowledge production.

Chapter Five the first empirical chapter explores experiences of menarche as a significant moment in the menstrual life course, examining how first menstruation is experienced, understood and managed. This chapter argues that menarche is a significant life event, a gendered rite of passage and a site of intergenerational knowledge transmission.

Chapter Six examines family contexts as sites of menstrual socialisation, exploring how menstrual knowledge is transmitted across generations and how family dynamics shape menstrual experiences and management practices. This chapter addresses the gap in research on intergenerational menstrual dynamics.

Chapter Seven focuses on embodiment and employs body mapping methodologies to explore how menstruating individuals understand and experience their menstrual bodies. This chapter

examines the relationship between menstrual embodiment and experiences of gendered embodiment.

Chapter Eight analyses the role of technology and advertising in shaping contemporary menstrual management practices and cultural representations of menstruation. This chapter examines how commercial and technological developments, including femtech and menstrual tracking applications, are transforming menstrual experiences whilst creating new forms of commodification and datafication.

Chapter Nine presents findings on living menstruation in contemporary Ireland, synthesising insights from across the research to examine how menstruating individuals navigate and negotiate Irish menstrual imaginaries in their everyday lives.

The thesis concludes by foregrounding the analytical power of the menstrual imaginaries framework and its contributions to feminist theory, menstrual studies, and Irish sociology. It identifies implications for policy and practice and sets out key directions for future research in this emerging field.

Chapter 2: Literature Review- Part 1

Introduction

Sociologists, feminist theorists, cultural anthropologists and social movement scholars have all contributed to the study of menstruation in different and, at times, overlapping ways. These works have examined menstruation's role and function in gender socialisation, as a site of biomedical control, stigmatisation, datafication, commodification, as a cultural referent, and object of political and social contest. In this literature review, I outline some of these assessments of menstruation within the field of critical menstruation studies. The depth and range of scholarship carried out within the field of menstrual studies has snowballed in recent

years (Bobel, 2020). However, deficits remain. There is a lack of critical engagement with everyday menstrual management practices (particularly in the Irish context). Hygiene frameworks, particularly those aligned with development literatures and policy and cultural analysis, have menstruation as a problem to be solved in ways that can lack criticality around the neo-colonial and racialised and gendered aspects of development projects (Calkin, 2015). Social interests, including women's organisations, feminist movements and trade unions, have also entered into debates and analyses of menstrual management, understood as a policy framework to advance gender equity in employment and access to reproductive care and resources. However, aside from one distinctively sociological assessment in the United Kingdom (Newton, 2016), there are few sociological accounts of menstruation's physiological, material, and lived experience across generations. Informed by the field of critical menstrual studies, I use menstruation as a way to examine societal issues and tensions including gender inequality, discourses of embodiment, processes of commodification and emergent technologies (Bobel, 2020).

This research frames menstrual management as operating on three levels: at the macro level of cultural, institutional, and commercial framings, including technological management, the meso level of kinship and peer dynamics and the subjective micro level of individual management. As outlined in Chapter 1, these levels correspond with the menstrual imaginaries framework, which conceptualises how shared understandings, practices and narratives about menstruation are managed, framed and understood across social contexts. Organising the literature review according to this framework allows me to analyse how menstrual knowledge is constructed across the micro, meso and macro levels, and how these levels interact to shape menstrual experiences.

I begin with a focus on the macro level to assess how religious (O'Dowd, 2020), political (Bobel, 2020), cultural (Malefyt and McCabe, 2016; Delay, 2019), educational (Secor-Turner

and Huseth- Zosel, 2022), technological (Kressbach, 2015), commercial (Mørk- Røstvik, 2020) and medical institutions (Koskenniemi, 2023; Armour et al., 2021) have been understood as forces that manage and frame menstruation. Next, I discuss scholarship on menstruation in the context of peer and kinship networks (Newton, 2016; Lee, 2009). Lastly, I refer to research that examines menstruation the individual, embodied, subjective micro level. I specifically discuss how menarche, or the first period, has been analysed from social-psychological (McPherson and Korfine, 2004), sociological (Newton, 2016) and critical menstruation studies perspectives (Kissling, 2020). This chapter aims then to assess previous literature that has mapped menstruation within the context of medical institutions, discussed it in terms of development projects, cultural representations, commodification, digital technologies and as an element of gendered socialisation within schooling and family contexts.

Menstruation as a Macro Phenomenon

Biomedical Models and Medicalisation

The medicalisation of menstruation has deep historical roots that continue to shape contemporary understandings of menstrual experiences and actually occurring menstrual management practices. Feminist scholarship on gender and health has established that medical knowledge maintains power relations, particularly around gender, race and class (Lorber and Freidson, 1972, p. 389). Young (2005) argues that these supposedly objective medical categories often naturalise social inequalities by positioning certain bodies and experiences as inherently pathological whilst others remain unmarked as 'normal' (Young, 2005).

Victorian-era physicians characterised menstruation as inherently pathological and debilitating, with 19th century medical texts frequently describing menstruation as a 'curse'

that rendered women temporarily incapacitated and unsuitable for intellectual or physical exertion (Newton, 2016; Ehrenreich and English, 1973). Key scholars argue that medical institutions function as sites of social control, where gendered assumptions about bodies become embedded within seemingly objective clinical practices (Lorber and Moore, 2002; Clarke and Olesen, 1999, pp. 23-24). This body of work examines how healthcare systems often pathologise normal female bodily processes and dismiss women's symptom reports as psychosomatic or exaggerated (Werner and Malterud, 2003, pp. 1414-1416). Socio-medical research from Hay et al. (2019) documents how women's symptom reporting is often dismissed as psychosomatic or noncompliance, rather than prompting medical investigation. This creates a double bind where women must either accept potentially inappropriate treatment or risk being labelled as ‘difficult patients’. Zola's (1972) classic work on medicine explores this concept and frames medicine as an institution of social control where medical authority serves to regulate bodies and behaviours, with particular implications for women's reproductive health. For example, the hormonal contraceptive pill is not just a treatment, but a tool of compliance. In this way, adherence to prescribed regimens becomes a measure of patient credibility.

The medicalisation of women's bodies positions male-coded experiences as the universal norm against which female embodiment is measured and found lacking (Martin, 1987). The development of modern gynaecology further entrenched medical control over menstrual experiences through the establishment of menstrual 'norms' including cycle length, flow duration, and symptom severity. These created categories of 'normal' and 'abnormal' menstruation that positioned healthcare providers as arbiters of menstrual health (Persdotter, 2020; Martin, 1994).

The feminist critique of medicine argues that women’s bodies are deemed ‘out of control’ by a patriarchal medical system. (Richie, 2019). Biomedical theories have framed menstruation,

along with other reproductive processes, through economic metaphors of the body, depicting it as a ‘diseased factory’ or ‘machine in disrepair’ (Martin, 1987, p. 45). In their classic feminist critique of medicalisation, Ehrenreich and English (2005, p. 22) explained: 'Not only are women seen as sickly - sickness is seen as feminine'. This observation detailed the tensions that lie at the heart of women's encounters with medicine, establishing a framework where femininity itself becomes pathologised through the lens of the menstrual experience. Medicine has been slow to move away from pathologising menstruation, and it is argued that this has deepened its commodification (McHugh and Chrisler, 2015; Mandziuk, 2010) while limiting medical research into reproductive health (Mercuri et al., 2022).

Medicine as an institution and the pharmaceutical industry have also been understood to exist in a powerful ‘natural partnership’ that has dominated the field of women’s health (Padamsee, 2011). This alliance operates through several interconnected mechanisms where medical professionals diagnose menstrual 'disorders' using categories developed in collaboration with pharmaceutical companies, who then provide pharmacological solutions that generate substantial profits whilst maintaining medical authority over women's bodies. From this perspective, this partnership has enabled the commodification of menstruation, transforming natural biological processes into profitable medical conditions requiring ongoing treatment (McHugh and Chrisler, 2015). This focus on pathology and pharmaceutical intervention has diverted resources away from comprehensive research into reproductive health, limiting understanding of menstrual experiences and alternative management approaches (Mercuri et al., 2022; Mandziuk, 2010).

Contemporary Biomedicalisation of Menstruation

Scholars have applied feminist critiques of biomedicine to understand how menstruation has been transformed from a natural biological process into a medical concern requiring professional oversight. Traditional medicalisation of women's reproductive cycles operated

through clinical pathology models that defined menstruation as inherently problematic, maintaining its status as taboo whilst positioning it as a disease requiring concealment through medical management (Martin, 2001; Ehrenreich and English, 2005). This earlier approach focused on episodic intervention when menstrual symptoms exceeded medically established parameters, with healthcare professionals serving as sole arbiters of what constituted 'normal' versus 'abnormal' menstruation.

Building on this theoretical framework, menstrual scholars have traced how these processes specifically shape contemporary understandings of menstruation. In a psychological study, Ussher (2006, p. 4) drew upon Foucauldian concepts of 'biopower' to examine how medicine, science, law and popular culture combine to construct the menstruating body as 'monstrous', polluted or deviant. Ussher (2006) argued that biopower operates through menstrual discourse to position women's bodies as requiring medical surveillance. Women's internalisation of these medicalised frameworks produces self-surveillance and disciplinary management of their menstrual experiences (Ussher, 2006, p. 5)

Extending on Ussher's focus on self-surveillance, Clarke et al. (2010, p. 186) identify a fundamental theoretical and historical shift from medicalisation to 'biomedicalisation' that represents a transformation in how medical power operates in relation to health and bodies. Unlike traditional medicalisation, which controls bodies through defining and treating disease, biomedicalisation encourages the transformation of bodies based on the construct of 'health' rather than illness (Clarke et al., 2010, p. 187). This means individuals no longer need to be sick to require intervention; simply the risk of eventual poor health becomes sufficient for medical management.

Wood (2020) builds upon both Clarke et al.'s biomedicalisation theory and earlier menstrual scholarship (Ussher, 2006) to argue that contemporary menstrual biomedicalisation represents

an expansion of medical control. Wood's (2020, p. 323) research conveys how biomedicalisation is now 'broader, more invasive and reaches into lifestyle decisions around health, risk, illness, and wellness as a moral imperative… with a more complex and insidious structure of knowledge production and dissemination, including the corporatisation of medicine'. Here, medical discourse emerges from experts and from pharmaceutical companies, media outlets, and research conglomerates targeting consumers directly (Wood, 2020). Biomedicalisation transforms women into perpetual health managers responsible for continuous menstrual wellness optimisation through consumer products, lifestyle modifications, and preventive interventions (Wood, 2020, p. 323). These include enduring elements of paternalism and medical models that understand health and illness in terms of individual lifestyle management of health and risk.[1]

King's (2025) recent work offers a corrective to biomedical framings of menstruation that persist in both medical training and popular discourse. These misconceptions arise from the 'hidden curriculum' of medicine and are not the product of a deliberate medical conspiracy (King, 2025). The hidden curriculum refers to the tacit assumptions, frameworks and exclusions that shape how doctors are taught to understand bodies. As such, the hidden curriculum perpetuates several dangerous myths, including the idea that hormones are primarily relevant to women rather than to all humans, that menstruation is narrowly tied to fertility and therefore medicalised as a reproductive problem, and that PMS or cyclical hormone fluctuations directly cause irrationality, mood swings or hysteria, even though there is no scientific evidence of such correlations. In reality, hormones fluctuate constantly in every human body, regardless of sex[2]. King also argues that medicine has overlooked

[1] These may include moral frameworks that reproduce existing health inequalities while obscuring the social, gendered, and racialised factors that fundamentally shape menstrual experiences and access to resources (Hankivsky et al., 2010).

[2] For more on the mystification of the menstrual cycle in medical training materials, see King (2025, pp. 11-25).

evidence that menstruation is a protective inflammatory response of the body to how actually dangerous childbirth is. Reframed in this way, menstruation is something protective and not something shameful or pathological.

Menstruation as a Fifth Vital Sign: Medical Surveillance and Health Monitoring

The concept of the menstrual cycle as a 'vital sign' represents a manifestation of biomedicalisation alongside the expansion and evolution of medical interest in the menstrual experience. In 2015, the American College of Obstetricians and Gynaecologists (ACOG) advocated for 'using the menstrual cycle as a vital sign' particularly in adolescent healthcare, positioning it alongside traditional vital signs like blood pressure, body temperature, heart rate, and respiratory rate. Regular menstrual cycles typically indicate proper functioning of the reproductive system and overall wellbeing (Cheung, 2025), while menstrual irregularities can signal various health concerns including Polycystic Ovary Syndrome (PCOS), thyroid disorders, eating disorders, excessive exercise, stress, and other endocrine disruptions (Saadedine et al., 2025). [3]

However, critical menstrual scholars (Perianes and Fahs, 2020, p. 451), cautiously acknowledge that conceptualising menstruation as a vital sign positions it as 'a signal of health, a process that can connect a person to their body, or to others'. On the one hand, menstruation can be a valuable indicator of underlying health conditions in medical contexts (Saadedine et al., 2025; Ussher and Perz, 2020). On the other hand, Perianes and Fahs (2020) argue that this seemingly empowering medical recognition can reinforce rather than challenge

[3] The integration of menstrual health into routine clinical assessments has been particularly emphasised in adolescent medicine (American Academy of Pediatrics, 2006), with healthcare providers increasingly trained to inquire about menstrual patterns during routine visits, recognising that cycle characteristics can provide early warning signs of reproductive health issues that may have long-term consequences if left unaddressed (Renne, 2021).

existing power dynamics. By adding menstrual questions to routine assessments, every medical visit can become a site of reproductive surveillance (Perianes and Fahs, 2020).[4]

The 'fifth vital sign' framework has important implications for patient education and self-advocacy. By positioning menstruation as a fundamental health indicator, healthcare systems may empower individuals to track their cycles, recognise menstrual irregularities, and seek appropriate medical attention when necessary (Cheung, 2025). However, this development must be understood within the context of biomedicalisation, where the expansion of medical surveillance into previously non-medical domains creates new forms of bodily regulation and control. Framing menstruation as a vital sign also strengthens medical authority. While individuals gain tools for self-monitoring, clinicians remain the primary interpreters of menstrual meaning. Personal experiences of cycle variation become potential symptoms requiring medical evaluation, while the ‘normal’ range of menstrual diversity becomes increasingly narrow and medicalised (Wood, 2020). Menstruators are as such expected to monitor, track, and report their cycles as part of responsible health citizenship.

Digitalisation and AI-driven biomedicalisation translate menstruation from a lived experience into data points for medical consumption (Clarke et al., 2010). Biomedicalisation intensifies medical control over menstruation. Earlier medicalisation treated menstruation as a disorder requiring occasional intervention, whereas biomedicalisation reframes it as a continuous project of health optimisation and surveillance (Ussher and Perz, 2020). Thus, menstruation is folded into the same individualising frameworks that wellness discourses and self-help texts apply across health more broadly. This is argued to strengthen biomedical frameworks

[4] The integration of menstrual inquiry into standard clinical assessments means that menstruating individuals may face questions about their periods regardless of their presenting health concern (Perianes and Fahs, 2020).

by encouraging continual self-monitoring and adherence to normative standards of health and femininity (Persdotter, 2020).

Self-Management Paradigms and Individual Responsibility

Contemporary menstrual management increasingly operates through paradigms of individual self-management that shift responsibility for menstrual experience from structural and social factors onto individual menstruators. Whether embedded in medical models or elements of the wellness industries, self-monitoring forms a core dimension of menstrual management, including communicating 'good' or 'bad' management of periods through lifestyle and standards of menstrual etiquette. Traditionally this included the idea that 'good' women are ones who keep their periods concealed at all times (Ussher, 2006; Wood, 2020).

The individualisation of menstrual responsibility also presents itself in healthcare encounters, where menstruators must navigate expectations about 'good' and 'bad' patient behaviour. Sointu's (2017, p. 71) research on medical student perspectives examines how healthcare encounters are fundamentally shaped by judgements about patient worthiness and compliance that extend beyond clinical indicators. Good patients are constructed as active, engaged participants who show investment in their health through compliance with medical recommendations, effective communication of their medical histories, and expressions of gratitude toward healthcare providers (Sointu, 2017, p. 72). Conversely, bad patients are characterised by perceived non-compliance, poor communication, and what medical students interpret as misplaced priorities or lack of investment in their own health outcomes. This classification system operates through assumptions about individual responsibility for health that obscure the structural inequalities and resource constraints that may prevent patients from conforming to medical expectations. Sointu (2017) demonstrates that patients labelled as 'bad' receive differential treatment, including reduced effort and diminished sympathy from healthcare providers. This is particularly evident in menstrual health encounters, where

research consistently draws attention to the dismissal and delegitimisation that compound the difficulties faced by those seeking care.

The experiences of people with endometriosis exemplify these practices of clinical dismissal. In their critical menstrual research, Guidone (2020, p. 274) documents how individuals with endometriosis across all backgrounds describe healthcare journeys ‘characterised by ignorance, disbelief, and lack of knowledge on the part of their doctors and the public’. These encounters mirror the ‘bad patient’ dynamics identified by Sointu (2017), as women face accusations that they have ‘exaggerated or imagined their symptoms, or have low pain thresholds’ (Grundstrom et al., 2018 in Guidone, 2020, p. 274). Such dismissive responses compound feelings of vulnerability and anxiety, with many feeling ‘angry and frustrated when they [have] experiences with doctors who misdiagnosed, did not diagnose, delayed diagnosis of endometriosis, or just generally did not listen to their concerns, symptoms, and experiences’ (Moradi et al., 2014). Recent research from Mitchell (2025) examines the concept of 'epistemic injustice' in endometriosis care. Epistemic injustice in endometriosis care is explained as the systematic devaluation of women's knowledge about their own bodies and pain experiences (Mitchell, 2025, p. 142). This concept encompasses several dimensions. It includes testimonial injustice where women's accounts of their pain are frequently disbelieved or minimised. It also involves hermeneutical injustice where women lack conceptual resources to understand their experiences because endometriosis remains under researched (Mitchell, 2025). Additionally, it features contributory injustice where medical institutions perpetuate structural biases that privilege objective, quantifiable knowledge over subjective, experiential knowledge. Furthermore, women face an invalidation cycle where they must advocate for themselves while conforming to expectations of the ‘good patient’ who does not question medical authority (Mitchell, 2025, pp. 142-146). These forms of epistemic injustice have concrete consequences including prolonged suffering, inappropriate

treatments, psychological distress and the internalisation of doubt about one's own bodily experiences. This harmful cycle forces women to either reach crisis points or reframe their symptoms to align with medical expectations before receiving appropriate care. Within medicine, this dynamic perpetuates gender biases in healthcare regarding whose knowledge counts as authoritative (Mitchell, 2025, p. 146).

These endometriosis-specific findings align with experiences documented across menstrual health encounters. Peel et al.'s (2025, p. 6) systematic review of 25 studies across eight countries provides extensive empirical evidence that healthcare interactions for women with menstrual symptoms are consistently 'characterised by dismissal, normalisation and medical myths.' Their analysis suggests that women's symptoms are routinely dismissed as psychological in origin or normalised as something women must endure. Peel et al. (2025, p. 7) found that problematic healthcare encounters led women to withdraw from traditional healthcare entirely, with some 'ignoring their symptoms and suffering in silence' rather than face further dismissal**.** Critically, Peel et al. (2025, p. 7) argue that across their 20-year timeframe 'there has been little improvement in healthcare interactions for people who menstruate'. Participants in earlier studies reported ‘very similar experiences to the participants of later studies’ (Peel et al., 2025, p. 8). Consistent evidence of dismissal in endometriosis research highlights systemic issues embedded in healthcare. Framing menstruation as a ‘vital sign’ has not, on its own, improved the quality of clinical encounters around menstruation. When examining how menstrual pain is understood and managed within contemporary healthcare systems, the recurrences of clinical dismissal and individual responsibilisation become particularly pronounced. The contradictions inherent in biomedicalised approaches to menstruation are most visible when discussing pain experiences, where the same bodily experiences are subject to both medical surveillance and medical dismissal.

Pain and the Menstrual Body

The literature acknowledges that pain exists on a continuous spectrum rather than as binary categories of either ‘emotional’ or ‘physical’ pain. The boundaries between physical and emotional suffering are permeable, with each dimension informing and amplifying the other. This interconnection is particularly relevant when examining gendered experiences of pain. Park et al. (2024, p. 8) emphasise that menstrual pain cannot be reduced to a purely biomedical problem but is instead a ‘comprehensive phenomenological experience of the self’ that unfolds across different life-worlds and temporalities, shaped by both medical and social factors. They describe how menstrual pain affects the entire ‘bodymind’, encompassing abdominal pain, back and joint pain, nausea, fatigue, insomnia, and breast tenderness, along with psychological symptoms such as PMS, PMDD, depression, anxiety, anger, and irritability (Park et al., 2024, p. 7). This framing emphasises how physical and emotional pain are deeply interwoven, and how experiences of pain must be understood as lived, relational, and socially mediated rather than positioned as either ‘purely physical’ or ‘purely emotional’.

Young-Park et al. (2024) utilise Patsavas's (2014) pain-centric approach. Patsavas's (2014, p. 77) 'cripistemology' framework values knowledge produced about and through pain, offering a critique of how such pain has been narrowly confined to biomedical interpretations that often dismiss lived experiences, especially in the case of feminised chronic pain and menstrual pain. Cripistemology, as a critical disability studies and epistemological concept, is an alternative framework for understanding pain and disability. It functions as ‘a process of knowledge production that situates pain within discursive systems of power and privilege’ (Patsavas, 2014, p. 77). Through autobiographical journaling on living with chronic pain, Patsavas posits that queer and crip readings of pain could restore personal yet political sense-making of pain. Both Patsavas (2014) and Park et al. (2024) argue that menstrual pain is situated in a complex space. Menstrual pain is complicated by biomedical and sociocultural

definitions, gendered prejudice, menstrual stigma, and the contradictory tendency to medicalise while also dismissing it as ‘hysteria’. Similarly, Przybyło and Fahs (2018) argue that menstrual pain is deeply entangled with sociocultural constructs around pain and long histories of menstrual stigma. Drawing on normative conceptualisations of health, femininity, pain, menstruation, and menstrual pain (as a feminised chronic type of pain) helps us understand how embodiment intersects with gender and disability while recognising the lived realities of menstrual pain (Przybyło and Fahs, 2018).

While the medical establishment's approach to menstruation can create barriers to care, alternative health discourses have emerged that position themselves in opposition to biomedical framings. Another key actor shaping the menstrual imaginary is the wellness industry and its promotion of 'natural' menstrual management. The wellness industry, through self-help literature and 'natural' health movements, offers a contrasting narrative that celebrates menstruation as empowering and manageable through lifestyle interventions.

The Wellness Industry and 'Natural' Menstrual Management

The wellness industry, characterised by its focus on natural remedies, self-optimisation, and holistic health approaches outside of traditional medical frameworks, has increasingly targeted menstrual health as a market opportunity (Baker, 2022).[5]

Koskenniemi's 2023 study drew comparisons between how menstruation was constructed in medical texts and self-help books on menstruation. The study analysed 10 recent self-help books on menstruation, focusing on literature from the past 10 years (approximately 2013-

[5] For more on the development of the wellness industry, see Baker (2022, pp. 41-73).

2023) to explore the contemporary context in which menstruation has become more prominent in media and public debates.[6]

In line with the biomedical model, menstruation was constructed as a disease and a nuisance in medical texts, while self-help texts constructed menstruation as empowering, naturally beneficial and manageable for women. Koskenniemi's analysis identified three key discourses through which this reconstruction occurs. Firstly, the naturalness discourse positioned menstruation as inherently beneficial due to its 'natural' status. Self-help authors reframed menstruation as beneficial, and presented menstruation as ‘a natural time to rest and recharge’, in contrast with the medical construction of ovulation as ‘wasteful and damaging’ (Koskenniemi, 2023, p. 331). Secondly the management discourse constructed the menstruating body as both an object of management and a tool for self-management, with authors describing cycle awareness as putting women ‘in the driver's seat of your health and life’ (Koskenniemi, 2023, p. 334), while positioning the cycle as both a ‘monthly report card’ and a management tool for organising daily life. Thirdly, the empowerment discourse depicted the cycle as a source of embodied knowledge and power, with authors using explicitly positive language and describing the menstrual cycle as ‘a highly potent, potentially liberating process’ (Koskenniemi, 2023, p. 334). The empowerment discourse framed 'body literacy' as both a tool for reclaiming agency and a means to engage more confidently with medical professionals. Scholars in the field understand self-help books as key elements in the 'positive period' movement, which aims to empower those who menstruate to 'take back control' of their over-medicalised bodies and instead favours a more natural, or holistic approach to the management of menstruation (Koskenniemi, 2023). On one hand, this approach promotes a way for those who menstruate to reclaim agency of the

[6] To qualify as ‘menstrual self-help’, books needed to indicate life improvement (physical, emotional, or spiritual) through addressing the menstrual cycle or offer practical advice on managing menstruation, while excluding books focusing on specific issues like menarche, menopause, or PCOS (Koskenniemi, 2023, p. 327).

menstruating body that has been stigmatised, commodified, and medicalised. On the other hand, the movement can encourage some to rely solely on self-management, and not seek medical help for abnormal period pains or indicators of other conditions (Koskenniemi, 2023).

Scholars have now analysed how the growing influence of the wellness industry has included capitalising on menstrual pain. The industry promotes the idea that menstruators have not managed their period in the right way, necessitating that people need 'natural interventions' to fix their hormonally 'out of control body' (Koskenniemi, 2023). Menstruation is framed both as a personal burden for menstruators to privately bear and as an object of the neoliberalised wellness industry (Jiao et al., 2022). While wellness and alternative remedies gain market share and influence discourse on menstruation, medical knowledge and pharmaceutical fixes retain power. When investigating self-management and menstruation in young women in Australia, Armour et al. (2021) conducted a large-scale national survey of 4,202 young women aged 13-25 to examine menstrual health literacy and management strategies. The study identified that the most common management strategies were over-the-counter pain relief, with paracetamol, ibuprofen and hormonal contraceptives most frequently used. However, Armour et al. (2021) identified significant problems with these self-management approaches. Nearly 40% of participants were underdosing ibuprofen and paracetamol, with many participants taking less than the recommended amount and only after pain had already begun, leading to limited effectiveness (Armour et al., 2021, p. 137). Despite over 90% of respondents reporting moderate or greater period pain on a regular basis, more than 50% considered their periods ‘normal’ (Armour et al., 2021, p. 140). This normalisation occurred even when pain significantly disrupted academic performance and extracurricular activities. Notably, the researchers discovered that while women with higher pain scores were more likely to rate their periods as ‘abnormal’, this recognition did not translate into formal health-

seeking behaviours such as visiting a doctor (Armour et al., p. 140). Armour et al. (2021) describe this as the 'widely accepted idea that having to endure menstrual symptoms, even if severe, is an integral part of female life' (Armour et al., 2021, p. 140).

Armour et al. (2021, p. 141) noted that when young women did present to doctors about menstrual pain, it was 'often normalised or ignored' by medical professionals. This creates a cycle where medical authority maintains power over menstrual health while failing to provide adequate care, pushing the burden back onto individuals to manage their symptoms privately. For Armour et al., (2021), menstrual pain was both pathologised through pharmaceutical fixes and trivialised through its normalisation, leaving menstruators to navigate care largely alone. The pharmaceutical industry has played a particularly significant role in promoting medical solutions for menstrual experiences, from pain management to cycle suppression (Ussher, 2006; Mamo and Fosket, 2009). The marketing of hormonal contraceptives has increasingly emphasised their ability to reduce or eliminate menstruation entirely, positioning monthly bleeding as unnecessary and potentially harmful (Mamo and Fosket, 2009, p. 940). Under contemporary institutions, menstruation is framed as fundamentally problematic, requiring either pharmaceutical management or complete suppression. However, medicine is not the only institutional framework that has historically positioned menstruation as requiring control and containment.

Religious Frameworks of Impurity and Control

The medical pathologisation of menstruation operates in conjunction with cultural and religious frameworks that similarly position menstruation as problematic, impure, or requiring management. The relationship between religion and menstruation engages contested classifications of purity, gender equality, power and hierarchy (Cohen, 2020, p. 116; Winkler, 2020). The specific influence of Ireland's religious context on menstrual experiences and management will be examined in detail in Chapter 3.

Religious frameworks have profoundly shaped cultural understandings of menstruation, often positioning it as divine punishment or impurity. In the biblical tradition, menstruation is characterised as one of women's divine 'curses', with the book of Leviticus in the Old Testament framing period pain and menstrual prohibitions as divine punishment for the 'sinful' nature of women (Gottlieb, 2020). One of the earliest anthropological examinations of menstruation came through Delaney et al.'s (1988) publication 'The Curse'. When analysing Christianity and menstruation, these scholars argued that religious institutions have historically weaponised periods as a mechanism of control, presenting women as inferior, weak, and tainted. Subsequent anthropological research by Tan et al. (2017) supports these findings while identifying a central tension within religious menstrual discourse. They argue that perceptions of menstruation as impure and unclean across many world religions lead to the systematic isolation of menstruators from religious and sacred spaces. However, their analysis also uncovered a central contradiction in how religious institutions frame menstruation. Mythological, cultural, and religious interpretations of the menstrual process present menstruators with conflicting messages that frame menstruation as both sacred, powerful, magical, and a divine gift, while also positioning it as polluting, impure, and punishment for sin. This religious positioning of menstruation as sacred and polluting creates a profound tension for menstruators navigating religious communities (Tan et al., 2017). These conflicting messages suggest that menstrual taboos function both as purity regulations and as mechanisms of social control that maintain gendered hierarchies within religious communities (Tan et al., 2017). More recent research from Gottlieb (2020) investigated how Christianity specifically uses menstruation as justification for excluding women from high office in congregations and communities. Similar traditions emerge across other world religions, with Brahmanical Hindu ideology treating menstruation as a sign of the worst sin,

restricting women from entering kitchens, cooking, touching others, or entering temples during menstruation (Delaney et al., 1988).

Dunnavant and Roberts (2013) conducted a psychological analysis of menstrual experiences across religious groups. Their study of Jewish, Hindu, Muslim, and Christian menstruators align with other studies in indicating how religious rituals shaping menstrual management functioned as both sources of restriction and freedom. Participants in particular emphasised how religion influenced their menstrual management and social participation, with those holding stronger religious beliefs more likely to avoid social and religious events when menstruating compared to less devout counterparts. There is consensus in the literature on menstruation in religious contexts. It is shaped by multiple factors, including symbolic meaning, embodied experience, and social power, rather than a single narrative of impurity. Patriarchal religious systems have consistently mobilised menstruation as a justification for exclusion, restriction, and the consolidation of gender hierarchies, with menstruators cast as incompatible with leadership, ritual purity, or proximity to the sacred (Delaney et al., 1988; Gottlieb, 2020). At the same time, research highlights that menstruators actively navigate, reinterpret, and sometimes resist these discourses, rather than passively receiving them. For instance, Dunnavant and Roberts (2013) show that religious menstrual practices may be experienced as limiting and liberatory. In consensus, Tan et al. (2017) argued that the contradictory positioning of menstruation as both sacred and polluting enables some menstruators to reclaim spiritual authority and alternative meanings. Taken together, these studies indicate that menstrual taboos function as mechanisms of power that inscribe gender difference and regulate access to authority. At the same time, they provide scope for menstruators to assert agency within and against religious frameworks, rather than existing solely as purity regulations.

Educational institutions are another important site where menstrual norms are established and policed, operating as key mechanisms through which societal attitudes toward menstruation are transmitted and reproduced (Newton, 2016). Schools serve as spaces of menstrual education and menstrual regulation (Bobel, 2019; Brown et al., 2022). Schools mirror wider anxieties about sexuality and bodily autonomy, framing menstruation as something that must be managed and contained in public life.

Framing Menstruation in Educational Institutions

Educational materials and institutional approaches to menstrual education consistently frame menstruation through a deficit model that positions it as inherently problematic, directly echoing the medical pathologisation examined in the previous sections (Newton, 2016). Stubbs and Sterling (2020) analysed 40 books providing information or educational material on menstruation aimed at young menstruators in the United States. They identify two central themes that arise when educating young people about menstruation through educational literature. The first theme centres on how menstruation is almost invariably presented within the context of puberty, with puberty itself constructed as fundamentally problematic. In the literature analysed, Stubbs and Sterling (2020, p. 239) record that puberty is most commonly framed as a negative, 'problematic' process that renders young people 'out of control' of their hormonally changing bodies. Hormones, often described as 'racing' throughout a young person's body, are positioned as the sole explanation for all emotional, psychological, and physical changes occurring throughout adolescence. As critical menstrual scholars argue, this renders adolescents as powerless over themselves and discourages consideration of any other causes for their feelings or behaviour (Fahs, 2020; Stubbs and Sterling, 2020). The texts analysed construct young girls as sites of uncertainty, unreliability, and change, with menstruation contributing to this perceived unreliability. The educational materials emphasise various strategies of menstrual management as mechanisms to 'regain control' over their

hormonally 'unmanageable' bodies (Stubbs and Sterling, 2020, p. 238). This emphasis on control and management consolidates the self-surveillance mechanisms discussed in relation to biopower, and is visible in educational settings. The second theme identified by Stubbs and Sterling (2020) expands on this deficit framing by examining how menstruation itself is presented within educational literature. Pre-menstrual syndrome (PMS) was frequently referenced in the books, with negative physical and emotional 'symptoms' such as cramps, acne, fatigue, and anger presented as the common menstrual experience. Additionally, the literature often depicts one standardised menstrual experience or a 'normal' period, which creates cultures of menstrual normativity (Stubbs and Sterling, 2020). This standardisation has significant implications for young menstruators whose experiences deviate from these prescribed norms (Persdotter, 2020), creating new categories of 'normal' and 'abnormal' menstruation that mirror medical diagnostic frameworks.

Teacher Perceptions and Institutional Attitudes

The impact of institutional attitudes shapes teacher perceptions and classroom dynamics. Huseth-Zosel and Secor-Turner (2022) addressed teachers' perceptions of student menstruation in the US school setting through an online survey of 209 teachers, examining their experience and comfort level with providing menstruation assistance to students and their perceptions of menstruation's impact on student learning experiences. A common view amongst the teachers surveyed was that students' experiences of menstruation were overwhelmingly negative, embarrassing, and focused on concealment. The teachers described menstruation as a distraction for both students (missing class, more frequent toilet breaks) and teachers (additional emotional attention needed for students, upkeep involved with product provision for students).

These school nursing studies convey that how teachers perceive menstruation fundamentally shapes students' experiences of periods. Teachers who did not view menstruation as a

distraction or nuisance were more focused on providing emotional support for students and creating positive menstrual experiences within the school setting. In contrast, teachers who held negative perceptions towards student menstruation reproduced menstrual stigma by amplifying social norms that associate menstruation with nuisance or distraction (Huseth-Zosel and Secor-Turner, 2022). This illustrates how institutional attitudes become embedded in everyday educational practices, and may perpetuate menstrual stigma through seemingly neutral pedagogical approaches.

Delivery of Menstrual Education Programmes

Beyond content, the delivery methods employed in menstrual education programmes raise significant concerns about the reproduction of menstrual stigma and gender essentialist assumptions. The most common method in schools involves separating students based on sex into two groups of girls and boys (Secor-Turner et al., 2022). Secor-Turner et al.'s (2022) pilot study of middle- and high-school girls in the US Midwest detail the impact of this approach. Participants in their study recalled being separated by sex during puberty talks, where the information was limited to anatomy and physiology with little attention to the practicalities of menstrual management. They were instructed to hide the products and deodorant they had been given so that boys would not see them, and warned they would 'get in trouble' if they spoke about menstruation with boys (Secor-Turner et al., 2022, p. 506). Participants internalised these messages, learning that menstruation was shameful and should be hidden. Sex-segregated education presents menstruation as a 'women's issue' only to be discussed in the company of other women (Stubbs and Sterling, 2020). Menstrual education also tends to rely on narrow biomedical framings that emphasise reproduction and fertility, often at the expense of addressing everyday experiences such as pain management, wellbeing, and stigma (Newton, 2016, p. 73). More inclusive, mixed-gender, discussion-based pedagogies can reduce stigma and foster empathy among students (Newton, 2016;

Stubbs and Sterling, 2020). The exclusion of boys and non-menstruators is often presented as a pedagogical choice. However, it also forms part of a wider cultural pattern that sustains the imperative to conceal menstruation and limits collective understanding of it as a normal health experience (Newton, 2016, p. 72). More recent research by Evans et al. (2022) supports these findings. In their systematic review of 24 menstrual education interventions, boys showed limited improvements in knowledge and attitudes when they were not the primary target audience, showing the importance of explicitly including boys in menstrual education programmes and interventions (Evans et al., 2022). However, addressing these pedagogical shortcomings is complicated by the growing influence of commercial interests in shaping menstrual education content and delivery.

Buying In: Corporate Partnerships and Commercial Interests in Schools

A growing concern among critical menstrual scholars and activists, particularly in the UK, relates to the partnerships that period product corporations have developed with schools (Quint, 2019). This corporate involvement in menstrual education represents a shift in how knowledge about menstruation is produced and disseminated within educational settings, connecting educational deficit models to commercial interests in ways that mirror the commodification processes evident in menstrual discourse. Quint (2019) examined market research strategies of prominent actors in the menstrual product industry, including Proctor and Gamble and Essity. This suggests that corporations' aims in partnering with UK schools extends beyond improving menstrual literacy or relieving period poverty to 'solicit schools to gain young, brand-loyal customers' (Quint, 2019, p. 938). This corporate influence raises fundamental questions about the integrity of menstrual education and the appropriateness of commercial interests shaping educational curricula. The critical menstrual movement calls for a separation of brands from national curriculum planning for menstrual education (Tomlinson, 2023; Quint, 2019). While policymakers have worked with educational settings

and corporations, most often Tampax and Always, to provide tampons and pads in schools, critical menstrual activists contend that different brands and products need to be provided to give students choice over how they manage their menstruation (Tomlinson, 2023; Quint, 2019). Beyond product provision, activists and scholars advocate for removing branding from menstrual education resources provided by companies such as Tampax, Kotex, or Always. Tomlinson's (2023) concern relates to how menstrual education is framed as a different entity that requires corporate intervention when no other school subject relies on branded teaching resources or free samples of products.

Mørk Røstvik (2022, p. 127) situates this concern within the political economy of menstruation, arguing that deficits in menstrual education and gaps in menstrual knowledge have created opportunities for corporations to use educational institutions as sites for commercial gain. This analysis suggests that inadequate public investment in menstrual education programmes has created a vacuum that corporate interests have moved to fill, raising questions about whose interests are ultimately served by current menstrual education approaches. Private sector 'solutions' are increasingly positioned as appropriate responses to public sector inadequacies. This connects educational frameworks to the market-based solutions examined in commodification processes.

Cultural Representations of Menstruation

A considerable amount of literature has been published on menstrual advertising (Erchull, 2013; Przybyło and Fahs, 2020; Fahs, 2020). These studies employ different theoretical and methodological approaches, but are all united by the general agreement that advertising agencies use gender as one of the primary mechanisms to represent cultural ideals. This section examines how menstruation is represented in cultural discourse, particularly through advertising and commercial messaging, before analysing the political economy of menstrual commodification.

Scholars have analysed menstrual product advertisements over time to understand how cultural representations of menstruation influence societal understandings and attitudes (Mandziuk, 2010; Spadaro et al., 2018; Mamo and Fosket, 2009). Earliest advertisements on period products featured shame-based and concealment-focused messages. From a communication studies perspective, Mandziuk (2010) concluded that menstrual advertisements from the 1920s and 2010s maintained stigmatising norms and representations that presented menstruation as something unclean, messy, and embarrassing. The 1920s advertisements analysed by Mandziuk (2010) framed those who menstruate as a 'machine in disrepair' under the biomedical model and centred on portraying sterility, cleanliness, and 'hygiene'. Additionally, there was an emphasis on the 'modern woman'. This portrayal of the 'ideal woman' encouraged women to develop a 'cosmetic self', where women were expected to possess an 'appearance of discipline, control, and personal savvy' (Mandziuk, 2010, p. 46). In the 2010s, Mandziuk shows campaigns continued to portray menstruation as something requiring concealment, control, and technological fixes. Product names such as Stayfree, Carefree, and New Freedom co-opt the rhetoric of liberation while underscoring the need for constant vigilance against the body (Mandziuk, 2010, p. 57). Visual symbols further strengthen this logic. Women dressed in white trousers or skirts, bodies depicted running, swimming, or dancing, and blue liquid demonstrations all erase the presence of menstrual blood while celebrating immaculate control (Mandziuk, 2010, p. 54). These adverts reproduce the expectation that menstruators must appear confident and pure, but only through consumption. The athletic and carefree imagery of the 2010s updates the fashionable 'modern woman' of the 1920s, yet still communicates that participation in public life depends on hiding menstruation and maintaining a polished, disciplined self (Mandziuk, 2010, p. 57).

The persistence of such stigmatising representations across nearly a century of advertising suggests that menstrual product marketing consistently relied on shame-based messaging to

drive consumption. Hufnagel (2012) makes a similar point in her socio-historical study of the history of women's menstruation from Ancient Greece to the 21st century. She maintains that the feminine hygiene industry relies on menstrual shame and a 'concealment imperative' to sell products and make 'blood money'. This concealment imperative mirrors the silencing mechanisms evident in sex-segregated educational delivery approaches that remain prevalent in many contexts, creating continuity between institutional and commercial approaches to menstrual management. Interestingly, Hufnagel (2012, p. 68) also frames menstrual product advertisements as a way of promoting the hyper, or ultra-feminine, stating: 'The advertising industry employs a strategy which portrays contemporary women as caught in the state of idealised ultra-femininity which is threatened by menstruation. Thus, ironically, to be perceived as feminine, women must hide that they menstruate'. Menstrual stigma then, operates through seemingly contradictory messages that acknowledge and deny menstruation's relationship to femininity.

The relationship between menstrual advertising campaigns and cultural assumptions about menstruation is a theme also explored in Mamo and Fosket's (2009) research. They traced the development of the pharmaceutical industry and the marketing of menstrual products from a sociological perspective in America. In 2003, the US market was introduced to 'Seasonale', a new extended-cycle, oral contraceptive drug designed to suppress monthly menstruation. Mamo and Fosket (2009, p. 930) analysed the advertising campaigns used by Seasonale, outlining that the tablet promised a transformation of the material body, thus reinforcing that menstruation is a hindrance to everyday life that should be suppressed by 'modern women'. This pharmaceutical intervention represents an extreme manifestation of the concealment imperative, in which menstruation is eliminated altogether through medical means rather than simply being hidden. Similarly, in a more recent examination of self-objectification and the influence of period product advertisements, Spadaro et al. (2018) engaged with 160 women

from Italy and 159 from Sweden. Writing from a feminist psychological perspective, the authors investigated how menstrual knowledge is produced through advertising and how this relates to self-objectification and the persistence of menstrual taboos (Spadaro et al., 2018, p. 604). Their analysis suggests that period advertisements further stigmatise menstruation through stereotypical portrayals of menstruation and often inaccurate assumptions about periods. Spadaro et al. (2018) assert that modern product advertisements centre around ability during your period, often portraying young, attractive women engaging in extreme sports. This approach fails to consider that the majority of consumers are not professional athletes, and the 'reality' of the menstrual experience once again becomes eschewed and further concealed, pushing menstruation back into the closet (Bobel and Fahs, 2020b, p. 1015).

Spadaro et al.'s (2018) findings illustrate how such advertising strategies sustain stigma and self-objectification, yet there are also signs of a shift. Some more recent campaigns have begun to move away from hyper-athletic ideals and instead incorporate more diverse bodies and candid depictions of menstruation (Olson et al., 2025, p. 36). For example, the analysis of contemporary menstrual advertisements from Olson et al. (2025) found that some menstrual brands did make some progress in confronting menstrual stigma. These advertisements used red liquid instead of blue to represent menstrual blood, referenced pain and offered more 'realistic' portrayals of menstruation by showing it as a part of everyday life (Olson et al., 2025, p. 36). However, Olson et al. (2025) ultimately conclude that while these changes represent meaningful steps forward, they remain insufficient to fundamentally disrupt imperatives of femininity, hygiene and concealment. As they observe, 'the imperatives of femininity, hygiene, and concealment appear to be stickier than the adhesive of a menstrual pad (Olson et al., 2025, p. 36).

Together, these studies highlight the tension within contemporary menstrual advertising. While Spadaro et al. (2018) show how stigma and self-objectification remain entrenched,

Olson et al. (2025) identify partial shifts towards more candid and realistic portrayals of menstruation. This suggests that the menstrual imaginary is contested terrain, where longstanding imperatives of concealment and hyper-femininity are being subtly reworked rather than dismantled. This raises important questions about how menstrual advertising shapes cultural understandings of menstruation. The persistence of stigma, even amidst moments of apparent progress, indicates the need to interrogate how discourses of liberation are co-opted in service of consumerism. The next section examines the rhetoric of freedom and concealment as a central strategy through which advertising promises empowerment while reinscribing disciplinary norms of hygiene, control, and femininity.

The Rhetoric of Freedom and Concealment

A central discussion in the literature on menstrual advertising, commodification, and marketing is how the concept of 'freedom' is instrumentalised (Hufnagel, 2012; Mamo and Fosket, 2009; Johnston-Robledo and Chrisler, 2013). Period product advertisements claim that menstruators can free themselves from their own menstruation by using specific brands of menstrual products, in turn retaining their hyper-femininity through the 'clean', 'leak-free', and 'managed' period (Hufnagel, 2012). This rhetoric of freedom operates as what Bobel and Fahs (2020a) describe as an insidious' narrative of the menstrual business, that promise menstruators that products provide control over their 'unmanageable' bodies. Overall these assessments underline how corporate responses to menstruation through advertisements have profited from menstrual shame (Hufnagel, 2012).

The concealment imperative keeps menstruators preoccupied with their bodies, reflecting both men’s fear of menstruation and women’s internalised fear of it (Ryan, 2021, p. 19). This creates conditions where commercial messages can present product use as 'freedom' from leaks, odors, or visibility (Wood, 2020, p. 328). This shows how the language of liberation is co-opted to serve commercial interests while maintaining the structures that constrain

menstruators. The promise of freedom through consumption represents a neoliberal solution to menstrual stigma that individualises responsibility for managing social taboos whilst leaving the underlying stigma intact, directly connecting to the individual responsibility frameworks evident in both medical and educational approaches. However, this does not mean that menstruators are passive victims of these discourses. Many actively resist, subvert, and negotiate these messages in their daily lives, developing alternative practices and meanings around menstruation that work against dominant narratives (Bobel and Fahs, 2020b, p. 1013) Should this concealment narrative be separated from the menstrual discourse that enforces self-surveillance and self-objectification of the menstruating body, there is potential for menstruators to navigate their menstrual experience with embodied subjectivity (Bobel and Fahs, 2020b). This embodied subjectivity would allow for the emergence of counter-narratives where menstruators assert autonomy over their bodily experiences, create alternative menstrual practices, and develop forms of resistance that resist both commercial imperatives and stigmatising cultural norms (Bobel and Fahs, 2020b, p. 1014). Such autonomy might manifest through alternative product choices, open menstrual talk, rejection of concealment practices, or the creation of new menstrual meanings that prioritise bodily experiences over social conformity.

Commodifying Menstruation

As outlined above market solutions are positioned as appropriate responses to the 'problems' of menstruation. The next section further examines the political economy of periods by introducing research from critical menstrual scholars who outline how 'menstrual capitalism' has placed menstruation and the menstruating body as objects of commercial concern (Mørk Røstvik, 2022).

Products are marketed to menstruators across the life course, from menarche or first period 'kits' to menopause multivitamins and skin and hair care products. Corporations market

various period products, including pads, tampons, wellness teas, and apps, as integral to the effective management of a period, arguing that the use of these makes the experience 'trendy' or 'cool' (Wellcome Trust, 2019). The commodification of menstruation through 'feminine hygiene' care has evolved over time to market 'improved' ways for women to keep themselves 'clean', and to hide their periods by investing in new products or managing their menstruating body in new ways (Mørk Røstvik, 2022). As indicated above feminist messages are increasingly evident in the campaigns of commercial enterprises (Mørk Røstvik, 2022, p. 19).

In her book, Cash Flow: The Business of Menstruation, Mørk Røstvik (2022) explores the development of the menstrual product economy through various case studies of companies including Saba in Norway, Essity in Sweden, Tambrands in the Soviet Union, Procter and Gamble in Britain and Europe, Kimberly-Clark in North America, and start-ups Clue and Thinx. Mørk Røstvik (2022, p. 10) illustrates how menstrual culture is changing: 'Increasing female population and rapid urbanisation, rising female literacy and awareness of menstrual health and hygiene, rising disposable income of females, and women's empowerment are expected to accelerate the growth of the feminine hygiene products market across the globe'. These changes provide corporations with a 'lucrative' opportunity to adapt their marketing strategies to diversify their appeal by representing a more diverse and 'inclusive' picture of those who menstruate. Thinx (a reusable menstrual underwear company) and Clue (a menstrual tracking mobile application) capitalised on the increased openness of menstrual discourse in their advertising campaigns and utilised social justice advocacy and bold visual strategies to great success. Mørk Røstvik (2022) contrasts Thinx and Clue with larger corporations such as Procter and Gamble to raise questions about whether these large corporations are truly trying to change the discourse around menstruation, or if they are co-opting feminist politics for marketing agendas.

Corporate Feminisms' Response to Menstruation

For Mørk Røstvik (2022), menstrual product marketing has always explored feminist marketing agendas and promised empowerment through consumerism (Sobande, 2020). Yet she notes a distinct shift in the corporate response to menstruation throughout the 2010s that intensified feminist messages and empowerment rhetoric. For smaller brands with social enterprise elements, period products were aligned with progressive messaging and some charitable aims. Large corporations and brands such as Always, Kotex, and Tampax have long included social justice messages about female empowerment, environmentalism, and equality in their advertising campaigns (Mørk Røstvik, 2022, p. 77). The 'inclusive' turn in advertisements by smaller enterprises such as Thinx and Clue that referenced human rights issues, gender identity, and trans and non-binary menstruators (Mørk Røstvik, 2022). [7]

The commodification of menstruation also raises concerns about the creation of new forms of menstrual inequality, where access to 'better' menstrual experiences becomes dependent on purchasing power. This marketisation of menstrual wellbeing potentially exacerbates existing inequalities whilst presenting individual consumption as the solution to collective social problems. The emergence of premium menstrual products and services creates hierarchies of menstrual experience, while also solidifying the individual responsibility frameworks evident in medical, educational, and cultural approaches to menstrual management.

Digital Technologies and the Extension of Surveillance

Menstrual technologies and digital trackers represent important instruments in contemporary menstrual knowledge production and commodification. This section discusses menstrual tracking apps, surveillance capitalism, and data concerns relating to tracking apps. While

[7] Bobel and Fahs (2020) problematise the appropriation of the menstrual movement by corporations, where brands continue to profit while women and girls across the globe continue to suffer from menstrual stigma, menstrual illiteracy, and period poverty. In disagreement with Bobel (2020), Mørk Røstvik (2022) suggests that activists and corporate actors can work as an opportunity to improve menstrual education and reduce stigma.

technological interventions represent new frontiers in the commodification of menstrual experience, they potentially create new forms of surveillance and control over menstruating bodies. The feminist critique of technology holds a central role in excavating the relevance of how technology constructs and reproduces deeply embedded gendered power relations (Suchman, 2008, p. 144). The datafication of menstruation through tracking applications and wearable technologies represents a significant development in how menstrual experience is understood, managed, and commodified in contemporary society, directly connecting to the biopower mechanisms examined in medical frameworks.

'Fitbits for Periods': Menstrual Tracking Apps

Menstrual tracking apps or 'menstruapps' are 'mobile applications that track various aspects of the health and menstrual cycles of their users' (Shipp and Blasco, 2020, p. 491; Kressbach, 2021). Menstruapps can also include fertility tracking. Due to the range of 'symptoms' that can be recorded, Shipp and Blasco (2020) describe tracking apps as 'Fitbits for periods'. Analysis indicates a core set of reasons that menstruators report for using tracking apps (Shipp and Blasco, 2020; Kressbach, 2021; Ford et al., 2021; Epstein et al., 2017). This includes tracking cycle dates and regularities, preparing for periods, becoming familiar with cycles, validating experiences and moods relating to periods, tracking health, using information to inform health professionals, contraceptive and fertility monitoring, and monitoring changes in cycles. [8]

Kressbach's (2021) media studies research frames menstrual tracking apps as tools that further menstrual stigma and 'bodily alienation' by gamifying menstruation and reducing a woman's body to being 'on' or 'off' their period. In Kressbach's (2021) analysis of 3 popular

[8] As menstruation and menstrual regularity are framed as an indication of overall health, app users emphasise the importance of 'irregularity' in the menstruating body, in line with the medical frameworks that position menstrual variation as pathological.

tracking apps (Flo, Clue, and Natural Cycles), app interfaces that relied on euphemisms to describe menstruation were argued to sustain social silence around menstruation and the concealment imperative. Many tracking apps use humorous animations as a 'socially accessible' way to discuss menstruation (Kressbach, 2021, p. 5).

Kressbach (2021) raises other concerns with the use of app technologies to manage menstruation, including users' low interest in the data protection elements of apps. In her research, users were more concerned with 'menstrual disclosure' or being exposed for menstruating rather than any privacy related to commercial forces. App technology relied on interfaces designed to be discreet with opportunities to log emotional states with a view to managing outward appearances and behaviours. The app technology offers menstruators a technological interface to manage their ‘unruly’ emotions (Kressbach, 2021). In other words, menstrual tracking apps encourage self-surveillance of the menstruating body, creating an interface where users 'assign' their emotions to their menstruation. This acts to minimise rather than encourage menstruators to engage with their emotional states, offering an opportunity to 'explain them away' (Kressbach, 2021, p. 254).

To understand menstrual cycle tracking practices, Epstein et al. (2017) analysed three data sources including 2,000 reviews of popular menstrual tracking apps, a survey of 687 people, and follow-up interviews with 12 survey respondents. Epstein et al. (2017) raised concerns surrounding the accuracy of prediction by drawing attention to how app users receive notifications that tell them when their periods will start or how long they will last. This form of datafication may seem useful to record health data but could also be unreliable or misleading. For Epstein et al. (2017), this was seen when app users reported feeling as if they were menstruating 'incorrectly' if apps could not accurately predict their menstruation. Deviations from algorithmic predictions are interpreted as bodily failures rather than normal variations in menstrual experiences (Epstein et al., 2017, p. 6880).

These dynamics are symptomatic of what Zuboff (2019) describes as surveillance capitalism Surveillance capitalism (Zuboff, 2019) requires people to willingly (sometimes ignorantly) submit their behavioural data to gain access to information platforms. Health tracking (the area menstrual tracking apps are most commonly associated with) relies on self-surveillance that circulates information outside traditional medical institutions (Ford et al., 2021). On the one hand, menstrual tracking apps are viewed as being 'more than medical' because of the range of information entered into the interface, which can sometimes be an indicator of menstrual disorders (with Flo and Clue suggesting to some users to seek medical diagnoses for conditions such as PCOS based on information inputted into the app). On the other hand, menstrual tracking apps can also be viewed as 'less than medical' in that they are often discussed in the beauty and style industry (often advertised in women's magazines) where they are presented as a 'lifestyle' tool with no medical function discussed. Critical menstrual scholars raise concerns about privacy and the potentially discriminatory ends of surveillance to pose questions about the role of individual agency in contemporary political economy (Ford et al., 2021). For example, the selling or sharing of personal data such as menstrual history is now being used as court admissible evidence following the overturning of Roe v Wade, the landmark decision of the US Supreme Court which no longer protects the right to abortion. The significance of period-tracking applications in a post-Roe America intensifies concerns about the use of menstrual trackers generally, where data from online search engines had been previously used by US courts to prove criminal intent in cases where abortion was tried as murder (Kelly and Habib, 2023). Additionally, sexual and reproductive health scholars (Kelly and Habib, 2023) and critical menstrual scholars (Fahs, 2020) have raised privacy concerns surrounding the data inputted into tracking apps, particularly by young, Black, Indigenous and People of Colour (BIPOC) and/or lower-income people who are disproportionately surveilled compared to their white and/or higher-income counterparts.

Menstrual tracking apps function as powerful tools that track the menstrual cycle while also influencing how menstrual pain and mood changes are legitimised or dismissed. App technologies act as sites of menstrual knowledge production and management. For Epstein et al. (2017) this is evidenced in how menstruators respond to and internalise notifications that suggest their body is out of control or not functioning in the way it is predicted or expected to act.

Gendered and Cis-normative Design in Menstrual Apps

Another topic raised in the literature on period tracker apps is the feminisation of menstrual technologies. When investigating users' experiences of gendered app design from a Science and Technology Studies perspective, Levy (2018) conducted 26 in-depth interviews with participants from Austria and Spain, aged between 18 and 40. To encourage participants to specifically address gender issues concerning menstrual app design, the interviews also included a question on eventual adjustments of period-tracking apps' design if they were to be developed for cis-men. Participants raised issues concerning the gendering of graphics and symbols displayed by the app. The graphic design of the majority of these apps often utilise female and/or infantile stereotypes, display flowers and butterflies, or offer users the choice of a pet to represent them. [9]Critical menstrual and STS scholars also recommend that the emphasis on fertility be removed from menstrual app interfaces to better enhance trans and non-binary people's experiences as well as those who may have issues with fertility (Fox and Epstein, 2020, p. 741).

Patterns of technological development are visible in the gendered design of menstrual apps. The apps assume cis-normative, heteronormative users and exclude transgender and non-

[9] As such, menstrual tracking applications make specific assumptions about who is supposed to be using these apps and what norms and expectations users hold (i.e., ciswomen, who are imagined to want pink, cute, and infantile designs). While some participants seemed to enjoy the feminised graphics, many expressed the desire for a more gender-neutral or gender-inclusive app design (Levy, 2018, p. 64).

binary menstruators (Rydstrom, 2020). The infantilisation of menstrual experiences through cute graphics and simplified interfaces maintains paternalistic approaches to women's health technology that position users as requiring simplification rather than comprehensive, adult-oriented health information (Fox and Epstein, 2020, p. 741).

These dynamics resonate beyond the design of apps, as menstrual experiences are also framed and regulated through policy interventions in the global development sector. Just as technological design often embeds normative assumptions about who menstruates and how they should be supported, development policy institutions have played a central role in setting the terms under which menstruation is recognised as a policy concern.

Menstruation and Global Development

Development policy institutions and scholars have played a significant role in setting the terms under which menstruation is understood as a policy concern, especially in relation to the majority world in ways that are deeply gendered, racialised, and related to neocolonial projects. This thinking has been relayed back to the period poverty movements in the Northern hemisphere (Bobel, 2019). This has taken form in the menstrual hygiene movement (MHM) tied to a human rights and gender equality policy trajectory, which has not been without contest, most particularly from feminist development and critical menstrual scholars.

The 'Girl Effect'

The 'Girl Effect' paradigm has become central to contemporary development discourse around menstruation, positioning adolescent girls as strategic investments for economic development and poverty reduction. Popularised by the Nike Foundation and adopted by major development organisations, the Girl Effect framework argues that investing in girls

(particularly through education and health interventions) creates multiplier effects that benefit entire communities and national economies (Koffman and Gill, 2013). [10]

Given critique of such approaches, the United Nations, developed a strategy in 2021 to better understand menstrual hygiene management within the context of human rights and gender equality (UN, 2021). Bobel's 2019 publication, 'The Managed Body: Menstruation in the Global South', draws attention to some of the tensions that exist when addressing menstruation in the development context, including an overemphasis on product provision relative to more contextual and societal level processes. In focusing on the notion that 'products equal freedom', Bobel argues that this oversimplifies the issue and upholds Western stereotypes in two ways.

Firstly, she explores how MHM actors frame the problem of girls' menstruators' experiences as 'stories of risk' (Bobel, 2019, p. 114). While these stories claim that poor girls in the Global South face severe challenges during menstruation, Bobel (2019, p. 171) argues that they rely on insufficient and inaccurate evidence and contribute to the portrayal of the 'Third World Girl' as a victim in need of saving by benevolent (white) 'saviours'. This renders MHM as yet another neocolonial project (Bobel, 2019, p. 59), directly connecting to educational approaches that position menstruation as inherently problematic and requiring external intervention. Secondly, she examines how MHM actors propose solutions to the 'issues' of periods in the development context. MHM developed from the well-established WASH (Water, Sanitation, and Hygiene) sector and taps into the widespread construction of menstruation as a 'hygienic crisis' to be controlled through product-focused (consumer)

[10]Menstrual management becomes framed as a development intervention that enables girls' educational participation, which in turn drives economic empowerment and societal transformation. This positions menstrual 'problems' as barriers to development that can be solved through targeted interventions, that often rely on products from large corporate sponsors (Bobel, 2019; Koffman and Gill, 2013).

solutions. Since girls' current 'traditional' menstrual care methods (most often, repurposing cloth) are considered deficient, most MHM interventions promote the uptake of (Western-style) 'modern' alternatives, such as single-use pads or cups, and frame this uptake as a matter of dignity and thus basic human rights. Dignity is conditional upon discipline, requiring 'managing the menstrual body so that no evidence of menstruation is detected' (Bobel, 2019, p. 217). This narrow focus creates the conditions for multinational corporations to expand markets for products that claim to facilitate this containment (Bobel, 2019, p. 181). According to Bobel (2019), the current framing of MHM positions the menstruating body as abject while generating new markets for commodification. The widely promoted menstrual cup interventions in Kenya, for instance, have been critiqued for imposing Western menstrual technologies without adequate consultation with local communities about cultural appropriateness, maintenance requirements, or preference for alternatives (Bobel, 2019). Similarly, school-based pad distribution programmes often create dependency relationships where continued menstrual management becomes contingent on external funding and supply chains, rather than building local capacity or addressing structural barriers. Major corporations including Procter and Gamble, Johnson and Johnson, and Unilever have increasingly positioned themselves as partners in MHM interventions, using corporate social responsibility frameworks as a mechanism to expand market access (Bobel, 2019, p. 70).

When development organisations label traditional cloth use as 'unhygienic,' they impose culturally specific understandings of cleanliness that may not align with local contexts, knowledge systems, or resource availability (Bobel, 2019). This hygiene discourse obscures how structural inequalities (including poverty, inadequate water and sanitation infrastructure, and gender inequality) shape menstrual experiences, instead suggesting that individual behavioural change and product adoption can resolve systemic issues. The construction of menstruation as a 'hygiene crisis' also preserves the colonial ideology that frames non-

Western practices as primitive, dirty, or dangerous while presenting Western alternatives as modern, clean, and safe (Bobel, 2019, p. 172).

Alongside these critiques, scholarship has also focused on the material benefits of MHM interventions. The WASH sector and framing have provided opportunities for menstrual health to be addressed in schools, in policy, and by various development actors. Muralidharan et al. (2024, p. 3) note that private sector actors play four key roles in menstrual health interventions: they act as providers of products and services, lead menstrual health research and development, are financers of interventions, and employers in the menstrual health market. Muralidharan et al. (2024) describe some of the positive roles that private sector actors can play in menstrual health, for example, innovation and development of new products, adherence to safety standards, philanthropic donations, and employment and education providers. Similarly, randomised trials in Ghana and elsewhere have recorded measurable improvements in school attendance and psychosocial wellbeing following MHM interventions, indicating real material benefits despite valid critiques of the frameworks used (Montgomery et al., 2016, p. 23). However, Roaf and de Albuquerque (2020, p. 481) argue, 'while the WASH sector proved to be an excellent entry point, we must get past this narrow understanding of menstrual hygiene to fully embrace menstrual health', distinguishing between menstruation as an issue of hygiene in the WASH sector and an issue of health.

Despite these documented benefits, critics argue that by focusing on hygiene rather than addressing structural barriers such as poverty, gender inequality, or inadequate infrastructure, MHM discourse deflects attention from the systemic changes necessary to genuinely improve menstrual experiences (Bobel, 2019). These debates illustrate a key tension. On the one hand, MHM has been critiqued for reproducing neocolonial dynamics, upholding menstrual stigma, and promoting dependency on external actors. On the other, interventions have brought concrete improvements in education, wellbeing, and visibility for an issue long neglected in

policy and practice. As Roaf and de Albuquerque (2020, p. 481) argue, the task at hand is to move beyond a narrow focus on hygiene towards a more expansive understanding of menstrual health, one that recognises structural inequalities, addresses stigma, and embeds menstruation into struggles for gender equality and human rights.

Feminist and Menstrual Activism: Origins and Development

Menstruation is a contested terrain of ideas and practices, that produce a unique social imaginary emerging from past religious, cultural, medical, and economic projects aimed at defining gendered (racialised and classed) embodiment. How menstruation has been politicised is also a key element in contemporary forms of menstrual management. The recent popularity of the menstrual movement has complicated dominant cultural and social norms that have long served to pathologise and silence menstruation (Bobel, 2008). This section examines how menstrual activism has evolved from radical origins to contemporary forms, including digital activism that may potentially resist and reproduce dominant frameworks for understanding menstruation.

While a variety of understandings of the term 'menstrual activism' have been suggested, I use the one indicated by Bobel and Fahs (2020b, p. 1002), who see it as 'a mobilising effort that challenges menstrual taboos and insists that menstruators have the support they need to live healthy happy lives, throughout their cycles and throughout their lives'. At its core, menstrual activism or the politics of menstruation is often framed as aimed at pursuing 'radical menstrual embodiment' (Bobel and Fahs, 2020b). This perspective argues that a politics of radical menstrual embodiment requires activists to focus on reclaiming the body and eschewing menstrual stigma, instead viewing the body as a site of power and pleasure. As part of this approach menstruation is framed across the life course, as a way to 'make room' for a range of menstrual experiences.

Feminist activists began the movement in the 1960s, resisting the notion that menstruation was a 'curse' and instead reframed periods as a source of female solidarity or sisterhood and power. As the women's health movement burgeoned, two central tenets of the movement focused on problematising the paternalistic institution of medicine and questioning the safety of different period products. In her review of the origins of the menstrual health movement, Reame (2020) expands on this in relation to the US toxic shock syndrome scandal in the 1980s as a component of the wider women's health movement. The scandal involved 800 cases of severe illness and 20 deaths as a result of toxic shock syndrome linked to American-made tampons, including Procter and Gamble. It was subsequently ruled by US courts that insufficient information had been provided to consumers regarding the risk of toxic shock syndrome (Reame, 2020). This led to the requirement for period products to be approved by the Food and Drug Administration before being sold (Reame, 2020; Bobel, 2008).

Early examples of menstrual activism and the menstrual movement include how art was used as a tool to oppose menstrual stigma and menstrual etiquette. Judy Chicago played a central role in the ongoing women's movement in the 1970s and created art that encouraged dialogue between menstruators, non-menstruators, and the wider community. Chicago's activism addressed the highly stigmatised topic of menstruation in 1970s America, encouraging people to not conform to the 'menstrual etiquette' they had been taught and resist concealment imperatives that framed the menstruating body as dirty (Delaney et al., 1988; Mørk Røstvik, 2019). Chicago's photolithograph entitled 'Red Flag' was one of the first depictions of menstrual blood in mainstream art, with the subject removing a bloody tampon (Mørk Røstvik, 2019). When analysing Chicago's artwork from a feminist and cultural perspective, Delaney et al. (1988, p. 275) stated that the pieces produced set the stage for encouraging other women to engage with different styles and forms of feminist art.

The following section details how this movement has changed and how the mainstreaming of the menstrual movement has from some perspectives contributed to an 'anaemic' version of global period activism.

The Mainstreaming of Contemporary Menstrual Activism: Losing the Radical Edge?

Feminist activists and social movement theorists alike have argued that despite decades of activism on menstruation, more recent forms of politicisation have been less radical in intent (Bobel and Fahs, 2020b; Chrisler, 2013; Sulik, 2010). Bobel and Fahs (2020a) draw on Sulik's (2010) critique of breast cancer fundraising efforts as 'pinkwashed' fetishising survivor status and using breast cancer as a tool to sell products in their assessment of contemporary period poverty movements. In their view, corporate and political responses often centre around menstrual products and their provision, instead of promoting menstrual education and improving menstrual literacy (Bobel and Fahs, 2020b; Chrisler, 2013).[11] The reframing of menstrual activism as menstrual equity, whilst addressing important material needs, potentially obscures the political project of breaking down menstrual stigma and gender inequality, instead reinforcing the market-based solutions evident across educational, cultural, and technological frameworks.

Understanding this evolution from radical to 'anaemic' activism is crucial for analysing how menstrual imaginaries are contested. While macro-level actors from medical institutions to corporations establish the dominant terms for menstrual management, activism represents the site where these constructions can be challenged and renegotiated. However, resistance itself

[11] The menstrual equity (period poverty) approach focuses on providing mostly single-use products to vulnerable groups of the population, This shift towards product-focused solutions represents what Bobel and Fahs (2020) identify as the depoliticisation of menstrual activism, where structural critiques of gendered inequality are replaced by individualised consumer solutions that mirror the commodification processes examined in commercial contexts.

can be shaped and constrained by the very structures it seeks to dismantle, with important implications for how different generations experience and negotiate menstrual management.

Digital Menstrual Activism: Online Spaces and New Forms of Resistance

The development of a digital space to discuss menstruation has allowed those who menstruate to create a new 'body politics' that serves to overcome stigma and shame surrounding menstruation. This section outlines how online menstrual activism can be used to resist menstrual stigma, create communities, and enact political change (Conner, 2020, p. 887). In their assessment of US-based online menstrual activism, Conner (2020) provides insight into how menstrual activists used social media as a tool to protest anti-abortion legislation. In 2016, the Governor of Indiana/Former Vice-President Mike Pence worked with lawmakers to strengthen the severity of Indiana's existing abortion laws by adding a requirement that 'remains' of any miscarriage or abortion be cremated or buried (Conner, 2020, p. 885). Under this requirement, any period could be a technical miscarriage (as fertilised eggs can be released during menstruation) and menstrual fluid would need to be subject to burial or cremation (Conner, 2020, p. 885). Following this, Indiana resident Laura Shanley created Facebook, Twitter, and Instagram pages entitled 'Periods for Pence' to document the calls she and other activists made directly to Pence's office where they shared information about their individual menstrual cycles. Conner (2020, p. 886) analysed 20 Facebook and Twitter posts, comments, and replies from 19 different posters participating in the 'Periods for Pence' campaign. Conner (2020) uses Dubriwny's (2005) theory of collective rhetoric to understand how individual narratives on menstruation were used by activists to form a shared, cohesive narrative on periods. Dubriwny's (2005) examination of shared narratives can be seen in the campaign when members engage with material from the original posts shared on the Periods for Pence pages and proceed to share their own stories, until users can see a complete story that details multiple experiences with menstruation. The online

strategies used in the Periods for Pence campaign relied on consciousness-raising, collective rhetoric (sharing experiences and creating a community), and embodiment strategies to mobilise menstruators to persuade lawmakers to make legislative change.

Similarly, Gaybor (2022) concludes that online menstrual activism contributes to building a community of mutual support, where members believe their contributions matter and feel connection and gratitude for the support of others. In her social scientific analysis of how social media culture influences perceptions of the menstrual body, Gaybor (2022) conducted a 2-year case study based on a Spanish-speaking, women-only, closed Facebook group. The Facebook group was created to discuss issues around menstrual health, sexuality, and wellbeing. Gaybor (2022, p. 901) states that 'everyday politics' can be seen in settings where people live, work, learn, and worship and in social settings including online spaces, families, schools, and workplaces. Her research presents a different form of menstrual activism, knowledge exchange, and community developed in the virtual world between menstruators. The embeddedness of social media in everyday life allows for the creation of online communities that produce knowledge to change the menstrual status quo by resisting menstrual shame and bringing menstruation 'out of the closet' (Bobel and Fahs, 2020a; 2020b).

Conner's (2020) and Gaybor's (2022) research exemplifies how online menstrual activism can be used as a tool for protest against gendered inequality and menstrual shame, as well as a site of knowledge production that promotes individual wellbeing by promoting women's embodiment and empowerment. Both Conner (2020) and Bobel (2008) discuss that these same strategies have been used by activists to advocate for abortion rights since the 1960s in America. Rights to reproductive healthcare and services remain under constant threat across the globe. The feminist movement has had to adapt and find new ways and spaces to convey similar messages they fought for decades prior. Bobel and Fahs (2020, p. 1015) maintain that

the rise of far-right, regressive, and conservative politics makes feminist and menstrual activism, both online and offline, more important than ever. Bobel and Fahs (2020, p. 1018) calls on menstrual activists to use periods as a tool to promote menstrual literacy, reclaim agency, and fight back against the root structures of misogyny, sexism, racism, and classism that have led to menstruation still being a topic entrenched in discomfort and silence.

Chapter 2: Literature Review- Part 2

Menstruation at the Meso Level: Family and Peer Networks

The institutional, cultural, technological, and global frameworks examined in previous sections shape individual menstrual experience indirectly, operating through meso-level networks that mediate between macro-structural forces and micro-level embodied experience. The family unit and peer networks represent critical sites where menstrual knowledge is negotiated, contested, and transformed through everyday social interactions. Kinship and peer networks function as conduits for the production of menstrual knowledge. The next section examines these meso-level spaces.

Family Networks

Family networks represent primary sites where cultural and institutional messages about menstruation are mediated through intergenerational relationships that combine intimacy, authority, and shared embodied experience (Newton, 2016).

The intergenerational transmission of menstrual knowledge within families represents a fundamental mechanism through which macro level understandings are translated into embodied practice that can include maintenance of older ideas but also resistance and transformation. Research states that family members, particularly mothers, serve as primary

sources of menstrual information for young people, often functioning as intermediaries between societal and cultural messages and lived experience (Chrisler, 2013; Johnston-Robledo and Chrisler, 2020). A mothers' own menstrual knowledge shapes their capacity to offer alternative frameworks to their daughters (Stubbs, 2008, p. 59). Mothers who experienced menstrual shame within educational settings or medical encounters may either reproduce these experiences through protective silencing or actively resist them by providing counter-narratives (Newton, 2016, p. 109). The generational differences in menstrual experience demonstrates how families navigate between traditional ‘wisdom’ including folk beliefs and ‘old wives’ tales’, and evolving contemporary practices whilst operating within institutional contexts that may constrain their choices and approaches.

Recent research on menstruation and menstrual shame in Italy by Trieloff et al. (2024) argues that menstrual experiences will differ based on what women are taught (or not taught) by their family members and friends. Additionally, they found that participants in their study received most of their menstruation education from their sisters and mothers, and not in the school settings. Trieloff et al. (2024) examine the influence of Catholicism on Italian cultural attitudes towards menstruation. Italy's predominantly Catholic foundation has historically fostered a culture of shame and secrecy around menstruation, with one of their participants noting that ‘this shame, it is everywhere’, even affecting small acts like purchasing menstrual products (Trieloff et al., 2024, p. 8). However, the study identifies a gradual generational shift in attitudes, particularly in urban areas like Florence. Whilst older generations, especially in southern Italy, maintain more conservative, religion-influenced views, younger Italians are increasingly adopting more secular attitudes and showing greater comfort in discussing menstruation openly (Trieloff, 2024, p. 9). However, the cultural pattern of communication remains largely restricted to mother-daughter conversations, with limited involvement from

male family members, and discussion remains particularly taboo in traditional, religious families.

The mother-daughter relationship represents a privileged site for menstrual knowledge transmission that is shaped by cultural discourses about maternal responsibility and femininity whilst also creating opportunities for resistance and transformation of dominant menstrual narratives (Newton, 2016; Lee, 2009). In their examination of recollections of menarche and maternal communication, Costos et al. (2002, p. 52) found that the tone of maternal communication about menstruation was predominantly negative. In their interviews with 138 women aged between 26 and 60, 64% of participants reported receiving negative messages from their mothers about menstruation, compared to only 14% who received positive messages (Costos et al., 2002, p. 52). Significantly, over half of the mothers in Costos et al.'s (2002, p. 53) study simply did not discuss menstruation with their daughters at all, representing what the authors termed 'problems of omission'. The study identified eight distinct types of negative messages, including the particularly damaging 'grin-and-bear-it' message, which accounted for 8% of communications (Costos et al., 2002, p. 53). This message type encouraged daughters to endure menstrual difficulties silently while maintaining a facade of normalcy (Costos et al., 2002, p. 55). Additional negative messaging included secrecy imperatives, religious or behavioural taboos and sexuality-related restrictions. The research posited that mothers who transmitted negative messages about menstruation were often reproducing their own negative experiences, creating intergenerational cycles of menstrual shame and silence (Costos et al., 2002, p. 56). Importantly, the study found that women who received positive messages from their mothers reported greater awareness of their own menstrual experiences compared to those who received negative communications.

Mothers occupy then a particularly significant position within family networks as cultural mediators between societal messages about appropriate menstrual management and for some their desires to support their daughters' wellbeing and agency (Newton, 2016). Mothers being understood by their daughters as the sole arbiters of menstrual knowledge and support may be common sensical given their own embodied link to this process. However, daughters' critiques may be contextualised in some understanding that their mothers may have had poor experiences of menstrual education themselves and also raises questions about the intense and punishing expectations that characterise Motherwork more generally (Gatrell, 2005; 2013). Motherwork may include a role in influencing and/or policing daughters' reproductive lives, in explicit and implicit ways. This can vary significantly across factors such as class, culture, and religion. The transmission process itself can either perpetuate harmful norms (internalised shame, traditional gender roles, body surveillance) or facilitate empowerment (body literacy, resistance to commercial menstrual culture, intergenerational feminist consciousness) (Lee, 2008, p. 1326; Lee and Sasser-Coen, 1997).

Extended Female Networks and Alternative Knowledge Sources

Beyond the mother-daughter dyad, extended female family networks play key roles in communicating menstrual knowledge especially in the absence of maternal input. The role that sisters, aunts and female cousins play in relation to the production of menstrual knowledge is an area neglected in the critical menstrual literature (Perianes and Ndaferankhande, 2020; Newton, 2016). Aunts, grandmothers, and female cousins often serve as alternative sources of menstrual information (DeMaria, 2020, p. 88). In their 2020 study of intergenerational menstrual knowledge and experiences, DeMaria et al., conducted interviews with 70 women in South Carolina to explore how family members shaped understandings of menarche and menstruation. Women recalled that aunts often provided both practical and emotional support, for example offering period products and providing instructions on how to

use them (DeMaria et al., 2020, p. 92). Cousins or 'peer- like' kinship networks were also identified as sources of informal education (DeMaria et al., 2020, p. 92). Grandmother-granddaughter relationships, in particular, may serve as vehicles for the transmission of both progressive and traditional menstrual knowledge and practices. In some cases, grandmothers offered anticipatory guidance to reduce fear, telling girls what to expect before their first period and emphasising that menstruation was normal rather than frightening (DeMaria et al., 2020, p. 92). In other cases, grandmothers perpetuated more traditional understandings of menstruation as something that needed to remain hidden. One participant in DeMaria et al.'s (2020, p. 93) study recalled asking her grandmother about tampons, and her grandmother told her never to ask her about them again. For DeMaria et al. (2020), this illustrates that attempting to break norms of silence can result in irritation, rather than improve openness. While some grandmothers disrupt menstrual taboo and stigma by approaching menstruation with openness, these traditional knowledge systems may also reproduce other forms of menstrual control, including religious taboos or cultural restrictions that constrain menstrual agency in different ways (Gottlieb, 2020). Additionally, reliance on family members for menstrual knowledge also risked perpetuating myths and misinformation if guidance was inaccurate (DeMaria et al., 2020, p. 94).

The collective nature of extended female networks also enables the development of collaborative strategies for menstrual management, with different family members contributing diverse experiences of medical encounters, educational settings, and commercial messaging. This collective knowledge pooling can provide young menstruators with increased preparation for navigating institutional contexts and approaches to menstrual management. However, such extended female familial networks are increasingly uncommon in contemporary Ireland. The decline of multigenerational households and the dispersal of extended family members often leaves mothers as the sole source of familial menstrual

information, potentially limiting the diversity of perspectives and experiences available to young menstruators (Gray et al., 2016, p. 177).

Male Family Members

While female family networks have received considerable attention in menstrual research, the role of male family members in shaping family responses to remains relatively underexplored. Men and boys play important roles in maintaining gendered knowledge boundaries around menstruation and/or contesting them (Erchull, 2020). Male family members, may as such be positioned as both potential sources of menstrual shame and as subjects who require protection from menstrual knowledge (Fingerson, 2006).

Erchull and Richmond (2015) explore the role of fathers in educating children about menstruation, and examine the default assumption that menstruation education is the sole domain of mothers. Erchull and Richmond (2015) found that the 110 U.S. fathers in their study held gendered expectations about how children should learn about menstruation. When the fathers we asked where girls should learn about menstruation, they prioritised female and medical sources (mothers, doctors, health education classes, nurses, and sisters). When asked where boys should learn about menstruation, they endorsed a more mixed approach including health education, mothers and female romantic partners (Erchull and Richmond, 2015, p. 104). Significantly, the fathers considered male sources (fathers and brothers) as more important for boys than girls, suggesting fathers recognise their potential role in educating sons about menstruation. Erchull and Richmond (2015, p. 105) found that fathers would convey similar core messages to both daughters and sons: that menstruation is natural, physiological explanations, and information about pregnancy/fertility. However, notable differences emerged in how they would frame these conversations. With sons, fathers were more likely to discuss negative aspects such as mood swings and provide advice on 'coping with menstruators', whilst with daughters, they were more likely to use positive framing.

More recent research from Erchull (2020, p. 401) argues that fathers reported feeling ill-equipped to discuss menstruation with their children, as it is a topic that is 'outside their own experience'. However, some fathers in an Australian sample felt that understanding menstruation and talking about it with their children allowed them to be more active parents (Peranovic and Bentley, 2017, p. 120).

Research from Canada showed that when mothers told fathers about their daughters beginning to menstruate, some girls became upset or embarrassed (Uskull, 2004 in Erchull, 2020, p. 402). Earlier research from Koff and Rierdan (1995) found that whilst girls wanted their fathers to know that menstruation had occurred, nearly all did not want their father to ask questions or provide advice, with 33% reporting they would not discuss menstruation with their fathers at all.

While family networks establish initial frameworks for understanding menstrual knowledge boundaries, peer networks, and everyday social interactions often serve as alternative spaces where these gendered assumptions can be made visible.

Peer Networks

Peer networks facilitate distinctive forms of knowledge production that complement and sometimes contradict family-based menstrual education. Peer menstrual knowledge production is characterised by reciprocal exchanges of information, experience, and support among individuals who share similar developmental stages and social positions. This creates opportunities for collaborative learning and collective problem-solving that may be absent from adult-directed institutional frameworks (Newton, 2016, p. 183). Research by Fingerson (2006) on the social aspects of menstruation in the lives of adolescent girls and boys in the US found that peer networks serve as spaces for developing practical menstrual management strategies. Fingerson (2006) used individual interviews to investigate each teen's own understanding of and experiences with menstruation. Following this, Fingerson (2006)

conducted group interviews with participant's peer groups. Adolescents learn and form opinions about the mechanics and experience of menstruation from each other through talk, storytelling, and humour (Fingerson, 2006, p. 7). Notably, Fingerson (2006, p. 50) emphasised the significance of peer networks in fostering solidarity among young menstruators. Her participants valued conversations with female peers about menstrual experiences because these discussions created mutual support and a sense of shared understanding.

The school environment creates particular conditions for peer collaboration around menstruation (Newton, 2016, p. 79). School-based peer networks often develop creative strategies to manage their menstruation in the school setting. Students may organise among themselves to share menstrual products rather than depending on the school's limited or hard-to-access supplies. This might involve peers keeping extra period products or painkillers in their bags for each other, creating hidden stashes of products in toilets, or setting up informal lending systems so no one gets caught without supplies during their period (Newton, 2016). Students may also develop their own ways of talking about periods including the use of 'alternative terminology' or euphemisms to avoid menstruation being 'detected' by peers (Newton, 2016, p. 79).

Close friendship networks represent particularly significant contexts for developing menstrual knowledge (Newton, 2016). Close friendships provide contexts for maintaining social power and connections, where girls who have been supported in learning how to manage menstruation, become a resource for other girls (Piran, 2020, p. 211). Peer networks also serve as sources of validation and solidarity for menstruators, as they provide spaces where menstrual experiences can be shared, normalised, and collectively understood (Newton, 2016). Through peer relationships, young people can access emotional support, practical advice, creating informal communities of care that operate alongside or in

opposition to official educational and medical messages about menstruation (Fingerson, 2006). These peer networks often become repositories of embodied knowledge about menstrual management, pain relief strategies, and product preferences that may be more practically useful than institutional provision. Through shared menstrual humour, mutual support, peer networks can also be sites of empowerment and collective resistance to concealment imperatives (Newton, 2016; Tomlinson, 2023).

Peer solidarity becomes particularly significant when countering menstrual stigma perpetuated by boys who tease or shame girls about their periods. Supportive peer networks provide collective resistance strategies, defensive alliances, and opportunities to educate male peers about menstrual normalcy (Piran, 2020, p. 211). Piran's research on embodiment and menarcheal experiences highlights the widespread nature of menstrual silencing across multiple social contexts, with shame and isolation pervading even close friendship networks during the first year post-menarche. Despite these barriers, girls develop specific strategies to restore social power and connection. Participants in Piran's (2020) research described taking calculated risks by reaching out to friends to discuss menstruation. One participant noted, 'The first time you talk with other girls about that, you're putting yourself out there and you could have someone go, ew' (Piran, 2020, p. 211). Additionally, girls who have received adequate menstrual support becoming resources for other girls, creating informal peer education networks. Some groups engage in collective resistance by confronting boys who tease them about menstruation. In this way, peer solidarity can actively challenge stigma rather than just being sources of comfort (Piran, 2020, p. 212). Through these acts of peer solidarity, or 'offline micro-activism' (which Tomlinson (2023) defines as small-scale, everyday acts of resistance that push back against menstrual stigma through direct interpersonal intervention), young people can transform incidents of menstrual shaming into teachable moments that aim to change cultural taboos. The development of these alternative

narratives within peer contexts creates possibilities for cultural transformation that also influence menstrual cultures. As peer-generated knowledge and resistance strategies are carried into family contexts, future educational settings, and workplace environments, potentially disrupting institutional assumptions about appropriate menstrual management across multiple sites of knowledge production (Piran, 2020, p. 212).

However, peer networks are not uniformly supportive or inclusive spaces for all menstruators. These networks may reproduce existing social hierarchies, with popular or socially confident students more likely to access peer support whilst marginalised students (including those from different cultural backgrounds, with disabilities, or experiencing poverty) may find themselves excluded from informal product-sharing systems or solidarity networks (Allen et al., 2011). Peer groups may also perpetuate certain forms of menstrual stigma, particularly around 'appropriate' menstrual management, with students who experience heavy bleeding, use different products, or manage menstruation in ways that deviate from peer norms potentially facing exclusion or judgement. Furthermore, the resistance strategies developed within peer networks may inadvertently continue the concealment imperatives they seek to address, as coded communication and hidden product-sharing can strengthen rather than disrupt the fundamental assumption that menstruation should remain invisible within institutional settings.

While peer and family networks shape collective strategies and shared understandings around menstruation, it is equally important to consider how these dynamics manifest at the micro level, within individual everyday encounters and personal experiences. Moving from these collective contexts to examine individual experience illustrates how macro-level institutional frameworks and meso-level social networks ultimately shape the intimate, embodied realities of menstrual management.

Menstruation at the Micro Level.

The institutional frameworks, network mediations, and cultural patterns examined in previous sections ultimately become meaningful through their embodiment in individual experience. This section examines how the macro-level processes of medical pathologisation, educational programmes, technological surveillance, and cultural concealment imperatives are navigated, reproduced, and potentially transformed through micro-level embodied practices.

Managing Menstruation: The Prevalence and Impact of Menstrual Symptoms.

Large-scale obstetrics and gynaecological research identify the widespread nature of menstrual symptoms and their impact on daily life. Schoep et al.'s (2019b) survey of 42,879 Dutch women aged 15-45 provides insight into the prevalence of menstrual complaints in the general population. The study found that dysmenorrhoea was the most common symptom, affecting 85% of participants. Perhaps most significantly, 38% of all women reported being unable to perform their regular daily activities during menstruation, illuminating the substantial disruption these symptoms cause to everyday life. Schoep et al. (2019b) found that back pain, headache, and heavy menstrual bleeding each affected approximately one in two women, whilst over 70% experienced menstruation-related tiredness. However, even when menstruation led to withdrawal or interruption, many respondents chose not to disclose the reason. Menstruation was treated as something to quietly endure rather than something to speak about openly (Schoep et al., 2019b). Åkerman et al. (2024) similarly document how menstruating young people in Sweden routinely altered their behaviour and social participation to accommodate menstrual symptoms. For many, pain, fatigue and mood fluctuations were accepted as part of life, leading to cancellations, changed routines and emotional withdrawal. However, such impacts were often minimised or concealed. Participants spoke of the pressure to carry on, to not let menstruation interfere with visible

productivity or social commitments. Schoep et al. (2019b, p. 569) found that women who had to transfer family care tasks due to menstrual symptoms, yet only 48.6% told their families that menstruation was the reason. The majority either mentioned only accompanying symptoms such as headache, provided no reason at all, or fabricated alternative explanations. Similarly, research on menstruation stigma and how this is enacted in menstrual health conversations by O'Keefe et al., (2025) described how participants carefully avoided disclosures of menstruation outside trusted networks, particularly in mixed-gender or male-dominated contexts. This self-censorship stems from experiences of enacted stigma, such as dismissive comments like 'Are you on your period?' when expressing emotion, which participants interpreted as reducing them to irrational, incompetent beings (O'Keefe et al., 2025, p. 14). Cultural stereotypes of menstruation portray menstruating women as 'frenzied and emotionally volatile beasts', positioning menstruation as the antithesis of hegemonic femininity (O'Keefe et al., 2025, p. 2).

As Persdotter (2022) illustrates, managing menstruation involves a series of routine practices that maintain bodily and spatial cleanliness. Menstruating people monitor their clothes, toilets, bedsheets and underwear for stains. Pads must be wrapped and hidden, menstrual cups cleaned and reinserted, waste double-bagged and removed discreetly. These actions are performed alone, often in bathrooms, but they structure how menstruation is lived on a daily basis. The everyday experience of menstruation is composed of countless small decisions and embodied adjustments including choosing dark clothing, carrying spare supplies, timing toilet trips, or withdrawing from social activities or work events (Persdotter, 2022). These are small acts that menstruators become routinised to, and they accumulate into a constant form of labour. Understanding menstruation as an everyday experience requires attention to this labour and the social norms that shape it. It is in the ordinary, and in the effort to keep that ordinary intact, that menstruation is lived and made meaningful (Persdotter, 2022).

This daily management is further complicated by menstrual stigma. Braun et al.'s (2025, p. 3) qualitative research with 45 menstruators across Germany and the Netherlands expresses that menstruation is still constructed as taboo, resulting in 'hyper-vigilance and self-policing to avoid breaching societal norms that require concealment'. Braun et al. (2025) also found that many individuals self-censor or downplay their menstrual experiences, even in conversations with doctors or friends. Participants described being vigilant about hiding symptoms such as pain or irritability and expressed reluctance to seek medical care due to fears of not being believed. This form of internalised stigma creates a context in which menstruation remains ever-present and deliberately hidden (Braun et al., 2025).

Analysis of menstrual experience often focuses on the genesis, with menarche or the first menstrual period studied as way to access the shifts that individual menstruators experience as they enter puberty.

Menarche: First Encounters

A substantial body of research has shown that the experience of menarche sets the terms for how menstruators subsequently understand, manage, and feel about their periods across the life course (Brantelid et al., 2014; Lee, 2008; Lee and Sasser-Coen, 1997; Newton, 2016). Despite differences in methodological approaches and cultural contexts, menarcheal studies converge on a strikingly similar set of first-encounter responses. Most often, these responses include feelings of shock, surprise, embarrassment, shame and unpreparedness (Przybyło and Fahs, 2020, p. 387). Young menstruators frequently report feeling caught off-guard by their first period, lacking practical knowledge about menstrual management, and experiencing distress about secrecy and concealment (Erchull, 2020, p. 396). At the same time, some menstruators describe feelings of excitement, pride or a sense of maturity and transition at menarche (DeMaria et al., 2019, p. 90). These more positive experiences often correlate with better preparation, family openness about menstruation, cultural celebrations of menarche,

and educational contexts that frame menstruation as a normal bodily process rather than something shameful or problematic (DeMaria et al., 2019). However, even when excitement and pride are present, they frequently coexist with anxiety, confusion, or ambivalence. Newton (2016, p. 103) argues that these competing feelings may be attributed to contradictory cultural messages surrounding menarche. Some participants in Newton's study described their menarche as something they did not feel adequately equipped for, despite there being open discussions in the home about menstruation (Newton, 2016, p. 104). Research on menarche often outlines how young menstruators report not feeling well-educated, and generally unprepared for menarche (Cooper and Koch, 2007; Erchull, 2020). Cooper and Koch (2007), researched preparation for menarche among low- income African American women in northeastern America. The authors posit that many participants reported limited or no discussions about menstruation while growing up, often learning about it through personal experiences, peers, or school education rather than from family members. This lack of communication left many women feeling confused, unprepared, or even ashamed when they first experienced their periods (Cooper and Koch, 2007, p. 17). When communication did occur, it was typically from mothers, but these conversations tended to focus on the physical aspects of menstruation, such as how to use menstrual products, rather than addressing the emotional or social dimensions of menstruation.

Sánchez López et al. (2023), research on menstrual literacy and experiences of menstruation in Spain, notes that prior knowledge of menstruation remains low between generations. Referring to Brantelid et al.'s (2014) earlier research about lifelong attitudes to menstruation, Sanchez Lopez et al. (2023) agree that those who reported feeling sufficiently informed about menstruation before menarche held more positive emotions towards menstruation throughout their lives. The enduring significance of first menstrual encounters was also examined in research on 12 women's experiences of menstruation across the lifespan in Sweden. Brantelid

et al. (2014, p. 605) found that support and knowledge provided at menarche, particularly from mothers, play a significant role in shaping how women experience and relate to menstruation later in life. In their narratives, women who received inadequate support or information described menstruation as more difficult to manage, leading to uncertainty, embarrassment, and a lack of confidence (Brantelid et al., 2014, p. 605). The authors emphasise that mothers are the primary source of both practical and emotional support at menarche, and that this early social context has a lasting influence (Brantelid et al., 2014, p. 611). More broadly, the study argues that secrecy, concealment, and feelings of shame around menstruation persist across the lifespan, showing that initial encounters with menstruation are formative experiences that shape women's ongoing relationship with their bodies rather than isolated events (Brantelid et al., 2014, p. 612). Building on this point, Lee and Sasser-Coen (1997) framed menarche as both a biological milestone and a collision between embodied experience and cultural meaning.

In their publication on women's bodily histories and menarcheal experiences in contemporary U.S. society, Lee and Sasser- Coen (1997, p. 22) position menarche as a 'maturational event that originates from inside the female body and collides with meanings and practices originating from outside the female body'. Adopting a socio-cultural perspective Lee and Sasser-Coen (1997) recognises menarche as embodied and socially constructed and how the menstruating body becomes a site of negotiation between individual experience and cultural expectations.

Earlier narrative research with U.S. undergraduates, also featured recurrent themes of shame, secrecy, and concealment surrounding menarche (Lee, 2009). Many participants described feelings of humiliation, dirtiness, and the urgent need to hide evidence of bleeding, exemplifying how cultural discourses of pollution and contamination are internalised at menarche (Lee, 2009, p. 619). Lee (2008) further situates these narratives within socio-

cultural frameworks, noting that menarche produces embodied, sexualised femininity through processes of both compliance with and resistance to gendered expectations (Lee, 2000, p. 615). Similarly, in her study of mother- daughter dynamics at menarche, Lee (2008, p. 1327) shows how maternal guidance functions as a script through which girls interpret their developing bodies, either perpetuating secrecy and shame or fostering greater openness and acceptance.

Lee (2008, p. 1333) identifies four recurring participant memories of maternal reactions to their menarche. These included celebratory responses, emotionally connected responses, helpful/ matter-of-fact responses and unsupportive responses. Lee (2009, p. 1329) coded the responses in the following way:

> 'Celebratory mothers are remembered as excited about daughters' menarche and enthusiastically supportive and included those who planned a special occasion to celebrate. Emotionally connected mothers are emotionally engaged but did not participate in overtly enthusiastic or demonstrative ways or facilitate public recognition of their daughter's first period. Helpful mothers were remembered for providing support through information and assistance with supplies. Although the celebratory and emotionally connected mothers also helped their daughters manage menarche, they are distinct from the 'helpful' mothers in also being overtly emotionally connected with their daughters about the experience of menarche. Unsupportive mothers were remembered as ignoring the event or showing an active lack of emotional support or hostility toward their daughters'.

Lee noted that 'emotionally connected mothers are able to mitigate feelings of shame and humiliation' even if they do not guarantee a positive experience (Lee, 2008, p. 1325). The study also cautions that overt celebration can spotlight girls in ways that heighten

embarrassment, amplified by the adolescent ‘imaginary audience’ (Lee, 2008, p. 1341). By contrast, helpful/matter-of-fact responses are associated with the fewest negative recollections and less use of ‘embarrassed’ language, often yielding neutral ‘no-big-deal’ narratives (Lee, 2008, p. 1342). Unsupportive responses cluster with negative memories (e.g., 64% of daughters with unsupportive mothers reported negative menarche stories), positioning mothers’ as key mediators of cultural scripts around secrecy, concealment and shame (Lee, 2008, p. 1338). Lee’s analysis positions menarche as a site where embodied change and social meaning collide, with maternal scripting central to how that collision is lived and remembered (Lee, 2008, p. 1343).

The significance of Lee's contribution lies in her recognition that most women hold negative attitudes toward menarche due to ‘stigma, shame, embarrassment and a failure to adapt’ especially when feeling unprepared (Lee, 2008, p. 621). While Lee’s work illustrates how maternal ‘scripts’ shape girls’ interpretations of menarche, more recent studies have shifted attention to adolescents’ own accounts. For instance, Mendle et al. (2025) capture how young people describe their first periods in their own words, further underscoring the persistence of secrecy, fear, and stigma. Mendle et al. (2025) examined how 120 early adolescent girls from a West Coast U.S. Middle school described their experiences of menarche. The study employed both word association tasks and narrative writing exercises at two time points one month apart to capture girls' perspectives on their first menstruation (Mendle et al., 2025, p. 2). Participants in their study generated overwhelmingly negative words to describe their first menstruation, with ‘scary’, ‘painful’, and ‘confusing’ being the most frequently used descriptors (Mendle et al., 2025, p. 4). Words and phrases like ‘scary’, ‘confusing’, ‘painful’, and ‘weird’ often appeared together, suggesting this cluster represented one of the most common constellations of menarcheal experiences (Mendle et al., 2025, p. 4). Six distinct themes emerged in girls' narratives, including maternal involvement, experiencing symptoms,

first period timing, emotion descriptors, reminiscing words, and dismissal or lack of feelings (Mendle et al., p. 6). Consistent with earlier research from Newton (2016) and Lee (2008), many participants reported discussing menstruation with their mothers while being reluctant to share the experience more publicly, with maternal involvement being one of the primary topics identified in their menarche narratives (Mendle et al., 2025, p. 5). Importantly, the researchers found that expressions of disgust were linked with greater symptoms of depression and anxiety, while youth whose narratives included more words specifically describing emotions (such as nervous, angry, happy, sad) reported fewer symptoms of depression and anxiety, suggesting that emotional articulation may be protective for mental health (Mendle et al., 2025, p. 1). Mendle et al. (2025) focus on adolescents in real time, contrasting with LeBlanc's (2024) retrospective approach across a wide age range. LeBlanc's study confirms that silence and stigma remain deeply entrenched across generations.

LeBlanc (2024, p. 12242) analysed 173 responses from individuals aged 18-71 in the United States about their menarcheal experiences. The study uses the theory of memorable messages to examine how silence, stigma and the absence of supportive communication from mothers shape participants' experiences of menarche. They reported three main themes from their study. Firstly, 96% of participants used negative words such as 'embarrassed,' 'shame', 'gross', and 'scared' to describe their first period, with many believing something was medically wrong or that they were dying due to inadequate preparation; secondly, participants described how lack of communication from parents led them to also remain silent through self-silencing (keeping menarche secret) and other-silencing (being told not to discuss menstruation, particularly with males); and thirdly, many participants noted their mothers were absent during their menarche experience, with inadequate mother-daughter communication negatively impacting relationships and leaving young people feeling unsupported. Despite social progress in menstrual awareness, silence and 'grin and bear it'

attitudes remain predominant in families, contributing to shame, perpetuating menstrual taboos, damaging mother-daughter relationships, and leaving young people unprepared for menstruation (LeBlanc, 2024, p. 12245)

Despite decades of menstrual activism and efforts to destigmatise menstruation, Mendle et al. (2025) concluded that today's youth still hold largely negative views of menarche. Similarly, LeBlanc (2024) concluded that normalising menstruation communication within families and schools is essential for supporting young people's physical and emotional wellbeing, as the current lack of communication may impact mental health and future healthcare-seeking behaviour during this significant developmental transition. These findings contend that menarche is more than a single moment and is embedded in cultural scripts that shape how individuals narrate and reinterpret the event throughout life. Newton (2016) advances this argument by drawing on anthropological theories of ‘status passage’, situating menarche as a temporal and social process rather than a discrete biological event.

Menarche as Status Passage

Building on anthropological traditions, Newton (2016, p. 107) argues that menarche is a ‘status passage’. Drawing from Glasser and Strauss's (1971, p. 2) definition, Newton frames status passage as ‘movement into a different part of a social structure; or a loss or gain of privilege, influence, or power, and a changed identity and sense of self as well as changed behaviour’. Newton's (2016) UK based study of everyday menstrual knowledge and discourse employed an interdisciplinary folklorist approach using interviews to explore the cultural and social aspects of menstruation within an intergenerational and gendered framework. The study documented vernacular beliefs and practices surrounding menstruation, examining substantive themes including euphemisms and terminology used to describe menstruation, menstrual etiquette, and the transmission of informal knowledge about

menstruation in family and peer networks, with a particular focus on menstruation and menarche (Newton, 2016, p. 15).

Arnold Van Gennep (1909) developed the idea of 'rites of passage', which he saw as marking out three phases of 'passing' from one social identity to another: the 'preliminal' (leaving one state), 'liminal' (approaching another state) and 'postliminal' (being incorporated into the new state). Newton (2016) adapts this approach and applies it to menarche to explain how it unfolds as a social process. The merit of her approach is her conceptualisation of the temporal dimensions of menarcheal experiences. The separation phase encompasses preparation and anticipation, typically managed by female kinship networks, peer groups, or educational institutions. During this phase, menstrual norms, expectations, and knowledge are initially transmitted through formal and informal education, where young people learn about the biological processes and social meanings of menstruation before it occurs (Newton, 2016, p. 90). The transition phase captures the liminal moment when menarche occurs and young menstruators exist on the threshold of perceived 'adulthood'. This phase is characterised by uncertainty, potential confusion, and the immediate negotiation of new bodily experiences. In the transition phase, individuals must navigate the physical reality of menstruation alongside shifting social expectations and their own emotional responses to this bodily change (Newton, 2016, p. 92). The incorporation phase involves joining the community of menstruating peers and learning 'menstrual etiquette', where menstruation may be viewed as a 'badge of honour', signalling maturity and group membership (Newton, 2016, p. 91). Newton's framework is particularly valuable because it examines how menstrual norms, shame, secrecy, and stigma are transmitted across all three phases: from the anticipatory learning in the separation phase, through the immediate negotiation of new social positioning during transition, to the ongoing practice of menstrual management and social conformity during incorporation. This approach allows for examination of how menarcheal experiences

create lasting impacts on identity formation and embodied knowledge. For Newton (2016, p. 92), menarche signifies both biological maturation and a fundamental shift in how teenage bodies are perceived by peers, families, kinship networks, and by menstruators themselves.

Newton (2016) and Kwon and Park (2019) both suggest that attitudes towards menarche play a role in a menstruator's future health, body image and attitudes towards menopause. While Newton foregrounds menarche as a cultural status passage in the UK, Kwon and Park's (2019) research in Confucian-influenced South Korea indicates different symbolic meanings emerge, with pre-menarcheal girls often viewing it positively as maturity, and post-menarcheal girls emphasising pain and discomfort. Kwon and Park (2019, p. 520) analysed essays and drawings produced by 53 female South Korean adolescents about menarche. This analysis identified five key themes representing young people's perceptions of this transition: something unfamiliar, lack of welcome, reaching maturity, pain and discomfort in my body, and changes in my daily life. Using Schlossberg's (1981) Transition Theory as their framework, the researchers found significant differences in how menarche was perceived based on experience and grade level. Fifth-grade students and those who had not yet experienced menarche focused more on the theme of 'reaching maturity', viewing menarche as a transition to womanhood with positive descriptors such as 'beautiful', 'joyful', and 'gifted (Kwon and Park, 2019, p. 528). In contrast, students who had actually experienced menarche, regardless of grade, concentrated more on the theme of 'pain and discomfort in my body' (Kwon and Park, p. 532). 32.9% of participants did not know what menarche meant, with some sixth-graders who had already experienced menarche still reporting unfamiliarity with the term, suggesting inadequate preparation and education (Kwon and Park, p. 534-535). The researchers concluded that Korean cultural norms, influenced by Confucian values that emphasise reproduction and family continuation, contribute to positive symbolic meanings of

menarche, but actual experience shifts perceptions toward the negative physical aspects (Kwon and Park, p. 534).

Drawing on a quantitative approach, McPherson and Korfine (2004) surveyed over 300 participants to gain an understanding of menarcheal experiences and feelings towards menstruation across the life course. They found that 'preparation' for menarche influences attitudes towards menstruation throughout the life course, with women who reported positive menarcheal experiences and good preparation for menstruation holding more positive adult menstrual attitudes, while those with negative early experiences showed persistently negative attitudes (McPherson and Korfine, 2004, p. 193). There were significant differences between women with extremely positive versus extremely negative early menstrual experiences across multiple domains. Women in the 'negative group' reported their periods as significantly more debilitating and bothersome than those in the 'positive group,' were better able to predict period onset through body changes, and were more likely to use negative terms to describe menstruation, with 52% using solely negative descriptors compared to only 18% in the positive group (McPherson and Korfine, 2004, pp. 196-197). Importantly, the researchers found that early menstrual experiences influence later aspects of embodied experience, with women reporting negative menarcheal experiences scoring significantly lower on body image measures, including appearance evaluation, health evaluation, and body areas satisfaction (McPherson and Korfine, 2004, p. 198). In relation to health-seeking behaviours, women in the negative group were more likely to avoid pelvic examinations due to fear rather than practical barriers, suggesting that shame and negative feelings about the body established at menarche persist in healthcare contexts (McPherson and Korfine, 2004, p. 199). Together, these studies underline the ‘stickiness’ of early menstrual experiences.

However, Rodríguez-Camacho et al. (2024) show how structural inequalities and cultural marginalisation further compound this effect, with Roma women describing menarche as

traumatic in the absence of adequate intergenerational knowledge transmission. More recent reproductive justice research from Rodríguez-Camacho et al. (2024) found that women and girls do not gain access to information that contributes to their reproductive wellbeing through their experience of menarche. Through qualitative interviews with 19 Spanish Roma women aged 18-67, the researchers identified three key themes that explain the lack of knowledge at menarche. These include fear and lack of information at the time of onset of menstruation, inadequate intergenerational transmission of knowledge from mothers to daughters, and symbolic elements that continues the silence around menstruation (Rodríguez-Camacho et al., 2024, p. 5). Roma women that participated in their research experienced menarche as 'traumatic, embarrassing and confusing,' with mothers serving as the sole transmitters of information despite having received inadequate preparation themselves (Rodríguez-Camacho et al., 2024, p. 2). This perpetuated cycles of disinformation, fear, and silence, with many participants avoiding the word 'menstruation' entirely, instead using symbolic references like 'this' or 'that' (Rodríguez-Camacho et al., 2024, p. 7). The researchers found that menarche marked a 'rupture in the public and private spaces of girls and women,' leading to restrictions on activities and premature transition to adult responsibilities without adequate preparation (Rodríguez-Camacho et al., 2024, p. 1). Access to resources and skills to manage biological changes in adolescents could contribute to reducing the impact of cultural myths, false ideas and taboos that prevent advocacy and empowerment on issues of reproductive justice. The authors argue that Roma women lack 'a framework with an established discourse on reproductive justice, along with the necessary institutional resources,' and conclude that preparation for and follow-up of menstruation among Roma women could be key for their health and empowerment in reproductive decision-making (Rodríguez-Camacho et al., 2024, p. 10).

Interactionist studies highlight how menarcheal meanings are actively constructed through social interactions, particularly through mother-daughter communication and peer encounters (Lee, 2008; Costos et al., 2002). Overall menarche can be conceptualised as both a distinct life event and part of embodied knowledge, gender socialisation, and health across the life course where external social factors, including generational differences in menstrual attitudes and practices can shape individual experiences.

Menstruation is often understood in isolation as being a 'woman's issue'. It is important to acknowledge that this is not the case and that cisgendered women are not the only people who have periods.

Trans and Non-Binary Navigation of Cis-normative Frameworks.

Throughout this thesis, I use interchanging words to describe people who have periods, using gendered language such as 'women' and 'girls' and more gender-neutral language such as 'menstruators' or 'those who menstruate'. I use these terms to 'express solidarity with women who do not menstruate, transgender men who do, and intersexual and genderqueer individuals' (Bobel, 2010, p. 12). This is supported by other critical menstrual scholars (Rydstrom, 2020; Bobel and Fahs, 2020a; Frank, 2020).

For many years, transgender and non-binary periods have been a neglected area of research. More recent studies (Frank, 2020; Lane et al., 2022; Chrisler et al., 2016) have given specific attention to the diverse experience of trans and non-binary menstruation and the menstrual management needs of trans and non-binary people. The medical encounters faced by trans and non-binary menstruators exemplify how cis-normative assumptions compound medical pathologisation to create particular barriers to healthcare access. Many trans and non-binary individuals avoid gynaecological care due to fears of being misgendered, invalidated, or subjected to inappropriate questioning about their gender identity (Kosher et al., 2023).

The navigation of educational contexts by trans and non-binary individuals also creates particular barriers whilst also revealing opportunities to subvert gender essentialist assumptions. Trans and non-binary students may be excluded from menstrual education or forced to participate in programming that conflicts with their gender identity, creating additional difficulties in accessing necessary information whilst potentially motivating advocacy for more inclusive approaches (Lane, et al., 2022).

In a study of 17 trans and non-binary individuals, Lane et al. (2022) examines the onset of menstruation and its subsequent management. Revealing their status as menstruators, particularly in public spaces, can carry high risks for trans and non-binary individuals. The data collected by Lane et al. (2022) details the extra labour that trans and non-binary menstruators are required and expected to do, specifically with regard to product use and the navigation of public spaces when menstruating. On the one hand, pads and tampons are considered the easiest period products to conceal when entering a bathroom because they can be easily 'hidden' (up sleeves, pockets or bags, etc.). On the other hand, these products are typically 'noisy'. They are usually enclosed in wrappers that make a sound when opening, which does not allow for 'discreet' menstruation in public settings (Lane et al. 2022, p. 1415). A broadly similar point has also been made by Chrisler et al. (2016), who adapted the Beliefs About and Attitudes Toward Menstruation scale to capture information about attitudes towards and experiences with menstruation in the trans community. Chrisler et al.'s (2016) findings suggest that menstruation is easier and more comfortably managed in private settings (such as the home) and is considerably more challenging in public settings (such as public toilets). Of the 150 participants, 67% reported taking extra steps to manage their menstruation in public, including avoiding public toilets altogether, being quiet and using longer-lasting menstrual products to reduce the number of times the product would need to be changed (Chrisler et al., 2016, p. 1246). Taken together, these studies show how menstrual

management for trans, non-binary and gender non-conforming people is shaped by cis-normative understandings of menstruation. As a result, trans menstruators are 'othered' and labelled as non-normative, monstrous menstruators who are excluded from public spaces.

A central tenet of critical menstruation studies is the recognition of the 'multiplicity of menstrual realities' among different menstruators and non-menstruators (Frank, 2020). The reality of menstrual management for trans and non-binary individuals also requires a confronting navigation of their gender identity, and as Frank (2020, p. 385) points out:

> 'While some participants referenced menstruation as a symbol of belonging in or exclusion from social gender binaries, other participants discussed their menstruation as a signal of social exclusion from being completely transgender….menstruation as a 'gatekeeper' sign of being trans 'enough'.

The gendering of menstruation and menstrual products serves as a confronting reminder for trans and non-binary people. Frank's research (2020, p. 388) participants recounted using different period products as a 'coping strategy' against gender dysphoria' with some opting for pads to minimise the amount of vaginal self-contact or penetration from products such as tampons or menstrual cups. Among other things, advertisements, 'feminine hygiene' sections of shops and cultural references remind trans and non-binary people that a biological process of their bodies is deeply tied to a societal view that menstruation is a symbol of femininity or 'womanhood' (Frank, 2020; Lane et al., 2022).

A central concept within research on menstruation is that of menstrual etiquette. Menstrual etiquette encompasses the web of social norms, cultural expectations, and behavioural codes that govern how menstruation is managed, discussed, and conceptualised within societies. This may include concealment imperatives but has shifted in the context of changes in societal, cultural conventions and processes detailed above associated with product

development, commodification and digital technology. Understanding these transformations requires an approach to culture that views culture as a repertoire of resources individuals draw upon. Swidler's (1986) 'culture as toolkit' approach provides such a framework. Swidler (1986, p. 273) argues that people live within a culture and use elements of that culture to inform their behaviour and decision- making. In this view, 'cultural scripts' function as tools that individuals selectively employ. Applied to menstruation, this framework suggests that individuals navigate competing cultural scripts. Traditional norms demanding menstrual concealment persist alongside emerging discourses of menstrual positivity. The concept of menstrual etiquette captures how these cultural scripts translate into menstrual management practices and expectations.

Menstrual Etiquette: Good, Quiet and Clean Periods.

The examination of menstrual etiquette has evolved from early anthropological observations to contemporary interdisciplinary analyses that incorporate feminist theory, medical anthropology, and critical gender studies.[12] Some societies frame menstrual seclusion as protective rather than punitive, viewing menstruating individuals as possessing dangerous spiritual power that requires careful management (Buckley and Gottlieb, 1988, p. 6). A central theme in menstrual etiquette literature concerns the imperative of concealment. This refers to the social expectation that menstruation should remain invisible and undetectable.

In her work *Issues of Blood: The Politics of Menstruation*, Laws (1991) examines menstruation and the concept of menstrual etiquette through her study of British society. She argues that women's feelings about menstruation are shaped by a combination of individual and biological factors, as well as by men's attitudes imposed through roles such as fathers,

[12] Anthropological research has documented significant variation in menstrual etiquette across cultures, challenging universalist assumptions about menstrual taboos. Buckley and Gottlieb's (1988) cross-cultural analysis argues that while menstrual restrictions are widespread, their specific manifestations and underlying meanings vary dramatically.

lovers, husbands, and medical professionals. By analysing themes of taboo, pollution, medical discourse and cultural control, Laws argued that patriarchal power structures contribute to menstrual stigma, secrecy and the regulation of women's bodies (Laws, 1991, p. 208).

Laws (1991, p. 16) argues that menstrual etiquette centres around concealment and self-management, representing a set of social expectations that tend to encourage all evidence of menstruation to be hidden. Laws (1991, p. 55) conceptualised 'menstrual etiquette' as the elaborate strategies individuals often employ to hide evidence of menstruation from others. Etiquette or the rules and practices associated with menstruation are shaped by menstrual stigma and taboo. These cultural influences shape and constrain how many people experience their periods, with concealment norms being particularly significant, though individuals may negotiate, resist, or reinterpret these expectations in various ways. While Laws developed this framework to understand menstruation in 1990s Britain, menstrual norms have evolved since then. Menstrual activism and changing social attitudes are reshaping how menstruation is managed framed and understood in the UK (Tomlinson, 2025). Nevertheless, this conceptual lens remains relevant for contemporary analysis, including the Irish context, as menstrual concealment practices persist across Western societies.

In their research on menstrual etiquette in Scotland, Pickering and Moffat (2019, p. 767) argue that menstrual etiquette and menstrual management practices are products of gender hierarchies. This means they emerge from existing systems of gender inequality and strengthen these same inequalities by requiring women to invest considerable time and effort into hiding menstruation. In practice, menstruators bear a double burden of concealing menstruation both discursively and physically (Pickering and Moffatt, 2019, p. 767). Pickering and Moffat (2019, p. 771) document the particular difficulties some women faced when 'menstrual product dispensers in female toilets were broken, making it difficult to

obtain these items when needed'. Furthermore, participants in their research navigatef additional burdens such as carrying menstrual products 'surreptitiously' (p. 771), timing toilet visits to avoid detection (p. 778), and even using hormonal contraceptives to control menstruation timing (p. 772). For Pickering and Moffat (2019, p. 772), these concealment practices as part of menstrual etiquette creates 'subtle sexism', wherein infrastructural neglect combines with concealment norms to perpetuate women's exclusion from public spaces whilst maintaining the appearance of gender equality.

A focus on etiquette positions menstruation as a powerful site for the negotiation of gender, power, and social belonging. While menstrual norms vary significantly across cultural contexts, the imperative to manage and conceal menstruation appears to be a nearly universal feature of menstrual etiquette systems (Lee, 1991, p. 16). Contemporary research on etiquette and the concealment imperative from Wood (2020, p. 320) argues that menstrual etiquette is both a mechanism of social control and a potential site of resistance, offering opportunities for challenging systems of gender inequality and bodily shame. This concealment imperative operates through multiple mechanisms: the use of euphemisms, discrete product packaging, and behavioural modifications designed to prevent menstruation being detected (Wood, 2020, p. 320).

To understand the concealment norms identified across the literature on menstrual etiquette, I draw on Elias's (1978) account of the civilising process. Elias traced how bodily functions came increasingly to be regarded as sources of shame and embarrassment in Western societies, pushed behind the scenes of social life and managed through practices of privatisation and self-regulation. Where once bodily processes were performed and witnessed in shared spaces, the civilising process relocated them to private domains. This process also produced a threshold of embarrassment around the body that became internalised as a form of self-regulation. In The Civilising Process, Elias (1978, pp. 69-70) argued that the

modernisation of manners produced a boundary perceptible 'at the mere approach of something that has been in contact with the mouth or hands of someone else', manifesting as embarrassment 'at the mere sight of many bodily functions of others, and often at their mere mention'. The cultural demand to conceal menstruation can be understood through Elias' discussion of an 'invisible wall of affects' between bodies. The menstruating body is culturally coded as a threat to this civilised boundary. Consequently, the visibility of a menstrual product can mark a woman as less competent or likeable, prompting others to distance themselves. To avoid breaching this affective wall, menstruators learn to participate in a culture of concealment, rendering their periods invisible and largely unspeakable in public life. Elias's analysis also reveals that the privatisation of bodily functions was driven by social anxieties and the 'delicacy of feeling' rather than by objective health concerns. Just as early modern etiquette gradually transformed social distaste into hygienic mandates, modern menstrual discourse positions the female reproductive body as inherently *requiring* management.

The success of the civilising process lies in the shift from external coercion to internal compulsion or the social constraint towards self-constraint' (Elias, 1982). Elias (1982, pp. 232-233) noted that as society grows more complex, the control of conduct is 'increasingly instilled in the individual from his earliest years as an automatism, a self-compulsion that he cannot resist'. In the context of menstruation, this internalised constraint manifests as self-surveillance and self-monitoring. Vigilance over menstrual concealment becomes voluntarily adopted as an individual body project required to achieve the status of a 'socially acceptable' woman. Through this internalised mechanism, the imperative to conceal menstruation is reframed through neoliberalised rhetoric as a matter of individual choice and freedom, ensuring that menstruators participate in the reproduction of their own concealment. This connects to the menstrual imaginary framework developed in this thesis, whereby cultural

norms around menstrual management are reproduced across generations through the quiet, persistent transmission of what counts as ‘normal’, ‘clean’, and ‘appropriately feminine’.

The concealment norm has been analysed as both a form of social control and a source of shame and anxiety. Violations of concealment expectations including visible staining or the accidental discovery of menstrual products can result in significant social embarrassment and stigmatisation (Johnston-Robledo and Chrisler, 2013).

Goffman’s (1963) theorisation of stigma provides a useful framework for understanding how menstruation operates as a social attribute that can ‘spoil’ identity in certain contexts. His distinction between the ‘discredited’ (those whose stigma is already visible), and the ‘discreditable’ (those who must manage the potential disclosure of a hidden stigma), reflects experiences of menstruating in public. I understand menstruation as a ‘discreditable’ condition. It is manageable and concealable through ‘appropriate’ product use, clothing choices and linguistic discretion. Central to Goffman’s (1963) analysis of the discreditable is the active management of social information to avoid disclosure or ‘passing’. He defines the core dilemma of the discreditable person as having to make a constant series of choices: ‘to display or not to display; to tell or not to tell’ to let on or not let on; to lie or not to lie; and in each case, to whom, how, when, and where’ (Goffman, 1963, p. 57). This encapsulates the labour involved in menstrual concealment, from hiding products in a sleeve on the way to a bathroom, to managing the emotional work of appearing unaffected by menstrual pain.

Goffman's concept of 'covering' is also important here. Where passing involves keeping a stigma entirely secret, covering occurs when a person is prepared to acknowledge their condition but nonetheless makes 'a great effort to keep the stigma from looming large' in order to reduce tension and prevent it from obtruding into the interaction (Goffman, 1963, p. 125). For menstruators, this distinction may result in a person telling a close friend or partner

about their period, ceasing to ‘pass’, whilst still engaging in covering by downplaying severe pain, or disposing of products discreetly. Covering asks for a performed minimisation, ensuring that menstruation (even when acknowledged) does not become the focus of the interaction. Goffman also draws attention to the spatial dimensions of stigma management, noting that the discreditable person often stays close to places where they can 'refurbish their disguise, and where they can rest up from having to wear it' (Goffman, 1963, p. 112). This can be applied to the menstruating experience of needing to locate a bathroom at regular intervals to change products and prevent a discrediting leak. Goffman (1963, pp. 102-103) distinguishes between 'civil places', ‘back places’ and ‘forbidden places’. In ‘civil places’, the discreditable person must carefully conceal their status to be treated as ‘normal’. In 'back places', such as bathrooms, the discreditable person 'stand(s) exposed and find they need not try to conceal their stigma' (Goffman, 1963, pp. 102-103). The public bathroom functions as a space where the labour of passing can cease. ‘Forbidden’ places, by contrast, include spaces where menstruation remains heavily stigmatised or taboo, such as swimming pools, or intimate encounters, where disclosure or detection carries significant social consequences. Goffman's vocabulary of 'stigma symbols' is also important for analysis here. He describes these as signs that are 'especially effective in drawing attention to a debasing identity discrepancy, breaking up what would otherwise be a coherent overall picture' (Goffman, 1963, p. 59). For example, a blood stain on clothing would be an example of a stigma symbol. This transforms the menstruator from discreditable to discredited, and makes visible the considerable effort and labour that has been invested in concealing. The fear of this kind of 'slip' underpins much of the concealment work documented in the literature discussed throughout this chapter (Johnston-Robledo and Chrisler, 2013; Wood, 2020).

Keeping it Clean: Stigma and Menstrual Management

Analysis suggests that menstruation has historically been framed as a crisis of hygiene. Roberts et al. (2002), in their social-psychological study, argue that the stigma and shame surrounding menstruation unites both menstruators and non-menstruators in shared disgust around menstruation. Hygiene-oriented constructs of menstruation reinforce notions of purity and cleanliness that underpin normative pressure to conceal and hide. This framework makes menstruators responsible for self-regulation and concealment, creating what amounts to invisible labour in managing their bodily functions. Scholars consistently identify expectations that menstruators should hide their menstruation from others to prevent embarrassment both for society at large and for themselves (Laws, 1990; Roberts et al., 2002; Pickering and Moffat, 2019). This expectation requires menstruators to constantly view themselves from an external perspective, monitoring their bodies through the anticipated gaze of others. Roberts et al.'s (2002) experimental research illustrates these dynamics through a controlled study where participants interacted with a female confederate who 'accidentally' dropped either a tampon or hair clip from her handbag. When participants witnessed the tampon being dropped, they were perceived as 'less competent, less likeable, and tended to be both psychologically and physically avoided' compared to when a hair clip was dropped (Roberts et al., 2002, p. 133). The authors contend that disgust around menstruation is rooted in gendered cognitive and social constructs that frame this bodily function as inherently undesirable.

Drawing on feminist theories of the body, Roberts et al. (2002, p. 136) further argue that patriarchal power structures position women as inferior based on their reproductive systems. From this perspective, men and their bodies are situated as 'normal', whilst women's bodies are constructed as inferior, abnormal, and out of control. Menstruation thus becomes emblematic of women's embodied inferiority. As such menstruation as a process generates

intense 'disgust' when exposed, resulting from the extreme objectification of women's bodies that demands they become 'sanitised, deodorised and culturally idealised' (Roberts et al., 2002, p. 137). As discussed above, these contemporary attitudes have deep historical roots in how women's bodies and emotions were understood to rule and control them. Biblically, menstruation was associated with taboo, with period blood viewed as a contaminant that poisoned both menstruators and anyone who touched them. Medical discourse reproduced such stigmas well into the 19th century, with period blood understood to cause food to rot and plants to wither due to supposed 'menotoxins' (Roberts et al., 2002, p. 132).

Johnston-Robledo and Chrisler (2013) analyse how Goffman's categorisation of stigma applies to menstruation. In their study of predominantly American girls' and women's attitudes to menstruation and menstrual experiences, they argue that menstrual stigma is reproduced by 'powerful social agents' in school settings and media sources. Goffman's three categories of stigma (abominations of the body, blemishes of individual character and tribal identities or social markers associated with marginalised groups) all apply to menstruation (Johnston-Robledo and Chrisler, 2013, p. 10).

Menstrual blood is viewed as an 'abomination' that renders menstruators unclean, necessitating cultural practices such as ritualised baths before sexual intercourse. Visible signs of menstruation through 'leaking', where blood appears on clothing, represents a feared form of exposure among participants (Johnston-Robledo and Chrisler, 2013). The authors also underline how menstruation has potential to create a 'tribal' element that unites menstruators, generating solidarity. However, this solidarity is complicated by how young people are treated as 'different' by parents and friends when menstruation begins. Johnston-Robledo and Chrisler (2013, p. 10) explain that when girls reach menarche, parents and others treat them differently than they did before. This differential treatment involves being 'cautioned about sexuality, told that they are now ‘grown-up’, and urged to act ‘ladylike’ in

ways that restrict the freedom of behaviour they had enjoyed in the past' (p. 10). The onset of menstruation thus marks a fundamental shift in social positioning. Girls are inducted into a shared female experience as well as being subjected to new forms of surveillance and behavioural restriction. Menstruation creates both potential sisterhood and immediate subjugation. The 'tribal' identity that could foster solidarity becomes instead a marker of limitation, as girls learn that their newfound biological status requires concealment, constraint, and conformity to restrictive feminine ideals.

Johnston-Robledo and Chrisler's (2013) analysis of language in menstrual information booklets identified central themes of avoidance. One booklet stated: ‘your main concern will probably be avoiding accidents with an appropriately absorbent pad, avoiding a wet feeling, and using a pad that doesn't show’ (Johnston-Robledo and Chrisler, 2013, p. 12). Such materials emphasise secrecy as an accepted norm when discussing menstruation, placing pressure on menstruators to become hypervigilant and self-conscious about their periods. As well as using Goffman's stigma theory, Johnston-Robledo and Chrisler (2013, p. 13) draw on Foucauldian concepts to argue this hypervigilance represents a form of 'self-policing', where menstruators become obsessed with concealing their periods and maintaining societal silence. Robledo and Chisler (2013) argue that menstrual stigma reproduces gender inequality, with menstruation only 'problematised' because of its association with women. This prolonged stigmatisation creates gendered penalties and burdens that negatively affect menstruators, contributing to issues around 'self-esteem, body image, self-presentation and sexual health' (Johnston-Robledo and Chrisler, 2013, p. 16).

In their assessment of menstrual stigma, van Lonkhuijzen et al. (2023) provide insight into the important yet overlooked relationship between menstrual stigma and sexual activity, particularly sexual activity during menstruation. To better understand prevailing stigmatising attitudes and practices towards menstruation and sexual activity during menstruation in the

Netherlands, von Lonkhuijzen et al. (2023) used a mixed-method approach consisting of a survey and two types of interviews. With 439 male and female survey participants, the study demonstrated that sexual activity during menstruation is negatively perceived and often avoided. Consistent with perceptions about menstruation, sexual activity during menstruation was largely perceived as unclean, uncomfortable, dirty and embarrassing. Similarly, Allen and Goldberg (2009) echo this when examining young adults' descriptions of and their experiences with sex during menstruation. Allen and Goldberg (2009, p. 536) maintain that an aspect of adult sexual intimacy is negotiating around the menstrual cycle. Menstruation is viewed then as inconvenient and a roadblock to sexual pleasure and enjoyment, instead representing disgust, discomfort and shame. Sexual activity during menstruation is a topic that is rarely acknowledged at the societal level but is frequently deliberated at an individual level and is deeply gendered. Throughout the life course, those who menstruate are confronted with contradictory cultural messages that place them as sexual agents with the power to experience sexual pleasure while also reducing them to 'female' bodies that, when menstruating, are unclean, messy and not attractive (Allen and Goldberg, 2009, p. 535).

The next part of this chapter examines how menstrual stigma, and taboo influences the products used by those who menstruate.

Stigma, Product Use and Trialling

The consumption of disposable menstrual hygiene products has become naturalised in Western society, with disposable pads and tampons being the most common technologies to manage menstruation (Vora, 2020, p. 39). However, the acceptance of tampons has been complicated by concerns about sexuality, particularly fears about the potential rupture of the hymen and promiscuity based on assumptions that tampons imitated heterosexual intercourse (Vostral, 2008, p. 168). Such anxieties have historically favoured pads as the less controversial, external option that avoids penetration altogether (Tarzibachi, 2020, p. 820).

However, there is a growing awareness surrounding reusable menstrual products (RMPs) as a form of 'alternative' menstrual management. Lamont et al.'s (2019) psychological study questions whether levels of self-objectification could explain negative attitudes towards RMPs. Through a cross-sectional survey of 62 undergraduate students with menstrual periods, the researchers tested whether self-objectification would predict willingness to use RMPs via body shame and attitudes towards RMPs (Lamont et al., 2019, p. 4). Participants completed surveys measuring self-objectification using the Objectified Body Consciousness Scale, body shame, pro-environmental orientation, and attitudes toward and willingness to use RMPs after viewing pictures and descriptions of reusable menstrual cups and pads (Lamont et al., 2019, pp. 5-8). The researchers define self-objectification as the internalisation of bodily standards where women believe that their value lies in the degree to which they meet this objectified standard. These standards usually feature an 'ideal woman' that is white and thin (Lamont et al., 2019, p. 2). In the context of menstruation, the period must follow the concealment imperative discussed above. Menstruation must not be seen, heard or smelled. As a result, self-objectification predicted higher body shame, which in turn predicted negative attitudes toward RMPs, ultimately predicting less willingness to use them (Lamont et al., p. 9). Menstruation does not 'fit' into the 'function-free' body ideal, and menstrual advertisements have presented a clean or 'mess-free', sanitised and 'anaemic' version of menstruation. Lamont et al. (2019) argue that reluctance to try new products or RMPs comes as a result of self-objectification, where menstruators are required to have closer contact with their menstruating body and blood when using RMPs in comparison with disposable products. Disposable tampons require minimal bodily contact during insertion and removal, in comparison with menstrual cups that need to be emptied and cleaned, increasing the chance of contact with menstrual blood (Lamont et al., 2019, p. 3). Here, self-objectification emerges through body shame, with menstrual stigma shaping reluctance to

adopt alternative products like RMPs. Conversely, Gaybor (2019) argues that RMPs or reusable menstrual management technologies (RMMTs) can be used as a way to resist stigma and menstrual shame. Drawing on psychological study using interviews, focus groups, and online sites in Argentina, Gaybor (2019) examined how local menstrual cup producers view RMPs or RMMTs as a mechanism to tackle menstrual stigma and the relationship between women's menstrual health and femininity. This is done by local Argentinian producers who promote menstrual literacy by focusing on menstrual body care through producing and disseminating information about the female body, menstrual cycle and product choices.

Other research by Koskenniemi (2023) on shame, waste and activism through the promotion and use of RMPs supports this and argues that the alternative product business seeks to reduce menstrual stigma and taboo by conveying positive menstrual messages. By analysing seven websites that sell RMTs through thematic analysis of promotional materials, Koskenniemi (2023, p. 20) questions how alternative menstrual products are marketed in comparison with more 'traditional' menstrual products such as pads and tampons. The researcher identified four themes that were present on all websites: 'no more shame, no more leaks, no more waste and no more inequality' (addressing lack of products and education) (Koskenniemi, 2023, p. 25). The advertisements for more 'traditional products' usually address one of these elements (leakage) and instead focus on concealment and cleanliness (p. 24). However, Koskenniemi (2023, p. 33) identifies a key contradiction whereby 'while the companies advocate openness about menstruation and stress its normality, blood remains relatively invisible' on alternative product websites, suggesting that even progressive menstrual companies continue to profit from menstrual concealment imperatives as they endeavour to transform them.

While self-objectification and body shame may deter some menstruators from trying RMPs due to their requirement for closer bodily contact, alternative menstrual product companies

attempt to resist menstrual taboos through educational messaging and period positivity. These findings foreground how menstrual product choice operates within systems of gender inequality, consumer capitalism, and bodily regulation that continues to shape menstrual experiences despite activist efforts.

Menstrual Imaginaries Framework

The menstrual imaginary provides a framework for understanding how individual practices, peer and kinship networks, and macro level institutional forces interact. The 'menstrual imaginary' builds on Charles Taylor's (2004) theory of social imaginaries: the ways societies imagine their collective existence through shared understandings of norms, expectations, and possibilities. Social imaginaries are lived frameworks that shape how people understand their social world and their place within it. They operate through everyday practices, institutional arrangements, and cultural narratives that feel natural rather than constructed. Applying this framework to menstruation allows me to examine how societies create shared understandings about what menstruation means, who should manage it, and how it relates to social orders. The menstrual imaginary encompasses three interconnected dimensions: Institutional mechanisms, cultural narratives and material practices.

Institutional mechanisms include the formal and informal rules, policies, and organisational structures that regulate menstrual knowledge, access to products, and management practices. These range from educational curricula and healthcare protocols to workplace policies and legal frameworks governing reproductive health. Cultural narratives comprise the stories, symbols, and representations through which menstruation is understood and communicated, defining it as shameful or natural, private or public, pathological or normal. Material practices encompass the concrete ways in which menstruation is managed through access to products, spaces, and resources (Wood, 2020). These three dimensions interact dynamically,

with institutional mechanisms shaping the cultural narratives that circulate about menstruation, while material practices and these narratives manifest through everyday experiences of menstrual management. Contemporary neoliberalisation has transformed but not eliminated these regulatory processes, introducing market-based approaches to menstrual management while maintaining earlier consistencies of privatisation and individual responsibility (Mørk-Røstvik, 2022). The neoliberalised aspects of the menstrual imaginary operate through market solutions that frame menstrual equity as a consumer choice and corporate responsibility issue. Individual responsibility positions menstrual management as personal optimisation rather than structural inequality, while rights discourse incorporates feminist language in ways that may limit structural transformation (Bobel, 2020). Medical, educational, and policy experts continue to generate authoritative knowledge about menstruation that may marginalise experiential knowledge. When medical authorities define 'normal' menstruation, educational experts determine appropriate curriculum content, and policy makers decide resource allocation, they create official truths that can supersede women's lived experiences (Persdotter, 2020).

Theorising Menstrual Imaginaries: Managing Menstrual Lives

In theorising menstrual imaginaries, I develop a conceptual approach to menstrual management that aims to understand the sociological dimensions of menstrual practices that I understand as involving menstrual work of menstrual lives. My broader objective is to access the social process and practices elaborated within the menstrual imaginary. In doing this, I draw on frameworks that critical menstrual scholars have used with specific reference to literature on life course narratives, feminist embodiment and reproductive justice, and particularly those with interest in gendered perspectives in medicine and the body, the political economy and datafication of reproduction and the politics of reproductive justice. Critical menstrual scholarship includes elements of these approaches align, but there is

contest between those primarily working on menstrual hygiene and menstrual poverty and those more interested in cultural representations and/or the political economy or dataveillance of menstruation. These literatures, placed in conversation with eachother illuminate a pathway towards a conceptual model which allows me to access the constituent elements of the menstrual imaginary.

While menstrual imaginaries provide the organising structure, additional theories and concepts contribute essential analytical tools for examining specific dimensions of menstrual experiences. Each addresses particular research questions and operates at different levels of analysis within the broader menstrual imaginaries framework. This section explains how these theoretical perspectives work together to address the temporal, transitional, embodied, social and institutional dimensions of menstruation.

Bourdieu's (1990) concept of habitus provides insight into how menstrual management becomes naturalised. Bourdieu defines the habitus as 'structured structures predisposed to function as structuring structures', generating practices that are 'objectively adapted to their outcomes without presupposing a conscious aiming at ends' (Bourdieu, 1990, p. 53). The practices through which menstruators conceal, manage, and routinise their periods are ingrained through early socialisation and reproduced so consistently as to feel like 'common sense'. As Bourdieu argues, the habitus is a 'virtue made of necessity', meaning that those conditioned within particular social arrangements come to experience the constraints placed upon them as natural (Bourdieu, 1990, p. 54). Applied to menstruation, this helps explain why participants described knowing, sometimes without ever being explicitly told, that menstruation was a private matter requiring 'careful' management.

I draw on Bourdieu's concept of doxa to understand how this internalisation operates. This refers to the pre-verbal, pre-reflective taken-for-grantedness of the world that flows from

practical sense. Bourdieu (1990, p. 68) argues that doxa is 'enacted belief, instilled by childhood learning that treats the body as a living memory pad, an automaton that leads the mind unconsciously along with it'. The body becomes the site at which social norms are inscribed and reproduced, operating below the level of conscious thought. In this sense, menstrual concealment is a set of bodily dispositions that feel entirely natural. For menstruators, the expectation of concealment or menstrual invisibility is so internalised that it no longer requires enforcement from ‘outside’. Bourdieu's concept of bodily hexis extends this analysis further. He argues that 'bodily hexis is political mythology realised, embodied, turned into a permanent disposition, a durable way of standing, speaking, walking, and thereby of feeling and thinking' (Bourdieu, 1990, p. 68). The gendered body is a site where social hierarchies are inscribed as physical dispositions, with femininity coded as restraint, concealment, and self-effacement.

Finally, Bourdieu’s concept of symbolic violence helps explain how the dismissal of women's menstrual pain within the institution of medicine is as a naturalised feature of healthcare encounters. Symbolic violence operates through the consent of those who are dominated, who unwittingly participate in their own domination by accepting the terms of the field as legitimate (Bourdieu, 1990, p. 112). When menstruators minimise their pain in clinical settings, apologise for their symptoms, or accept dismissive diagnoses, they are enacting the dispositions of a habitus shaped by a medical field in which women's embodied knowledge has historically carried less authority than clinical expertise or medical knowledge. The violence is symbolic because it is misrecognised as something other than violence.

The life course paradigm (Elder et al., 2003; Hutchinson, 2010) provides theoretical tools for understanding how menstrual experiences unfold across biographical time and how they are shaped by historical context. This framework foregrounds several key principles relevant to this study: timing (when life events occur matters for their meaning and consequences),

linked lives (individual experiences are embedded in relationships with others), and historical time and place (people's life trajectories are shaped by the times and places they experience) (Elder et al., 2003).

Within the menstrual imaginaries framework, the life course paradigm operates across all three levels. At the macro level, it helps explain how cohorts of menstruators encounter different cultural, technological and political contexts. At the meso level, it illuminates how intergenerational transmission of menstrual knowledge is shaped by these cohort differences, as mothers and daughters navigate menstrual norms. At the micro level, it provides tools for analysing how individual menstrual experiences change across the menstrual lifespan. Importantly, the life course paradigm addresses the research objectives of exploring intergenerational menstrual dynamics by providing conceptual language for understanding how menstrual knowledge and management practices are transmitted and transformed across generations. It explains why generational analysis matters. Rather than just reflecting age differences, generational location shapes access to different resources, technologies, and discourses for understanding menstruation.

The anthropological concept of status passage (Van Gennep, 1909) allows for understanding menstruation as a transitional phenomenon that marks significant life changes. Status passages involve movement from one social status to another through ritualised processes that typically include separation from the former status, a liminal period of ambiguity, and reincorporation into society with a new identity. Linked to this concept are turning points, which refer to moments in a person's life when 'trajectories change direction' (Nico and Van der Vaart, 2012, p. 144; Laub and Sampson, 1993; O'Carroll and Gray, 2010, p. 8). Across the reproductive or menstrual life, these turning points might include menarche, pregnancy, illness, menopause, or distinct menstrual experiences that fundamentally shift how women understand and manage their periods. Together, status passage and turning points offer a

framework for understanding both the ritualised and biographical dimensions of menstrual transitions. This framework is particularly valuable for analysing menarche as a gendered rite of passage that initiates entry into the category of 'woman' or 'menstruator'. Status passage theory helps explain why menarche is experienced as simultaneously ordinary (a biological event) and extraordinary (a significant life transition). It allows me to examine how cultural contexts shape whether this transition is marked publicly or privately, celebrated or concealed, welcomed or feared. Within the menstrual imaginaries framework, status passage operates a. At the meso level, it examines how families and peer groups ritualise (or fail to ritualise) menarche, shaping how this transition is experienced. At the micro level, it attends to individual experiences of transition, including feelings of pride, shame, confusion, or empowerment associated with becoming a menstruator. Critically, status passage also connects to the macro level by revealing how institutional discourses frame menstruation as a marker of developmental stages. Medical frameworks position menarche as a milestone in 'normal' development, educational systems segregate menstrual education by presumed developmental readiness, and commercial actors target 'first period' as a marketing opportunity through starter kits and coming-of-age narratives.

Cripistemology (Patsavas, 2014; Park et al., 2024) offers a reframing of pain as a site of knowledge production rather than a symptom requiring medical management. Drawing from critical disability studies, cripistemology challenges how pain (particularly feminised, chronic pain like menstrual pain) has been systematically dismissed, delegitimised, or pathologised within biomedical frameworks. This framework is essential for analysing how menstruators' embodied knowledge about their pain is often discounted by medical professionals, leading to diagnostic delays for conditions like endometriosis, PCOS, and adenomyosis. Cripistemology validates menstruators' experiential knowledge whilst critiquing the epistemic injustice (Mitchell, 2025) that occurs when women's testimony about their own bodies is

systematically disbelieved. Within the menstrual imaginaries framework, cripistemology operates primarily at the micro level by centring embodied, experiential knowledge as legitimate and authoritative. However, it also functions as a lens on macro-level biomedical power, challenging how medical institutions maintain authority by dismissing patients' pain reports as exaggerated, psychological, or 'just normal periods'. Cripistemology thus provides theoretical justification for methodological choices in this study, particularly the use of body mapping and narrative interviews that privilege participants' embodied knowledge over medical definitions of normal menstruation. Moreover, cripistemology connects to the life course paradigm by revealing how pain experiences accumulate over time, shaping menstruators' relationships with their bodies and with healthcare systems. Repeated experiences of dismissal create cumulative epistemic harm that influences whether and how individuals seek medical care across the lifespan.

Feminist theories of embodiment (Young, 2005; Grosz, 1994) provide theoretical grounding for understanding bodies as sites where social power, cultural meaning, and lived experience intersect. This approach theorises the body as material and discursive, shaped by both biological processes and social meanings. Feminist embodiment theory is helpful for understanding menstruation as a phenomenon that cannot be reduced to being either purely biological or social. This framework operates across all three levels of the menstrual imaginaries framework. At the macro level, it analyses how institutions produce and regulate menstruating bodies through biomedical categorisation, commercial targeting, and policy interventions. At the meso level, it examines how bodies are disciplined within relational contexts including families teaching menstrual management practices, peers policing menstrual etiquette, and workplaces failing to accommodate menstrual needs. At the micro level, it attends to how individuals experience their menstruating bodies as sources of shame, pride, disruption, connection, or empowerment. Importantly, feminist embodiment theory

provides the philosophical foundation for this study's commitment to feminist epistemologies that validate experiential knowledge. By theorising bodies as legitimate sites of knowledge production, this framework justifies methodological approaches that centre lived experience and bodily knowing rather than privileging distanced, objective observation.

Scholarship on reproductive justice specifically in Ireland that includes concepts such as abortion work (O'Shaughnessy, 2024) provides a framework for understanding how menstruation intersects with broader systems of bodily autonomy, healthcare access, and reproductive governance (Luna and Luker, 2013). This centring of the embodied and affective and social politics of reproductive management has seeded my conceptualisation of menstrual lives that are orchestrated through menstrual practices that I understand in the form of menstrual work. Reproductive justice examines how structural inequalities, including racism, poverty, ableism, and heteronormativity, shape people's capacity to control their reproductive lives. Reproductive justice frameworks have been particularly valuable for analysing the intersection of gender and medicine, revealing how medical institutions have historically pathologised, dismissed, or inadequately treated menstrual conditions (Fahs, 2020). This connects to feminist critiques of how biomedical knowledge production has marginalised women's health concerns, prioritising reproductive capacity whilst neglecting non-reproductive aspects of menstrual health such as pain management, quality of life, and menstrual wellbeing (Ussher, 2006). Using the lens of reproductive justice raises questions around the intersectional and gender justice dimensions of the menstrual imaginary. At the macro level, it directs attention to how healthcare systems, educational policies, and welfare provisions either support or undermine menstruation as a social process. At the meso level, centring reproductive justice shows how families, schools, workplaces, and healthcare settings can either reproduce or challenge inequitable menstrual norms, including who receives adequate menstrual education, whose pain is taken seriously, and who faces stigma

or discrimination. At the micro level, it attends to how individuals experience and navigate these structural inequalities in their embodied menstrual lives, including the menstrual work they must undertake to advocate for their needs within constraining systems.

Critical menstrual studies scholarship has attended to the political economy of menstruation, examining how menstrual bodies are embedded within capitalist relations, commercial markets and digital surveillance systems (Haneman, 2021; Bobel and Fahs, 2020b; Mørk-Røstvik, 2022). This body of work analyses menstrual capitalism as the extraction of profit from menstrual bodies through the marketing and sale of menstrual products and menstrual technologies (Mørk-Røstvik, 2022). Beyond traditional product markets, scholars have highlighted how Femtech (including menstrual tracking applications) further commodifies the menstruating body, whilst claiming to empower users through knowledge (Fox and Epstein, 2020). These tracking applications facilitate new forms of menstrual surveillance, where menstruating bodies become sites of data extraction for commercial, medical and potentially state interests (Zuboff, 2019). At the macro level, these political economy perspectives reveal how institutional and commercial forces shape the products, technologies and knowledge systems available to menstruators. Menstrual capitalism influences which management options are marketed as optimal, desirable, affordable, or modern. Femtech platforms shape how menstruators understand and track their own bodies. The concept of menstrual etiquette is central to understanding the politics of menstruation. Menstrual etiquette refers to the unwritten social rules that govern when, where and how menstruation can be discussed or managed in public and private spaces (Laws, 1990). Menstrual etiquette operates as a form of social control, enforcing norms of concealment and discretion that position menstruation as shameful. At the meso level, menstrual etiquette governs interpersonal interactions, determining what can be talked about or made visible in family and peer networks. At the micro level, individuals negotiate these commercial and social

forces as part of menstrual work through everyday menstrual practices. This may include making decisions about which products or apps to use, and which social rules to follow or resist.

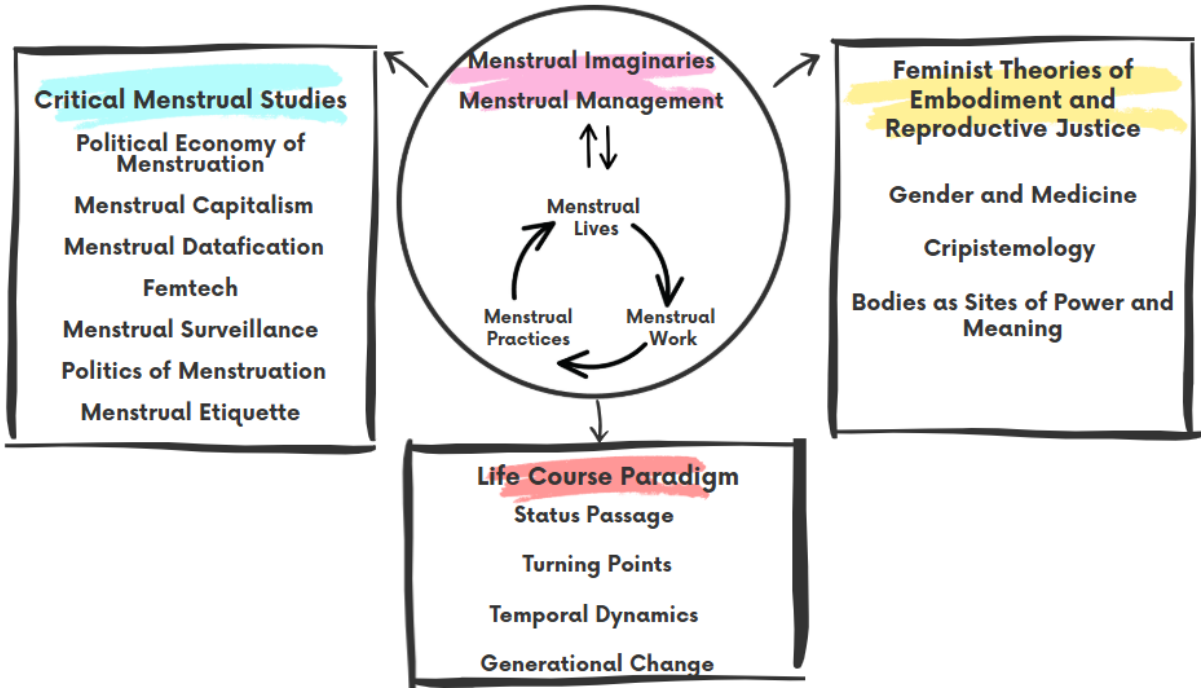

Figure 2:Theorising Menstrual Imaginaries

The graphic illustrates how the frameworks interconnect within the menstrual imaginaries framework. The menstrual imaginaries framework provides the organising structure, mapping three levels of analysis (macro, meso, micro) across which menstrual meanings and practices are produced and contested. Within this structure, the life course paradigm provides the temporal dimension, explaining how menstrual experiences change across individual biographies and historical generations, and why intergenerational analysis matters for understanding continuity and change in menstrual norms. Status passage theory focuses analytical attention on key transitional moments (particularly menarche) where menstrual meanings are negotiated and where individuals are initiated into particular menstrual imaginaries through ritualised or informal processes. Cripistemology legitimates embodied

knowledge, particularly knowledge produced through pain, whilst challenging biomedical frameworks that dismiss menstruators' expertise about their own bodies. This framework justifies methodological choices that privilege experiential knowledge. Feminist embodiment theory provides the philosophical foundation, theorising bodies as simultaneously material and discursive, shaped by biological processes and social power. This framework operates across all levels, connecting macro discourses to meso interactions to micro experience.

This integrated theoretical approach is necessary because no single framework can adequately capture the complexity of menstrual experiences. Focusing solely on menstrual imaginaries without temporal analysis would miss how menstrual norms change across historical time and the menstrual life course. Examining status passages or turning points without attending to ongoing embodied experience would overemphasise transitional moments at the expense of everyday management. Centring pain through cripistemology without broader structural analysis would individualise experiences that are shaped by institutional power. Applying feminist embodiment theory without specific analytical tools would remain too abstract to guide empirical analysis. By integrating these theories within the menstrual imaginaries framework, this study achieves several objectives. It analyses menstruation across multiple scales (biographical time, generational time, historical time). It attends to both transitional moments and ongoing experiences. It validates embodied knowledge whilst analysing structural power. It examines how macro discourses, meso interactions, and micro experiences mutually constitute menstrual realities. Most importantly, it provides theoretical tools adequate to the research objectives to understand how menstruation is experienced, managed, and understood across generations in Ireland. The subsequent chapters demonstrate how these integrated theoretical frameworks guide empirical analysis. Chapter 5's examination of menarche draws heavily on turning points and status passage theory within the life course paradigm. Chapter 6's analysis of

intergenerational transmission centralises the life course paradigm and meso-level menstrual imaginaries. Chapter 7's body mapping analysis is grounded in feminist embodiment theory and cripistemology. Throughout, the menstrual imaginaries framework organises analysis across micro, meso, and macro levels, whilst supporting approaches illuminate specific dimensions of menstrual experience.

Conclusion

Analysis of menstruation as a macro, meso and micro phenomenon indicates the existence of interconnected processes (pathologisation, concealment imperatives, and commodification) that work together to shape the terms under which menstruators navigate this physiological process. How menstruators manage their periods is shaped by where they learn about it, what products they are introduced to, and what messages are communicated to them from society, medical authorities, markets, schooling, family and peer networks. Understanding where knowledge production on menstruation happens, whose expertise is valued by menstruators, and how this knowledge is used to manage periods is essential in assessing change and continuity in the menstrual imaginary.

The literature establishes that menstrual regulation operates through the systematic construction of menstruation as problematic, requiring expert intervention but ultimately individual management. Medical frameworks have historically pathologised menstruation, leading educational approaches, particularly in schools, to rely predominantly on biological framings that position menstruation as a medical rather than social phenomenon. Religious discourse has constructed menstruation as impurity, with this legacy continuing to influence contemporary attitudes and practices. Religious traditions across cultures have positioned menstrual blood as polluting, requiring ritual purification and separation from sacred spaces and activities.

Contemporary research confirms the persistence of these historical constructions through various mechanisms that maintain gendered hierarchies and justify institutional control over women's bodies. Educational and workplace exclusion continues through menstrual stigma, with menstruating individuals missing school or work due to inadequate facilities, lack of products, or cultural taboos, thereby perpetuating educational and economic disadvantages. Medical paternalism pathologises menstruation, enabling medical professionals to maintain authority over women's reproductive experiences by positioning normal menstrual variations as disorders requiring expert intervention. Consumer regulation operates through the menstrual product industry's profit from concealment imperatives, marketing products through shame-based messaging that creates economic dependence while strengthening the idea that menstruation must be hidden and controlled through consumption. The next chapter develops this framework further by exploring the menstrual imaginary in Ireland, situating it within the country's specific social, cultural, and political context.

Chapter 3 :Mapping the Menstrual Imaginary in Ireland: Contextualising the Thesis

Introduction

As Watson (2023, p. 302) illustrates, Ireland's trajectory from being 'one of the most socially conservative countries in Europe' to embracing progressive reproductive rights shows how deeply embedded systems of bodily control can persist even amid rapid social change. Menstruation is used here as a continuous guidewire to trace instances of gendered social change across time. Menstruation provides an overview of the Irish context for managing reproduction and menstruation, and showing how historical legacies and contemporary policies interact to shape these experiences. Central to this approach is the concept of the menstrual imaginary, which refers to the shared, often implicit understandings and cultural

assumptions about menstruation that shape how it is managed, framed and understood across generations. The menstrual imaginary represents a collective framework through which societies determine what can be known, felt, said and done in relation to menstruation.

The menstrual imaginary operates across three interconnected levels. At the micro level, it shapes individual experiences of embodiment, shame, knowledge, and agency in relation to menstruation. At the meso level, it structures how menstrual knowledge is transmitted (or withheld) within kinship networks, peer groups, and educational settings, determining what can be said, to whom, and in what contexts. At the macro level, it is produced and reinforced through cultural representations, religious discourse, medical frameworks, commercial interests, policy interventions, and technological infrastructures.

This imaginary is historically produced, informed by religious, political, medical, social and economic forces, and continues to evolve through shifting social norms and policy interventions. This thesis argues that Ireland's menstrual imaginary operates as a dynamic field of contested meanings where control mechanisms adapt in response to feminist resistance, creating spaces for transformation as well as maintaining essential regulatory functions. Rather than representing a static system of shame and silence, menstrual control in Ireland has an 'adaptive capacity' (Walsh, 2015). [13] This dynamic is evident in how the Women's Liberation Movement's explicit challenges to reproductive control occurred alongside the increasing medicalisation of women's health, revealing how progress in one domain could coincide with the establishment of new forms of regulation in another

[13]This thesis conceptualises 'adaptive capacity' as the ability of patriarchal structures to shift and flex to maintain power through more subtle and implicit means when explicit forms of oppression are successfully challenged. Walsh (2015, p. 829) describes 'adaptive preferences' as preferences 'formed in unconscious response to oppression'. Walsh underlines how patriarchal structures respond to feminist challenges by shifting forms: 'coercion legitimated becomes consent' as systems construct 'not only institutions but also behaviour and consciousness' (p. 834). The 'adaptive capacity' framework extends these insights about individual preference formation to analyse how entire institutional arrangements maintain regulatory power through apparent modernisation and reform whilst preserving essential control functions.

(Sundstrom and Delay, 2023). Menstrual imaginaries thus respond to resistance by shifting between institutional authorities, from religious to medical, from explicit prohibition to market based individualisation, rather than disappearing entirely.

This chapter examines the social, cultural, historical and political context of Ireland to situate the study of menstrual management across four distinct periods. Beginning with pre-modern cultural representations, the analysis traces the establishment of Ireland's theocratic menstrual imaginary following independence (1922-1970), the emergence of contested terrain through feminist resistance and medical expansion (1970-2000), and contemporary neoliberal transformations that reframe rather than eliminate menstrual control (2000-present). Each period traces the evolvement and adaptation of Ireland’s menstrual imaginary.

Understanding this evolution is crucial for developing contemporary strategies that address both the surface manifestations of menstrual inequality and the deeper imaginative frameworks that sustain them. Before examining the restrictive menstrual imaginary that emerged with Irish independence, it is necessary to acknowledge earlier cultural frameworks that were systematically displaced by theocratic control. Menstruation and female embodiment emerge from these earlier representations as longstanding contested sites of meaning-making, subject to competing interpretations that continue to influence contemporary Irish society (Rose, 2006).

Historical Foundations: Sheela-na-gigs and Cultural Memory

Before examining the modern evolution of Ireland's menstrual imaginary, it is important to acknowledge earlier cultural representations of female embodiment that complicate narratives of continuous repression. Sheela-na-gig carvings are medieval stone figures depicting women with prominently displayed vulvas found on churches and castles. Dating mainly from the

12th to 16th centuries, these carvings placed female genitalia in public, sacred spaces, creating what feminist scholars have interpreted as evidence of alternative cultural frameworks for understanding women's bodies (Rose, 2006, p. 74; Rhoades, 2010, p. 167). Positioning Sheela-na-gigs within the mapping of Ireland's menstrual imaginary demonstrates how visibility, sexuality and reproduction have long been subject to competing interpretations, from sacred symbol to moral warning, from cultural artefact to feminist emblem, and how these interpretations continue to influence how menstruation, embodiment and femininity are imagined in Irish society today.

Sheela-na-gigs emerged during the medieval period of Norman expansion in Ireland. The earliest examples date from the 12th century, with most Irish carvings created between the 14th and 16th centuries during the height of Norman dominance (Dempsey, 2020). This timing is significant. In *Images of Lust: sexual carvings on medieval churches,* Weir and Jerman (1986, p. 61) observe that almost all surviving in situ Sheela-na-gigs are found in areas of Anglo-Norman conquest, while regions that remained under native Irish control have few examples. The carvings emerged during what was 'a great time for Irish stonemasons whose skills would have been in high demand' as Norman settlers and Gaelic families alike engaged in extensive church and castle building (Dempsey, 2021). Within this context, exhibitionist figures served multiple possible functions. [14]These include warnings against lust, protective talismans against evil, or fertility symbols integrated into medieval Christian superstition (Rose, 2006, p. 18).

[14]Interpretations range widely, and no scholarly consensus exists. Importantly, unlike their European counterparts which appeared exclusively in religious contexts, Irish Sheela-na-gigs also adorned secular spaces including town walls, suggesting their meaning evolved within specific local contexts. For a fuller overview, see Weir and Jerman, 1986, p. 11-22.

Rhoades (2010, p. 181) observed that by the seventeenth century Sheela-na-gigs were being actively concealed or eliminated by clerical order. Priests were ordered to remove or conceal them, bishops demanded their destruction, and many surviving figures were removed from doorways and destroyed (Rhoades, 2010, p. 181). Such actions point to an anxiety about the presence of exposed female genital imagery in sacred spaces, an anxiety that transformed visibility into a threat. As Rose (2006, p. 80) notes, the sheela-na-gig has been 'alternately seen as grotesque or goddess, apotropaic protector or warning against lust, receptacle of prayer or obscene image', and these multiple reinterpretations indicate that its original meaning and function have been forgotten. Taken together with Rhoades' account of clerical concealment and destruction, these examples show how representations of female embodiment became early sites of cultural anxiety and suppression in Irish society. By the nineteenth century, the carvings were first documented during Ordnance Survey work in Tipperary, where they were described as 'immoral' and met with evident distaste (Dempsey, 2020). The loss of memory surrounding these medieval figures cannot be explained solely by the passage of time. It was shaped by specific historical processes, including the decline of Norman families, church reforms, and the abandonment of many parish churches and settlement sites (Dempsey, 2020). Linda Connolly argues that the processes of forgetting are rarely neutral but signify changing power structures and moral frameworks (Connolly, 2001, p. 14).

Contemporary scholarly interpretations of Sheela-na-gigs remain deeply divided[15]. Some scholars, following Weir and Jerman's (1986) analysis, interpret the figures as medieval warnings against female lust, emphasising their grotesque features and ecclesiastical contexts (Rose, 2006, p. 33). Others, particularly those influenced by feminist scholarship, read them

[15] For a fuller overview of feminist reinterpretations of Sheela-na-gigs as empowering symbols, see Freitag (2004, pp. 15- 46), though these readings remain contested within medievalist scholarship.

as remnants of pre-Christian goddess traditions or celebrations of female fertility and power (Rhoades, 2010, p. 184). This interpretive divide is significant as it shows how the same cultural artifacts can be mobilised to support entirely different narratives about Irish women's history. In his analysis of Irish sexuality Inglis (1998, p. 92) discusses the struggle to control the meaning of female embodiment and how this has been central to contests over moral authority and national identity. The feminist reclamation of Sheela-na-gigs as symbols of unapologetic female sexuality, while politically important, risks obscuring the medieval contexts within which these figures originally operated (Rhoades, 2010, p. 190).

Examined in context, Sheela-na-gigs illustrate how representations of female genitalia have functioned as enduring sites of debate and negotiation in Irish society. Rather than representing evidence of pre-modern sexual freedom, these medieval carvings are representative of how female sexuality has consistently been subject to interpretation, suppression, and reinterpretation according to prevailing moral and political frameworks. The mechanisms that rendered Sheela-na-gigs ‘immoral’ and forgettable in the nineteenth century, including moral disgust, institutional neglect, and active suppression, prefigured the more systematic silencing of menstrual experience that would characterise twentieth-century Ireland. The contrast between the medieval integration of female genital imagery into public and sacred spaces and the later institutional requirement for menstrual concealment highlights the ongoing negotiation of female embodiment within shifting structures of power. As Redmond and McAuliffe's (2024, p. 249) scholarship on sexual politics in modern Ireland expresses, the policing of women's bodies has taken different forms across historical periods, but has remained a consistent feature of Irish society's approach to gender and sexuality. Sheela-na-gigs provide an early example of how cultural representations of female embodiment become battlegrounds for competing visions of moral order, national identity, and gender relations. Their systematic displacement and reinterpretation provides context for

understanding how modern Ireland's menstrual imaginary depended on new forms of sexual repression and the active suppression of alternative cultural frameworks that had once allowed for more complex representations of female sexuality and embodiment.

Women in Irish society were subject to early forms of pre-modern patriarchy, although scholarship on early Ireland indicates that women could and did occupy positions of political and economic significance. Studies of Gaelic law and mythological traditions note women as rulers, landholders and arbiters, even if these roles coexisted with patriarchal constraints. Burrows's (2020) research on medieval and modern perceptions of women warriors in Early and Middle Irish legal and literary texts provides compelling evidence of this. For example, Queen Medb of Connacht, was presented as wealthier and of higher status than her husband Ailill, with legal capacity in contracts that surpassed his (Burrows, 2020. p. 46). However, despite Queen Medb's social status, menstruation was deployed as a narrative device to curtail her military leadership (Burrows, 2020, p. 19). This early instance of menstruation functioning as a tool of gender control prefigures the more systematic regulation of female embodiment that would characterise later periods.

Ireland's menstrual imaginary did not emerge in a vacuum during the 20th century. Instead, it built upon centuries-old recurrences of controlling female embodiment. The progression from medieval Sheela-na-gigs being actively concealed by clerical order, to early literary traditions using menstruation to curtail powerful women like Queen Medb, to modern women achieving political visibility while menstruation remained silenced. This remarkable consistency is a feature of embodied control across Irish history. What makes menstruation particularly significant in this context is how it functioned as a form of intimate, bodily constraint that could limit women regardless of their social status, political power, or public achievements. While women could disrupt many forms of patriarchal control through activism and political engagement, menstrual shame operated at a more fundamental level

and affected how women experienced their own bodies and understood their ‘place’ in society. Irish women played prominent roles in nationalist and labour movements, participating in organisations such as the Ladies’ Land League, Cumann na mBan, and the Irish Citizen Army, as well as in suffrage and labour campaigns (Redmond and McAuliffe, 2024, p. 40). Connolly’s (2020) analysis of feminism in Ireland emphasises in particular the role that women played in the war of independence. The establishment of Cumann na mBan (The women’s council) in April of 1914 played an important role in both the 1916 rising and the war of independence. In return for their participation in military campaigns of Ireland throughout the war of independence, the women of Ireland demanded suffrage and for women to be on equal terms (Connolly, 2020; Reinisch, 2013). These demands were met in the 1922 constitution but subsequently faced staunch criticism and backlash from anti-feminist and Catholic groups. The 1937 Constitution retained women’s political equality, but Article 41.2 institutionalised the notion of women’s primary role in the home (Connolly, 2001, p. 24). Legal and policy measures solidified this ideology, most notably the marriage bar[16], which restricted the employment of married women in many sectors until the late twentieth century (Connolly, 2001, p. 67). These measures underscore how new forms of structural constraint counterbalanced women's political visibility, and how state-building projects intersected with reproductive and embodied control.

Establishing the Theocratic Menstrual Imaginary (1922-1970)

The regulation of women’s bodies in Ireland did not begin with independence. Nineteenth-century Victorian morality, had already shaped restrictive gender norms that emphasised

[16] The marriage bar, which required women in public service to resign upon marriage, was introduced in the civil service in 1932 and extended to teaching and most areas of public employment. Ireland’s entry into the European Economic Community (EEC) made its abolition a requirement under European gender equality directives. In July 1973, the Minister for Finance confirmed in the Seanad that the government would remove the bar by October of that year.

domesticity and virtue (Galligan, 2021, p. 58). What changed after 1922 was the extent to which these ideals became embedded in the fabric of the new state. As Galligan notes, independence enabled an alliance between Church and state that deepened the privatisation and domestication of women, embedding shame and regulation into constitutional and legislative frameworks (Galligan, 2021, p. 58). Laws such as the 1929 Censorship of Publications Act, the 1935 ban on contraception, and Article 41.2 of the 1937 Constitution institutionalised these norms, and made them central to Irish national identity (Galligan, p. 59). In this way, independence consolidated rather than invented the association between female embodiment, secrecy, and moral authority. The establishment of the Irish Free State marked the beginning of what I interpret as the 'theocratic menstrual imaginary', where Church and State collaborated to amplify and consolidate mechanisms for regulating women's bodies and reproductive experiences. This period of post-colonial nationalism, combined with Catholic institutional dominance, created distinctive approaches to menstrual regulation that would persist well into the late twentieth century.

Situating Women in the Post-Independence State

Much of the literature on the social and historical context of Ireland and the positionality of women emphasises the establishment of the Irish Free State as the genesis of an oppressive and restrictive gender regime (Sundstrom and Delay, 2023; Galligan, 2021; Meaney, 1991). Post independence, women were transformed into symbols of national honour, and as territories over which power could be exercised (Meaney, 1991, p. 7). In her publication on women in Irish culture and politics, Meaney (1991, p. 7) outlined how the Irish Constitution set the stage for 'the real experience of women to be specifically excluded from Irish national identity'. Church and State collaborated to create the Irish constitution, which was designed to erase women from public life. Valiulis (1992, p. 43) outlined; 'women's political, economic and reproductive rights had been so severely curtailed so as to make it clear and

explicit that women were indeed barred from claiming for themselves a political subjectivity, a public identity'. In line with the Catholic doctrine, the Constitution privileged the institutions of marriage and the family and presented the terms 'woman' and 'mother' as synonymous. As a result, women's sexuality became directed into marriage and motherhood (Kennedy, 2020, p. 113).

Previous research has established postcolonial nationalism as masculinist and patriarchal (Kennedy, 2020). As Meaney (1991, p. 7) argued, that 'the subject people in rebelling and claiming independence and sovereignty, aspire to a traditionally masculine role of power'. Socially, Ireland post-independence was in a state of flux. In line with other post-colonial countries, clear roles for men and women were identified (Meaney, 1991; Kennedy, 2020). The regulation of women's bodies and sexualities became a way to create social stability. In this way, the 'new' Irish people became the bearers of stability and morality (Cronin, 2012 in Kennedy, 2020, p. 112). The 1937 Constitution institutionalised this gender differentiation. Women were anchored to their roles as mothers and caregivers in the home, while men were required to control and regulate women's bodies and reproduction (Cronin, 2012). Additionally, Cusack's (2000, p. 546) research on women's positionality in the Free State outlined how women bore the burden of Ireland's traditional rural past, and men became responsible for protecting the nation's present and future. The emphasis on women's reproductive lives placed women as the social and biological wombs of the nation who were required to be pure and modest in order to produce a 'pure nation' (Cusack, 2000, p. 546).

In sum after independence the Irish state and elites constructed a new national identity around the control of sex and sexuality and the apparent virtuousness of Irish women and supposed sanctity of childbearing and motherhood within marriage. This was deeply influenced by teaching and ethos of the Catholic Church. However, there were also concerns about repopulating the Irish nation after centuries of colonial decimation. Although motherhood

was venerated in theory, the reality was that unmarried motherhood was created as a social problem and women who became pregnant outside of marriage were stigmatised and forcibly removed from the social landscape either through coerced migration or through institutional workhouses like the Magdalene laundries (O' Shaughnessy, 2024).

Magdalene Laundries and the politics of shame

Post-independence, the presence of women in public spaces (outside the home) became sites for potential impurity or potential threats to nationhood. To combat this, the State created measures to uphold 'women's virtue'. These measures allowed the strict policing of women's sexuality, with punishments that met any supposed 'transgressions' (Galligan, 2021; Fischer, 2016). Institutions such as Magdalene Laundries and Mother and Baby Homes illustrate how the state and Church collaborated to police women's sexuality through shame and confinement. Magdalene Laundries were Church- run institutions where women deemed morally or sexually transgressive, including unmarried mothers or women suspected of 'promiscuity', were confined and forced to perform unpaid laundry work, sometimes for years or even decades (Brangan, 2024, p. 396). Mother and Baby Homes were institutions where unmarried pregnant women were sent to given birth in secrecy, often having their babies taken for adoption, while being subjected to harsh labour and conditions (Garrett, 2017, p. 362).

By the 1950s, Ireland had one of the highest rates of institutionalisation in the world, showing the extent of this architecture of containment (Fischer, 2016, p. 822).[17] Unmarried mothers were mostly confined to two institutions; Mother and Baby homes or Magdalen asylums-

[17] Fischer's (2016, p. 822) research on Magdalen Laundries documents the extent of the culture of incarceration in Ireland post-independence. In the 1950s, 1% of the population were institutionalised (including prisons, Magdalen asylums, reformatory schools, mother and baby homes etc). This statistic was higher than 'peak of penal confinement in the United States and in the Soviet Union at the time' (Fischer, 2016, p. 831).

with the former being mostly used for ‘first time offenders’.[18] The ‘politics of shame’ that operated in the early years of the Free State worked by punishing bodies through mass institutionalisation and intense and dangerous labour alongside surveillance (both inside these institutions and outside among the general population) (Fischer, 2016, p. 835).

Given this historical legacy of institutional control and bodily surveillance, the 'architecture of containment' established fundamental parameters for how menstruation would be understood and managed in Ireland. The same mechanisms that demanded the concealment of pregnancy and sexuality (shame, silence, and institutional oversight) extended to menstruation, positioning it as something that must be managed invisibly and privately. With the Church controlling both education and healthcare, information about menstruation remained severely restricted, leaving women dependent on whispered knowledge or religious instruction focused on purity and impurity rather than bodily understanding. Women's limited economic power and constrained public roles further complicated menstrual management, creating potential shame around the perceived 'burden' of menstrual needs.

The Irish Family

Kennedy (2020, p. 113) argues that post-independence, the institution of the family became a key site of knowledge production through which regulatory ideals about power, gender and sexuality were communicated and upheld. This idealised, stable and traditional family unit shaped social norms and fundamentally influenced Ireland's 'menstrual imaginary,' including the cultural attitudes, values and societal constructs that determined how menstruation was understood, experienced and managed. Within this framework, women and children who were deemed to sit outside such idealised family constructs were considered available for 'little more than a commodity for trade amongst religious orders' with the knowledge and

[18] Women were categorised as ‘first-time offenders’ in Mother and Baby Homes, while Magdalene Laundries often confined repeat cases, marking them as permanently blemished (See Fischer, 2016).

complicity of the state (O'Fatharta 2015 in Kennedy, 2020, p. 114). This system of containment encompasses all aspects of women's bodily experiences, where menstruation became another marker through which female purity could be assessed and regulated. The emphasis on traditional family structures facilitated a menstrual imaginary rooted in shame and concealment, where discussions of bodily functions, much like access to contraceptives and menstrual products, remained strictly controlled within patriarchal and religious frameworks. Such regulatory mechanisms ensured that knowledge about menstruation, like other aspects of female sexuality, was filtered through institutional authorities rather than being freely accessible to women themselves.

The Family as a Site of Gender Knowledge Production

This gendered division of childhood labour sustained Ireland's menstrual imaginary by establishing the foundational ways through which shame about female embodiment was transmitted from mother to daughter. Girls who learnt from childhood that their role was to serve others, maintain household harmony, and keep domestic work invisible were being trained in the very skills that would later be required to manage menstruation silently and shamefully. The family thus functioned as an economic unit and as a site where embodied gender control was learnt, practised, and naturalised long before girls reached menarche.

The transformation of childhood is central to family change in Ireland (Gray et al., 2016, p. 198). Gray et al. (2016) adopt a life course approach to examine family change in Ireland at different stages of the life course (from childhood to grandparenthood) as a lens to evaluate social included gender role change in Irish society. They document how transformations in how childhood is socially constructed brought Ireland into line with more modern conceptions of childhood as a special, carefree period. Gray et al. (2016) contrast this with the first half of the 20th century in Ireland, where children were expected to help their parents with work around the house as soon as they were physically able to do so, leaving them with

little opportunity for recreational time. Many were employed outside the home as domestic servants, farm hands, messengers and factory workers. In rural communities, daily domestic responsibilities were strictly divided along gender lines. Girls were required to support their mothers with household duties including preparing food and cleaning, where boys worked 'outside helping Daddy' (Gray et al., 2016, p. 80). This gendered allocation of domestic work created a clear hierarchy within the household that positioned girls as servants to male family members (Gray et al., 2016). Additionally, girls bore particular responsibility for childcare duties in large families, with older daughters expected to care for their younger siblings. This consolidated traditional gender roles from an early age and established female domesticity that would shape women's lives throughout the twentieth century.

For women in the Irish family, Catholic ideology was a central framework that organised their reproductive lives, a legacy that maintained power well into the modern era of Irish society (Inglis and MacKeogh, 2012). Inglis and MacKeogh (2012, p. 76) argue that over time the historical weight of the gendered settlements that shaped the emergent modern Ireland placed women in a cultural double bind. For example, media reports portray women as having the same sexual rights as men, yet still depict women as 'lustful', sometimes creating moral panics, about women being 'too sexual' (Inglis and MacKeogh, 2012, p. 76). Historically, women's sexuality was repressed by the enmeshed Church and state. Redmond's (2018, p. 131) research on Irish women's emigration to Britain before Irish independence posits that Catholic clergy equated female emigration with national decline.[19]

[19] Redmond (2018, p. 131): 'A nation's greatness is gauged by the percentage of God-fearing, church-going, home-loving wives and mothers. Its decay may be measured by the proportion of pleasure seeking, maternity-dodging, half-dressed bachelor women who, like bats, owls, and lemurs, turn night into day.' (Fr Degen, 'Pointers' column, Irish Catholic, 15 November 1930, p. 3). National and religious newspapers throughout the 1930s concluded that most women who emigrated were doing so to shirk their maternal responsibilities or deal with the crisis of illegitimate pregnancies (Redmond, 2018).

The initial post- independence era emphasised the 'appropriate' behaviour of Irish citizens. For women at this time, resisting emigration and remaining in Ireland as homemakers and mothers was central to being a 'good' Irish citizen (Redmond, 2018, p. 133). Emigrating to England also served as an escape from 'judgemental' Ireland and allowed women to protect their reputations when they were pregnant but not married (Redmond, 2018, p. 236). [20]What remains visible is the shadow of Ireland's reproductive control system, which often followed women even after emigration. Many who left the country in the twentieth century faced pressure to undergo dangerous procedures abroad in order to 'save their character' at home (Redmond, 2018, p. 236). Although the exact number of women who emigrated due to crisis pregnancies is unclear, Redmond (2018) suggests that the Irish social imaginary so strongly associated female sexual transgression with moral failure that the conflation of women's emigration with illegitimate pregnancy was easily accepted. In this context, women have historically functioned as symbolic representations of the collective community and its moral boundaries, meaning that any perceived 'transgression' of their behaviour was understood as a transgression of national ideology itself (Yuval-Davis, 1997, p. 45). Furthermore, women's emigration was linked with a concern about the future sustainability of the nation alongside a desire to control the sexual behaviours of those who left Ireland (Redmond, 2018; Wildman, 2016). While there were significant numbers of women who emigrated as a result of pregnancy, Redmond (2018, p. 119) concluded that the levels were over-reported. Many women emigrated for work opportunities that were not available in Ireland due to high levels of unemployment and economic instability post-independence. However, male migration was socially perceived as a necessary evil due to economic pressures, whereas women's migration was viewed as much less rational or essential (Redmond, 2018). These gendered emigration

[20] Mc Avoy (2004, p. 154) investigated the statistics of Irish women obtaining abortions in the UK post-independence and concluded that there was a high level of awareness about the possibility of obtaining 'backstreet' abortions. Abortion was illegal in Britain until 1967, so there is a lack of any official statistics and little discussion of backstreet abortions within history collections.

narratives formed part of a reproductive regime that included legal frameworks such as contraception bans and divorce prohibition, institutional controls through Church influence and state policies, social sanctions and stigma surrounding non-marital pregnancy, and the positioning of the family as the primary reproductive unit. These restrictive reproductive policies and gendered expectations became central targets of the emerging feminist movement, as many of the women involved rejected the traditional ideology that situated them as passive, vulnerable and tried to confine them to the home (Redmond, 2018, p. 244).

By the 1970s, the theocratic menstrual imaginary faced unprecedented push back from feminist movements that explicitly contested women's exclusion from public life and reproductive autonomy (Connolly, 2020). However, this period of apparent liberalisation was also marked by the expansion of medical authority over women's reproductive experiences, creating a ‘contested menstrual imaginary’ where different institutions competed to define and control menstrual meanings. The Women's Liberation Movement's explicit challenges to reproductive control occurred alongside the increasing medicalisation of women's health, revealing how progress in one domain could coincide with the establishment of new forms of regulation in another (Sundstrom and Delay, 2023).

Menstrual blood and menstruation were also of specific relevance to gendered dynamics of Northern Irish conflict. O’Keefe (2006, p. 535) frames menstruation as a contested site of power relations. It also illustrates she argues, how hegemonic masculinity relies on menstruation to maintain public and private divide and the gendered construction of the nation state.

Contested Terrain - Resistance and Medicalisation (1970-2000)

Republican Resistance and Menstrual Reclamation

The Northern Irish conflict provides a particularly stark example of how menstrual imaginaries adapt and function as tools of both oppression and resistance. O'Keefe's (2006, p. 539) analysis of how the British state systematically weaponised menstruation against republican women shows the adaptive capacity of menstrual control within contexts of political conflict. During house raids, interrogations, and strip-searches, British forces deliberately targeted menstrual products and experiences as means of humiliation. Soldiers deliberately targeted and displayed menstrual products alongside underwear whilst making sexual remarks and asking degrading questions.[21] During interrogations, women were denied basic sanitary facilities and access to menstrual products, whilst strip-searches required menstruating women to remove sanitary products for inspection in full view of guards. O'Keefe (2006, p. 538) discussed how Catholic, social conservatism and Protestant traditions created an environment where menstruation was associated with shame, dirt, and impurity, noting that ‘In Ireland you don't speak about your period. You don't even mention the word’.

However, this same cultural taboo enabled republican women to transform menstruation into a weapon of resistance. In February 1980, thirty female prisoners in the Armagh jail used their menstrual blood as a weapon of resistance in the 'bloody protests'. Republican women reclaimed menstrual blood as 'the ultimate act of disruption and empowerment' during the protests, smearing it on cell walls alongside excrement to transform their bodies from 'objects of discipline and normalisation' into sites of resistance (O'Keefe, 2006, p. 546). This

[21] O'Keefe (2006, p. 540) described how one woman in Northern Ireland was harassed by a British soldier who repeatedly shouted 'Come out, you whore' outside her house, then left a statue of the Virgin Mary in her garden, defaced with red paint on the crotch. This railed against Catholicism and was an attempt to disrupt any association of women with purity and as a reminder that as long as women menstruate they can never be pure or clean'.

transgressive act was so effective that prison guards required special protective equipment and avoided touching anything in the cells, effectively creating zones of relative autonomy for the prisoners. The thirty women of Armagh were seen as more disgusting and shocking than their 400 male counterparts taking part in parallel 'dirty protests'.

Crucially, O'Keefe argues that 'masculinist disciplinary practices regulate all things menstrual to the private realm' (2006, p. 537), creating the very conditions that made menstrual blood so powerful as both a tool of oppression and resistance. Despite the gendered nature of the treatment of republican prisoners, mainstream women's groups in Northern Ireland refused to address the Armagh protest for fear of being associated with the republican movement, ultimately leading to a permanent schism within Northern Ireland's feminist movement and the development of a distinct republican feminist movement (O'Keefe, 2006, p. 550). This Northern Irish case exemplifies how menstrual imaginaries function as adaptive systems of power that can be mobilised by different actors for competing political purposes, whilst remaining consistently effective due to their foundation in deeply embedded cultural taboos. The same cultural shame that made menstrual blood so powerful as a tool of resistance and oppression in Armagh prison was maintained through institutional mechanisms that restricted access to information about reproduction, contraception, and female sexuality more broadly (O'Keefe, 2006). A central plank in maintaining control of sexuality involved regulatory environment around sexual reproduction in terms of information and technologies.

The Irish Women's Liberation Movement

Post-independence, censorship laws regulated and controlled knowledge production. The Report of the Committee on Evil Literature (1926) and the subsequent Censorship of Publications Act (1929) restricted information that was in 'general tendency indecent or obscene'; gives 'an unduly large proportion of space to the publication of matter relating to crime'; encourages 'the unnatural prevention of conception or the procurement of an abortion

or miscarriage' (Kennedy, 2020, p. 119). The control of knowledge production in relation to reproductive lives is perhaps most evident in the restriction of contraceptives post-independence. Suppression of information about contraceptives, sex and sexuality on behalf of the Catholic Church ensured 'that neither school nor dispensary nor even home would provide the necessary education to combat ignorance about human sexuality' (Smith, 2007, p. 15). In the early 1960s oral contraceptives were distributed to women under the guise of heavy or erratic periods, often described by doctors symptoms of 'female functional disorders' (Girvin, 2010, p. 10). These 'disorders' became a mask for the young women of Ireland to embrace their sexuality and avoid unwanted pregnancies in a more 'socially acceptable' way. Increasingly, women began to ask 'sympathetic' doctors for contraceptives, which contributed to a fiction that showed Ireland having the 'highest rate of menstrual disorder in the world' (Girvin, 2018, p. 10).

Girvin (2018) writes about Ireland from 1922-1979, with specific focus on the history of contraception. The political aim at the time was to distance the nation from the 'sexual revolution' occurring in Europe and the Western World more generally. In an international context, Ireland was focused on upholding their virtuous and chaste culture- even threatening to withdraw from the World Health Organisation when it adopted a pro- contraception policy (Girvin, 2018, p. 7). The National Family Planning Association only provided contraceptives to women who were married and engaged, alongside many GPs who did not want to provide contraceptives as part of their medical practice (Kelly, 2020, p. 200). The (in)accessibility to the contraceptive pill in the early 1960s was as a result of inequality in access to healthcare in Ireland. The pill was more readily available to middle class, fee- paying patients. Working class women had no choice but to attend Church run healthcare institutions where contraceptives were not an option. The Catholic doctrine taught that sex was only for childbirth, with Archbishop John Charles McQuaid arguing that the legalisation of

contraceptives would be ‘an insult to our Faith; it would, without question, prove to be gravely damaging to morality, private and public; it would be and would remain a curse upon our country’ (Kelly, 2020, p. 207).

Throughout the 1960s, activists became involved in the illegal distribution of contraceptives and information about contraceptives to women in Ireland. The primary distribution group was the Contraception Action Programme (CAP), which was an offshoot of another activist group; the Irishwomen United (IWU). Information was also distributed by the Irish Women’s Liberation Movement (IWLM). The IWLM only operated for a year, but its impact was substantial. Perhaps most notable was the ‘Contraceptive Train’ (Connolly, 2005, p. 64). On May 22, 1971, a group of women from the IWLM boarded a train from Dublin to Belfast, where contraceptives were legal. Their intention was to purchase contraceptives and bring them back into Ireland in a symbolic act of protest against the contraceptive ban. Upon returning to Dublin's Connolly Station, they were met by customs officials and police (Conlon and Pelan, 2025**).** The IWLM members openly declared the contraceptives they had bought and refused to hand them over to the authorities. While the ‘Contraceptive Train’ itself didn't bring about immediate changes to the law, it helped to raise awareness about the issue and contributed to the gradual liberalisation of Ireland's laws regarding contraception in the years that followed (Conlon and Pelan, 2025; Connoly, 2001; Connolly, 2005).

The IWLM used mass action, claiming of space and media campaigns to centre the experiences of ‘ordinary’ women in Ireland (Connolly, 2001, p. 84; Girvin, 2018). Connolly’s (2001, p. 227) work on the Irish women’s movement cautions us to resist the tendency to present women as ‘passive’ or powerless in the face of powerful patriarchal forces that structure their lives. The IWLM took issue with the ways in which Irish women were expected to act by engaging in acts of protest and confronting gendered inequalities nationally.

Reproductive rights remained a key demand of women's organisations and movements through the late 20th and early 21st century. While abortion remained a live wire for political debate, menstruation remained tethered to the privatisation of women's reproductive lives shaped by stigma and limited sexual and reproductive education across the life cycle. Menstrual shame served as a foundational element for women's exclusion from public life and maintained the boundaries between the private sphere of reproduction and the public sphere of political action. The IWLM's focus on making women's experiences visible thus represented a significant shift in this menstrual silence, even as menstruation itself remained largely absent from their explicit campaigning agenda.

As discussed above the republican women's use of menstrual blood as resistance in Armagh prison represented a defiance of the theocratic menstrual imaginary's requirement for shame and concealment. This act of reclamation prefigured the feminist efforts that emerged through the IWLM, revealing how menstruation could be transformed from a source of shame into a weapon of resistance (O'Keefe, 2006). However, the women's movement's focus remained on contraception and abortion access, whilst menstruation was largely absent from explicit campaigning agendas. This tension between radical possibility and persistent shame characterised Ireland's contested menstrual imaginary throughout the late twentieth century, where medical institutions expanded their authority over women's reproductive experiences. The contraceptive pill's prescription as a 'cycle regulator' from the mid-1960s placed Irish general practitioners in a position of significant power over women's access to contraception (Kelly, 2020, p. 199). Irish feminists stressed the problems created by the increased medicalisation of women's bodies, in a similar manner to members of the American feminist movement in the early 1970s (Kelly, 2019, p. 281). The 1979 Family Planning Act undoubtedly strengthened doctors' authority over the provision of contraception and further cemented the

class divide with regard to access (Kelly, 2023, p. 296). At this time, medical authority expanded even as feminist movements disputed other forms of reproductive control.

I focus on the Repeal of the 8th Amendment and the CervicalCheck scandal as two key events in relation to the fight for reproductive justice and feminist activism in Ireland. However, to understand these contemporary struggles, it is essential to first examine the historical context of medicalisation within Ireland's reproductive regime. The dominance of Catholic-run hospitals and medical institutions throughout the 20th century established a paternalistic approach to women's health that maintained menstrual stigma through the systematic medicalisation of menstruation primarily in terms of fertility and pathology (Inglis, 1998). This medical framework positioned menstruation as either a sign of reproductive failure (when pregnancy was desired) or as a medical problem requiring intervention, rather than as a normal bodily function. The medicalisation process transformed women's understanding of their own bodies, creating a dependency on medical authority that further entrenched the privatisation of menstrual experience and legitimised the exclusion of menstrual knowledge from women's own control (Laws, 1990, p. 141). Against this historical backdrop of medical paternalism and menstrual silence, the Repeal of the 8th Amendment and the CervicalCheck scandal makes the uneven nature of progress in women's reproductive rights apparent. Where advances in some areas occur, there are persistent deficits in others. These contemporary events act as a lens to examine how the menstrual imaginary continues to shape women's experiences.

Medical Authority and Women's Bodies

Medicalisation in Ireland

Much of the literature on feminist social history in Ireland has emphasised the vulnerable qualities ascribed to women post-independence (Sundstrom, 2021; Connolly, 2014). Women, their bodies and fertility required protection from men, the 'protectors of the nation'. This

section examines the medicalisation of women's health in Ireland, where such asymmetry is highly visible.

The emergence of modern medical practice in Ireland occurred alongside the consolidation of Catholic institutional power following independence, creating a distinctive reproductive regime that positioned women's bodies as sites of moral and medical regulation (Inglis, 1998, p. 63). Throughout the early to mid-twentieth century, Catholic-run hospitals and medical institutions dominated healthcare provision, establishing a paternalistic approach that viewed women's reproductive health through the dual lenses of religious morality and medical pathology (Earner-Byrne, 2023, p. 274). Through this approach, menstruation became understood primarily in terms of fertility potential rather than as a normal physiological function (Martin, 2001). Medical discourse positioned menstruation as either a sign of reproductive failure when pregnancy was desired, or as a condition requiring medical intervention when it deviated from perceived norms. The exclusion of adequate reproductive health education from medical training and public health initiatives created generations of healthcare providers who perpetuated menstrual stigma through clinical practice (Daly, 2015, p. 246). By the latter half of the twentieth century, this medicalised approach was deeply embedded in Irish healthcare structures. Catholic and voluntary hospitals, dominated by religious orders, ensured that moral regulation was bound up with medical practice (Daly, 2015, p. 237). At the same time, welfare and health policy were constructed on the male breadwinner model, systematically marginalising women’s autonomy and experiential knowledge (Daly, 2015, p. 250).

Obstetric Violence in Ireland

The institutional silencing of menstruation historically extended into reproductive healthcare, manifesting as systematic obstetric violence. These practices continue to position women's bodies as sites of medical and moral control. Grimes (2024) researched contemporary

medical culture and historical reproductive regulation through an analysis of the 'In Her Shoes' campaign. The 'In Her Shoes' campaign gave women a platform to share their experiences of obstetric coercion, lack of information, lack of consent to medical procedures during pregnancy and childbirth, and other forms of emotional manipulation and obstetric violence. Initially established to share experiences of being denied abortion care in Ireland, contributors to the page also referred to an underlying culture of obstetric violence and the ongoing medicalisation of women's bodies (Grimes, 2024, p. 30). Grimes (2024, p. 37) defines obstetric violence and abuse as 'forced medical intervention without consent', though medical neglect and refusal of care also constitute forms of obstetric abuse. The campaign confirmed that Irish medicine's focus on 'foetal best interests' has been used to justify dehumanising treatment of pregnant women. Ireland's 'active management of labour' protocol, developed in Dublin in the 1960s, institutionalised this interventionist approach, normalising medical control over reproductive bodies (Murphy-Lawless, 1998, p. 222).

These practices of reproductive control are further compounded by obstetric racism, which disproportionately harms migrant and minority ethnic women in Irish maternity care. Fitzsimons and Nwanze's research on racial discrimination in Irish maternity care examines how obstetric violence and racial discrimination create particularly harmful experiences for women of colour (Fitzsimons and Nwanze, 2024). Their study of over 100 Muslim women in Ireland found disproportionately poor outcomes, including a five-fold higher maternal mortality rate among Black women and double the stillbirth rates among African women compared to Irish-born women (Fitzsimons and Nwanze, 2024, p. 217). Women reported lack of modesty protections, inadequate interpretation, denial of pain relief, and overtly racist treatment, while healthcare workers admitted colleagues sometimes avoided caring for Muslim patients or stereotyped them as ‘difficult’ (Fitzsimons and Nwanze, 2024, p. 232).

The Confidential Maternal Death Enquiry for Ireland (2019-2021) confirms these disparities. [22] Such evidence shows how gender bias intersects with race, class and other forms of marginalisation to create compounded experiences of abuse. Chadwick (2021, p. 1901) uses the concept of 'gentle violence' to describe how women become submissive and complicit as patients, feeling powerless in their care. This concept particularly applies to those whose first language is not English, those from marginalised communities, the very young, or those vulnerable in other ways, who may not feel confident enough to speak up, ask questions, or express confusion. This ‘gentle violence’ mirrors the dynamics that sustain menstrual silence. Women are socialised to defer to medical authority and remain passive under institutional control. In maternity settings, these dynamics place migrant and minority ethnic women at particular risk.

Symphysiotomy in Ireland

The practice of symphysiotomies throughout twentieth-century Ireland exemplifies systematised obstetric violence and its connection to religious regulation of women's reproductive bodies. Symphysiotomies are medical procedures involving the breaking of the pelvis to assist difficult vaginal births. With the introduction of caesarean sections in the late nineteenth century, the procedure was largely abandoned across Europe and the United States (Delay and Sundstrom, 2019, p. 247). However, Ireland's religious healthcare system framed caesarean sections as tantamount to contraception and opposed the procedure (Delay and Sundstrom, 2019, p. 248). Instead, Irish physicians opted to use symphysiotomies when faced with challenging deliveries. [23] Survivors and advocacy groups argue that doctors justified

[22] The Confidential Maternal Death Enquiry for Ireland (2019-2021) confirms these disparities reporting a maternal mortality rate of 6.3 per 100,000 maternities, with non-Irish women disproportionately represented among maternal deaths (O’Hare et al., 2023, p. 17). Although the statistical analysis was limited by small numbers, the pattern echoes findings in the UK, where Black women are almost four times and Asian women almost twice as likely to die in pregnancy compared with white women (Knight et al., 2022, cited in O’Hare et al., 2023, p. 17).

[23] In the *Final Report on Symphysiotomy in Ireland, 1944-1984*, Walsh (2014) surveyed women who had undergone the procedure and analysed archival hospital records. She found that almost one in five respondents

these operations on religious and ideological grounds, situating women's reproductive capacities within moral frameworks rather than medical necessity.[24]

Enright's (2018, p. 46) analysis of symphysiotomies in Ireland posits that the government has grouped symphysiotomies within the category of other 'legacy issues' such as the Magdalene Laundries and the Mother and Baby Homes. As a result, the government has confined symphysiotomies and other examples of obstetric violence to relics of a safely past era (Enright, 2018, p. 47). By confining instances of gender-based violence to the past, it allows the state to adhere to a narrative of upward gendered social progress. Enright (2018, p. 48) and Delay and Sundstrom (2019, p. 235) argue that gendered social progress has been worked out over women's bodies and women's reproductive experiences. The Survivors of Symphysiotomies (S.O.S) have been blocked by time-based legal techniques that place limitations on deadlines for application to redress schemes. This has resulted in the government's refusal to respond to the S.O.S as 'of the present' (Enright, 2018, p. 50)

The reproductive justice framework brings the inherent power imbalances within medical settings to light. The persistence of obstetric violence shows that, despite legal and policy reforms, the underlying menstrual imaginary rooted in shame, concealment and medical control remains embedded within healthcare institutions. Women's reproductive experiences continue to be structured less by individual autonomy than by institutional authority. The first decade or so of the twenty-first century witnessed apparent progress in reproductive rights,

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reported they had not been told that the procedure had been carried out at the time, and these women often experienced the worst long-term outcomes (Walsh, 2014, p. 89). Some women only discovered or suspected decades later that they had undergone the procedure, after seeking explanations for chronic health problems (Walsh, 2014, p. 51).

[24] The Survivors of Symphysiotomy (S.O.S) campaign represents the women who were wrongfully subjected to these procedures. They insist that physicians performed the operation on women against their will, without medical justification and for religiously-motivated reasons (Delay and Sundstrom, 2019, p. 249).

most notably through the repeal of the Eighth Amendment. Contemporary Ireland's embrace of reproductive justice rhetoric masks the emergence of a ‘neoliberal menstrual imaginary’, which operates through market mechanisms and individual responsibility rather than direct state prohibition. While progress has been made in this period, mechanisms of control and regulation still exist.

Contemporary Transformations- Neoliberalised Aspects of the Menstrual Imaginary (2000-Present)

Reproductive Justice in Ireland

Luna and Luker (2013, p. 9) defined reproductive justice as:

> ‘the complete physical, mental spiritual, political, economic, and social well-being of women and girls that will be achieved when women and girls have the economic, social, and political power and resources to make healthy decisions about our bodies, sexuality, and reproduction for ourselves, our families, and our communities in all areas of our lives’.

Historically, Ireland's reproductive regime has systematically denied women this well-being through the institutional control of their reproductive experiences (Sundstrom and Delay, 2023, p. 10). The medicalisation of menstruation, pregnancy, and childbirth within a religiously dominated healthcare system created structures that prioritised religious and medical authority over women's bodily autonomy and experiential knowledge. From the concealment of menstrual education to the performance of symphysiotomies without consent, women were excluded from making informed decisions about their own bodies (Sundstrom and Delay, 2023, p. 153). The reproductive justice framework thus provides a powerful lens for understanding contemporary struggles for reproductive rights in Ireland, including the fight to repeal the 8th Amendment and responses to the CervicalCheck scandal. These

struggles represent continuations of longer historical battles for women's rights to comprehensive reproductive well-being and bodily autonomy (Sundstrom and Delay, 2023, pp. 20, 45). Similarly, Ní Chéileachair et al. (2022) demonstrate how Irish women navigate healthcare systems that consistently undervalue their experiential knowledge of their own bodies, particularly in relation to menstrual health, forcing women to become strategic advocates for their own care. Participants recounted conducting internal calculations that weighed up the legitimacy of their concerns against anticipated medical responses, often expressing anxiety about being dismissed or trivialised by healthcare providers.

Some of the contemporary barriers to achieving reproductive justice in Ireland were outlined by the Midwives Association of Ireland in 2020. They acknowledged the difficulties for patients and staff engaging with badly underfunded, understaffed and under resourced maternity services (Midwives Association, 2020; Murphy-Lawless, 2021, p. 53). Feminist writers on childbirth in Ireland have drawn attention to the extent of obstetric-dominant care nationally (Murphy-Lawless, 2021, p. 57). O'Connor (2006) and Murphy-Lawless (2021, p. 60) suggest that public, midwife-led care has been prohibited by the structure of maternity care that has historically been underwritten by a patriarchal obstetric fraternity. This male-dominated medical establishment has systematically sidelined midwifery, a traditionally female-led profession, thereby excluding women's knowledge and experience from reproductive healthcare decision-making. The historical privileging of obstetric intervention over midwifery- led care positions male medical authority as superior to women's embodied knowledge (Murphy- Lawless, 2021, p. 64).

As a result of this patriarchal structure, the health system has historically undervalued and underfunded the work of midwives, which concretises the silencing of women's reproductive expertise. This was perhaps most evident in 2016, when 'Creating a Better Future Together 2016-2026', Ireland's first-ever national maternity strategy was created. The obstetric

members of the steering group refused to use the term 'midwife-led care', claiming they wanted to avoid ‘profession-centric terms...as they incorrectly place an emphasis on the profession’ (Department of Health, Creating a Better Future, 2016, p. 3). Instead, they removed the emphasis on midwives and described a 'care pathway', effectively erasing the specific expertise and approach that midwifery care represents.

O'Connor's (2000) analysis of how 'male privileging' has long functioned as a 'masculinist cornerstone' of the Irish state provides context for understanding this resistance to midwife-led care. The refusal to acknowledge the role that midwives play in maternity care exemplifies O'Connor's (2000, p. 82) concept of the patriarchal dividend and how it continues to operate in contemporary Irish healthcare. The sustained focus on traditionally male-dominated, obstetric-led care supports 'the cultural depiction of men as appropriate authority figures' in women's health and in Irish society (O'Connor, 2000, p. 86). This institutional privileging of male medical authority over female midwifery expertise represents a continuation of the same dynamics that have historically excluded women from knowledge and control over their own reproductive experiences, from menstruation through to childbirth.

The long shadow of male authority over women’s health in Ireland is particularly visible in the rejection of the Mother and Child Scheme in 1950. This initiative would have provided free antenatal and postnatal care, but it was blocked by the Church, doctors, and political leaders who opposed what they saw as a model of 'socialised' medicine (Murphy-Lawless, 2021, p. 67). At the same time, the newly established NHS in Northern Ireland introduced similar measures, and maternal mortality rates there began to fall significantly. In the wake of the failed Mother and Child Scheme, the state introduced the Maternity and Infant Care Scheme in 1954 as a more limited, means-tested alternative. Although this provided some level of maternity support, it did not fundamentally alter the patriarchal structures of Irish maternity care and was repeatedly reconfigured rather than replaced with a universal model.

It was not until 2016 that Ireland produced its first dedicated national maternity strategy, Creating a Better Future Together 2016-2026 (Murphy-Lawless, 2021, p. 67). [25]This delay strengthened patriarchal models of care and left Ireland far behind other countries in maternal health outcomes (Murphy-Lawless, 2021, p. 67). For example, the Health Service Executive (HSE) only introduced a national Maternal Death Enquiry (MDE) in 2009, decades after the UK's Confidential Enquiry into Maternal Deaths (CEMD) was established in 1952 (Knight et al., 2022). However, data collection in Ireland was inconsistent, as not all maternity units participated.

There are many cases that reveal patterns of institutional control over women's reproductive choices. These include Eileen Flynn, dismissed from her teaching post in 1982 for being unmarried and pregnant; Joanne Hayes, falsely accused of infanticide in 1984; Ann Lovett, who died aged fifteen after giving birth alone in a Marian grotto that same year; Miss X, prevented from travelling for an abortion while suicidal in 1992; and the decades-long scandal surrounding obstetrician Michael Neary, whose unnecessary hysterectomies went unchallenged for years.[26] (Ferriter, 2008, p. 196; Murphy-Lawless, 2021, p. 68). These tragedies illustrate the reproductive regime that positioned women's bodies as sites of moral and medical regulation rather than recognising women's autonomy over their own reproductive experiences. The influence of religious orders in hospital care has long been a defining feature of Irish healthcare, with the Church maintaining vested interests in hospitals

[25] The Maternity and Infant Care Scheme underwent several revisions in 1980, 1994 and 1998 before the eventual adoption of *Creating a Better Future Together 2016-2026*, Ireland's first national maternity strategy.

[26] Neary performed hysterectomies at over ten times the rate of his peers. An initial investigation, conducted by fellow obstetricians, praised him as an 'experienced and caring' doctor, while patients, midwives, and colleagues who raised concerns were ignored. It was only after persistent testimony from women that the scale of harm was acknowledged. Murphy-Lawless (2021, p. 68) also notes that the under-recording of maternal deaths allowed Neary to escape scrutiny, with politicians and hospital administrators publicly describing Ireland's maternity services as 'the safest in the world' until the death of Savita Halappanavar in 2012 exposed the fragility of such claims (Kennedy, 2018, p. 18).

and being frequently consulted on clinical issues that raised 'moral worries' for them (Sundstrom and Delay, 2023, p. 158). This institutional arrangement created a healthcare system where religious doctrine often superseded medical best practice and women's bodily autonomy, perpetuating the same control that characterised the historical approach to menstruation and reproduction more broadly. The National Maternity Hospital (NMH) controversy further illustrates the persistence of, but also resistance to these dynamics in the contemporary period. [27]

Taken together, these examples expose the complex terrain of reproductive justice in Ireland, where deeply rooted mechanisms of silencing, religious control, and medical paternalism continue to shape women's reproductive healthcare. At the same time, women have consistently resisted these constraints through advocacy, legal challenges, and everyday acts that gradually expand spaces for reproductive self-determination, even as they navigate ongoing structural barriers (Walsh, 2020, p. 29).

The next section details the CervicalCheck scandal, as a more recent example of the continued medicalisation of women and their bodies in Ireland.

CervicalCheck Scandal

In 2018, Ireland's Cervical Check screening programme was found to be deeply flawed. In the years prior, hundreds of women received negative screening results that resulted in their cervical cancer being untreated. [28]At the time of writing, 17 of the over 200 affected have

[27] In 2017, the proposed relocation of the National Maternity Hospital to land owned by the Religious Sisters of Charity sparked widespread protest. Over 100,000 people signed a petition demanding a secular facility, while advocacy groups such as AIMS Ireland highlighted the risks of continued religious involvement. Although the Sisters of Charity ultimately withdrew from governance, the controversy underlined persistent concerns about Catholic influence in maternity care (Global Sisters Report, 2017; The Guardian, 2017; The Journal, 2017).

[28] In 2018, it emerged that over 2000 women received false- negative screening test results and had never been communicated with about the error. As outlined in the Scally Report (2018, p. 84), over one million Irish women were screened between 2008 and 2015, with 1,067 cases of cervical cancer reported. Of these cases, 300 required further review, and 204 women received incorrect results before being diagnosed with cancer. Despite letters sent to healthcare providers, only 43 of the 204 women were informed about the audit results (Scally

died (Bowers, 2018). The Scally Report produced in 2018,was a scoping inquiry into Ireland's Cervical Check screening programme, identified the need for expert and committed attention to women's healthcare within the national healthcare system. Throughout the 19th century, religious framings of medicine linked occurrences of cervical cancer or the HPV virus with sexual activity (DiMaio, 2015, p. 127; Sundstrom, 2021, p. 304). This was based on the observation that cervical cancer and the HPV virus was rare among Catholic nuns, but common amongst other women in the population. Reproductive justice research from Sundstrom (2021, p. 305) contends that linking sexual activity to cervical cancer resulted in the further stigmatisation of women's bodies while also responsibilising them for negative health outcomes they may experience.[29]

It is now well established that the treatment of victims in the aftermath of the scandal further stigmatised and shamed those who had been impacted (Sundstrom, 2021). Victims who spoke out against the CervicalCheck screening programme were met with public scrutiny and public attacks (Sundstrom and Delay, 2023, p. 30; The Guardian, 2019). Sundstrom and Delay (2023, p. 34) contend that non- disclosure agreements were introduced to further 'discipline' and shame women impacted by the scandal.

Although significant legal and social changes have transformed women's status in Irish society, these cases remind us how elements of the reproductive regime established in early twentieth-century Ireland persist through various institutional forms. While women have gained unprecedented access to contraception, abortion services, and political representation,

Report, 2018, p. 108). The scandal highlighted missed opportunities for earlier diagnoses, potentially preventing terminal illness and death for many women.

[29] The Scally Report (2018) illustrates how this religious framing of cervical cancer was weaponised against survivors and their families in various ways. In one disclosure meeting, the relatives of a woman who had died of untreated and undetected cervical cancer were told that 'nuns don't get cervical cancer' (Scally Report, 2018, p. 115).

and control over reproductive knowledge continue to manifest in contemporary healthcare settings. From the medicalisation of menstruation to incidents of obstetric violence and the CervicalCheck scandal, there remains a tendency to prioritise institutional authority over women's autonomous decision-making about their own bodies. However, the very visibility of these contemporary scandals, and women's ability to protest against them publicly, evidences how Ireland's reproductive landscape has been fundamentally altered. The 'In Her Shoes' campaign, the Survivors of Symphysiotomy movement, and CervicalCheck advocacy all represent forms of resistance that would have been impossible under earlier iterations of Ireland's menstrual imaginary. What endures across Ireland's social transformation is the capacity for institutional systems to evolve and preserve mechanisms of oversight. This suggests that Ireland's menstrual imaginary operates as a dynamic framework that evolves in response to feminist activisms, while retaining mechanisms of control over women's reproductive experiences.

Repealing the 8th Amendment

The repeal of the 8th Amendment in 2018 represents a watershed moment in how grassroots mobilisation can disrupt deeply entrenched constitutional and cultural barriers to women's reproductive autonomy. Ireland's constitutional reform marked a turning point in how Irish society understands and regulates menstruation and women's reproductive experiences. In turn, it reshaped the cultural framework through which these experiences are represented and controlled.

The 1983 constitutional amendment had effectively banned abortion by enshrining equal rights to life for both mothers and unborn children, cementing what Kennedy (2018, p. 13) characterises as Ireland's patriarchal approach to reproductive governance.

The death of Savita Halappanavar in 2012 at Galway University Hospital exposed the deadly consequences of such control[30]. This tragedy sparked what Kennedy (2018, p. 24) describes as 'national horror' at the constitutional provision and galvanised the Abortion Rights Campaign, which grew exponentially in subsequent years, culminating in the 2017 March for Choice that drew tens of thousands of participants (RTÉ, 2017).

What distinguished the repeal campaign from previous political movements was its direct disruption of Ireland's traditional reproductive imaginary through emphasis on participatory democracy and women's lived experiences. The establishment of a Citizens' Assembly marked, as Kennedy (2018, p. 26) observes, 'the first time in the history of the State's engagement with the issue of abortion that women's voices and direct experiences were publicly heard and listened to.' This deliberative approach fundamentally disrupted the menstrual imaginary's requirement for silence around women's reproductive experiences, creating unprecedented public space for discussions of bodily autonomy, reproductive choice, and the realities of pregnancy and menstruation that had been systematically marginalised.

The campaign's use of personal testimonies and reproductive stories represented a fundamental shift in how the menstrual imaginary operated in Irish society. Women's accounts of pregnancy loss, contraceptive failures, and reproductive coercion countered the traditional framework that positioned women's reproductive experiences as shameful secrets requiring medical and moral oversight. Instead, these narratives positioned women as authoritative voices about their own bodily experiences, suggesting a potential transformation towards a menstrual imaginary that recognises women's knowledge and agency. The successful repeal campaign embodied what Kennedy (2018, p. 27) terms 'genuine participatory democracy,' suggesting that Ireland's menstrual imaginary was beginning to

[30] Savita Halappanavar died of septicaemia in 2012 after being denied an abortion despite repeated requests (Kennedy, 2018, p. 24).

shift from one characterised by shame and control towards recognition of women's agency and expertise regarding their own bodies. The amendment's removal signals a potential transformation of Ireland's menstrual imaginary from a framework that pathologised and controlled women's reproductive experiences towards one that might accommodate menstrual equity, reproductive health education and care.

Taking my lead from scholars including O'Shaughnessy (2024) Kennedy (2018) I centre a social historical approach to menstrual management that captures the long tail of reproductive regime in shaping contemporary menstrual experiences. O'Shaughnessy (2024) in particular focusses on the embodied experience of living under Ireland's anti-abortion regime. She draws on Ahmed (2006) and Dolezal (2015) to conceptualise the embodied and affective dimensions of the lives of abortion activists and others (2024b). Her aim is to examine how abortion laws and regulations affected everyday feelings, understandings and behaviours in affective and embodied ways. Centring the role of affect is a key contribution in her aim to understand how 'Irish activists are 'affected' by systems of reproductive governance' (O'Shaughnessy, 2024, p. 62). Of specific relevance is her argument that historical and contemporary reproductive policies, laws and regulations create emotional and material labour forms she calls 'abortion work' (2024, pp. 59-62), transforming how individuals relate to their bodies. For activists on abortion this is experienced in terms of solidarity and/or insurgency. In more general terms, her work established how the restrictions on abortion created a context for feelings of anticipation and active planning for how to manage an unplanned pregnancy. Importantly drawing on the work of Sutton (2010) she underlines how embodied testimonies of Irish abortion activists can be conceptualised as part of a social pattern (O'Shaughnessy, 2024, p. 62). For my research this framework resonates in its focus on embodied and affective elements and the banal, routine labour of managing one's reproductive life under a specific context of reproductive control and regulation. While my

focus is on menstruation, I draw on this lens of managing reproductive realities as a cognitive and emotional task that can be characterised by anxiety and anticipation especially within an overall disciplining of fertility (p. 64).

The concept of fertility work has been developed in feminist scholarship to capture the labour and responsibility involved in managing reproduction, particularly the burdens of contraception. O'Shaughnessy (2024, p. 71), drawing on Bertotti (2013) and Kimport (2018), describes fertility work as the labour of navigating a couple's fertility, including adopting, managing, and planning contraceptive methods. Kimport (2018) expands this definition to include the physical aspects of contraception alongside the time, attention, and emotional stress involved in preventing pregnancy. Across these accounts, fertility work is disproportionately carried out by women, reinforcing gender inequality in reproductive responsibility. Building on this literature, O'Shaughnessy (2024, p. 72) introduces the concept of abortion work to capture the additional forms of reproductive labour imposed under restrictive abortion regimes. Abortion work encompasses the cognitive, emotional, and physical labour that women and others who may become pregnant must undertake to plan for, prepare for, and navigate access to abortions. This includes logistical tasks such as securing travel, money, and accommodation, as well as the mental labour of developing 'cover stories' to conceal absences and the affective burden of fear, anxiety, and vulnerability (O'Shaughnessy, 2024, pp. 71-73). Like fertility work, abortion work is unequally distributed, with migrant, working-class, and marginalised women often bearing compounded burdens due to visa restrictions, financial precarity, and heightened risks of criminalisation.

The notion of abortion work directs attention to the often hidden labour required of women and others who may become pregnant when abortion access is restricted. O'Shaughnessy (2024, pp. 71-73) uses this framework to bring attention to the mental, emotional, and physical tasks involved in organising an abortion under such conditions, from logistical

planning to managing secrecy and coping with fear. This insight extends feminist debates on reproductive labour. O'Shaughnessy (2024, p. 77) explains that the term was first developed in the 1970s to expose the neglect of women's unpaid domestic work within sociology and economics. Reading abortion work through this lineage shows how restrictive regimes generate new forms of unpaid and invisible labour, disproportionately imposed on women's reproductive bodies. By positioning abortion work within the history of reproductive labour, this thesis exposes how institutional failures shift responsibility for reproductive health away from the state and onto individual women, further undermining their autonomy. This mirrors the medicalisation of menstruation, where the natural functions of women's bodies were redefined as matters requiring medical authority. Just as menstrual stigma and silence positioned women as passive patients and subordinated their embodied knowledge, abortion restrictions impose additional reproductive labour that is unrecognised and unpaid. Bringing menstruation and abortion into the same analytical frame foregrounds how different stages of reproductive life are bound together by the same structural logic: women's reproductive bodies are made the site of invisible labour and institutional control.

This contextualising account aims to establish a menstrual imaginary that includes the reproductive regime that has historically positioned women's reproductive experiences as requiring external control rather than recognising women's embodied knowledge and autonomy (Sundstrom and Delay, 2023, p. 21). From the medicalisation of menstruation in the early 20th century to contemporary obstetric violence, the same framework that rendered menstruation invisible and shameful has implications for women's reproductive health is understood and managed within Irish institutions. The dismissal of women's concerns, the marginalisation of their voices from healthcare decision-making, and the historic pathologisation of their reproductive experiences all stem from a menstrual imaginary that fundamentally positioned women as unreliable narrators of their own bodily experiences. The

implications of these dynamics is that though legal and constitutional changes may occur, the underlying cultural and institutional frameworks that maintain reproductive control through shame, silence, and medical paternalism hold power within Ireland's approach to women's health.

The struggles for reproductive justice examined above provide context for understanding contemporary policy developments around menstrual education and period poverty. Against this backdrop, recent interventions in education and policy represent both genuine progress and the limitations of approaches that focus on symptoms rather than underlying structural inequalities. The next section examines changes in the Relationships and Sexuality Education (RSE) curricula in Ireland.

RSE education in Ireland

The introduction of the social, personal and health education (SPHE) curriculum in 1999 sought to ‘provide particular opportunities to foster the personal development, health and wellbeing of the child and to help him/her to create and maintain supportive relationships and become an active and responsible citizen in society’ (Government of Ireland, 1999, p. 2).

The introduction of RSE and an SPHE curriculum signified a growing attachment in Irish society to secularism. These programmes were first introduced in the 1990s as part of a wider process of educational reform that responded to changing social attitudes, European influences, and growing demands for more thorough approaches to young people's personal development and health education. The introduction of formal sexuality education represented a significant departure from the historical silence around reproductive health that had characterised Irish education, where menstruation and sexuality had been relegated to the private sphere and governed by religious moral frameworks rather than health-based approaches.

However, the development of RSE and SPHE curricula occurred within the context of Ireland's denominational education system, where the majority of schools remained under Catholic patronage and management. This institutional reality meant that the introduction of more secular health education had to navigate the continued influence of religious ethos and moral teaching, creating what Kiely (2023, p. 96) identified as 'an exemplar of how the secular and the religious could be conjoined with religious discourse residually nestled in an RSE programme defined overwhelmingly by its secular health-promoting discourse'. These educational initiatives highlighted Ireland's cultural struggle as secular modernisation clashed with religious oversight of reproductive topics.

When examining the revisions to the SPHE curriculum, Keating (2023) and Kiely (2023) raise concerns about the integration of sex education in schools that operate under a religious ethos. Many Catholic schools outline how they use the ‘Catholic ethos’ or ‘Catholic moral values’ to underpin their provision of RSE (Kiely, 2023, p. 95). For example, under the reformed curriculum senior cycle students receive RSE through their religion programme (Keating, 2023). Anticipating the development of a more secular approach, the Catholic Primary School Management Association (CPMSA) created its own RSE resources called ‘Flourish’ (CPMSA, 2021). Flourish is used in all classes of Catholic primary schools. In relation to menstruation and period education, the reformed SPHE/ RSE curriculum contains an increased amount of information on menstrual management from 4th class onwards. An example of this can be seen in the 4th class teaching materials, where a ‘period scenario’ is provided[31]:

[31] *This scenario is drawn from the NCCA’s draft SPHE curriculum, published online in 2024 (NCCA Curriculum Online, ‘SPHE Toolkit’, 4th class materials).*

> ‘Elena has just started having her periods. Luckily, her Mum had explained all about them before they arrived, so she knew what to expect. Mum asked would it be OK to tell her teacher and Elena said ‘Yes’, so she knows her teacher will understand if she feels a bit tired. Most of Elena’s friends haven’t got their periods yet, and sometimes when she feels a bit tired or weepy she doesn’t want to hang out with them. One friend says she’s getting stuck up.’ (NCCA Curriculum online, 2024).

This scenario acknowledges the emotional and social dimensions of menstruation, presenting it as a normal bodily function that may affect how girls feel and interact with peers. In contrast, resources provided in the 4th class Flourish programme present a more conservative approach towards menstruation, focusing primarily on biological reproduction. The resources provided appear to be similar to the original RSE instruction (Kiely, 2023, p. 116):

> ‘ Using a diagram of a womb, explain that when a girl gets her ‘period’ it means her body is preparing for motherhood sometime in the future. It means her womb is getting ready. This is also called menstruation. Every month an egg travels down a little tube to the womb. When there is no baby, it then mixes with a little blood and travels out of the body through a girl’s vagina. Show this on the diagram. A period lasts for three to five days and girls wear pads at this time to protect their clothes.’ (CPSMA, 2021).

The trajectory of RSE curricula marks a transformation in Ireland’s menstrual imaginary, where outright silence has been replaced by carefully managed discussion within enduring regimes of medical and moral authority. Analysis of the contrast between the state curriculum's 'Elena scenario' and the Catholic 'Flourish' programme conveys how the menstrual imaginary accommodates multiple approaches whilst maintaining essential control mechanisms. The state version emphasises individual management and familial

responsibility, positioning menstruation as a private matter requiring personal navigation of social relationships. The Catholic version maintains explicit connections between menstruation and reproduction, preserving the theocratic framework within apparently modern health education (Kiely, 2023, p. 101). The menstrual imaginary's core characteristics persist through the continued focus on menstruation as fertility preparation, the emphasis on concealment strategies, and the individualisation of menstrual management.

The development of formal sexuality education in Ireland has its roots in the gradual liberalisation of Irish society during the late 20th century, when traditional Catholic monopolies over moral education began to feel pressure from European integration, feminist movements, and changing social attitudes towards sexuality and reproduction. Prior to the 1990s, Irish schools provided little to no formal sex education, with discussions of menstruation, sexuality, and reproduction remaining largely confined to religious frameworks that emphasised moral purity and the dangers of sexual knowledge (Kiely, 2023, p. 88).

The NCCA's redesigned curriculum has reframed RSE in Ireland to emphasise students' rights and needs and acknowledges that there is diversity in how people live their sexual lives. Scholars acknowledge that progress in RSE has been made (Kiely, 2023; Keating, 2023; Nohilly and Tynan, 2022), with contemporary curricula offering increased coverage of reproductive health, that positions these topics within health and rights frameworks rather than purely moral ones. The following sections outline some of the formalised policies designed to advance gendered social change in Ireland, examining how these initiatives both challenge and are constrained by the enduring influence of Ireland's historical menstrual imaginary.

National Strategy for Women and Girls

Following the recommendations in the Scally Report, the Department of Health established the Women’s Health Taskforce in 2019 to improve women’s health outcomes and experiences

of healthcare in Ireland. The taskforce created the 2022 Women's Health Action Plan that claims to place women at the heart of health policymaking. Some key commitments of the Action Plan centre around providing increased access to gynaecological care, specialist menopause clinics, and improved and increased endometriosis services (Women's Health Action Plan, 2022, p. 12). The Action Plan specifically addresses menstruation by committing to 'tackling' the issue of period poverty. By engaging with 26 Local Authorities and investing 0.71 million euro, the taskforce has committed to providing period products to those most affected by period poverty (Women's Health Action Plan, 2022, p. 25).

Radical Listening Exercise

In 2020, the taskforce began their 'radical listening exercise' to change the way in which the state and medical system engage and consult with women.

The radical listening exercise aimed to foster open dialogue and understanding between healthcare providers and patients. By centring the voices of those directly impacted by healthcare policies and practices, the initiative aimed to identify systemic barriers, gaps in service delivery, and opportunities for improvement. Over 270 women participated in the exercise. After the project's conclusion in 2021, the National Women's council of Ireland continued the project and conducted additional discussions with those from marginalised groups. The findings of the project outlined how women in Ireland felt responsibilised with care labour, often at the cost of their own health and wellbeing. Further, women reported feeling overlooked in the healthcare system and described having a lack of information about their health and wellbeing generally (Radical Listening Exercise Report, 2021). On the one hand, participants in this exercise raised issues and concerns that women in Ireland have been campaigning for across generations. As some scholars note, an exercise like this only comes about as a result of a scandal or tragedy (Sundstrom and Delay, 2023, p. 32). On the other hand, the exercise is significant and represents a state willingness to bring women in and

centre their experiences in the paternalistic healthcare system. Whether this exercise will enact meaningful change in the health system remains to be seen, but increased efforts to centre the voices of women in Ireland indicates commitment to gender equality measures.

The following section of the chapter details how menstruation has been treated as a policy object in Ireland. Beginning with the 2018 research conducted by NGO Plan International on period poverty in Ireland, the section discusses subsequent menstrual policy interventions.

Irish Menstrual Policy

Menstruation has transformed over time in Irish society from an object of shame and taboo to an increasingly commodified and datafied phenomenon. This section of the chapter outlines some of the ways in which Ireland has addressed menstruation as a policy issue. Menstruation in Irish society has been viewed as a 'controversial' topic, often portrayed by media outlets as being shameful or awkward. This was perhaps most evident in July of 2020. The Advertising Standards Authority of Ireland (ASAI) upheld the decision to remove a 'controversial' Tampax advert from television in Ireland. The advert took the form of a talk show, with the host informing audience members how to insert a tampon; using the slogan 'get 'em up there girls'. It received 84 complaints which were ultimately upheld by the ASAI. Following its removal, debate began, and politicians condemned the ASAI's decision, with some arguing that Ireland takes an immature stance when discussing women's' bodies (O' Halloran, 2020). Period poverty remains the central policy intervention on menstruation outside of reproductive or women's health.

Almost all political parties in Ireland have outlined their commitment to tackling period poverty in their party manifestos[32]. Through these forms of policy intervention, the gendering or

[32] See for example: Fianna Fáil (2024) *General Election Manifesto 2024*, Fine Gael (2024) *General Election Manifesto 2024*, Labour Party (2024) *General Election Manifesto 2024*, Social Democrats (2025) *Our Policies: Health and Social Care*, Sinn Féin (2020) *'Ireland must follow Scottish lead and end Period Poverty now' - Chris MacManus MEP.*

'feminisation' of poverty has resulted in menstruation becoming an object of political and contest. These ideas have been prevalent in the Global South for a considerable time (Bobel, 2020). The varying campaigns on period poverty raise questions surrounding how powerful institutions and social actors engage with the 'issue' of periods. Period poverty initiatives have been critiqued for how they regulate manage, sanitise and commodify menstruation. On the one hand, such policies concern feminist and anti-poverty movements but on the other hand, investigations must be carried out into how period campaigns are disrupting political spaces and how menstruation has shifted into becoming an object of political contest (Bobel and Fahs, 2020b, p. 1015).

Initial Discussions of Period Poverty

Initial political discussions of menstruation occurred in Dáil Éireann by the Women's Caucus of the Oireachtas in 2019, marking the first time in the history of the Irish state that menstruation had been explicitly addressed as a political issue requiring legislative intervention (Oireachtas, 2019). Prior to this political recognition, discussions surrounding period poverty arose when research published by NGO Plan International *We Need to Talk. Period* report, indicated that period poverty was a national issue prevalent in Ireland. Plan International, established in 1937 as a global development organisation focused on children's rights and gender equality, had been conducting international research on menstrual health and period poverty across multiple countries as part of their gender equality agenda. Their Irish research[33], surveyed 1100 adolescents who menstruate in Ireland, attempting to observe the extent of period poverty nationally (Plan International, 2018). Scholars argue that reports such as these emerge as a result of the growing influence of international feminist networks and transnational

[33] Plan International's report '*We Need to Talk. Period*' (2018) represents one of the first Irish NGO-led surveys on period poverty; while methodologically limited (small, non-representative sample), it was politically influential in triggering parliamentary debate.

advocacy in contesting localised forms of reproductive control (Crozier-De Rosa and Barclay, 2024, p. 348).

The Plan International report found that 55% of those surveyed felt embarrassed about their period, and 43% felt 'lost' when their period started (Plan International, 2018). Their research also argued that those who menstruate were not receiving adequate information or education about periods in school settings, with 50% of those surveyed supporting this claim. The report's impact was amplified by its strategic timing and framing, which positioned period poverty as both a human rights issue and an educational inequality that required state intervention. Following Plan's research, a motion to provide free period products to all those who menstruate in schools, direct provision centres, and public buildings (including Garda stations, prisons and government buildings) was passed (Oireachtas, 2019). The Department of Health subsequently established a period poverty committee in 2019, attempting to tackle the issue at a national level through coordinated policy intervention. Deputy Catherine Martin of the Women's Caucus debated the issue in the Dáil in early 2019, discussing what was expected of the government in relation to tackling period poverty nationally. She called on the government to provide 'free, adequate, safe and suitable sanitary products' alongside effective and objective menstrual education in public buildings throughout Ireland (Oireachtas, 2019). The parliamentary debate acknowledged that current menstrual education in Ireland was not sufficient in preventing and reducing stigma around periods, representing a significant institutional recognition of the inadequacy of existing approaches to menstrual health education.

The aims of the policies proposed by Deputy Martin and the Women's Caucus centred around destigmatisation and normalisation of periods in Irish society, coupled with the provision of comprehensive education and free period products.(Oireachtas, 2019b). These policy goals

represent what feminist scholars have identified as attempts to transform the menstrual imaginary from one characterised by shame and concealment towards frameworks emphasising rights, health, and equality (Bobel, 2019). The policies were successful in their campaign to remove Value Added Tax (VAT) on all menstrual products (including pads, tampons, menstrual cups and reusable products). These policy goals also align with Ireland's commitment to meeting the Sustainable Development Goals of gender equality (Goal 6) and ensuring the 'availability and sustainable management of water and sanitation for all' (United Nations, 2024). Former Minister for Health Simon Harris detailed developments around policy implementation in this area in a later Dáil Éireann debate in December 2019, explaining the structure of the Period Poverty Committee as an extension of the Strategy Committee for the National Strategy for Women and Girls (Oireachtas, 2019).

Updated research conducted by Plan International documented the exacerbation of period poverty during the COVID-19 pandemic. The report 'Periods in a Pandemic' examined how the pandemic had gendered impacts, placing specific focus on the importance of menstrual hygiene management during this period of crisis (Plan International, 2020). In the Irish context, the pandemic slowed down progress towards menstrual equity, as lockdown measures and economic disruption particularly affected access to menstrual products and education for marginalised communities, including those in direct provision centres and experiencing homelessness (Plan International, 2020).

2021 Period Product Bill

At the time of writing, *the Period Products (Free Provision) Bill 2022* is before Seanad Éireann, having reached Third Stage (Oireachtas, 2021). Informed by the *Period Poverty in Ireland Discussion Paper* published in February 2021 by the Period Poverty Sub-Committee of the National Strategy for Women and Girls, which was developed in consultation with

NGOs, local authorities, health agencies, and community groups, the Bill mandates the free provision of menstrual products in all public buildings. The Sub-Committee's report frames the legislation as a tool to enhance gender equality, destigmatise menstruation, and improve menstrual education throughout the country. Prior to the Bill, several local authorities led pioneering initiatives and free provision schemes for menstrual products[34]. At national level, the HSE's Period Dignity Project (2022) has targeted marginalised groups such as Travellers, Roma, refugees, homeless communities and LGBTI+ individuals, combining product provision with stigma-reduction and educational outreach. In the corporate sector, supermarket chain Lidl began offering free period products via its app in 2021 (Lidl Ireland, 2021).

Scholars have questioned the implications of corporate engagement in menstrual activism. Bobel and Fahs (2020) critique the appropriation of the menstrual movement by brands that profit while menstrual stigma, illiteracy and poverty persist. Mørk-Røstvik (2022) describes the menstrual industry as a pseudo-activist space in which corporate-activist partnerships can improve education and reduce stigma, provided they are transparent, accountable and structured to avoid tokenism. She warns, however, that superficial collaborations risk prioritising branding over structural change. Bobel and Fahs (2020, p. 1016) are more sceptical, arguing that the enmeshment of corporate and activist agendas can water down the movement, repackage old taboos in new ways and commodify menstruation in a manner that perpetuates stigma, fuels self-objectification and encourages the management of menstruation primarily through consumption.

[34] South Dublin County Council (2019), in partnership with Homeless Period Ireland, introduced free sanitary products in public toilets in 2019; Cork City Council (2022) introduced free sanitary products across several council sites including libraries and homeless services; and Donegal County Council (2024), supported by Healthy Ireland and Sláintecare, rolled out a county-wide scheme in 2024.

Menstruation, Work, and Trade Union Advocacy

Recent debates in Ireland acknowledge the workplace as an emerging site of contestation in relation to menstruation and reproductive health. In 2023, a coalition of Ireland's largest trade unions launched the 'Stop the Stigma' campaign, calling for the introduction of mandatory workplace menstrual and menopause policies (TheJournal.ie, 2023; Fórsa, 2023; INTO, 2023). [35]Initiatives such as this recognise that menstruation and menopause significantly shape workers' everyday experiences, yet remain marginal within existing employment protections. The coalition's position paper, launched at Leinster House, outlined how the Safety, Health and Welfare at Work Act and the Employment Equality Acts 1998-2015 should be interpreted as requiring employers to take menstrual and menopausal health seriously. Drawing on survey research, the paper concluded that menstruation and menopause negatively impact the working lives of many employees, that workplaces remain ill-equipped to respond, and that health concerns in this domain are often trivialised. It also found broad employee support for the introduction of policies offering flexible supports, such as access to sick leave, reasonable adjustments, and awareness-raising measures.

Trade union leaders framed these demands as both a response to changing labour force participation and as a question of equality and dignity. With more women than ever between the ages of 15 and 64 active in the labour market, union representatives argued that institutional supports for reproductive health are no longer optional but essential. Irish Congress of Trade Unions Vice President Phil Ní Sheaghdha described the campaign as a duty to 'stop the stigma' and to give voice to workers who had long felt their needs were invisible within collective bargaining and workplace law. A particularly debated aspect of this

[35] The Stop the Stigma coalition is made up of Fórsa Trade Union, the Financial Services Union (FSU), the Communication Workers Union (CWU), the Irish Nurses and Midwives Organisation (INMO), The Irish National Teachers Organisation (INTO), the Services, Industrial, Professional, and Technical Union (SIPTU), UNITE the union, Energy Services Union (ESU) and backed by the Irish Congress of Trade Unions (ICTU).

movement is the proposal for menstrual and menopause leave. In the 'Stop the Stigma' (2023, p. 7) report, trade unions argue that statutory paid leave would allow those experiencing debilitating symptoms to remain in employment without penalty, while also destigmatising menstrual and menopausal health as legitimate workplace concerns. Critics, however, caution that menstrual leave could risk upholding stereotypes about women as less reliable workers and potentially entrench workplace discrimination.[36] This is evidenced in the international context, where uptake of these policies remains low. For example, countries such as Japan, South Korea, Taiwan and most recently Spain have introduced menstrual leave provisions, but uptake has often been limited due to fear of stigma or employer backlash (Furlano, 2024, p. 1023).[37] Critics also note that the current emphasis on menstrual and menopause policies risks functioning as a symbolic gain in lieu of more material interventions such as tackling the gender pay and pension gaps.[38]

From the perspective of the menstrual imaginary, the workplace represents a new arena where adaptive mechanisms of control and resistance are being negotiated. Historically confined to the private sphere through shame and silence, menstruation is now reframed as a legitimate matter of labour rights and public policy. On the one hand, such policies work to reduce stigma by naming menstruation as a legitimate health issue. On the other hand, they may reproduce neoliberal logics of responsibilisation by presenting leave as an individualised

[36] For more on feminist critiques of menstrual leave, see King (2020, p. 151). King (2020) argues that improving menstrual health and gender equality in the workplace, begins with focusing on the working conditions and rights of all employees, plus access to good quality reproductive health information and medical treatment, if required.

[37] See Furlano (2024) for analysis of menstrual leave policy announcements across Spain, Japan, South Korea, Taiwan and Indonesia. Furlano (2024, p. 1023), found that while 34.3% of Spanish participants reported needing menstrual leave to alleviate discomfort, only 17.3% actually requested time off due to fear of professional repercussions.

[38] See King (2020, p. 171) for more on how menstrual leave policies risk prioritising symbolic measures such as menstrual leave over structural interventions addressing gendered labour inequalities.

accommodation rather than addressing structural gendered inequalities in the workplace.[39] However, trade unions are not just pursuing symbolic recognition. By invoking safety legislation and equality law, they are embedding menstruation and menopause within Ireland's existing framework of workplace protections, a step that constitutes meaningful structural engagement. [40]At the same time, tensions remain. The focus on leave and flexible supports can be read through productivity-centred rationalities, where reproductive health is translated into individualised adjustments justified in terms of reducing absenteeism and supporting productivity. However, this does not undermine the progressive nature of these campaigns. Instead, it calls attention to the structural limitations trade unionists are faced with. Through trade union advocacy, menstrual stigma is directly addressed and recognised, but the terms of recognition remain shaped by existing institutional frameworks that both enable and limit the scope of transformation.[41]

Mapping an Irish Menstrual Imaginary

Conclusion

This chapter has provided a scaffold for the research by situating menstruation within the political, social and cultural history of Ireland. The erosion of traditional ideologies rooted in patriarchal, religious nationalism is evident in contemporary Irish society (Sundstrom and Delay, 2023). However, the forces that uphold these patriarchal and religious values remain deeply embedded in political, social, legal, academic and healthcare institutions. These institutions have long dominated the production of knowledge and, over time, have

[39] See earlier discussion of neoliberalised aspects of the menstrual imaginary for how reproductive health becomes reframed through discourses of individual productivity and responsibilisation.

[40] See 'Stop the Stigma' Menstruation and Menopause: Workplace Policy Reform for a Modern Labour Force. A Trade Union Led Initiative (2020, p. 15)

[41] 'Trade unions continue to be stalled with requests for more evidence of the need and benefits of a menstruation and menopause workplace policy when negotiating for employment protection legislation regarding this issue' ('Stop the Stigma' Menstruation and Menopause: Workplace Policy Reform for a Modern Labour Force. A Trade Union Led Initiative, 2020, p. 9)

delegitimised and silenced women's and feminist voices as a means of defending Irish nationalism. O'Connor (1999, p. 13) argued that nationalist regimes are exclusionary, requiring members to defend their community from criticism. In this context, Irish feminism directly conflicts with patriarchal ideologies of nationhood.

Ireland's persistent patriarchal culture is sustained by the dominance of male analyses and modes of knowledge production (Cullen et al., 2020, p. xiv). This has historically limited women's potential and participation in public life (O'Connor, 1999). O'Connor (1998, p. 7) also noted that Ireland has resisted recognising patriarchy as a structuring force within society. Membership of the EU has been a significant factor in the modernisation of Irish society and in legitimising feminist concerns to national policy (Cullen, 2015, p. 410). However, EU membership has not resolved gender inequality. Cullen (2015) shows that neoliberal reforms often reshape gender relations in ways that create new burdens for women, while Cullen and Korolczuk (2019, p. 10) highlight Ireland's continuing failure to adequately fund socially necessary reproductive care work.

Understanding menstruation within this social, political and cultural context is important to understand how it is managed, framed and understood nationally. Paternalist notions of women's positionality continue to shape how menstruators experience and manage their bodies. Church and State interventions into reproductive lives have left a complex and often traumatic legacy. Over time, feminist groups have pushed back against the dominant institutions of knowledge production that sought to control the information and narratives available to women (Kennedy, 2020, p. 118). Menstruation has emerged as an object of political contestation and increasing commercial interest in Ireland.

Over the past century, the burden of menstrual policy in Ireland has shifted: from religious control, to familial and private responsibility, to grassroots NGO provision, to partial state

intervention, and now to a hybrid model in which local authorities, national health agencies, NGOs and corporate actors all play roles. Initiatives such as South Dublin County Council's 2019 pilot with Homeless Period Ireland, Cork City Council's Period Dignity project (2022), Donegal County Council's county-wide scheme (2024) and the HSE's targeted outreach to marginalised groups demonstrate the evolving institutional landscape. Corporate actors, such as Lidl's free products via its app (2021), further complicate this field, raising questions about the commodification of menstruation and the balance between activist aims and branding priorities (Mørk-Røstvik, 2022; Bobel and Fahs, 2020a).

Social imaginaries are the shared, often implicit understandings through which societies imagine their norms, values and possibilities. They evolve alongside cultural, political and economic change rather than remaining static. Ireland's menstrual imaginary has shifted from a theocratic framework that positioned menstruation as private, shameful and morally policed, to include a neoliberal-market framework in which menstruation is increasingly visible but still primarily addressed through individualised, product-based solutions. This evolving imaginary shapes how policies and institutional responses, as well as how menstruators themselves manage, frame, and understand menstruation. Below is a visual representation or 'map' of how I frame Ireland's menstrual imaginary:

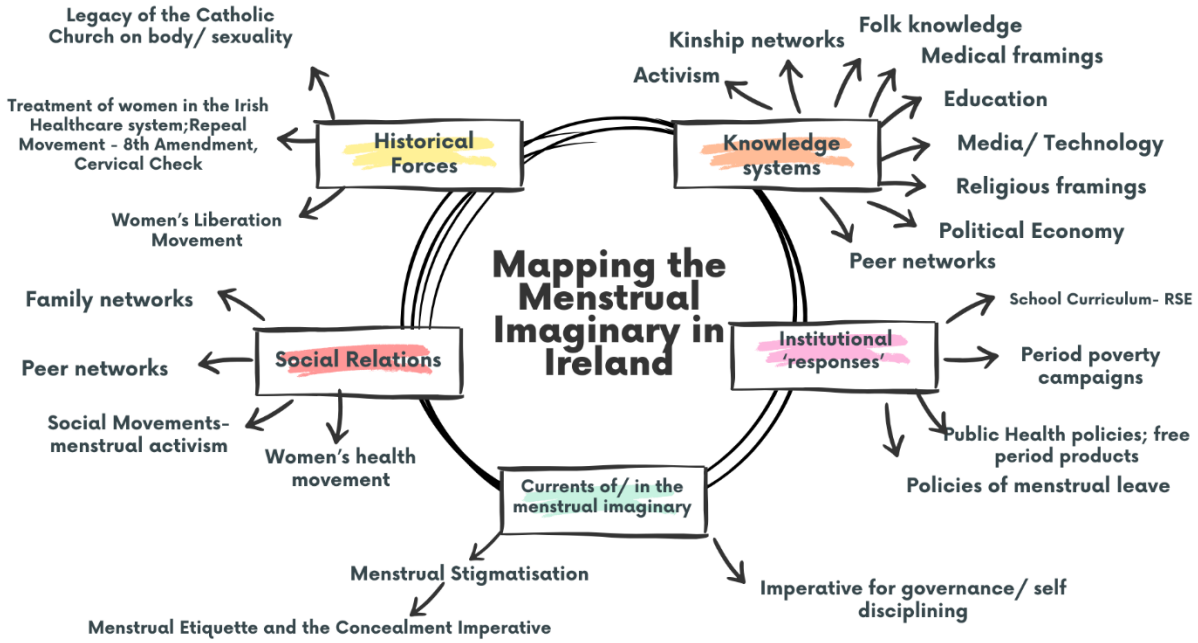


Figure 3: Mapping the Menstrual Imaginary in Ireland

Understanding and mapping Ireland's menstrual imaginary over time makes visible the underlying assumptions and power structures that continue to govern menstruation.

Women in Ireland have long lived with the consequences of paternalistic medical authority bolstered by a state that refused to intervene until women pushed for action. The shadow of the patriarchal Irish state has 'shape- shifted' in relation to its treatment of women (Murphy-Lawless, 2021). For instance, in the early years of independence, the state proclaimed its protection of women but continued to restrict them to the roles of mother or 'other' in the constitution, alongside their enforcement of a regime of institutionalisation for single, pregnant women. Conducting an examination into Ireland's social, religious and cultural past spotlights the ways in which neoliberal beliefs have shifted the burden of menstrual management back onto menstruators themselves and has repacked menstrual shame and stigma. Menstruation has shifted from being an object of religious control and is now an object of the market and the state.

The next chapter details the methodologies used in the thesis.

Chapter 4: Researching Menstruation: Methodological Approaches

Introduction

This chapter begins with a brief description of the research methods used in this study, followed by an overview of my ontological and epistemological perspectives and their justification.

My research focuses on the social and cultural constructions of menstruation in Ireland over time. It emphasises the significance of peer and familial networks, in the formation of lifelong attitudes and understandings of menstruation. I draw on feminist qualitative methodologies that include interviews, art-based creative methods (body mapping), an adaptation of the narrative approach (Mitchell and Egudo, 2003) and the digital walkthrough methodology. This research works from a feminist perspective that centres embodiment, understanding menstruation as a biological process and as a lived, felt and socially situated experience of the body. It holds an intersectional lens (Crenshaw, 1991), attending to how factors such as age, class, ethnicity, gender identity and geography shape the diverse ways in which menstruation is experienced, managed and understood across participants' lives in Ireland. Working from feminist frameworks that have been applied previously to the study of menstruation I align with Bobel's (2010, p. 12) call to focus on 'living feminism in everyday activities, down to the minutiae of choosing what method or product to use during menses'.

My research frames the lived experience of menstruation as being informed by underlying forms of gender knowledge that circulate in society and are reproduced in cross-generational terms and shaped by political, economic, and cultural forces (Corcoran and Cullen, 2020). Gender knowledge is the underlying, often tacit and unconscious assumptions about gender and gender relations that inform and shape all forms of knowledge, including every day,

expert and popularised knowledge (Young and Sherrer, 2010, p. 10). Operating at the foundational level of knowledge production, gender knowledge determines how women and men are represented, and more fundamentally, what assumptions about gender underpin all knowledge claims (Young and Sherrer, 2010). Gender knowledge functions within and through broader social imaginaries, shaping how embodiment, bodies, privacy, technology and expertise are conceptualised and experienced. Social imaginaries establish the conditions of possibility for what can be known about gender. At the same time, gender knowledge actively constructs these imaginaries by determining which bodies matter, whose experiences count as knowledge and how bodily processes such as menstruation should be managed.

My examination of menstrual management aimed to assess change and continuity in how women in Ireland experience, understand, and navigate their menstrual lives. Menstruation here is at the centre of an epistemological struggle. Competing discourses cast it as bodily experience, cultural marker, object of commodification, site of politicisation, and collective practice. This contestation reveals the operation of gender knowledge. The focus lies on implicit gender ideas that shape how different actors produce, validate, and communicate knowledge claims about menstrual experience, moving beyond explicit knowledge about gender and menstruation. As part of this investigation, questions include who gets to be an authority on menstrual experience, where and when menstruation can be spoken about, and in more recent terms how menstruation is managed as a target of Artificial Intelligence through period tracker apps.

The following sections will justify the research methodologies chosen for the research, and how they were implemented.

Ontological and Epistemological Foundations

This research aligns with social constructivist and critical or feminist phenomenological perspectives. Critical and feminist ontologies argue that reality is a product of power

relations, and individuals construct their own realities through these inequalities or tensions (Stanley and Wise, 2002; Lawson, 2003). The critical ontological perspective suggests that understandings of reality are socially constructed and can be influenced by social experiences, including oppression.

Ontological perspective

I argue that knowledge is political and my position as a researcher is to use research as a transformative tool to uncover and confront injustice and inequalities. As a researcher subscribing to this value set, I go beyond being a neutral observer and instead actively critique power relations. Critical theorists (Lincoln et al., 2011, p. 232) advocate for social justice and societal transformation through the overturning of unjust social practices and the critical or feminist ontology adopted in the research understands menstruation as a mechanism to investigate gendered social change in Irish society. Drawing on feminist standpoint theory (Hartsock, 1998; Harding, 1991), I position menstrual experiences as situated knowledge that emerges from women's material realities and embodied experiences. This standpoint recognises that knowledge is always produced from particular social locations and that women's experiences of menstruation provide important insights into structures of gender inequality and social control. My ontological position holds that there is no objective reality 'out there' to be discovered, but rather that social reality is constructed by the lived experience of individuals. Further, individuals hold ideas, beliefs, perceptions, and attitudes derived from their experiences, which are meaningful elements of the social world. I hold that these subjective meanings are not mere individual articulations. Instead, they are negotiated socially and historically through interaction with others and underlined by cultural and historical norms within a society. Menstruation here can be used as a lens to explore these microlevel, individual, subjective experiences.

Epistemological Perspective

My epistemological approach centres on understanding how gender knowledge is produced, contested, and transformed through menstrual experiences. Building on feminist epistemologies that challenge the masculinist bias in traditional knowledge production (Cullen and Corcoran, 2020), I examine how menstrual knowledge emerges through embodied experience and is shaped by systems of power. This approach recognises that knowledge about menstruation has been historically controlled by medical and scientific authorities, often marginalising women's experiential knowledge (Martin, 2001). The critical perspective allows the researcher to centre participants and empower them through the research process, recognising their expertise about their own bodily experiences and hierarchical knowledge structures that privilege clinical over experiential knowledge.

I also take key epistemological insights from the women's health movement, where activists and advocates have fought to emancipate and empower women through expanding notions of women's health and undermining patriarchal discourse that served to infantilise, hystericise and medicalise the lives of women (Morgen, 2002; Nelson, 2015). The Boston Women's Health Book Collective's *'Our Bodies, Ourselves'* exemplifies this epistemological approach, validating women's experiential knowledge and opposing medical authority over women's bodies (Davis, 2007). Through this tradition of feminist health activism, alternative knowledge production resists dominant biomedical narratives and creates space for diverse ways of understanding embodied experience.

Gender knowledge production operates through processes of inclusion and exclusion, determining whose voices are heard and whose experiences count as legitimate knowledge (Cullen and Corcoran, 2020). In the context of menstruation, this involves examining how different forms of knowledge including medical, cultural, experiential, intergenerational, compete for authority and how these knowledge systems are embedded within structures of

gender, class, and cultural power. Alongside this, the interpretivist epistemology allows me to contextualise the management of menstruation as a subjective phenomenon that is highly influenced by factors such as age, social class, race, ethnicity, able bodiedness, location (whether urban or rural) and gender identity (Doyin and Mahalingam, 2018). This intersectional approach acknowledges the diversity of menstrual experiences, recognising how multiple systems of oppression and privilege shape different possibilities for knowledge production and sharing across various social locations.(Collins, 1990; Combahee River Collective, 1977; Crenshaw, 1989, 1991; Emejulu and Sobande, 2019; hooks, 1981).

Harcourt et al. (2022, p. 4) frame knowledge as being entwined with emotions and experience. In this way, knowledge production is concerned with this emotion, bodily and spiritual maintenance. Furthermore, they present feminism as centring around intersectionality, embodiment, relationality, and emotion. My epistemology is informed by feminist scholars interested in conducting rigorous, empathic, politically aware, and socially committed studies that centre women's experiences and voices and feelings. Sara Ahmed's (2004; 2014) work is central to this pursuit. Centred in intersectional, feminist cultural analysis she examines institutional structures and the subjective effects of power, especially through affect (emotion) and institutional mechanics. Drawing on discourse analytical traditions her work seeks to expose how various epistemic sites the media, and academia, medicine, politics etc sediment false authority. In methodological terms her approach focusses on the (re)production of cultural norms and social structure through interpersonal and institutional encounters. Discursive logics and speech acts are elements that she identified as sedimenting or transforming the social meanings of race, gender, and other differences. Her approach has been characterised as Affective method (AM), which positions affective encounters and bodily responses as essential elements of knowledge production (Knudsen and Stage, 2015, p. 1). Affective methodology takes emotions and bodily affects

such as love, disgust, intensity and desire seriously. As she (Ahmed, 2014, p. 89) argues, feelings such as disgust are closely linked to social abjection; rooted in cultural phenomena associated historically with particular bodies.

Rather than treating emotions as abstract states located 'inside' individual subjects, Ahmed (2014, p. 12) argues that they are performative and relational: emotions circulate, take shape, and acquire meaning in the spaces between bodies and through their encounters. In this sense, feelings such as disgust or love constitute embodied realities that shape boundaries and attachments across both personal and social domains. Complementing this, Barad (2007, pp. 139- 141) insists that knowledge and affect emerge through situated relations and material-discursive intra-actions, which unsettle reliance on pre-established categories or hierarchical binaries. Ahmed's inquiry traces then how emotions bestow bodies with value and ideologies that places an emphasis on the questions of what it means to be a body in society, how different bodies are interpreted, and how bodily traits are used to structure society (Mabon, 2022).

The second element of feminist epistemology that I draw on highlights how peer and family networks are integral to the production of knowledge in women's lives. As Gray observes, 'family relationships, intergenerational relationships, [and] relationships of extended kin' are crucial micro-level processes that connect everyday life to patterns of social change (Gray, 2018, p. 2).[42] Knowledge produced in these sites evolves through reinterpretation and transformation across the life course, shaped by transitions and turning points (Dagg and Gray, 2017, p. 5). Indeed, Gray and Dagg (2019, p. 87) emphasise how family life stage intersects with historical context and structural inequalities, producing different pathways through which resilience and social knowledge are understood. This perspective provides a

[42] Jane Gray, *On researching social change over time*, *Methods* podcast, National Centre for Research Methods, 2018. Transcript available at: NCRM

rich lens through which I examine lived experiences as a canvas for discovering how reproductive health knowledge is formed and re-formed within reproductive lives. Such knowledge is deeply gendered, raced, and classed. My approach places women at the centre acknowledging them as experts of their own experiences. In simple terms, I assess some of the different kinds of knowledge that underpin how women manage menstruation. I acknowledge periods as a continuous thread of physicality as well as an affective, 'mundane', and routinised process. In this way, my epistemology examines the interconnection between biological bodies and power inequalities within society. Bodies, often perceived as 'natural' are interlinked with these cultural ideologies and power inequalities to regulate, mark and produce diverse, gendered bodies (Witz, 2000). My choice of methods was informed by these ideas.

The flexible, agile, qualitative method allowed to gain access into the thicket of experience that is embodied, affective, and consequential for the lives of women. The use of feminist principles in this research helped elicit women's complex bodily worlds, through an inquiry more attentive to embodiment and the texture of women's lived experiences. The use of body maps brought a 'fun' quality to this research, sparking curiosity and interest in the participants. This encouraged them to participate, explore, and move ideas around on the 'map' they created. My approach offered a different way for interviewees to talk about their own embodied experiences, by shedding light on this 'mundane' element of women's health. This made the taken-for-granted nature of periods visible, which many have never spoken about. When telling stories about something as personal as periods, the combination of methods gave women the possibility to express relevant dimensions of their bodily worlds. I provided participants with a warm environment that allowed them to engage with the project in a playful and humorous way.

Methodological Approach and Justification

This section outlines the qualitative methodological approach adopted in this research, providing justification for why these methods are particularly suited to examining gendered social change through menstrual experiences.

Why Qualitative Methods for Studying Gendered Social Change?

Qualitative approaches are specifically suitable for the study of gendered social change because they enable researchers to capture the complexity and fluidity of lived experience that quantitative methods often miss. This limitation of traditional research methods has been central to feminist methodological critique. Scholars have shed light on the way conventional approaches fail to adequately represent women's experiences and perpetuate hierarchical research relationships (Harding, 1991; Oakley, 1981; Reinharz and Davidman, 1992).

Feminist researchers have developed alternative approaches that bridge the personal and political dimensions of women's lives. Oakley's (1981) feminist interviewing methods and Smith's (1987) institutional ethnography both create space for women's voices to emerge authentically while examining how everyday experiences can make visible the often invisible work of managing gendered expectations around bodies and health. This methodological sensitivity becomes particularly important when researching topics surrounded by cultural taboos. DeVault's (1996, 1999) approach to 'listening for the silences' recognises that patriarchal structures shape what women experience but also what they feel able to articulate, advocating for feminist methods that attend to gaps and the unsaid in women's accounts. In menstrual research, where stigma may dictate what participants disclose about their experiences, being sensitive to unstated assumptions and meanings becomes essential, as what is missing from the data may be just as important as what is outwardly stated. Rather than viewing this as a methodological limitation, I argue that uncovering and unpacking this stigma and taboo is central to this research's aims.

The use of qualitative methods allowed me to engage with participants in a meaningful way, particularly when employing a life course narrative approach (Ritchie et al., 2013, p. 243). Biographical methods provide tools for examining how menstrual experiences unfold across time. In cross-sectional studies, continuity and change may not be as clear. Turning points refer to moments in a person's life, when 'trajectories change direction' (Nico and Van der Vaart, 2012, p. 144; Laub and Sampson, 1993; O'Carroll and Gray, 2010, p. 8). Across the reproductive or menstrual life, these turning points might include menarche, pregnancy, illness, menopause, or distinct menstrual experiences that fundamentally shift how women understand and manage their periods. Narrative approaches have particular value for feminist research because they honour women's own meaning making processes and resist the fragmentation of experience into discrete variables (Personal Narratives Group, 1989; Riessman, 2008).

The methodology used allowed me to chart the reproductive lives of participants through the 'mundane' experience of periods, giving insight into how menstruating bodies are medicalised, commodified, socialised and digitised. It allowed the research to chart gendered social change by engaging with the 'everyday' experiences of periods, by unpacking the stigmas, resistance and opinions held by women. The overarching aim of this study is to investigate how menstruation is navigated, managed, and understood by individuals across different generations in Ireland, attending to how menstrual knowledge is transmitted, transformed, and contested within and between generations, and how these processes are situated within social and political contexts.

Limitations of Previous Methodological Approaches to Menstruation Research

Data on menstruation in existing research has predominantly taken the form of large-scale surveys measuring attitudes, knowledge levels, and product use habits. For example, studies

such as the National Survey of Sexual Attitudes and Lifestyles focus on quantifying menstrual cycle characteristics and contraceptive use (Wellings et al., 2013), while market research surveys examine consumer preferences for different menstrual products (Cha and Park, 2019). Public health research typically measures ‘menstrual hygiene management’ through indicators such as school absence rates and access to facilities (Hennegan et al., 2019). While valuable for establishing prevalence, these approaches have significant limitations when applied to understanding the social and cultural dimensions of menstrual experience. The reduction of women's lives to statistics in studies of menstrual experiences ignores the 'messiness' of menstruation and may further perpetuate a culture of menstrual normativity, which furthers the idea that a period should fit neatly into boxes that can be ticked. This quantification process often strengthens dominant medical and commercial frameworks that treat menstruation as a problem to be solved rather than a lived experience (Bobel, 2010; Kissling, 2006).

The focus on measurable outcomes privileges biomedical, clinical, and statistical forms of knowledge: standardised symptom scales, hormonal measurements, productivity metrics, and treatment efficacy rates. This approach marginalises other equally valuable forms of knowledge, particularly the embodied, intuitive, and experiential knowledge that women develop through decades of managing their own menstrual cycles, understanding their individual cycles, developing personal coping strategies, and navigating social and cultural meanings around menstruation (Ussher, 2006). Privileging of quantifiable, 'objective' knowledge over subjective, lived experience represents an epistemological hierarchy that my research seeks to address by foregrounding women's own knowledge production about their menstrual lives.

Moving Away from 'Traditional' Menstrual Research; Taking Periods out of the Biological, Cultural, Health, and Development Context

Research on women's experiences of menstruation has predominantly viewed periods through a biological medical, cultural, and developmental lens (Hasson, 2016; Newton, 2016; McCarthy and Lahiri-Dutt, 2020). This research aims to take menstruation out of this realm, instead focusing on the lived, embodied, and social experiences of menstruation for women in Ireland.

Biomedical Approaches

The focus of traditional biomedical approaches to menstruation has historically centred on biological and clinical aspects of the menstrual cycle: the role of cyclic hormones, reproductive capacity, the 'physical symptoms' of menstruation, and menstrual 'disorders' (Ussher, 2006, p. 34). This approach has fundamentally separated menstruation from the rest of women's bodies, health, identities, and sexuality. When menstruation is stripped of its social, embodied, cultural, and political meanings, the diversity of women's experiences with and perspectives on menstruation are overlooked. While menstrual health research has evolved to incorporate some social contextual factors, with recent studies acknowledging workplace impacts, educational disruption, and quality of life measures (Critchley et al., 2020), these approaches still predominantly frame menstruation through a medical lens. For example, studies may investigate the physiology of menstrual cramps and their impact on productivity or school attendance, but they do not detail how these cramps are experienced within the context of women's everyday lives, relationships, and identity formation (Johnson and Robledo, 2020; Maekawa et al., 2023). Despite this progress, menstrual health research continues to struggle with fundamental gaps in understanding women's lived experiences (AlSayyad, 2023), and the culture of medical research does not fully acknowledge

menstruation as something that is managed and navigated within social worlds of familial sites, work, schooling, and peer networks.

I argue that by using feminist and qualitative methodologies alongside rather than instead of evolving biomedical approaches, I gained deeper insight into the lived, embodied, day-to-day experience of reproductive lives and menstruation. This allowed me to examine how the biological process of menstruation is interpreted as a social process across the lives of those who experience it.

Cultural Approaches

There are few social scientific studies of menstruation. One example includes Newton's (2016) cross-generational approach that drew from folklore studies, social anthropology, and feminist perspectives to analyse menstruation in the United Kingdom. In this study, cultural and social constructions of menstruation were explored using questionnaires and interviews. Newton's (2016) study was conducted in North Derbyshire (a predominantly white, working-class, and lower-middle-class area) in 2007 and 2008. Drawing on a mixed-methods approach that included 590 questionnaires and 62 qualitative interviews, Newton emphasised everyday experiences and narratives of menstruation. This study has influenced my approach in its focus on intergenerational sampling and reliance on qualitative interviews. Newton (2016) also used anonymous surveys as a recruitment tool for later interviews and placed her focus on eliciting the lived experiences of menstruation as well as the ways in which menstrual knowledge and management shifted over time. Thematic analysis was used to explore 'euphemisms and terminology employed to describe menstruation, jokes and stories concerning menstruation, menstrual etiquette, and appropriate conduct, and the transmission of informal knowledge and information on body issues and body care' (Newton, 2016, p. 15).

Newton's thematic focus is useful orienting my approach to data analysis.[43] Newton (2016) argues that euphemisms and terminology are important for understanding how language choices encode shame, secrecy, or normalisation of menstruation. This linguistic analysis can uncover generational shifts in menstrual discourse and varying comfort levels across different social groups. The emphasis on jokes and stories is particularly significant as it captures the informal, often subversive ways that menstrual knowledge circulates. Humour can both consolidate taboos and provide a mechanism for discussing otherwise forbidden topics. Stories whether cautionary tales, coming-of-age narratives, or shared experiences function as vehicles for transmitting cultural knowledge about appropriate menstrual behaviour and expectations. Newton's attention to menstrual etiquette and appropriate conduct illuminates the unwritten social rules governing menstrual bodies. This includes examining what behaviours are deemed acceptable or unacceptable during menstruation, how these rules vary across contexts (home, school, workplace), and how they sustain gender norms and body politics. Finally, her focus on knowledge transmission recognises menstruation as a site of informal education, examining how information flows between generations, peer groups, and communities. This approach can identify gaps in formal education, the role of experiential knowledge, and how cultural practices adapt or persist over time.

However, my approach also differs from the one used by Newton in many ways. Newton's research was limited to school settings, whereas my study included a more diverse sample across multiple life contexts, and employs different methodologies including digital

[43] For more on Newton's thematic, see *Everyday Discourses of Menstruation: Cultural and Social Perspectives* (2016, p. 15). Her analysis of euphemisms and terminology appears in Chapter 8: 'Auntie's Come to Tea': Menstrual Euphemism' (pp. 133-145) and Chapter 1 (pp. 14-15). Jokes and stories are examined in Chapter 9: 'Mentioning the Unmentionable: 'Only Joking...' (pp. 147-164) and Chapter 4: 'On the Blob: Young Adulthood and Menstrual Lore' (pp. 81-86). Menstrual etiquette and appropriate conduct is discussed in Chapter 5: 'Managing Menstruation: The Menarche and Status Passage' (pp. 93-99), Chapter 10: 'Closed for Maintenance: Backstage Spaces, and Selling Shame' (pp. 165-179), and Chapter 1 (pp. 14-15). Knowledge transmission is explored in Chapter 6: 'Talking About My Menstruation: A Generational Comparison' (pp. 101-112), Chapter 4 (pp. 71-88), and Chapter 7: 'The Curse: Popular Histories and Cultural Knowledge' (pp. 113-132).

walkthrough methodology, body maps and dyadic interviews. I also did not adopt a questionnaire approach as I aimed to gather more in-depth knowledge about participants' individual, subjective lived experiences surrounding menstruation.

The Development Context and Menstrual Hygiene Management

Menstruation has also been extensively studied and researched in the development context (Bobel, 2019; Winkler, 2020). The Global South has long struggled with the issue of menstruation, but previous research in this context largely focuses on initiatives addressing Menstrual Hygiene Management (MHM) (Patkar, 2020; Manorama and Desai, 2020; Bobel, 2019). These programme evaluations typically prioritise outcomes such as menstrual health indicators and school attendance, and predominantly rely on quantitative survey methods alongside policy and document analysis to assess effectiveness (Hennegan et al., 2021; Karjee et al., 2023). In parallel, a smaller but growing strand of evaluation incorporates arts-based and participatory methodologies to capture nuanced experiences, meanings and mechanisms that standard instruments may miss. For example, Khan and Marnell (2022) show how visual art, interactive drama, narrative writing and photography enable young people to explore sensitive topics, including sexual and gender-based violence, queer and trans youth experiences, and holistic wellbeing, in ways that open up different kinds of evidence for programme learning. Similarly, Hartley et al. (2023) used a structured visual artmaking process with young South African women to ease communication barriers around sexual and reproductive health. The approach enhanced recall and verbalisation and helped surface the affective and embodied dimensions of experience that matter for intervention design and outcome interpretation (Hartley et al., 2023). This approach informs and inspires the present study. Development literature has often placed individualised responsibility on girls and women to 'save' their communities and improve market outcomes (Corcoran and Cullen, 2020, p. 17). Policies concerning menstruation in the Global South therefore tend to

centre product provision and remain policy-led. Bobel (2019) argues that further investigation into the individualised experiences of those who menstruate in the Global South is required. She posits that a combination of methodological approaches provides a better understanding of how menstruation is experienced in the development context.

Feminist Health Research

When investigating feminist philosophies of engagement in health-related research, Erikainen et al. (2021) argue that the landscape of health research has been shaped by changing social and institutional contexts, policies, and wider questions of governance. Changing relationships between doctors and patients, partially driven by patient and health advocacy and activist movements since the HIV/ AIDS movement, the women's liberation health movement, and the disability and mental health movement have demanded and provided access to patients' own 'health knowledge' leading to the first 'expert patients' (Erikanien et al., 2021, p. 4). I used this approach in my research, centring participant's voices and ensuring that they are regarded as 'experts of experience' when discussing their own lives, emotions, and interactions with the institutions of medicine.

This feminist health framework becomes particularly significant within the Irish context, where Kennedy (2020) identifies specific knowledge barriers surrounding reproductive healthcare. Ireland's historically enmeshed church and state has reinforced 'dominant ideological constructs about the role of women in the family and society' (Kennedy in Cullen and Corcoran, 2020, p. 135), creating a culture of shame and stigma around menstruation.

Building on insights from feminist health approaches that my research adopts an intersectional lens to examine how systems of class, ethnicity, sexuality, and other dimensions of inequality shape menstrual experiences in Ireland (Weber and Castellow, 2012). This means examining the ways in which church-state ideologies have influenced menstrual knowledge production and embodiment to address this interacts with other forms

of structural inequality to create diverse menstrual realities for different groups of women. While my sample includes participants from varied backgrounds, I acknowledge the need to continually interrogate systems of power shape both menstrual experiences and knowledge production about those experiences.

Research Design

Project Aims

The overarching aim of this study is to investigate how menstruation is navigated, managed, and understood by individuals across different generations in Ireland. It attends to how menstrual knowledge is transmitted, transformed, and contested within and between generations, and how these processes are situated within social and political contexts.

The objectives of the research are to:

1. To provide the first sociological study of menstrual experiences and management practices in Ireland.
2. To explore how menstrual knowledge is transmitted intergenerationally within kinship and peer networks, and how this knowledge is shaped by social norms, cultural memory, and changing gender ideologies.
3. To conceptualise 'menstrual imaginaries' as a framework for understanding how embodied experience intersects with cultural, institutional, and technological structures.
4. To examine how menstruation is experienced as an affective and embodied site of stigma and resistance, and how it contributes to processes of gendered social change.

5. To develop inclusive feminist methodologies that centre embodied, experiential knowledge across diverse menstruating populations, including cis women, trans men, and non-binary individuals.

To reflect these broad project aims, I used various qualitative tools. These included:

Individual semi-structured interviews: Conducted to gather personal narratives of menstrual experience across the life course. These interviews examined the subjective experiences of menstrual management, gathering narratives of how individuals experience and make meaning of their menstrual cycles across the life course.

Dyadic interviews: Conducted between mothers and daughters to explore intergenerational knowledge transmission. These interviews capture the meso-level dynamics of menstrual knowledge transmission, with a focus on how menstrual understanding is passed down, negotiated, and transformed within kinship networks.

Body mapping: An art- based, participatory and visual method that enables participants to represent their menstrual embodiment in a creative form. Body mapping examines embodied knowledge that often remains unspoken, enabling participants to represent their menstrual experiences through creative expression.

Digital walkthroughs: Used to explore how participants engage with menstrual tracking technologies and what meanings they attribute to them. This method examines how macro-level technological and commercial framings intersect with personal practice, exploring participants' engagement with menstrual tracking applications and the meanings they attribute to digitised menstrual data.

I conducted a total of 30 individual interviews to examine the individual subjective experiences of menstruation. I conducted 4 dyad interviews (mothers and daughters) to assess continuity and change surrounding menstrual experiences, norms, values, and knowledge in

Ireland. The interviews were conducted with a multi-generational sample. The use of qualitative interviews allowed me to uncover the 'hidden' individual, every day, and personal navigation of menstruation. The interviews were semi-structured, and I used an adaptation of the narrative approach to map menstrual management over time (Brantelid et al., 2014). The narrative approach focuses on collecting, analysing and interpreting people's stories and personal accounts of their experiences. The approach views stories as a fundamental way individuals make sense of their lives and experiences and recognises that people construct meaning through storytelling (Brantelid et al., 2014). A semi- structured approach was deliberately chosen to balance narrative openness with focused inquiry. Using guiding questions was helpful when discussing menstruation, as participants sometimes needed prompts to explore areas they might otherwise gloss over or find difficult to articulate (DeVault, 1999). The flexibility of semi- structured interviews allowed me to follow participants' narratives while ensuring key themes were explored across all interviews.

By allowing participants to tell their menstrual stories, I could chart the affective, embodied and 'mundane' dimensions of living with periods. This includes the shame, relief, frustration, ambivalence and acceptance that punctuate monthly cycles. These narratives uncover the embodied reality of menstrual management, including the physical sensations, spatial negotiations, and temporal rhythms that shape how menstruating bodies move through daily life. Through these stories, I gained insight into how menstruating bodies are medicalised, commodified, socialised, and digitised, whilst foregrounding the emotional labour and bodily work that menstruation requires. I also used body maps, a creative methodological tool that captured the 'embodied' experiences and feelings towards the menstruating body (Gastaldo et al., 2018). These 'maps' were created by the participant at the very beginning of the interview, and were then discussed in detail.

The significant increase in the use of menstrual tracking apps is of particular interest to my research. Light et al. (2018) outline how the walkthrough methodology can uncover how powerful menstrual tracker apps are in the lives of those who use them. I identified app users in individual interviews and dyadic interviews. I then conducted digital walkthroughs in follow-up, individual interviews.

Sampling Strategy

Recruitment of participants involved purposive and snowball sampling. To obtain participants I used social media, local community organisations, women's health and advocacy groups, youth, sport, intercultural, and active retirement community organisations. These included the National Women's Council of Ireland, Cultúr Migrants Centre, the Irish Country Women's Association (ICA), Macra na Feirme, the GAA, and smaller community-based groups such as mother and baby meet-up groups and active retirement groups. I engaged with intermediaries of these organisations requesting them to distribute my informational materials about the project. Organisations did not hold a gatekeeper role. I was seeking the organisations to place materials within their networks to publicise the project rather than to recruit for me. My sampling frame allowed me to engage with menstruators of different gender identities, ethnicities/races, and ages. As well as this, I included spatial diversity by engaging with those who menstruate in rural and urban contexts[44]. To gain insight into kinship networks and the intergenerational transfer of menstrual health knowledge and practices, I engaged with dyads

[44] For this research, urban contexts refers to those who live in cities (towns/settlements with populations greater than 50,000, suburban refers to those who live in towns (this includes urban agglomerations/'aggregate towns' with more than 5,000 inhabitants), and rural refers to those who live in small villages, or countryside settings (areas with a population of less than 1,500). See Central Statistics Office 'Urban and Rural Life in Ireland, 2019', available at Introduction Urban and Rural Life in Ireland, 2019 - Central Statistics Office

of mothers and daughters. It is understood that the familial site or context provides the most education about menstruation (Erchull and Richmond, 2015).

This research focused on including menstruators in all their diversity, including trans and non-binary menstruators.

Trans and Non-Binary Experiences and Sampling

I included those of different gender identities and needed to be aware of the potential sensitivities that arise regarding menstruation for those who are not cisgender. To recruit trans and non-binary people, I engaged with the Transgender Equality Network Ireland (TENI), an organisation dedicated to ending transphobia, including stigma, discrimination, and inequality.

Participant Information

The table below details the participants that have taken part in this research:

Name	Age	Urban/Suburban/Rural	Nationality	Gender Identity
Molly (Dyad 1- Daughter)	24	Suburban	Irish	Cisgendered Woman
Susan (Dyad 1- Mother)	51	Rural	Irish	Cisgendered Woman
Claire (Dyad 2- Daughter)	30	Urban	English/Irish	Cisgendered Woman
Joan (Dyad 2- Mother)	61	Urban	English/Irish	Cisgendered Woman
Ciara (Dyad 3- Daughter)	22	Suburban	Irish	Cisgendered Woman
Kelly (Dyad 3- Mother)	50	Suburban	Irish	Cisgendered Woman
Vicky (Dyad 4- Daughter)	48	Rural	Irish	Cisgendered Woman
Denise (Dyad 4- Mother)	72	Rural	Irish	Cisgendered Woman
Mary	18	Rural	Irish	Cisgendered Woman
Danielle	19	Rural	Irish	Cisgendered Woman
Alice	20	Urban	English	Cisgendered Woman
Lauren	22	Rural	Irish	Cisgendered Woman
Hannah	22	Urban	Moldovan/ Irish	Cisgendered Woman
Lee	23	Urban	Irish	Trans- Non-binary
Aoife	24	Urban	Irish	Cisgendered Woman
Dillon	25	Urban	Irish	Transgender man
Jane	26	Suburban	Irish	Cisgendered Woman
Jasmine	26	Suburban	Irish Traveller	Cisgendered Woman
Chloe	29	Urban	Irish	Cisgendered Woman
Katie	30	Suburban	Canadian	Cisgendered Woman
Evie	32	Suburban	Irish	Cisgendered Woman
Gloria	35	Urban	Nigerian	Cisgendered Woman
Angela	39	Urban	Nigerian	Cisgendered Woman
Holly	40	Urban	Irish	Cisgendered Woman
Maria	40	Suburban	Spanish	Cisgendered Woman
Emily	42	Urban	German	Cisgendered Woman
Suzanne	44	Urban	German/ Irish	Cisgendered Woman
Sophie	47	Urban	Irish	Cisgendered Woman
Úna	48	Suburban	Irish	Cisgendered Woman
Sinead	48	Rural	Irish	Cisgendered Woman
Amy	50	Urban	Irish	Cisgendered Woman
Nicola	55	Rural	Irish	Cisgendered Woman
Antoinette	61	Urban	Irish	Cisgendered Woman
Grainne	65	Rural	Irish	Cisgendered Woman
Janet	68	Rural	English/Irish	Cisgendered Woman
Anne	72	Suburban	Irish	Cisgendered Woman
Bobby	75	Rural	Irish	Cisgendered Woman
Geraldine	78	Urban	Irish	Cisgendered Woman

Table 1: Table of Participants

All of the names provided above are pseudonyms.

A total of 30 individual interviews and 4 dyadic interviews were conducted between August 2022 and May 2023. Interviews were conducted in-person, in participants' homes or other

private locations chosen by participants. Each interview lasted between an hour to two hours, with an average duration of an hour and a half. All interviews were recorded using a dictaphone with participants' explicit consent. Interviews followed a semi-structured interview guide provided in the appendices. All recordings were transcribed verbatim, and were analysed with the assistance of MaxQDA software.

The combination of approaches detailed here aimed to broaden and deepen our understanding of the societal transmission of menstrual norms and values. The inclusion of women and menstruators in all their diversity in research aims to improve societal knowledge surrounding menstruation- with the hope that greater knowledge will facilitate comfort, open discussion, and perhaps some cultural positivity, alongside a greater understanding of gendered social change and women's reproductive lives and health outcomes in Ireland.

Data Collection Methods

Telling Menstrual Tales: Menstrual Narratives

Any situation is a story, ‘a humanly constructed set of meanings that make sense out of phenomena’ (Gadow, 1994, p. 306). The use of a narrative approach is understood by Fraser (2004, p. 180) as being integral to understanding human culture because culture and everyday life can be viewed through the 'ensemble of stories we tell about ourselves'. Similarly, Plummer (1996) discusses how the sharing of sexual stories is embedded in wider social, political, and historical processes, which are dependent how and when stories are told. Narrative researchers argue that the use of narrative interviews may 'unearth hidden or subordinated ideas' that may not otherwise appear in the form of a traditional qualitative interviewing (Fraser, 2004, p. 181). Narrative scholars argue that when people tell their own stories, it sheds light on how participants make meaning of the social world around them (Byrne, 2003). Building on this, O'Shaughnessy (2024, pp. 71-73) demonstrates how

restrictive reproductive governance generates invisible forms of labour that burden women and people who may become pregnant. Her conceptualisation of abortion work as the cognitive, emotional, and logistical labour required to navigate reproductive restrictions argues that reproductive governance operates through the displacement of institutional responsibilities onto individual bodies. [45]This labour encompasses the mental work of researching options, the emotional work of managing anxiety and secrecy, and the physical work of coordinating care across spatial and temporal barriers. Drawing on this framework, narrative accounts can illuminate similar forms of reproductive labour embedded within everyday experiences of menstruation. In this way, the management of reproductive embodiment constitutes a form of gendered work that remains largely unrecognised and uncompensated. Through tracing the stories families and peers tell about menstruation, it is possible to map the distribution of this reproductive labour and examine how cultural narratives both obscure and perpetuate its unequal allocation. My research in particular emphasises the significance of the family and peer networks as sites to explore the formation of lifelong attitudes and understandings of menstruation.

Brantelid et al. (2014) used a narrative approach to better understand women's lived experience of menstruation in Sweden. Swedish natives of differing ages in a university setting were sampled and the authors used stimulus material in the form of photos to encourage participants to tell their stories. The visual used was a picture of a woman surrounded by four text boxes; 'Work life', 'social life', 'family and partner', and 'body'. The researchers asked two questions during their interviews; 'Can you tell me how it was when you had your first period?' and 'Can you tell me how it is for you during your period thinking

[45] This theoretical extension requires careful consideration of how different reproductive contexts generate distinct forms of labour. While abortion work emerges from legal prohibition and crisis planning (O'Shaughnessy, 2024, p. 72), menstrual labour may be more routine and anticipatory, involving the ongoing work of managing cyclical embodied experiences within existing social and familial structures.

about these four subjects?'. Brantelid et al. (2014) opted for these questions to 'give back control' to participants over their own stories, so they are to discuss their experiences in whatever way they are comfortable with.

The narratives I collect in this research are called 'small stories'. This term applies to ‘small narratives phenomena that occur naturally between people’ (Andrews et al., 2013, p. 8). That is, stories of the everyday. Small stories prioritise the subjective, individual experience, ‘the unconscious realities and material causalities’ (Andrews et al., 2013, p. 12). I argue that the narrative approach allows women to uncover many aspects of their own lives; including discussion of the everyday, 'subterranean' experience or the 'mundane'. This approach is also useful for analysing how menstruation or menstrual experiences can be used to 'punctuate' different moments across the life course. Asking participants to recount their experiences of menstruation, allowed me to create a lifeline, or a chronology of participants' experiences- from menarche to the present day. This uncovered how people 'managed' their periods over time and I could then 'plot' potential shifts in how individuals managed menstruation against a specific event or social change in Irish society. I aimed to uncover 'turning points' or shifts that place menstruation as an embodied experience understood as a social practice (O’Carroll and Gray, 2010). In life history research, turning points are understood as critical events or experiences that lead to a qualitative change in a person’s life trajectory rather than simply marking the passage from one stage to another (Nico and Van der Vaart, 2012). They may arise through chance or deliberate choice and can significantly redirect an individual’s path, often by reshaping opportunities, identities or relationships. The concept is valuable because it links personal biography with historical change, showing how the timing of a turning point can influence later outcomes (Holland and Thomson, 2009, p. 454; O’Connell and Gray, 2010, p. 8). In the context of this research, turning points can be adapted to analyse shifts in how menstruation is understood, managed and experienced across the life course and

between generations. These might include menarche, the introduction of new menstrual technologies, changes in policy such as the provision of free period products, or cultural transformations such as the repeal of the Eighth Amendment. Identifying menstrual turning points makes it possible to examine how macro-level political and cultural change interacts with individual experiences, and how such moments can alter the direction of menstrual imaginaries across different age cohorts in Ireland.

My research outlines the significance of kinship networks and the role they play in menstrual education, gendered socialisation, and embodied experience surrounding menstruation. To examine if and how different menstrual norms and values are transmitted between generations, I used the methodological tool of the dyad (Mother and daughter).

From Mothers to Daughters: Sharing Familial Menstrual Stories

Dyads in their varying forms (peer relationships, romantic relationships, family relationships etc) are arguably the fundamental unit of interpersonal interaction and interpersonal relations (Szulc and King, 2022; Kenny et al., 2020). The dyad is understood as a site to examine women's realities, and connection to others, and a space to assess the generational continuity and change of values and beliefs (Boyd, 1989). Literature on dyads identifies two ways to conduct 'dyadic interviews' (Szulc and King, 2022; Kenny et al., 2020). The first, and most typical version of dyadic interviews, involves two participants who simultaneously interact with open-ended questions. The second refers to interviews where pairs of participants are interviewed separately, and only the analysis is conducted at the level of the dyad. The second method may be to combat power imbalances within the dyad itself, and this approach is often used when researching parents and young children (Morgan et al., 2016). My research adopted the first type of dyadic interviews, where mothers and adult daughters were interviewed together. I used this approach as I view the dyadic interview as a way to gain insight into the interaction between mother and daughter alongside the qualitative

interviewing process. The limitations associated with dyadic interviews are similar to limitations associated with focus group research; where one participant dominates the interview and the other participant may not be able to speak freely (Szulc and King, 2022). If this arose as an ongoing issue with the dyad pairs, I could have pivoted to the second type of dyadic interviewing outlined above and conducted interviews individually. The use of dyads in this research allowed me to assess how menstrual traditions and values are transmitted across the familial network. The dyad interviews are analysed as distinctive data points in Chapter 7. This research understands kinship networks as conduits for gendered knowledge production, particularly surrounding menstruation (Corcoran and Cullen, 2020).

Mendlinger and Cwikel used dyads to assess the intergenerational transfer of menstrual health knowledge and practices in Israel (Mendlinger and Cwikel, 2005). They conducted 48 in-depth interviews with mother-daughter dyads including those who had immigrated to Israel from North Africa, Europe, the Former Soviet Union (FSU), the United States or Canada, and Ethiopia. At times when conducting the dyadic interviews, tensions emerged. In her dyad research, Mendlinger (2020) identified dyad dynamics such as talking over one and other, stopping each other talking or where one participant expresses frustration with the other participants' answers. Mendlinger (2020) contends that such dynamics and the tension and conflicts they illustrate between mother-daughter pairs is a valuable data point rather than a limitation to the methodology. These points of tension or disagreement were analysed as indicators of social changes, generational shifts in menstrual attitudes, and evolving cultural practices (Mendlinger, 2020). When mothers and daughters held differing views about menstrual management, communication, or cultural traditions, I interpreted these as significant dynamics. They showed how menstrual knowledge and practices are actively negotiated and sometimes contested within families.

Similarly, McKee and Karasz (2006) used dyadic interviews to examine communication related to sexuality to understand the sociocultural and family context of Latina adolescents' sexual behaviour and reproductive health care seeking. 11 dyads participated in McKee's and Karasz's research, and mothers and daughters were interviewed separately. They concluded that dyadic interviews allowed for a more in-depth investigation of how knowledge surrounding reproductive health is created, shared, and contested within the family network. Few studies use dyads to explore menstruation. I used this approach to fill this gap and to examine menstrual knowledge production in the mother- daughter dynamic.

The next section details how I used the arts based creative method of body mapping in this research.

Mapping Menstrual Stories: Creative and Art-Based Methods

Creative, or art-based research methods are defined as the 'systematic use of the artistic process, the actual making of artistic expressions in all of the different forms of the arts, as a primary way of understanding and examining experience by both researchers and the people involved in their studies' (McNiff, 2008, p. 29). Hughes and Mørk-Røstvik (2020) argue that creating art on menstruation is powerful, as it makes menstruation visible. The use of art and creative-based approaches can allow participants to communicate feelings that they may have difficulties verbally expressing (Kara, 2015). I use the creative, art-based method of 'body maps' to explore how menstruation makes participants feel about themselves, and their bodies and to convey how menstruation 'effects' their bodies. This section will describe what body maps are, and how the process of body mapping is implemented in this research.

Body Maps

Body maps are life-size human body images created by ‘using drawing, painting or other art-based techniques to visually represent aspects of people's lives, their bodies and the world they live in. Body mapping can be a way of telling stories, much like totems that are

constructed with symbols that have different meanings, but whose significance can only be understood in relation to the creator's overall story and experience' (Gastaldo et al., 2012, p. 5). Body maps are also a visual technique used to collect qualitative data from participants about their subjective experience pertaining mainly to bodily experiences. The method is considered 'a data generating research method used to tell a story that visually reflects social, political and economic processes, as well as individuals' embodied experiences and meanings attributed to their life circumstances that shape who they have become' (Gastaldo et al., 2012, p. 10). Life-size body drawings are either drawn or painted to visually depict aspects of people's lives, their bodies, and the world they inhabit. Body mapping, as described by Solomon (2002), may be used as a treatment information and support tool, as an advocacy tool, an intergenerational dialogue tool, a team-building tool, an art-making tool, and a biographical tool. As an advocacy tool, body maps can be displayed at exhibitions or published in books or online to create awareness of various personal, social, economic, health, or political issues, for example, the effect of pollution on health. These displays become a platform on which activists communicate their feelings, thoughts, and ideas about these issues. As an inter-generational dialogue tool, body maps bridge intergenerational gaps. They can therefore be used as a means for young children to communicate with their parents or caregivers and to establish trust and deepen emotional connections. The body map is, therefore, a springboard to the interview conversation and is intended to generate speech from the participant that forms the qualitative data that was then analysed. Its goal is to capture the imagination of participants. Sweet and Escalante (2015, p. 1834) have identified three broad elements that constitute a body mapping approach, namely, (1) 'the life-sized body map', (2) 'the testimonio', and (3) 'the key'. The body map is a pictorial outline of the participant's body and is therefore a visual representation of his or her physical form. The testimonio is a short story narrated by the participant that is activated by the body map and pertains to the

research question at hand. The narrative is recounted in the first person and is a detailed description of each visual element that is documented on the body map. The method encourages non-cognitive responses from participants and elevates emotion and bodily experience in understanding the workings of the mind and consciousness. The body maps become springboards for discussion to fully understand the experiences, thoughts, and emotions depicted. I found that doing the body map at the beginning of the interview process served as an icebreaker. The body map served as an excellent tool for discussion in two ways. Firstly, when the body map was completed, I asked participants to talk through what was drawn or created. This gave me a broad overview of topics I could follow up on at a later stage in the interview. For example, Sinead, 48 outlined the significant role doctors and pain relief medication played in her menstrual management. From discussing the body map with her in detail, I knew then that the medicalisation topic would be something to 'unpack' with her. Secondly, the body map allowed for reflection within the interview, with some referencing back to their maps at later stages in the interview.

In a psychological study, Ryan et al., (2021) used body mapping to chart women's experiences of premenstrual food cravings and exercise. Participants were asked to brainstorm colours, textures, words, or symbols that captured the experiences of their premenstrual and non-premenstrual bodies. Prompts included premenstrual changes, feelings about the body, coping, and the location of these experiences, sensations, or emotions within the body. The women were offered the option of having their bodies traced onto a larger sheet of paper or using a pre-drawn outline, an approach used in previous body mapping research. Art supplies including markers, glitter crayons, and pencils were used to visually represent experiences on the body map. Upon completion, participants were asked to verbally describe the artistic choices they had made and why, following the established protocols for body mapping research. The authors found that outside of the premenstrual phase, women engaged

in restrictive eating and intensive behaviours, which were disrupted by premenstrual cravings, hunger, fatigue, pain, and feeling physically uncomfortable. For a minority of women, this facilitated self-care in reducing the strict management of their bodies during the premenstrual phase. Others, however, experienced feelings of guilt, shame, self-disgust and pushed their bodies physically through increased exercise. This study is particularly useful for my research as it shows how the body map can be used to uncover and express difficult emotions and experiences, with participants reporting feeling more comfortable with these 'difficult' topics. Moreover, it gives participants control over what to discuss in the follow-up/ discussion that follows. If something is too sensitive to talk about, they do not have to include it in the original body map.

Participants usually assume a horizontal lying position on a large sheet of paper on the floor. The researcher outlines the person's body on this sheet of paper. The participant is then asked to 'fill in' the outline, which serves as a springboard for discussion in the research interview. The researcher poses questions based on what has been written, drawn, or created (the participant responds by using colours, symbols, or words to represent their experiences). The evolving artwork provides a means for participants to externalise bodily and emotional experiences in a way that is appropriate and understandable to them (Solomon, 2002; Skop, 2016). The body map facilitates an interactional interviewing style where visual cues become the basis for follow-up questions (Cornwall, 2002).

In my research, I made use of body maps in a different way. In an individual interview, instead of a life-size body map, I used an outline of a body on an A4 piece of paper instead, and the participant 'filled in' the map themselves. The smaller maps were more suitable for individual interviews as they do not require as much space.

In addition to outlining the process, it is important to specify how participants were guided in completing the body mapping task. Participants were provided with a brief verbal prompt at the beginning of the interview to support engagement with the activity. The prompt was intentionally open-ended to allow participants to interpret their bodily experiences in their own terms, while still offering enough structure to facilitate reflection. Participants were provided with the following prompt:

> ‘Using this body outline, or drawing your own body outline, can you represent your experience of menstruation/ how you experienced menstruation? You can use words, colours, symbols, or drawings to show how your period feels/ felt in your body, where you experience/ experienced sensations, emotions, or discomfort and anything else that you associate/ associated with your menstrual experience. There is no right or wrong way to do this, just include whatever feels important to you’

Follow up prompts were used where necessary to support participants who were unsure how to begin. These included gentle prompts such as:

> ‘Are there any emotions or feelings you would like to include?’

> ‘How does your body feel during different stages of your cycle?’

This approach ensured consistency across interviews while maintaining the flexibility central to feminist and participatory methodologies. The prompt also reinforced participant autonomy, and allowed individuals to choose what to represent and what to omit.

I acknowledge that the shift from group-based to individual body mapping necessarily eliminates the collaborative dialogue that is often considered a cornerstone of traditional body mapping methodology (Solomon, 2002). In group settings, participants benefit from shared

storytelling, mutual validation of experiences, and the collective construction of meaning that emerges through discussion with peers. Through this collaborative process, connections between individual experiences and social or structural issues often emerge, fostering a sense of solidarity and shared understanding. However, I chose the individual approach to prioritise participant comfort, recognising that some participants may feel more at ease sharing sensitive or personal experiences in a private setting where they have complete control over what they choose to share or withhold.

An example of a blank body map is provided below:

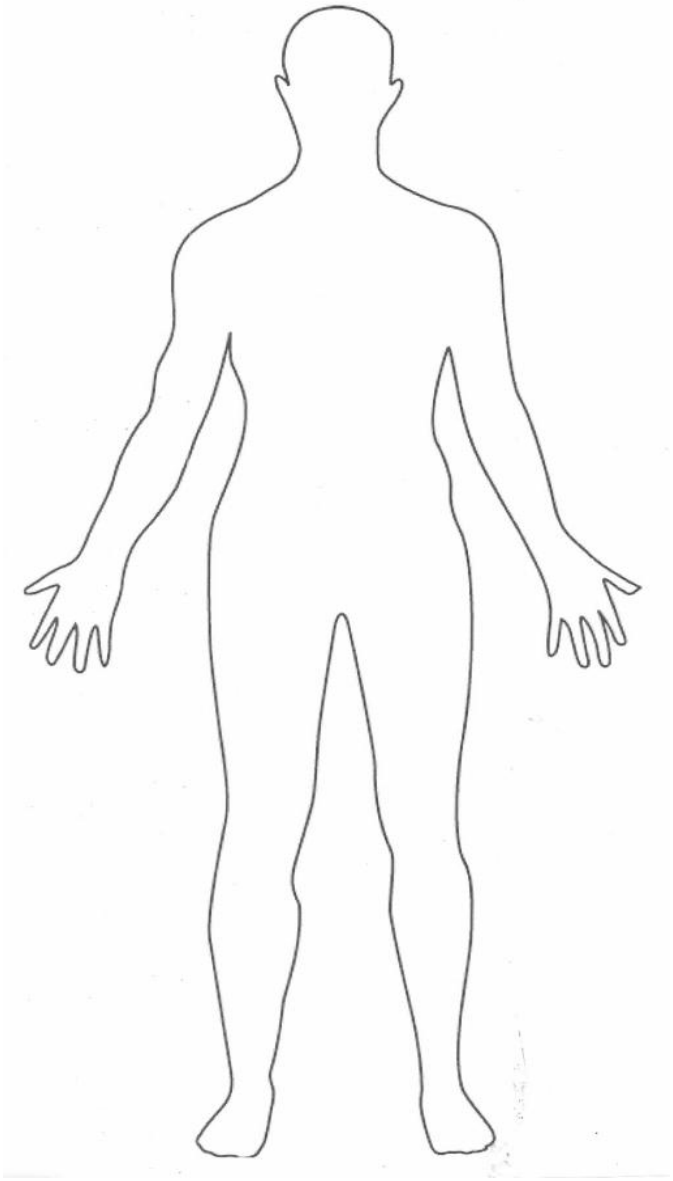


Figure : Blank body map

The creative, non-linear nature of body mapping proved particularly effective in capturing the temporal aspects of menstrual experiences. Significantly, body mapping enabled participants to represent aspects of their menstrual experiences that they may struggle to articulate verbally. I asked participants to create the body maps at the beginning of the interview. This appeared to facilitate 'embodied reflection', enabling participants to develop new insights into their menstrual experiences (Buttingsrud, 2018, p. 8). Participants enjoyed the body mapping process and described feeling that it helped them begin to talk about their menstrual experiences. Most participants had never discussed their menstruation in detail with anyone. Additionally, body maps served as a playful tool to approach the topic of menstruation. The enthusiasm with which participants engaged with the body mapping process challenged assumptions that some participants held about taking part in menstrual research. The arts based methodology enabled participants to develop a common visual grammar of menstrual experience. Recurring symbols suggest shared cultural understandings of menstruation whilst allowing individual interpretations.

I used this art-based/ creative method to try and 'tap into' how menstruation impacts participants' experiences of embodiment through the lens of menstruation. Similarly, menstruation has fast become a digital object, with 'health tracking' technologies (including period tracker apps) being integral to understanding how menstruation is digitised, and commodified in the everyday lives of women.

Making Menstruation Digital: A Walkthrough Methodology

Research confirms a significant increase in the use of menstrual tracking apps (Light et al., 2018). A walkthrough methodology was implemented to examine the influence of digital

tracking technologies to assess these apps' environment of expected use, operating model, and modes of governance including stages of app registration and entry, everyday use, and discontinuation of use. This method is user-centred as it identifies how users adapt to apps but also resist these arrangements and appropriate app technology for their own purpose (Light et al., 2018). The app walkthrough method engages with participants to elicit responses on the user interface arrangements, functions and features, textual content and tone, and the symbolic representation of apps. Apps are important as they offer valuable insight into more widely held cultural values surrounding menstruation (Light et al., 2018). The walkthrough method allows for a more thorough investigation into how these apps frame users' self-expression, relationships, and interactions.

Other research has drawn on this approach, including Andelsman's study on period app users and their experiences. Andelsman (2021, p. 69) argues that studies in self-tracking and the datafication of women's bodies need to 'reject both the picture of the body as a mere object upon [which] powerful technologies act as well as the idea of technologies as mere artifacts or systems that would only interact with our bodies'. Similarly, in research conducted on user understandings of menstrual apps (relating to data and related to privacy), period tracking apps were understood as being a powerful force in the lives of menstruators (Hohmann-Marriott, 2021). This study indicates a consensus with previous research on health tracking technologies, emphasising how they contribute to a culture of menstrual normativity, where menstruators track their cycles and feel disempowered if trackers show their body does not fit normalised expectations (Hohmann-Marriott, 2021; Wood, 2020). The investigation of menstrual tracking apps is significant. Research outlines that many use period tracking apps as a form of medical 'evidence'; used by participants to 'legitimise' their experiences with medical professionals (Sanchez and Maresh, 2021; Pichon et al., 2022). As well as this, menstrual tracking apps are commonly used to 'predict' the beginning and duration of users'

next cycle. By using a digital walkthrough method, I can assess the power these apps hold in participants' lives.

Implementation of Digital Walkthrough Sessions

Digital walkthrough sessions were conducted as follow-up interviews with participants who had identified themselves as menstrual app users during their initial individual or dyadic interviews. These sessions were arranged approximately two to four weeks after the initial interviews, allowing participants time to reflect on their app usage following our earlier discussions about menstruation. The walkthrough sessions were conducted using participants' own mobile devices to ensure authenticity of their usual interaction practices with the apps. This approach was necessary for capturing the genuine user experience, including personalised settings, notification preferences, and historical data that participants had accumulated over time.

The walkthrough process followed Light et al.'s (2018) structured approach, examining five distinct phases of app engagement: registration and entry, everyday use, data review and interpretation, notification and reminder responses, and discontinuation or modification of usage. I began each session by asking participants to ‘walk through’ how they typically interacted with their menstrual tracking apps, encouraging them to 'think aloud' about their choices and responses. This think-aloud protocol proved particularly valuable for understanding the often unconscious or habitual nature of app interactions.

During the registration and entry phase, I asked participants to show me how they had initially set up their apps, discussing their choices around privacy settings, data sharing permissions, and the creation of user profiles. For participants who had been using apps for extended periods, this involved reconstructing their initial experiences through discussion of their current settings and any modifications they had made over time. The everyday use phase involved participants describing how they typically log menstrual data, symptoms, moods,

and other tracked parameters. I paid particular attention to moments of hesitation, confusion, or frustration, as these were often moments of tensions between users' lived experiences and the app's design assumptions.

The data review phase involved participants showing me how they interpreted the graphs, predictions, and summaries their apps generated. Many participants expressed uncertainty about the accuracy of predictions or questioned the relevance of certain metrics to their own experiences. Participants often scrolled through historical data during this phase, providing spontaneous commentary on things they noticed or changes in their tracking behaviour over time.

Systematic App Analysis

I examined three apps with participants: Clue, Flo, and Natural Cycles. Each app was evaluated against a framework examining: data collection practices and privacy policies; prediction algorithms and their underlying assumptions about menstrual regularity; the range of symptoms and experiences that could be tracked; the app's approach to pain and discomfort; integration with healthcare systems or providers; and commercial partnerships with product manufacturers. This analysis contextualised participants' responses during walkthrough sessions and enabled identification of tensions between app design assumptions and users' lived experiences. The analysis of digital walkthrough data involved both content analysis of app features and thematic analysis of participants' responses and interactions. I coded for design features, language choices, and embedded ideologies within the apps themselves. I also analysed participants' navigation of the app, emotional responses, and interpretive strategies. This provided important insights about how digital technologies shape menstrual experiences whilst also showing how users resist, adapt, or subvert these technological framings.

Integration with Other Research Methods

The digital walkthrough methodology was designed to complement and extend insights from narrative interviews and body mapping exercises. During walkthrough sessions, participants often referenced experiences they had discussed in previous interviews, providing opportunities to explore how digital technologies impacted their menstrual management strategies. Some participants made explicit connections between their app usage and family knowledge transmission, noting how tracking data had influenced conversations with mothers or daughters about menstruation.

The walkthrough sessions explored different dimensions of embodied experience than those captured through interviews or body maps. Whilst interviews often focused on social and emotional aspects of menstruation, body maps emphasised physical sensations and the digital walkthroughs showed how participants negotiated the quantification and commodification of their bodily experiences. Participants frequently expressed ambivalence about reducing their experiences to the standardised categories required by tracking apps.

The integration of digital walkthrough findings with other data sources was facilitated through MAXQDA's multimedia coding capabilities, which enabled systematic comparison of how themes manifested across different methodological approaches. For example, participants' discussions of pain management appeared differently in interviews (often minimised or normalised), body maps (visually prominent), and digital walkthroughs (reduced to numerical scales). This shows the multi-dimensional nature of menstrual experience and the limitations of any single methodological approach.

Data Analysis Framework

This research employed qualitative thematic analysis as the primary analytical framework, following Braun and Clarke's (2006; 2019) approach to identifying, analysing, and reporting

patterns of meaning across the dataset. Thematic analysis was selected as it offers a flexible yet rigorous method for analysing qualitative data that aligns with the feminist epistemological foundations of this research. As Braun and Clarke (2006, p. 79) argue, thematic analysis is ‘a method for identifying, analysing and reporting patterns (themes) within data’ that can provide rich, detailed, and complex accounts of data while remaining accessible to researchers working within different theoretical frameworks.

The choice of thematic analysis is particularly suited to this research for several reasons. First, it enables the exploration of participants' experiences, meanings, and the construction of reality around menstruation, which aligns with the social constructivist ontology underpinning this study. Second, thematic analysis allows for the examination of both manifest content (what participants explicitly say) and latent content (underlying meanings and assumptions), thereby uncovering the often silenced and stigmatised aspects of menstrual experience. Third, this approach facilitates the integration of multiple data types including interview narratives, body maps and body map discussions, and digital walkthrough data within a coherent analytical framework.

I adopted Braun and Clarke's six-phase approach to thematic analysis: (1) familiarisation with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. This systematic approach ensured analytical rigour whilst maintaining the flexibility necessary for feminist research that centres participants' voices and experiences.

Data Management and Coding Procedures

All data analysis was conducted using MAXQDA, a qualitative data analysis software that facilitated systematic coding, theme development, and data integration across multiple data types.

Phase 1: Data Familiarisation

Following transcription of all interviews, I engaged in data familiarisation by reading and re-reading transcripts while listening to audio recordings to maintain connection with participants' voices and emotional expressions. During this phase, I created memos documenting initial impressions, emotional responses, and preliminary observations across the dataset. This process was particularly important given the sensitive nature of menstrual experiences and the need to remain attuned to silences, hesitations, and emotional undertones in participants' accounts.

Phase 2: Initial Coding

The initial coding phase involved systematic line-by-line coding of all data sources using MAXQDA's coding functions. I employed both inductive and deductive coding approaches, allowing codes to emerge from the data while remaining sensitised to key concepts from feminist theory and menstrual studies literature. Initial codes captured both semantic content (explicit meanings) and latent content (underlying assumptions and ideologies). For example, codes included both descriptive elements like 'first period experience' and interpretive elements like 'normalisation of pain' or 'intergenerational knowledge transfer'.

During this phase, I paid particular attention to intersectional dimensions of experience, creating codes that captured how factors such as class, ethnicity, age, location, and gender identity shaped menstrual experiences. The coding framework was designed to be sensitive to power relations and structural inequalities while honouring participants' own meaning-making processes.

Phase 3: Theme Development

Theme development involved collating codes into patterns of meaning that captured important aspects of participants' experiences in relation to the research questions. I used MAXQDA's visualisation tools, including code maps and theme hierarchies, to explore relationships between codes and identify overarching themes. This process was iterative,

involving constant comparison between codes, themes, and raw data to ensure themes accurately represented participants' accounts.

Particular attention was paid to developing themes that captured the complexity and contradiction often present in menstrual experiences, for example, simultaneous feelings of shame and empowerment, or the coexistence of traditional and progressive attitudes within families. The theme development process also involved identifying patterns across different data collection methods to understand how themes manifested in narrative interviews, body mapping exercises, and digital walkthroughs.

Method-Specific Analytical Approaches

Interview Analysis

Interviews were analysed using Braun and Clarke's (2006) thematic analysis framework with particular attention to the temporal dimensions of participants' menstrual stories (Riessman, 2008, p. 74). I examined how participants constructed their menstrual narratives across the life course, identifying key turning points, continuities, and changes in menstrual experience and management.

Body Map Analysis

Body maps generated both visual and verbal data that required an integrated analytical approach. The visual elements of body maps were analysed for consistencies, colour choices, symbolic representations, and the presence or absence of certain body parts, words or details on the maps (Gastaldo et al., 2012, p. 18). This visual analysis was then integrated with the verbal accounts participants provided when discussing their body maps during interviews (Rose, 2016, p. 325).

I used MAXQDA's image coding capabilities to code visual elements of body maps as well as coding the corresponding verbal explanations. This dual approach enabled analysis of how participants used visual and verbal language differently to express embodied experiences of

menstruation. For example, participants sometimes used visual elements to represent experiences they found difficult to articulate verbally, providing insights into the embodied dimensions of menstrual experience that might be missed through interviews alone (Mannay, 2015, p. 34).

Digital Walkthrough Analysis

Digital walkthrough data was analysed using both content analysis techniques (to examine app features, language, and interface design) and thematic analysis (to explore participants' experiences and responses to these digital tools). Participants' responses to and interactions with these apps were analysed thematically, exploring how digital technologies shaped menstrual experiences, knowledge production, and relationships with healthcare providers. This analysis was particularly attentive to issues of surveillance, data privacy, and the commodification of menstrual experience through digital platforms (Light et al., 2018).

Dyadic Interview Analysis

Mother-daughter dyadic interviews required analytical attention to both individual perspectives and relational dynamics within the interview context (Morgan et al., 2013, p. 1282). I coded for individual experiences while also examining moments of agreement, disagreement, interruption, and mutual support between mothers and daughters. Dyadic interviews provided valuable insight into how menstrual knowledge and attitudes are transmitted, contested, and transformed across generations within family contexts. The dyadic analysis also explored how participants' accounts were shaped by the presence of their family member, identifying instances where participants might self-censor or, conversely, where they felt empowered to share experiences they might not discuss in individual interviews.

Ethics and Positionality

'Women's lived experiences need to be collected in a respectful manner that legitimates women's voices as sources of knowledge. In other words, the process of research is of as much importance as the outcome' (Campbell and Wasco, 2000, p. 783).

Formal Ethical Approval Process

This research strictly adheres to the ethical guidelines outlined by the Social Research Ethics Sub-Committee (SRESC) at Maynooth University. The SRESC reviews research projects involving human participants and personally identifiable information about human beings to ensure that the research is ethically sound and does not present any risk of harm to participants. The SRESC operates under three tiers depending on the nature and sensitivity of the research. This research received Tier 3 ethical approval, the highest level of review, due to the sensitive nature of menstrual experiences and the inclusion of potentially vulnerable populations including trans and non-binary participants, younger participants, and those from diverse cultural backgrounds.

The ethical approval process involved submitting detailed protocols for all aspects of data collection, including specific considerations for dyadic interviews, body mapping exercises, and digital walkthrough methodologies.

Informed Consent Procedures

Comprehensive informed consent procedures were implemented across all phases of data collection. Participants received detailed information sheets at least 48 hours before their scheduled interviews, outlining the research aims, methods, potential risks and benefits, and their rights as participants. Information sheets were tailored for different participant groups, with specific versions for dyadic participants explaining the dynamics of joint interviews. Information sheets and consent forms are attached in the Appendix.

Consent was obtained through a multi-stage process. Initial written consent covered participation in individual or dyadic interviews, audio recording, and the creation and discussion of body maps. For participants who subsequently engaged in digital walkthrough sessions, additional specific consent was obtained covering screen recording, discussion of personal app data, and the temporary documentation of their digital interactions. All participants were informed of their right to withdraw from the study at any point without explanation and without penalty. Clear procedures were established for data withdrawal, including the removal of all recordings, transcripts, and visual materials. Participants were informed that withdrawal was possible up to the point of data analysis completion, after which individual data extraction would become impossible due to the integrated nature of the analytical process.

For dyadic interviews, particular attention was paid to ensuring both participants consented independently. Mothers and daughters were contacted separately to confirm their voluntary participation and to ensure neither felt pressured by the other. Clear protocols were established for situations where one dyad member wished to withdraw whilst the other wanted to continue, with individual interviews offered as an alternative.

Data Protection and Confidentiality

Robust data protection measures were implemented throughout the research process, ensuring compliance with GDPR regulations and university data protection policies. All audio recordings were stored on encrypted, password-protected devices within 24 hours of collection.

Anonymisation procedures were implemented immediately following data collection. All identifying information was removed from transcripts and replaced with pseudonyms. Geographic locations were generalised to broad categories (urban, suburban, rural) to protect participants from potential identification whilst retaining analytically relevant information.

Particular care was taken with participants from smaller communities where specific details could potentially identify individuals.

Visual data from body mapping exercises was digitised and stored securely, with original physical maps stored in a locked filing cabinet, in a locked office.

Data will be retained for seven years following completion of the research, in accordance with university policies. After this period, all data will be securely destroyed. Participants were informed of these retention periods and the purposes for which data might be used during this time, including potential future publications and conference presentations.

Managing Potential Harm and Risk Assessment

A risk assessment identified multiple potential sources of harm and established appropriate mitigation strategies. Psychological harm was identified as the primary risk, given the sensitive and often stigmatised nature of menstrual experiences.

Several strategies were implemented to minimise psychological harm. All interviews began with clear establishment of boundaries and participants' control over the discussion. Participants were repeatedly reminded of their right to skip questions, take breaks, or end the interview at any point. The body mapping exercise was designed as an ice-breaker, with participants able to engage at their chosen level of detail.

Particular attention was paid to managing family dynamics during dyadic interviews. Ground rules were established at the beginning of each session, emphasising respect for different perspectives and experiences. I actively monitored for signs of tension or distress and was prepared to conduct individual interviews if joint discussion became problematic. In practice, this intervention was not required.

Support Resources and Referral Procedures

Support resources were provided to all participants, with tailored resource lists developed for different potential needs. All participants received contact information for general counselling services, women's health organisations, and menstrual health support groups. Specific resources were provided for trans and non-binary participants, including TENI (Transgender Equality Network Ireland) and LGBT+ counselling services.

Medical support resources included contact information for specialised services such as the Endometriosis Association of Ireland, Pregnancy and Infant Loss Ireland, and the Miscarriage Association of Ireland. Participants who disclosed ongoing health concerns were provided with information about accessing appropriate medical care, whilst maintaining clear boundaries about my role as a researcher.

Method-Specific Ethical Considerations

Body mapping exercises involved the creation of visual representations of participants' bodies, requiring careful consideration of consent, comfort, and ownership. Participants maintained complete control over their body maps, choosing their level of detail and comfort with body imagery. Clear consent was obtained for the digitisation and storage of body maps, with participants retaining ownership and the right to withdraw visual materials at any point.

The creative nature of body mapping raised questions about therapeutic boundaries, as some participants found the exercise emotionally significant. I maintained clear boundaries about my role whilst acknowledging the potential therapeutic benefits participants experienced.

Researcher Wellbeing and Safety

The emotional intensity of menstrual narratives, particularly those involving trauma, pain, and stigma, required careful attention to my wellbeing. I maintained a reflexive diary documenting emotional responses to interviews and strategies for managing the impact of repeatedly hearing difficult experiences. COVID-19 presented additional safety

considerations, particularly given my chronic health conditions. Five interviews were conducted via Microsoft Teams due to COVID-19 restrictions. While participants appeared comfortable with the online format and the interviews yielded rich narrative data, this represented a methodological adaptation rather than having no impact at all. The digital medium may have subtly influenced the nature of interactions, perhaps making them more controlled or affecting the spontaneity of storytelling, even though the overall quality of data remained high. The video platform still allowed for visual cues and maintained sufficient intimacy for participants to share sensitive reproductive experiences, demonstrating the viability of online methods for narrative research on embodied topics.

However, online interviews raised specific data protection considerations. Microsoft Teams was selected as the platform because it is institutionally approved and compliant with GDPR regulations. Interviews were not recorded through the Teams platform itself. Instead, I used a separate audio recording device to maintain control over data storage and ensure recordings were immediately transferred to password-protected, encrypted university servers. Participants were informed about these data security measures during the consent process.

Reciprocity and Giving Back

Feminist research principles emphasise the importance of reciprocity and ensuring participants benefit from their involvement. Several strategies were implemented to provide benefits to participants. All participants will receive summaries of research findings upon completion, presented in accessible language that honours their contributions to knowledge production.

Several participants noted that the interview process itself provided benefits, including opportunities to think about and discuss their life experiences, connect with family members in new ways (particularly in dyadic interviews), and feel heard regarding often silenced experiences.

Positionality and Reflexive Considerations

As a Western feminist researching gender, activism, and patriarchal stigma, I am keenly aware of my privileged social location. In this research, I aimed to establish a methodology to minimise the negative effects of power and maximise participants' empowerment. Regarding positionality, as Vanner (2015) states, there is no 'neutral' or 'apolitical' stance in research. Instead, Vanner (2015) acknowledges that opinions, values, beliefs, and social background accompany me through the research process, shaping each methodological and analytical decision made.

My identity as a white, middle-class, cisgender woman required ongoing reflexive consideration throughout the research process. Whilst sharing the experience of menstruation with most participants created opportunities for connection and understanding, it also risked assumptions about shared experience that could overlook important differences. Regular reflexive writing explored how my own menstrual experiences, feminist commitments, and research training shaped analytical choices and interpretations.

My chronic health conditions shaped both practical research decisions and analytical perspectives. COVID-19 safety requirements aligned with my existing health needs, but also highlighted how health vulnerabilities can create additional layers of precarity for both researchers and participants. This personal experience enhanced sensitivity to participants' own health vulnerabilities whilst requiring careful boundary maintenance.

Engaging with participants who are not cisgender required particular reflexive attention to my own gender identity and its potential impact on their comfort and disclosure. Extensive preparation through consultation with TENI and engagement with trans and non-binary health literature informed my approach, whilst ongoing reflexive practice ensured sensitivity to these dynamics throughout the research process.

The research relationship is inherently hierarchical, and being reflexive throughout the research process made me more aware of these power imbalances in order to address them appropriately. Strategies for addressing power imbalances included participant control over interview pace and content, collaborative development of research questions during interviews, and ongoing check-ins about comfort and consent.

Feminist Ethics of Care

The research was conducted within a feminist ethics of care framework, following Tronto's (1993, p. 137; 2013) 'phases of care': being attentive (alert to the meaning of behaviours and responses and aware of any relevant changes), responsible (focusing on different relationships involved as well as the technicalities of the research process), competent (going beyond what is necessary to collect data and generate 'results', but instead being fully aware of the methodological and ethical issues at stake for participants), responsiveness (possessing relational accountability, where participants feel comfortable and able to voice concerns), and solidarity (increasing understanding that enables self-reflection and community building).

This ethics of care approach informed all aspects of the research design and implementation, from initial recruitment through to data analysis and dissemination. The focus on relationships and care contrasted other traditional extractive research models and instead positioned the research as a collaborative endeavour aimed at contributing to improved conditions for menstruators in Irish society.

Conclusion

This chapter has outlined the methodologies employed to examine the social and cultural constructions of menstruation in Ireland through a feminist, intersectional lens. The research design represents a deliberate departure from traditional approaches to menstrual research that have predominantly relied on biomedical or development frameworks, instead

positioning menstruation as a rich site for understanding gendered social change and gendered knowledge production. The multi-method qualitative approach developed here responds directly to the limitations identified in existing menstrual research, particularly the tendency to reduce women's lived experiences to statistical measures or to treat menstruation as a problem requiring technical solutions. By employing narrative interviews, body mapping, dyadic interviews, and digital walkthrough methodologies, this research creates space for the 'messiness' of menstrual experience to emerge whilst maintaining analytical rigour. Each methodological component serves a distinct but complementary purpose: narrative interviews capture the temporal dimensions of menstrual experience across the life course; body mapping honours embodied knowledge that may be difficult to articulate verbally; dyadic interviews assess intergenerational knowledge transmission within family networks; and digital walkthroughs examine how contemporary technologies reshape menstrual management. The integration of traditional qualitative methods with innovative approaches such as body mapping and digital walkthroughs attempted to capture the evolving nature of menstrual experience in contemporary Ireland. As menstruation becomes increasingly digitised and commodified, research methodologies must adapt to capture these new dimensions of experience whilst remaining grounded in feminist principles that centre women's agency and resistance.

The feminist epistemological foundations of this research prioritise participants' experiential knowledge whilst acknowledging the political dimensions of knowledge production around women's bodies. This approach contributes to feminist health activism and seeks to democratise medical and scientific knowledge and draws attention to the historical marginalisation of women's voices in discussions of their own bodily experiences. By positioning participants as experts of their own experiences, the research methodology itself

becomes a form of resistance to patriarchal structures that have long controlled narratives about menstruation.

The inclusion of diverse voices across generations, ethnicities, class positions, and gender identities is grounded in the research's commitment to intersectional feminist principles. This diversity is essential for understanding how different systems of power and privilege create varied possibilities for menstrual experience and knowledge production in Ireland. The methodological flexibility built into the research design ensures that these diverse experiences can be captured authentically rather than being forced into predetermined categories.

The emphasis on care, consent, and participant wellbeing throughout the research process is part of broader commitments to research that benefits rather than exploits marginalised communities. The attention to researcher positionality and reflexivity acknowledges that the researcher's own experiences and identities shape the research process in important ways. The methodological innovations presented here show how researching taboo topics demands multiple approaches including sensitivity, ethical rigour, and methodological creativity capable of capturing the full complexity of lived menstrual experience.

Chapter 5: First Blood: Menarche and the Making of Menstrual Knowledge

Introduction

This chapter discusses findings in relation to how menarche is managed, framed and understood across multiple sites of knowledge production. The aim of this chapter is to assess how knowledge about menstruation is communicated, interpreted, and sometimes resisted across three key social contexts during the critical period of menarche It examines peer networks, the family, and the school setting as contexts that communicate knowledge to young menstruators about the 'management' of menstruation.

Drawing on Newton's (2016) conceptual framework of menarche as a 'status passage' with three phases (separation, transition, and incorporation), the analysis focusses specifically on how young people's experiences of their first period(s) are shaped by these spheres of influence. These forms of knowledge transfer and to varying extents perpetuate social rules and normative expectations of menstruation, through discourse, formal instruction and social interactions, often aligning with established 'menstrual etiquette' that has remained consistent across time (Laws, 1990).

Critical menstrual scholars have argued that menstrual discourse specifically impacts experiences of menarche and menstruation. Newton (2016, p. 102) states that ‘A woman's feelings about menstruation are shaped by how she came to know about it and how she experienced her own menarche. It is, therefore, important to understand her sources of information, her reaction to that information, and her narratives of personal experiences in menarche’.

I begin the chapter with an examination of participants' menarche narratives across generations. Through recounting their first period stories, participants shed light on the 'stickiness' of gender cultural stereotypes and indicate sources of continuity, resistance,

creativity and change in how menstruation is managed in Irish society. The chapter then proceeds with a comparative analysis of menarche experiences. Throughout this chapter, I compare experiences of menarche from participants aged 18 and over, using the word 'older' to describe menstruators aged 48 and above and 'younger' to describe menstruators below this age. I examine in particular how formal and informal sites of menstrual knowledge production help us to understand how menstrual etiquette and concealment imperatives originate as processes that shape menstrual management across the life course. The chapter also focuses on how femininity is represented as part of women's ability to 'manage their periods in the 'right way' by maintaining the secrecy of their 'polluted' bodies (Ussher, 2020). Following that, it examines how menstrual discourse is located across many sites including the school curriculum, peer networks and within the family.

Overall, this chapter situates menarche as a critical moment for understanding the social and cultural dimensions of menstruation. By examining these sites of knowledge production, it contributes to our understanding of how menstrual etiquette and concealment imperatives are established and maintained across the life course. It also spotlights how menstruators navigate, interpret, and sometimes resist these established norms through their own menstrual imagination in contemporary Irish society.

Separation Phase

Prior Knowledge at Menarche

> ‘Pardon the pun but it was bloody terrifying, I have honest to Jesus, never felt so caught off guard.’ (Sinead, 48).

Sinead's visceral description captures the profound shock and unpreparedness that can characterise menarche, including the sudden, physical reality of bleeding that arrives without

warning, transforming what might be an anticipated milestone into a moment of genuine fear and disorientation.

In temporal terms, menarche sets the menstrual ‘tone’ across the life course (Brantelid et al., 2014). The first period represents a formative experience in a young person's life, with tendrils that seem to reach across the life course in constructing self-concepts and experiences of gender, sexuality and embodiment. This section of the chapter gives an account of participants’ menarcheal experiences. It addresses some of the similarities and differences that exist between participants across generations in relation to prior knowledge on menstruation.

Research on menarche often outlines how young menstruators report not feeling well-educated, and generally unprepared for menarche (Cooper and Koch, 2007; Erchull, 2020). These scholars agree that inadequate preparation for menarche is a persistent issue across different cultural contexts, with lasting implications for menstrual attitudes. Consistent with other studies (Sanchez-Lopez et al., 2023; Henegan et al., 2024), a lack of prior knowledge surrounding menstruation and unpreparedness towards menarche is common. Building on these findings around prior knowledge at menarche, this analysis examines how participants' existing understanding of menstruation shaped their first period experiences across three key themes: initial shock and surprise, sources of knowledge and preparation, and the lasting impact of these early menstrual encounters.

Shock and Surprise

Participants of all ages, gender identities, and nationalities most frequently mentioned feelings of shock and surprise when recounting their first period. Even participants who identified themselves as feeling ‘well-equipped’ to deal with menstruation described their menarche as a shocking and sometimes frightening event: This participant whose menarche took place in the 1970’s characterised the event as:

> ‘I thought I had everything figured out. I had every book and magazine and I had asked all the girls about it. I think I was cocky because when it came… it was awful. Nothing like I thought it would be…serves me right!...*Sharp inhale*… it was visceral in a way? Seeing it just there. Like how in the Hell was I meant to know what to do with it?’ (Antoinette, 61).

Bobier (2020, p. 304) argues that while some young menstruators report feeling prepared for menarche, a gap exists between the application of this knowledge and the ‘real life’ experience of menstruation. On the one hand, Antoinette felt extremely well equipped for menarche and menstruation, armed with knowledge from peer networks, kinship networks, educational materials and information from popular culture including tween and teen magazines. On the other hand, the prior knowledge she had did not fully equip her to ‘deal with’ the embodied reality of her first menstruation. Despite her perception that she had done her homework the experience confounded her in ways that stayed with her clear from her vivid recall of this event. As analysis indicates, despite so called feelings of preparedness, young menstruators ‘lack cognitive knowledge about the physiological process and subjective, experiential knowledge’ of menstruation (Bobier, 2020, p. 304).

Aoife enters menstruation decades later in the mid 2000’s but echoes Antoinette’s disconnect between *being in the know*, prepared through peer knowledge in this example, yet still overwhelmed:

> ‘I think it’s one of those things. You’re never really *ready* for it until you have it? but… it’s one of those things…*laughs*…That you think you know it all, especially when you’re only like, 12 or 13. Even when you don’t. I think I felt like… no I definitely thought I knew everything from chatting to the girls… and from school…and from seeing whatever online *laughs*… but I didn’t!’ (Aoife, 24).

Despite Aoife's reference to information from the school curriculum, her peer networks and with social media, she still did not feel prepared for her menarche. She suggested that young menstruators can only learn about their menarche by 'doing' or having their first period. These accounts of an experience decades apart underline the gap between the biological reality of menarche and its physiological, embodied reality-indicating a mismatch between information conveyed in formal and informal contexts and the embodied realities. In this sense it marks an absence of embodied knowledge. Embodiment knowledge refers to understanding gained through lived, physical experiences and sensations, emphasising the mind-body connection in shaping human cognition and perception. This form of knowledge recognises the role of direct, experiential learning, in contrast to purely abstract or intellectual approaches (Tanaka, 2011, p. 150). Menarche is the first physical signification of menstrual work, which may begin earlier in terms of anticipatory labour, yet, underlines a jumping-off point in terms of reproductive work (O Shaughnessy, 2024, pp. 70-73).

In what follows, I discuss participants' first period stories as important life events or 'turning points' in their reproductive lives.

The First Event; Menarche as a 'Turning Point' in the Life Course

The framing of menarche as a significant life event gives insight into how women and girls navigate their changing embodiment as well as their sexual and reproductive lives. I frame menarcheal experiences as 'turning points' in an individual's life. Turning points refer to moments in a person's life, when 'trajectories change direction' (Nico and Van der Vaart, 2012; O'Carroll and Gray, 2010). This concept is similar to that of 'critical moments', where events within life narratives have consequences for the 'shape' of individual lives and for their identities (Thomson et al., 2002). Critical moments are often discussed as being 'fateful' when individuals recognise their experiences as 'big life moments' and take action to shape their futures in ways that often include a re-configuration of their identities (Holland and

Thomson, 2009, p. 445). I frame menarche as ‘fateful’ in this way, although distinctly embodied, where young menstruators recognise their first period as a signifier of substantial life change, while faced with re-configuration of their identity from ‘girl’ or ‘child’ to ‘woman’. Often, this identity reconfiguration is intense:

> ‘It's like… You don't get the whole thing that like… you’re going to be living with this now…Like forever...Yeah...I think it took me quite a while to kind of get used to it…it was like, knowing this was going to be something I’d constantly have to deal with and go through… while just sat on the toilet?’ (Emily, 42).

Menarche here signifies in some ways the beginning of a life sentence of vigilance and anticipation. This aligns with feminist scholarship on reproductive work, which conceptualises menstrual management as part of the invisible labour that women perform throughout their reproductive lives (O’Shaughnessy, 2024). The embodied experience of menstruation requires constant bodily monitoring and emotional regulation, contributing to the 'affective labour' of managing menstruating bodies. As evidenced by Brantelid et al. (2014), menstruation becomes a routine that menstruators aim to 'gain control over' through different management strategies across the life course. Brantelid et al. (2014) argue that managing menstruation requires less mental effort over time, as people become routinised or used to managing their periods. However, this view must be understood within frameworks of embodied knowledge and affective experience (Ahmed, 2004). The mental effort or cognitive and emotional load of menstrual management may become habitual, yet a lessening of this load over time is open to question. Drawing on theories of embodied subjectivity (Tanaka, 2011), it may be better to understand menarche as significant node in a longer process of menstrual management, where habituation may indicate a form of resignation rather than a lessening of 'mental load':

> ‘I don’t think your period is something you ‘get used to’…After the shock of the first one there was the realisation that I just had to…accept it as a thing that just keeps coming back. It is just a case of accepting it as something that happens… and it continues to happen…no matter how awful or annoying or anything else they may be.’ (Grainne, 65).

> ‘I just gave up caring. I was fairly regular so could just map out when to feel shit, down in the dumps and all the rest. Then I’d be fine again. I just gave up getting annoyed about it. It didn’t make it go away. So, I said, what was the point?’ (Maria, 40).

There is a tangible ‘heaviness’ in the acceptance of the life sentence that menarche signifies. Maria and Grainne appeared resentful towards their menstruation. Despite the gap between their ages what seems to hold constant over time is a gloomy resignation about the persistent, inevitable interruption that menstruation involves. Resistance is as such futile. Maria stresses how she takes control mapping her mood to the physical cycle relying on the idea that a regular period offers at least some predictability and capacity to ‘map out’ and plan. Emphasising her mood and her cycle may represent a newer appreciation of these links, which is absent in Grainne’s account. However, both draw on an affective register of annoyance to describe their relationship to menstruation, with Grainne intimating a more difficult relationship over her life course with her period described at times as ‘awful’.

In a follow up question about how Maria felt about her menarche she stated:

> ‘I felt cheated. I wanted to do everything the same as I had been doing. But no, Mama had told me I had to be more careful now. It felt like I couldn’t do anything anymore.’ (Maria, 40).

Maria is given a direct caution by her mother, and she feels as though her life had been stymied by her menstruation. She yearns for continuity and to turn back to how it was before as a carefree and unencumbered child. Now she has to take her period, and its appropriate management and etiquette into account. For Maria, menstruation is cheating her out of the carefree embodiment of being a child and is binding her into the strictures of female embodiment cast in a construct of shame and concealment. It marks the beginning of menstrual work and the associated embodied and affective burdens associated with menstrual management. As young teens, neither participant was likely aware of the depth and reach of this shift but as Maria underlines, nevertheless there is a keen sense of something ending, and something new and less capacitating beginning.

While experiences of shock and unpreparedness dominated participants' menarcheal accounts, responses to first menstruation were not uniformly negative. The following analysis examines the spectrum of participants' reactions. Difficulties accepting menarche characterised the accounts of several participants, discussed in terms of becoming a woman and mourning a childhood. This section also some favourable experiences of menarche too. Critically, whether characterised by resistance or acceptance, all participants' menarcheal experiences were fundamentally shaped by their interactions with key sites including family, educational institutions, and peer networks.

Transition Phase

Becoming a Woman: Menarche as a Badge of Honour

Menarche has been framed as a ‘status passage’, with the first period signifying ‘movement into a different part of a social structure; or a loss or gain of privilege, influence, or power, and a changed identity and sense of self as well as changed behaviour’ (Glasser and Strauss, 1971, p. 2 cited in Newton, 2016). The concept of this ‘status passage’ in relation to menarche is

presented by Newton (2016) as having three phases: separation, transition, and incorporation. Separation concerns the stage where young menstruators are being prepared for or anticipating their first period. This preparation is most often carried out by female kinship networks, female peer networks, or within school settings. Transition concerns the stage where menarche has occurred, and the young menstruator is on the threshold of 'adulthood'. Incorporation concerns the stage where a young menstruator joins the group of her peers who are also menstruating. These stages are outlined by some participants, who recounted being eager for menarche to occur, so they *could* feel 'grown up'. There was informal competition within peer groups, and a strong desire not to be the last one in a group to experience menarche, in fear of being perceived as 'immature' or different from their peers. As Una described:

> 'So, when I did get it, it was ehh, maybe 13? So, like, not the last in my group but not the first, so like ehh, somewhere in the middle. And, yeah I was delighted. I was happy not to be last too *laughs*. Like it's so funny when I think about it, like they're such a pain in the arse but I was absolutely delighted about it *laughs*. When I think about it, like what are we… 35 years later and ehh, can't wait to get rid of the God Damn thing *laughs*. But at the time I was just so happy, I suppose I felt grown up. So, when I was about… ehh, 12 maybe or 11, yeah, 11 or 12, my best friend...like she'd collect me every day to go to school...she got hers and I was so fucking jealous *laughs*… I remember for months like, going in and out to the loo and coming out, to my mother saying, 'I think I have it' and she'd be like 'no, that's not it' *laughs*…So I was actually dying for it *laughs*' (Una, 48).

There are two different feelings across a life course being commented on here. This is a different emotional register than earlier participants (excitement and anticipation) and indicates the presence of a mother that she *could* show her underwear to and ask questions of.

The concept of status passage when framing menarche as a distinct life marker or event is a useful way of conceptualising the supposed shift in status position that menstruators experience and how they are subjectivated in cultural terms as leaving childhood. Menarche signifies a transition to adulthood and a change in how the pubescent female body is viewed, both by peers, kinship networks and themselves as menstruators (Newton, 2016, p. 89). Chloe, a 29-year-old, middle class woman living in an urban area outlines this:

> 'I dunno if this makes any sense but I think it was exciting, like…But it's like. It meant I was a woman. Even my nana said I was a woman… Like when your nana says you're grown up, you're grown up… I dunno. It was funny.' (Chloe, 29).

For example, the reaction Chloe (29) received from her grandmother at menarche resulted in her being perceived as a woman by others, and she also began to think of herself as a woman. However, given the contemporary context where girls are increasingly sexualised from early childhood through media, consumer culture, and social messaging (Rush and La Nauze, 2006, p. 51), the traditional framework requires revision. Menarche may function less as a transition from culturally constructed asexuality to sexualisation, and more as a moment when existing sexualised positioning becomes intensified or more socially sanctioned. Rather than marking the beginning of sexual objectification, menarche for many girls like Chloe represents a shift from implicit to explicit sexual positioning that they have already been navigating throughout childhood (Fingerson, 2006; Lee, 2009). The emphasis placed on Chloe's new 'woman' status distances her from girlhood and consolidates her existing positioning as a sexual being. However, the reassurance provided by Chloe's family network was affirming and made her menarche and transition to adolescence a happy one. Supportive responses such as these help girls manage both the biological milestone of menarche and the intensified sexualised expectations that often accompany it.

In contrast, the next section addresses how some menstruators did not welcome their menarche, as it signified a loss or ending of childhood.

Mourning Childhood: Resisting the Transition

Lee (2009) contends that menarche is a time when girls begin to produce themselves as women in compliance with, and/or perhaps in resistance to contemporary messages about gender. This includes how the politics of desire are scripted onto the female body.

However, Lee also (2009, p. 617) argues that linking menarche to sexual reproduction may encourage anxiety about the maturing female body that includes emotional and cognitive changes often described as 'the fall', when girls lose self-esteem along with self-assurance, and competence of their preadolescent selves. Difficulties talking about and dealing with menstruation are often as a result expressed in terms of a resistance to this constructed transition to womanhood as Newton found in her interviews with mothers and daughters about menarche; 'The girl, who felt shamed by her changing body, did not want to acknowledge that she had 'grown up' (Newton, 2016, p. 104).

Participant accounts detailed how young menstruators often struggle to make the connection between menstruation, reproduction and sexuality. When a link between fertility, and moving away from childhood is made explicit young menstruators often react negatively to this association. As Janet commented

> 'My mother always told me it was like that she felt she had to be dragging me… kicking and screaming into my teens *laughs*…I'd be there plugging my ears not to hear her talk about my monthlies when they came first… I was always a bit of a drama queen, now that I will admit *laughs*...I just didn't want to admit I was growing up.' (Janet, 68).

Janet's reluctance to being regarded as a 'grown up' was understood as dramatic by her family. Chapter 6 builds upon these themes by investigating the role of kinship networks in creating and transmitting menstrual knowledge.

Another participant rejected the transition to womanhood alongside the attention that her new menstrual status gave her. There was an element of 'hysteria' that Sinead interpreted as misplaced excitement that made her menarche even more overwhelming to 'deal with':

> 'I remember my mam saying, 'Oh my God, we've got a woman in the house!' But it was like….Her reaction was very overwhelming to me because I just was like, 'Gosh, woman? No. What?!' (Sinead, 48).

Womanhood was presented as immediate status entered into with menarche and for this girl represented a terrifying vista. Critical menstrual scholarship suggests that young girls struggle with the menarcheal transition as a result of wider held ideas about the nature of gender and how gender identities are constructed within social groups (Lee, 2009). For example, Sinead is rejecting her menstrual status and societal and familial constructs of womanhood.

Across generations it is clear that menarche poses a threat to childhood innocence and that for participants when menarche is acknowledge by themselves or others it makes the loss of childhood 'real'. For example, one of the younger participants attempted to resist this transition to womanhood by trying to ignore or supress her new menstrual status:

> 'It's hard to remember my first period. I must have blocked it out. I remember being scared. I asked my mam 'am I dying?' because my tummy was so sore. She just laughed and said 'of course not!'. I laughed with her. I think I just tried to ignore the whole thing so it would go away.' (Hannah, 22)

The same sentiment was shared by other participants across generations:

> 'I was just afraid, you know how children are *laughs*. I was afraid that I would lose some of the doting I got as the youngest. I thought they wouldn't think of me as the

> ‘babby’ anymore. It wasn’t like that, of course, but you know how it is when you’re so young.’ (Nicola, 55).
>
> ‘I think I never felt ready for it? I always felt like I was just so, like…Immature? Does that make sense? Like, I didn’t feel like I was ready like, for womanhood? I don’t even know if I actually believe that my first period meant that I was now suddenly a woman but like, that was how it felt. But I don’t think I felt old enough for it? I felt like a toddler wearing a nappy *laughs*…’ (Danielle, 19).

Nicola laments the anticipated loss of being the ‘baby’ of the family and how she might lose a favoured status. Nicola’s experience of menarche are characterised with fear and worry. She indicates a compassionate view of herself now as she recalls the little girl on the brink of a new era consumed by how this new status would shape how her family system would change and how her childhood and all of the cuteness and affection associated with it would be lost. Her womanhood would mean that she was no longer sweet and adored, rather understood from a very different vantage point. While she recounts how this was not the case in reality, the visceral fear and worry about what this change could bring is a vivid memory of her menarcheal transition. Danielle and Hannah although significantly younger, adopted a similar sensibility to a much more recent memory, describing themselves as little and unable to cope with two specific burdens of menstruation: the physical discomfort and the use of pads. Despite decades of product innovation since Nicola's experience, young people continue to experience menstrual products as obtrusive and conspicuous, suggesting that technological advances have not addressed the fundamental discomfort with bodily visibility that menstruation represents. The materiality of menstruation (the pads, the cramping, the blood) serves as a constant reminder of this new bodily reality that requires forms of maintenance and concealment that feel overwhelming to those who still see themselves as children. These are all elements of menstrual work, the anticipation, embodied discomforts and contingencies

associated with its ‘correct’ management. This persistent struggle with the physical management of menstruation indicates that little has changed in terms of the burden placed on young people to navigate a body that suddenly demands new levels of vigilance and secrecy.

As discussed, across generations, feelings of shock, loss and unpreparedness were common towards menarche. What differed was how menarche disrupted or legitimised young people's life trajectories in how 'ready' they felt to embrace or reject the change of 'growing up'. This notion of 'readiness' appears to be less about individual maturity and more about how cultural expectations of womanhood clash with personal feelings of childhood (Gordan and Lahelma, 2004, p. 86). The participants' descriptions of feeling ‘too young’ or ‘immature’ echo social messages about when girlhood should end and what adult femininity demands. Menstruation becomes a biological marker that may conflict sharply with psychological or social readiness for the adult expectations that this bodily change is presumed to herald. The anticipatory anxiety around losing childhood status (whether as the family 'baby' or simply as someone free from the responsibilities of managing a menstruating body) proves as formative as the actual menarcheal event itself.

The following section of the chapter examines menarche as the genesis of menstrual etiquette norms that extend across an individual’s menstrual life (Brantelid et al., 2014).

Menstrual Etiquette

Perhaps the most discussed concepts in menstrual management are menstrual stigma and menstrual etiquette. Prior to the work of Laws (1990), the concept of menstrual etiquette was largely unexplored across social-scientific disciplines. Menstrual etiquette, according to Laws (1990, p. 43), is enforced by social sanctions including ‘ostracism’ or ridicule. Menstrual etiquette includes the menstrual ‘rules’ or social practices and personal behaviours required to manage a period properly. Newton (2016, p. 99) argues, ‘from menarche to menopause,

women's bodies are acted upon and subject to restrictions about how they should look, feel, behave'. Menstrual etiquette is understood to serve as a patriarchal control mechanism that centres on fear about the female body and its functions (Laws, 1990; Newton, 2016; Levitt and Barnack- Tavlaris, 2020). Menstrual etiquette norms encourage menstruators to view menstrual management as a way to uphold a specific form of femininity and gender identity. In this way, unconcealed menstruation becomes 'inherently unfeminine and socially unacceptable' (Levitt and Barnack- Tavlaris, 2020, p. 565).

Critical menstrual scholars have since identified the concept as an integral part of menstrual management (Wood, 2020; Johnson-Robledo and Chrisler, 2020). As discussed, menarche sets the 'menstrual tone' across an individuals' life (Brantelid et al., 2014). In this sense, menarche is the 'starting point' for when the social rules surrounding menstrual management begin to be 'felt' at an individual level.

The discourse of menstrual etiquette is produced across many sites including family networks, peer networks and through media representations of menstruation (advertisements, films and social media). First- time menstruators interact with these sites of knowledge production and enter in to, and interpret, conform, reproduce and/or resist menstrual etiquette. Central to menstrual etiquette is the concealment of menstruation including managing the body in such a way that eliminates the potential exposure of their menstruation. Menstrual etiquette is upheld through a discipline and system of governance that allows women and girls to avoid exposure. In fact, a fear of exposure maintains coherence and conformity to the imperative of concealment for many.

In other words, menstrual etiquette emphasises the requirement for menstruators to 'conceal their menstrual flow and to remain in the menstrual closet if they want to occupy public spaces along with men and non-menstruating women' (Johnston- Robledo and Chrisler, 2020,

p. 190). Across all of the participants' accounts, I observed an awareness of menstrual etiquette as a constant, or an undercurrent in the stories participants told. For some, acquiring the knowledge to manage your period or to master menstrual etiquette required predictability:

> 'The first few were the hardest because you're so irregular. Yeah, you know the way of it, you're all over the place, like. I hated that. I wanted a routine to get used to so I could be prepared for it…but it did get better when I got older *because* they went more regular, like. I could nearly go by a clock I was that regular *laughs*...I was always ready. Yeah.' (Suzanne, 44).

A central element of menstrual etiquette is that of menstrual normativity, which position some 'menstrual subjectivities, some menstrual bodies, some menstrual behaviours as ideal, correct and good, and some as abnormal, unhealthy, disgusting' (Persdotter, 2020, p. 359). For Suzanne (44), 'irregular' menstruation was evidence that *she* was 'out of control' and 'irregular'. In a follow up question, I asked her to expand on how she 'prepared' for her menstruation, and she explained:

> 'I had a calendar, with it all worked out. You know yourself like, I'd have the days mapped out so I wouldn't be caught unawares, like. Three days before I was meant to be 'on' I'd use a liner. Then the day before I'd wear a sanitary pad, just in case. And Then it would come and I'd already have the pad on, so I couldn't… like, I didn't leak then, because I was already ready, you know?' (Suzanne, 44).

The precision in how she 'prepared' for her menstruation centred around two elements of menstrual etiquette: self- management and not having her menstruation being 'exposed'. I also found the language that Suzanne used to describe her menstruation striking. Her description of how she prepared for menstruation every month almost sounds as if she was preparing to go to battle. In this way Suzanne could not be caught off guard and operated in a

defensive position equipped with the appropriate protective sanitary wear to maintain the best chance of defusing any potential unpleasant or inconvenient ‘outing’ as a menstruator.

These practices underline the careful preparation and contingency work associated more generally with reproductive work (Bertotti, 2013). This can also be applied to menstrual work. For example, O’ Shaughnessy’s (2024) account of abortion work, describes participants as being in an active posture of anticipation and planning as they manage the ‘risks’ of their reproductive lives. O'Shaughnessy's (2024, p. 70) concept applies to how menstruators exist in an anticipatory state of vulnerability, where the reproductive body is experienced as a site of both intense fear and potential insurgent agency. Her participants describe maintaining 'abortion funds' that could not be spent, researching 'cover stories' to explain potential absences, and developing detailed contingency plans, all forms of invisible reproductive labour. Like menstrual work, this embodied experience of anticipatory planning transforms the relationship individuals have with their bodies, which come to be understood as sites requiring constant surveillance and preparation. The work generates an affective burden of chronic anxiety, panic, and fear. O’Shaughnessy (2024) contends that reproductive governance intimate, daily embodied practices. In what follows, I examine participant’s accounts of managing menarche while at school.

Incorporation Phase

Managing Menarche at School

What is clear is that in the school setting, menstruation is still learnt about in the context of puberty and as an indicator of fertility or reproductive capacity. Schools then provide both formal and informal sources of menstrual knowledge. In her account of knowledge production about menstruation in the United Kingdom Newton (2016) gives particular attention to the school setting as a place where ‘teenage girls first learn to manage their

bleeding bodies, which can expose them and let them down' (2016, p. 79). For example, it is in the school setting where students must strategically plan the times they use the toilets, alter what they wear in case they 'leak', and find ways of hiding period products on their person, if they are not allowed to carry their bag out of the classroom. Newton's analysis suggests that these 'subterfuges are often necessary when a heavy social price is exacted if a woman fails to contain her menstruation' (Newton, 2016, p. 79). Tarzibachi (2020, p. 823) describes this framing of menstruation as an 'internal enemy' that women must gain control over by upholding menstrual etiquette norms of concealment and self-management. This conceptualisation positions the menstruating body as fundamentally antagonistic to social participation, requiring constant vigilance and strategic management to prevent social exposure or embarrassment. The concept of menstruation as an 'internal enemy' positions menstruation as a disruptive force that threatens to undermine one's social standing while requiring militaristic levels of control and preparedness. This adversarial relationship with one's own body establishes a foundation of mistrust and hypervigilance, shaping how individuals relate to their bodily autonomy and reliability throughout their lives. This level of hypervigilance also involves intensive planning, which becomes habituated but also absorbs time, resources and emotional labour as the menstruator is placed in a position of anticipation tied to watching the calendar and timing the appropriate response to this invasive but invisibilised event (Tarzibachi, 2020). The mental load of menstrual management and tasks that make up menstrual work encompass a web of preparatory behaviours. These include calculating cycle dates, anticipating heaviness of flow, strategically timing activities, carrying supplies, planning outfit choices, and maintaining backup strategies for unexpected bleeding or leaking.

Learning About Menstruation: Sex and Menstrual Education in School

The link between menarche and school extends beyond sex education to encompass how peer networks function as sites of gender knowledge production and the introduction of menstrual etiquette in the lives of young menstruators. Peers collectively establish what constitutes appropriate menstrual behaviour, secrecy levels, and acceptable responses to menstruation.

Many participants recounted finding the information provided in the school setting to be too heavily focused on the biology of menstruation and how to manage it 'hygienically'. Not only did participants feel ill-equipped to manage their menstruation, but some participants described how education received in the school setting furthered a disconnect between themselves, their bodies and their menstruation:

> 'But because we were like, you don't see yourself as this person who is gonna have kids at some stage…cause you're like… 11. So, I think it's like it's very, very far away at that stage because you're such a kid it's like it doesn't really enter your kinda headspace of 'This is what could happen'… yeah.' (Sinead, 48).

> 'I was so much younger than the rest of my year, I felt so naïve, like, I remember getting the permission slip signed for the sex ed talk and thinking oh my God this is it. It was low-key traumatising *laughs*… like it felt like it wasn't about MY body, like how could it be? How was that going to happen to me?' (Danielle, 19).

Despite having their first period decades apart, a similarity between Danielle and Sinead is their perception of themselves as very young to receive the information they did and the lack of applicability to them as girls. This is expressed in a specific embodied way, where their embodiment seems so far away from the focus on fertility, and their relatively unencumbered girlhood is to be now interrupted by the realities, inconvenience and disruption associated with this biological event.

Knowledge of, and understanding of embodiment generally has the potential to empower adolescent girls in the school context and beyond (Fisette, 2011). Sinead (48), and Danielle (19) both recall the focus on pregnancy and fertility as being something that instilled fear into the beginning of their menstrual journey. While educated at different time periods, both underline their anticipation, dread and their disbelief that menstruation was a reality that their own bodies would experience and endure. The affective and embodied sense of disconnection from this biological inevitability was related to how these changes were communicated and how they were linked to fertility, a specifically terrifying vista for younger girls including sexual activity and pregnancy.

The use of 'scientific' diagrams and models or 'props' that represent the reproductive system were overwhelming for some participants:

> 'Like I said, I just couldn't over *that* all being, like, in me? I felt like I was at the dentist *laughs*… you know when they have the plastic yoke of your mouth, or jaw, or whatever. That's what it felt like *laughs*' (Danielle, 19).

As indicated in the quotes above, the focus on scientific menstrual knowledge provided in the school setting resulted in menstruation discussed as an indicator of fertility, a future experience that seemed intangible and/or even repulsive for many participants:

> 'I think I found out about it in school… it was our SPHE teacher, so I probably was in first or second year? She was pregnant at the time, like *laughs* and it was all I could focus on *laughs*… I was swore off periods because I was afraid if I got mine I'd end up like her *laughs*… so stupid but took about 3 years to figure it out that there were a fair few other steps to get to that point like *laughs*' (Jane, 26).

The pregnant teacher literally embodied the 'fruits' of reproduction and an illustration of what happens when menstruation is not managed 'appropriately'. Jane underlined here that it took

her a significant amount of time to make the links between this original instruction and the realities that lead to becoming pregnant. Jane attended a non-denominational, community school in a suburban area. The sex education she received appears to be limited, even after the SPHE curriculum was devised. [46]There are evident continuities in some elements of sex education received by Jane (26) and Bobby (75), who were educated at very different time periods. Bobby attended an all- girls, Catholic convent school in a rural area. Across generations a 'lag' is evident in the Irish sexual education curricula.

The relationship between the type of school and the education received is evident when comparing Jane's experience in a non- denominational school with Bobby's experience in an all-girls Catholic school and the decades time gap. While many participants across different generations attended schools under the patronage of religious orders, for older participant these specifically reflected 'older' more conservative Ireland. For Bobby (75), learning about sex, puberty and relationships in this setting was not helpful:

> 'Well, you see, it was a nun teaching us about it. Ah, back then it was a nun teaching us about pretty much everything…You can imagine how that went *laughs*. It was such a long time ago now, but I do think our class got a little talk about the birds and the bees…We were told about our monthlies, but listening to Sister who ever, talk about anything to do with down there was a bit disturbing I would think…(Bobby, 75).

Receiving menstrual knowledge from the epitome of asexuality and celibacy was described as disturbing, a form of cognitive dissonance that added to the discomfort and strangeness of the experience. Comparing Jane's and Bobby's experiences provides insight into shifts in Irish society, a young pregnant teacher compared to a nun dispensing this information. Yet

[46] For more on the development of SPHE and RSE programmes in Ireland, see Kiely (2023, pp. 85-106)

what remains constant is how menstrual education in Ireland maintains a focus on fertility and reproduction.

Participants described how they would have liked to receive additional information about product choices, how menstruation feels physically (cramps and general menstrual pain, for example) and emotionally (how menstruation impacts mood and mental health). As Emily a 42-year-old participant stated:

> ‘It was more like in a matter of fact rather than and this applies to you kind of thing. It was really scientific like…ehh we had it in school like every year, but I wish it wasn’t so sciencey or something *laughs*...I probably wish they had just done it more casually because it was like a real surprise when it happened… like I kinda knew what it was like… when it happened, but I didn't associate it with what we had learned in school, so it was like it… It took me a while to ‘get’ it… like a little light bulb moment where you go. Oh, oh, OK. And now I get it. And I didn't know how to cope in the beginning because it's not really regular either…yknow?’ (Emily, 42).

Generational menstrual social change was perhaps most visible when discussing how participants’ navigated menstruation and menarche in school. At school, menstrual concealment norms are possibly the most visible in comparison with other social settings (Newton, 2016). Young menstruators are governed by menstrual etiquette norms that frame their menstruating body as ‘out of control’ and ‘at risk’ of leaking at all times (Ussher and Perz, 2020). As Newton (2016, p. 79) discusses, ‘school can be a difficult environment for dealing with a period, especially in cases where leaving the classroom to change a tampon or pad is not easy, without the girl disclosing her situation by making a special request to go to the toilet. Even then, there are the practical issues of how to carry necessary items around and at the same time keep them out of sight’. In the school setting, this manifested in many of the

participants feeling required to hide period products up their sleeves to avoid detection when going to the toilet during class time:

> 'I can almost feel the lump of the pad up my sleeve *laughs*… I remember my mother telling me to put it up there when I was going to the toilet so the other kids wouldn't notice it, I did it all through school.' (Sinead, 48).

In contrast, Hannah describes menstruation a site of resistance for her, acting as a way to subvert gendered social norms:

> 'I never hid anything, like, I didn't get when people put them up their sleeves. So what. Like I said, I'm mean with it, I don't care if it weirded people out, cause, like, it's not their thing to be worried about.' (Hannah, 22).

Hannah's act of resistance in a mixed gendered school illustrates a shift and some relaxation in concealment norms compared to Sinead's obedient adherence to her mother's advice. Although she also refers to a continuity in this practice and marks herself as an outlier and unconcerned with other's views. For older participants that attended schools run by religious orders, their education was guided by theocratic notions of female embodiment and femininity. Bobby, (75) illustrated this when describing how the nun who taught her about menstruation mostly focused on how 'careful' her and her classmates would now have to be:

> 'It was really only presented to us as something to be afraid of. Yes, I think there was more emphasis on making sure we didn't make any 'mistakes', if you follow me… making sure we didn't do anything we shouldn't have been doing I suppose…It was all very 'hush hush' anyways. That tells you a lot in on itself …' (Bobby, 75).

While the emphasis on 'carefulness' still remained across generations, the younger participants were not warned about pregnancy in such an intense way, and their education did not come from nuns or religious officials, even if some attended schools run by religious

orders. For example, Hannah (22) and Lauren (22) both attended non-denominational, mixed gender schools. They both recalled learning about pregnancy from SPHE teachers in what they both described as a 'matter of fact' way:

> 'I don't really remember anything about periods specifically… I do remember being taught about getting pregnant. It wasn't anything, like, big? I don't think so anyways. It just was what it was. Like, 'this is what can happen if you have sex'. Nothing terrible, you know?. Maybe it was because we had a good teacher for it. I don't remember feeling any type of way, like, either good or bad after the class. It was sortof just… like info for us to have, I suppose.' (Lauren, 22).

How menstruation is spoken about and experienced has changed across generations, with it being increasingly discussed amongst friends and family and in the online realm of social media. What has changed is the proliferation of informal networks and digital spaces where menstrual experiences can be shared and validated, creating alternative sources of information and support that challenge traditional medical and educational authorities. What has remained consistent is the fundamental framework of concealment, the burden of individual management, and the reproduction of shame-based approaches within formal educational settings (Newton, 2016). I examine social media and in more detail in Chapter 8.

Formal educational settings shape individual menstrual practices and create conditions where menstruation becomes a site of social vulnerability. When menstrual experiences occur visibly within school environments, they can be transformed from private bodily functions into public sources of shame, humiliation and social control.

Instrumentalising Menstruation: Menstruation as weapon

The following section examines how menstruation can be weaponised against menstruators and by menstruators in the school setting. An example of menstrual weaponsiation is

illustrated by Holly (40) who attended a mixed- gender school in the late 1990s. She recounts getting her period at the start of the school day when she was 12 years old:

> 'I don't think I will ever feckin' forget my first period. Jesus H. Christ *laughs*. I got it in class, and I mean….during a class. I bled onto the seat *groans*. It was so embarrassing. It must have come that morning but I hadn't been to the loo, so it obviously had leaked out. I stood up and one of the boys that sat behind me made such a point to say I had shit myself because I had left the stain on the chair. It was the worst. I had stained the back of my skirt so had to waddle around with my jumper tied around my waist for the day. Nightmarish. *laughs*' (Holly, 40).

Holly carried the embarrassment of 'leaking' onto the seat into her adulthood. This embarrassing moment was made worse by the reaction it received from her male classmate. For participants in mixed-gender schools, talking about menstruation or 'being exposed' as menstruators carried higher risks in comparison to those in same- sex or all-girls' schools. I observed this in two main ways. Menstruation was both used as a weapon *against* menstruators and *by* menstruators in the school setting. Many of the participants shared detailed accounts of being teased by classmates about menstruation, often relying on tropes that portrays girls as being 'moody, monstrous menstruators'; a caricature of a menstruator that Ussher and Perz (2020) refer to in their research on menstrual stigma. Similarly, Johnson- Robledo and Chrisler (2020, p. 189) found that perceptions of menstruation often centred around negative themes such as weakness, desperation, instability, unreliability and incapacity. These feelings were raised by several participants who discussed being ridiculed by peers and portrayed as the 'moody monstrous menstruator' in the school setting:

> 'They (the boys in her class) did think they were the best thing since sliced bread when they made jokes about anything period related. *laughs* They weren't,

obviously, but it was just a case of trying to ignore them and just let them get it out of their system.' (Amy, 50).

'I just remember the whole day, listening to the lads sneer about staining the chair *rolls eyes*… they all made the same jokes over and over and over again and I was stuck because If I reacted, it spurred them on. They made me feel like I was feckin' insane for being annoyed about it.' (Holly, 40).

You'd always get a bit of the teasing, like, but… it was always the same, *in a sing-song voice* 'oooh, bit emotional are we Chloe?'… or something like that. I think sometimes they used it as ways to get away being horrible *laughs*… such an easy way out for them*laughs*'. (Chloe, 29).

Again, across three distinct eras of schooling participants' emphasise how male school mates teased female students engaging in stereotypical and sexist tropes. The 'scapegoating' of menstruation as a means to justify gender-based teasing is significant as participants who mentioned the teasing referenced having to 'take the high road' and respond in a measured and calm way. The emotional labour of managing male school mates' behaviours added to the burdens of coping with the first periods and managing the rules of menstrual etiquette. They are indicative of additional forms of menstrual management outside of the embodied elements. In effect this menstrual work involves managing the perceptions of men and boys. Notably the pain and embarrassment of being exposed for leaking or being made feel as they are overly emotional is something that participants recall in detail and carry with them into their adult lives. Erchull's (2020, p. 399) research on boys, men and menstruation suggests that men's attitudes towards menstruation are particularly important factors to consider in relation to the perpetuation and dissemination of stereotypes about menstruation and menstruators. Gendered ideas about menstruation operate within patriarchal systems that

prioritise men and boys. From early childhood, boys are socialised to use menstruation as a way of establishing dominance. This is largely done through making jokes, teasing and ridiculing girls about their periods (Newton, 2016, p. 160). These period jokes often centre on women being unclean and 'overly emotional' and can serve to strengthen a patriarchal gender hierarchy. According to Plan International (2019) such incidences of gender based menstrual teasing remain common. One in five girls and young women in the UK reported being teased or bullied about their periods, with over 65 % of this abuse happening at school (Plan International, 2019).

Conversely, menstruation was also instrumentalised by those who menstruate in the school setting, particularly when it came to Physical Education or 'P.E' classes:

> 'The one good thing about getting your period in school was being able to use it to get out of P.E *laughs*.**'** (Alice, 20).

This was also raised by Sophie (47), who reminisced about how she instrumentalised her period in this way:

> 'This is shocking to admit *laughs*… I got out of P.E for the whole of second and third year. It sounds so bad but we had an older man teacher…and I remember he walked in, right, on the first day, and I immediately went *makes sound* 'Cha-Ching!' in my head…So, basically me and my best friend had a mixture of 'women's problems', forgotten gear or we just hid in the changing room *laughs*… he never even questioned it *laughs*. Brilliant.' (Sophie, 47).

The instrumentalisation of menstruation in this way can be seen as a means to reclaim agency for young menstruators, who as discussed above, can also experience having menstruation used to undermine and/or tease them. Sophie and her friend were aware of her teachers' embarrassment surrounding her 'women's problems' and channelled this discomfort to get

out of Physical Education in school. Newton (2016, p. 144) also draws our attention to the weaponisation of menstruation within the school setting. Participants in Newton's research used the perceived sensitivity of the topic to their advantage and invoked menstruation as an excuse to get out of activities (such as Physical Education classes) they did not want to participate in. Newton categorises this as 'talk out of place', whereby individuals mention menstruation in a social setting in which it may be deemed inappropriate by others in the group. In Newton's research, she observed younger people openly talking about menstruation amongst their male peers as a means to push back against menstrual stigma. Tomlinson's (2023) research on offline micro activism describes the ways in which some girls in school settings instrumentalised their menstruation as a way to engage in micro activism. She found that young menstruators were subverting menstrual stigma by openly discussing menstruation in their mixed-gender peer groups as a way to normalise speaking about periods. Within female peer networks, there was praise and respect to be gained from daring to transgress the social sanctioned boundaries concerning conversation topics.

One of the younger participants relayed a similar experience of claiming a space to discuss her menstruation in her peer group:

> 'I was so mean, I used to make a point of talking about my period in front of anyone. I don't care. I wasn't afraid of it and it made me laugh seeing how weird boys got with it. I think I am too blunt but so what *laughs*'. (Hannah, 22).

Despite feeling as though Hannah was engaging in a feminist strategy that sought to lessen menstrual stigma, she felt as though confronting her male classmates' stigma or discomfort made her 'mean' or unkind. Hannah is turning the tables on the ridicule and gender-based teasing that other participants experienced by making a point to talk about her menstruation, particularly in front of her male classmates. As mentioned, this may be a feminist strategy to

normalise menstruation amongst her peers, or it may be a way to get out in front of any gender based teasing her menstruation may bring. This kind of self-deprecating humour or discussion allows Hannah to control her menstrual narrative and defuse potential teasing or criticism from her peers.

This was not a common experience of the participants when recounting their menstrual experiences in the school setting. What was common for participants was their discussion of solidarity amongst their female peer groups.

'Blood Buddies': Sisterhood and Solidarity in School.

Sisterhood and solidarity were emphasised by several participants:

> 'I was so happy to be the same as my best friend *laughs*…we had the crew of us that would walk to school and walking to school after getting it I felt like I was on cloud nine, there was about 4 of us that used to think we were just the best ever because of it *laughs*… (Una 48).

> 'I got mine in 6th class and there was only one other girl who had gotten it too so we had this… ehh, secret connection then I guess *laughs*' (Hannah, 22).

Menarche marked entry into a sisterhood of sorts and a source of bonding, shared experiences and collective identity. Earlier, Hannah described herself as being very open towards her menstruation, but in this excerpt, she is describing quite the opposite. Her menstruation provided a secret bond between her and her classmate. Una is 26 years older than Hannah, and she also recalls having a secret connection with her menstruating peers in an almost 'menstrual club'. The connection between young girls being kept secret exposes the dominance of the concealment imperative. Hannah and Una did not want to 'out' themselves or their peers as menstruators, perhaps to avoid the gender-based teasing discussed above. Newton (2016, p. 92) identifies menarche as a signifier of maturity and knowledge in peer

networks. In the school setting, Newton (2016) observed how menarche acted as a status changer with respect to the social standing and behaviour of girls 'who had started', as against those who 'had not'. Participant's accounts support this, as menarche was often used as a way to 'rank' or situate individuals in terms of their popularity or maturity:

> 'I was somewhere in the middle… and like… I think we would have talked about it, but more like…You know when you had like PE and you got changed and then you would have talked about it and then some girls would have been really kind of like open… and they would have like, I'm not saying 'boasted' with it, but they would have just like…spoke about it and then some of us were like sitting there going 'I don't know if I really wanna talk about this right now'….especially if you hadn't had it yet… it was obvious then that you didn't and you didn't want to be caught for not having it *laughs*' (Emily, 42).

The idea of being 'caught out' or exposed by your peer group for *not* menstruating is interesting. On the one hand, menstruation is framed as a 'badge of honour' and as a signifier of group membership. On the other hand, other findings presented in this chapter suggest that menarche and menstruation are shameful and require concealment. A tension emerges here, where, there is shame in menstruating and there is shame in not menstruating. As well as this, there are further tensions that Emily (42) addresses in relation to how she felt menstruation should have been spoken about in front of her peers. She refers to some of her peers that were 'too open' about their menstruation when discussing it in front of other people, while Hannah (22) argues that her peers were too reserved in their reluctance to discuss menstruation:

> 'I just did not understand what the issue was, and why nobody talked about it. It made no sense. Especially with each other. If we can't talk to each other then we can't talk to anyone.' (Hannah, 22).

The 20-year gap between Hannah and Emily suggest there have been changes in relation to how menarche and menstruation is communicated amongst peer groups. Both participants display aspects of ‘older’ and ‘newer’ thinking. Hannah’s frustration at the silence surrounding menstruation is clear. Her earlier discussion of the comfort she felt from the ‘secret’ connection with her other menstruating peers only seemed to be present in primary school. She described how her female secondary school peers eroded the sisterhood and solidarity that was present for her before through their reluctance to discuss menstruation. In contrast with this, Emily’s frustration lies in the fact that she (and some of her peers) felt confronted by how menstruation was discussed in the peer setting. Emily attended primary and secondary school in Germany, where Hannah attended schools in urban areas in Ireland. While both participants attended schools in different countries, Hannah exhibits a more open approach to menstruation and a lessening of her own menstrual stigma. However, this data conveys the double burden young menstruators face at menarche. They must manage physical and hormonal changes while also navigating the social pressure to 'do' their menstruation in the 'right' way, as judged by their peers.

For many of the participants, their responses clearly indicate that their peer networks were key sources of information across their menstrual lives. A common theme that was raised by participants related to peer comparison, where menstruators based their periods on their friends’ experiences of menstruation. One the one hand, peer comparison provided support and solidarity that sustained menstruators through the ‘grind’ of both school and experiencing menstruation for the first time (Brantelid et al., 2014). On the other hand, peer comparison can be harmful for menstruators for two main reasons. Firstly, peer comparison can result in a normalising of menstrual experiences that are indicative of menstrual disorders or gynaecological health issues and conditions. Úna (48) outlines this in this excerpt:

> ‘I suppose, I thought it was normal enough to have really heavy, painful or like… long periods… I always compared to my friend who was always sick with them like… the one, I mentioned, Sarah. So, mine were like…a walk in the park compared to hers … yeah. Shocking really…’ (Úna, 48).

Úna (48) compared her menstruation to Sarah’s, her friend, who was diagnosed with endometriosis in her twenties, throughout her teens, and minimised her own experience of heavy and painful periods based on this. Later in her interview, she expressed regret for not seeking medical help for her own painful periods, stating that she did not know menstruation was not meant to be ‘debilitating’ every month. A reliance on this peer comparison may be a function of the absence of accurate information on menstruation in Una’s life.

Secondly, menstrual comparison within peer groups can further alienate those with gynaecological health conditions, where they minimise their own experiences to not appear ‘abnormal’ or ‘other’. This can result in ‘menstrual masking’, where people try to hide their menstruation or pretend their menstruation aligns with the culture of menstrual normativity (Persdotter, 2020, p. 367). For example as Aoife comments:

> ‘I didn’t like to tell anyone about my periods because I knew mine were so different to all the girls in school. I just used to nod along and roll my eyes when everyone else did if periods ever came up. I didn’t have regular periods at all. They happened once every three months if I was lucky *laughs*… I used to just say ‘oh yeah it’s my time next week’ if it ever came up *laughs*’. (Aoife, 24).

Aoife (24) described masking her ‘irregular’ menstrual status when in school to avoid her peer networks ‘finding her out’ that her periods were outside the menstrual ‘norm’. She was later diagnosed with PCOS, which explained her menstrual ‘irregularity’. Aoife (24)

discusses ‘period talk’ amongst her peers when in school acknowledging it as a key site of knowledge production. Another participant echoes this:

> ‘I think I only knew about it. like *really* knew about it from my best friend. The one I was talking about there… like, she had it about 2 months before me. I could ask her, and she showed me how to use a tampon *laughs*… and told me about feminax. Thank God for her *laughs*’ (Sophie, 47).

Sophie relied on her best friend for ‘real’ information about her menarche. Her friend provided her with the ‘tips and tricks’ of menstrual management that she did not receive from school or her family network. For Sophie, this included how to manage her menstruation with the ‘right’ kind of medication and how to use products in the ‘right’ way. This provided Sophie with comfort and support that she did not receive from other sites of knowledge production. Newton’s (2016) emphasises the important role that female peer networks play in learning how to manage menstruation, especially at the time of menarche. She contends that female peer networks and peer support is most visible in schools when students are going through similar experiences together. In relation to menarche, young girls share their menstrual and menarcheal experiences to support and learn from one and other (Newton, 2016, p. 182). The period talks that Sophie received from her friend gave her practical insight into how to manage her menstruation, but also sustained her through the ‘grind’ of school.

I discuss another example of ‘period talk’ in the school setting by introducing the concept of menstrual ‘synchrony’ in the following section.

Menstrual Synchrony

Newton (2016, p. 126) describes menstrual synchrony as a group ‘syncing’ of menstrual cycles within a group of women who live together or spend a lot of time together. The first serious discussions and analyses of menstrual synchrony followed McClintock’s (1971) study

of 135 college students who lived together in dormitories. Following this, there were many studies across disciplines that sought to prove or disprove the phenomenon. Newton (2016) discusses the concept in two ways. Firstly, menstruators consider the syncing of menstrual cycles as 'widely held, part of popular knowledge' (Newton, 2016, p. 128). Secondly, some male participants understood menstrual syncing as a shared time where women could be emotional together. This was often referenced when perpetuating negative menstrual stereotypes that portray all women as 'moody' or unreliable because of their menstruation.

Menstrual synchrony was referenced by 12 of the participants of all ages. Most commonly, it was discussed in the context of school and as an aspect of group membership:

> 'It was so fun when we all matched up… it really did make us feel so connected *laughs*… used join us all together, which is quite nice now I think of it, isn't it? *laughs*...'. (Sophie, 47).

Being 'in sync' with each other provided group solidarity and 'sisterhood' amongst Sophie (47) and her peers. In two follow- up questions, I asked Sophie if she ever 'fell out' of sync with her friends and if there were any consequences for this:

> 'I'm sure it did happen to me, like, at some point… it wasn't a big deal… it was all just for a laugh really, so it wouldn't be like, a case of being kicked out of the group or whatever. Nothing like that, no *laughs*...' (Sophie, 47).

The participants that mention menstrual synchrony all believed it to be biological fact and used their lived experience to support their claims. For some, it provided a rich, deep connection to a peer group:

> 'Obviously I lived in school, so we really did all match up, or sync to each other. I used to think of it as this… invisible red thread...that joined us all together

laughs…I know it makes me sound barking mad, but really, I swear… it really is a thing'. (Alice, 20).

The theme of sisterhood and solidarity is recurrent throughout the data on this topic. Alice outlined how her menstruation connected her to her peers, again in an invisible or secret way. The metaphor of an 'invisible red thread' that joins young menstruators together (if menstruating at the same time) is presented as membership into another secret 'menstrual club'. Alice's description of menstrual sisterhood differed from other participants. Here, Alice fondly recalls the connection her menstruation provided with her peers and revelled in the 'secrecy'. She described feeling as though she was 'in the know' about menstruation which provided her with group membership and maturity in her peer group.

Learning how to navigate menstruation is a complex, and often contradictory process. Tensions emerge in how menstruation should be experienced, spoken about and managed. Belonging within peer groups becomes contingent on appropriate menstrual literacy. Knowing when, how, and with whom to discuss menstruation becoming a form of social competency that grants access to different communities and levels of acceptance. The institutionalisation of menstrual shame is embedded within these contradictory processes, as rather than challenging the fundamental taboos around menstruation, these selective spaces of openness actually continue the notion that menstruation requires special containment and management, with the very existence of 'safe' spaces for menstrual discussion implying that most spaces are inherently unsafe or inappropriate for such conversations. The commodification of menstrual knowledge occurs when certain types of menstrual discourse become acceptable currency for social exchange whilst others remain prohibited, creating hierarchies within menstrual knowledge itself where some experiences are deemed worthy of discussion whilst others are relegated to silence. Furthermore, the temporal fragmentation of menstrual identity is present, as these contradictory rules often depend on timing, context,

and audience. This creates a fractured sense of self where menstrual identity shifts constantly based on external circumstances rather than internal experience.

Conclusion

The concept of this 'status passage' in relation to menarche is presented by Newton (2016) as having three phases: separation, transition, and incorporation. This chapter argues that menarche marks the beginning of lifelong menstrual concealment, stigma and etiquette practices that position menstruating bodies as inherently problematic within gender knowledge systems and power relations. Newton's (2016) framework provided the conceptual foundation to scaffold this analysis of participants' navigated their first period and their ongoing menstrual experiences across multiple sites of knowledge production including family networks, peer networks, the school setting, and media representations.

This analysis presents three key findings as outlined at the chapter's beginning. Firstly, menarche serves as a critical biographical turning point or 'key moment' in an individual's life, with participants describing experiences ranging from signifying a welcome transition to adulthood to representing a profound loss of childhood, or both simultaneously. Secondly, educational institutions continue to struggle with how to frame menstruation, caught between scientific discourse and lingering cultural taboos, resulting in approaches that fail to address the affective and embodied realities of menstrual management. Thirdly, the school setting remains an integral site for the production of menstrual knowledge through both formal curricula and informal peer-to-peer knowledge transfer across generations.

The comparative analysis between older participants (aged 48 and above) and younger menstruators reveals the persistent 'stickiness' of gender cultural stereotypes alongside emerging spaces for resistance and creativity. What has sustained across generations is how the menstruating body remains subjected to menstrual etiquette norms that position women's bodies as 'other' and 'dangerous'. As Newton (2016, p. 182) outlines, 'the menstruating body

is still subject to concealment, secrecy and shame, and, in this respect, little seems to have changed over the last five decades'. Older participants like Amy (50) and younger participants like Chloe (29) described remarkably similar experiences of menstrual teasing and stigma in mixed-gender school environments, with the fear of being 'exposed' as a menstruator through leaking or visible period products persisting across all age groups. Young menstruators continue to learn early in their menstrual life that menstruation must be concealed, including the physical hiding of menstruation and menstrual products and the silence and shame that frame femininity as women's ability to 'manage their periods in the right way' by maintaining the secrecy of their 'polluted' bodies.

However, sources of continuity, resistance, creativity and change in how menstruation is managed may be attributed to transformations in menstrual discourse. Younger participants possessed greater analytical awareness of how menstrual stigma functions as a tool of social control, showing less internalised shame and more critical distance from stigmatising experiences. Most notably, some participants described using their menstruation as a form of resistance. [47] By deliberately bringing ‘period talk’ into male peer networks, some participants sought to pre-emptively defend themselves against gender-based teasing and, at the same time, disrupt the menstrual status quo.

Overall, this chapter situates menarche as a critical moment for understanding the social and cultural dimensions of menstruation in contemporary Irish society. By examining how menstrual discourse is communicated, interpreted, and sometimes resisted this analysis contributes to our understanding of how menstrual etiquette and concealment imperatives are established and maintained across the life course. This also highlights how menstruators

[47] For more on how adolescents used menstruation as a form of resistance see Tomlinson's (2023) analysis of offline micro activism

navigate and make sense of these established norms through their own menstrual imaginations.

The next chapter will further analyse kinship networks as a conduit for knowledge production.

Chapter 6: Blood Lines: Menstruation and The Family

Introduction

This chapter discusses findings in relation to how menstruation is managed, framed and understood in the family. This chapter examines the family as a conduit of knowledge production that shapes a person's experience of menstruation across the life course.

The aim of this chapter is to assess the transmission of intergenerational knowledge surrounding menstruation from mothers and daughters. Most often, menstrual knowledge is shared and produced by female family networks. The role that sisters, aunts and female cousins play in relation to the production of menstrual knowledge is an area neglected in the critical menstrual literature (Perianes and Ndaferankhande, 2020; Newton, 2016). Critical menstrual scholars have also argued that 'mother's attitudes toward menstruation shape the menstrual education girls receive, which if inadequate, might negatively affect their daughters' experiences of menarche and ongoing perspectives toward menstruation and sexuality' (Hawkey et al., 2020, p. 100; Costos et al., 2002, p. 56). This chapter centres these family networks. Broadly speaking, three common experiences emerge. Firstly, across generations, sisters, cousins and aunts provide key information about how to manage menstruation practically. Secondly, older sisters often adopt a 'motherly' role to supplement a lack of menstrual knowledge for their younger siblings. Finally, these networks sustain across the

menstrual life course, and continuously provide sources of information and support to those who menstruate. These influences are not just felt at the time of menarche.

I begin the chapter with a discussion of mothers and menstruation. The previous chapter examined varying accounts of menarche. How mothers reacted to menarche was a key element of participants' menstrual narratives and as such I explore these in depth here to illustrate the role of maternal sensibility and practice on menstruation in shaping daughters' menstrual lives. The chapter then proceeds with analysis of the four dyadic interviews conducted for this research. In doing so, I examine dynamics that shape mother and daughter relations and the generational lines of menstrual knowledge transmission and communication within this gendered familial context. Dyadic research approaches in critical menstrual scholarship offer unique insights into how menstruation is socially constructed and experienced through intimate relationships and conversations (Mendlinger, 2020). Dyads capture how menstrual knowledge, attitudes, and practices are transmitted, negotiated, and sometimes contested within close relationships.

I examine in particular how mothers repeat and resist the cycle of menstrual knowledge production. The chapter also spotlights the role that sisters and extended family female networks play in menstrual knowledge production. Following that, it examines the role brothers and fathers play in how menstruators manage, frame and understand their menstruation. Overall, this chapter situates the family as a critical locus for understanding the social and cultural dimensions of menstruation.

Mothers and Menstruation Across the Life Course

Female family networks, particularly directed by mothers, remain as one of the most important sites of menstrual knowledge production at menarche and in the initial years of menstruation. After that, participants began to rely on their peer networks and social media to

supplement menstrual knowledge provided (mostly) by their mothers. Although younger participants engage with social media more often, the role of female family networks, particularly the mother, remains significant.

From the onset of menstruation through each stage of the menstrual life cycle, mothers are often the first to provide guidance, support, and education about the physical, emotional, and practical aspects of menstruation (Marvan and Molina-Abolnik, 2012, p. 358). They shape attitudes, dispel myths, and establish norms that can impact how menstruation is perceived and managed, framed and understood throughout the life course (Brantelid et al., 2014). In doing so, mothers may also transmit the invisible reproductive work associated with menstrual management including the planning, preparation, and emotional labour that menstruation requires across the life course.

Lee and Sasser-Coen (1997) argue that the maternal role in menstrual knowledge production is critical for empowering daughters with essential information while building their confidence and sense of normalcy in navigating menstruation. Brantelid et al.'s (2014) analysis of menstruation across the life course in Sweden also posits that mothers play an integral role in girls' experiences of menarche and menstruation generally. They argue that how a mother relates to her daughter concerning the issues of menarche and menstruation may influence the girl's future experiences. If the mothers communicated a positive view of menstruation, then the daughters, for the most part, also presented a positive view. Whereas if the mothers presented a negative view, the daughters were more likely to hold a similar view of menstruation (Brantelid et al., 2014). Research on mothers and daughters suggests that as children mature to adulthood and their mothers become older, their relationship becomes the object of reflection and meaning making for both mothers and daughters (Bojczyk et al., 2011).

Mothers and Menarche

While the previous section outlined the sustained role of mothers across the menstrual life course, this section focuses specifically on the moment of menarche as a critical juncture in that relationship. If the mother-daughter dynamic shapes menstrual knowledge over time, it is at menarche that this dynamic is first tested (Lee, 2008; Hawkey et al., 2020). Across generations, participants recalled their mothers' responses to their first period as formative. These responses shaped both their practical understanding of menstrual management and their emotional and affective relationship with menstruation:

> 'My mother tried her best. I've been thinking about this as well… I think she struggled a little bit. She didn't really know how to handle it because I mean, I am the only girl… but she should have… like, she would have known what periods were or like could have explained a bit. I don't know. I think I'm trying to say she had them too. Like. She had them too.' (Sinead, 48).

Sinead details her disappointment that her mother did not share her knowledge and experience with her and equip her better as a result. Sinead exemplifies the argument made by Brantelid et al. (2014), who outline how good or bad experiences at menarche are carried across the life course. At 48, Sinead is still holding on to the feelings of hurt, being let down and disappointment from her menarcheal experience. As the only girl child in her family, her menarche spotlighted or drew unwanted attention to her. Later in the interview, she outlined how this resulted in her not being able to share her upset with the family, in case she made her brothers and father uncomfortable:

> 'It was better to keep it to myself… I think I just knew to keep it to myself so that nobody else felt weird around me… or about it…' (Sinead, 48).

These quotes exemplify the expectations placed on mothers by their daughters at the time of menarche. Across generations, participants recall running to tell their mothers about menarche, and in some cases extended female family members:

> ‘I ran out of the toilet to tell mam in the kitchen and I remember going out to see my aunties and I told them too *laughs*… eh, it was just such a big deal.’ (Una, 48).

> ‘I remember showing my mother my knickers. Like, ‘I've got this blood on my knickers’ and she was just…Her reaction was very big and it was very hysterical.’ (Sinead, 48).

> ‘I only told my mother. I wouldn’t have dared say it to anyone else before telling her first.’ (Geraldine, 78).

As discussed, most participants recalled feeling shocked, surprised and unprepared for menarche. Across generations, many participants expressed desire for further discussion on the topic of menarche to combat their surprise. For example, a much younger participant shared similar sentiments and outlined how a conversation with a mother or family member would have been enough to support them and their transition to becoming a menstruator:

> ‘I think I needed someone to talk to about it. I wish my mam could have talked to me about it. I was so freaked out when I learned about it in school and I think I needed just one voice of reason to make me feel less like shit about it all.’ (Danielle, 19).

> I genuinely think, like, having a one-time chat would have been so good. Like, instead of just saying ‘oh you have your period. Ok. Pads in the drawer’. I think I needed less ‘suck it up’ and more of an honest, an honest conversation. I dunno.’ (Evie, 32).

These accounts show both continuities and change across the 59-year age span represented in this data. The immediate impulse to tell mothers first remains consistent from Geraldine (78)

to Danielle (19). Feelings of shock and unpreparedness also persist across all generations. However, the expectations surrounding these conversations have evolved considerably. Geraldine's experience, suggests a more restrictive era where careful protocol governed even maternal disclosure. In contrast, younger participants like Danielle and Evie articulate clear expectations for emotional support and ‘honest conversations’ rather than practical instruction alone. Although the fundamental shock of menarche remains unchanged, there appears to be a growing gap between evolved expectations for supportive family dialogue and the actual delivery of that support, with younger women seeking ‘one voice of reason’ and emotional validation. Feeling as if they did not have enough support from their mothers made the navigation of menarche difficult. In Evie’s case, she recalls needing more emotional support rather than the matter-of-fact approach. Given the limits of her menstrual knowledge, Evie’s need for information, seeking ‘honesty’ even in one time sit down may have compensated and comforted her. This reference to ‘suck it up’ also suggests that she perceived that her mother did not see the need for a conversation, rather this was the time to ‘get on with things’ rather than to discuss them. It also suggests that rather than seeing this event as no big deal, her mother may have felt embarrassed or even sad about her child now moving towards adulthood. Either way, the effect on Evie is clear, a hurt and/or perceived deficit in her knowledge, a lack of support in this life transition. The curt response of 'pads in the drawer' also indicates a concealment imperative, one that carries powerful affective messages about shame and secrecy. This response exemplifies the emotional labour that menstruators must carry out. They must manage their physical needs at the same time as managing the feelings of isolation and inadequacy that such responses can generate.

Across generations, participants recall different ways that mothers reacted and responded to menarche. What is consistent, is that how a mother reacts to a young person’s menarche is important. For some participants, they carry the feeling of being ‘let down’ by their mothers

at the time of menarche with them into their adult lives. For others, their mothers' reactions strengthened their bond. The following section also describes how other young menstruators felt when their menarche was celebrated in an unwanted way, or when they had 'too much' support from their mothers coupled with a lack of knowledge. Hawkey et al. (2020) examine menstrual celebrations around the globe. They define menstrual celebrations as ceremonies, rituals or a recognition of a menstruators transition into womanhood (Hawkey et al., 2020). However, Johnston-Robledo and Chrisler (2013, p. 12) note a paradox in menstrual celebrations. While these rituals aim to positively frame menstruation as an 'entrance into womanhood', they can also create cognitive dissonance for young menstruators who encounter contradictory societal messages that frame menstruation as shameful.

Menarcheal Celebrations; With or Without Information

Around the globe, menarche is acknowledged through cultural celebrations, ceremonies or rituals (Hawkey et al., 2020). However, Hawkey et al.'s examination of menarcheal ceremonies with Tamil and South Sudanese participants found that whilst some enjoyed the celebrations, most found them uncomfortable due to the public exposure of an intimate bodily process, which made menstruators want to conceal rather than celebrate their new status (Hawkey et al., 2020, p. 193). Even though menarcheal celebrations attempt to promote positive messages about 'welcoming' into womanhood, girls receive stigmatising messages about menstruation as a taboo bodily function to be contained and hidden (Johnston-Robledo and Chrisler, 2013, p. 12).

While menstrual celebration was not the common menarcheal experience for menstruators in Ireland, I focus on four participants' recollection of their mothers and family members celebrating their menstruation. This played out in two ways, celebration with information and celebration without information:

> ‘My mom almost threw an actual party for it. I was like ‘Uhmmm? Can we get back to the task at hand?’ *laughs*… I was an only child and I think she wanted to make a big deal out of it. I didn’t mind all the attention. We did do a kind of party though. It was so silly but it was fun. We talked about it so I understood everything or as much as I needed to know at the time, I guess. We got takeout and watched a movie that night… me, mom and dad. It was really nice.’ (Katie, 30).

> ‘It was always just me and my mum. We talked about everything and she had made a little kit up for me with sanitary pads and even a tampon too. She wasn’t afraid of telling me anything and I wasn’t afraid of asking. I was as ready as I could have been. When it came it was fine. We talked over everything again and I used my little kit. It was a celebration in a way, just us two.’ (Nicola, 55).

Katie and Nicola’s ‘period party’ is recalled as a positive menstrual celebrations.

Hawkey et al. (2020) described various types of menstrual celebrations and rituals. These ranged from public facing celebrations in a community setting to smaller, family-based period ‘parties’. While the term ‘party’ traditionally refers to a group of people coming together to celebrate an event, Nicola (55) uses the term to refer to an opportunity for bonding between her and her mother. The ‘period party’ that Nicola described was an affirming, family celebration.

However, the following experience of ‘celebration without information’ was also noted by participants:

> ‘I just didn’t have anybody to talk to about it, you know? My mother actually kind of celebrated when my period came in. I just wish we would have talked about it. Like the celebration was good and all… But meanwhile… I'm a child, like…not really understanding what the hell was going on, you know?’ (Sinead, 48).

Sinead emphasises how menarche was a portal into womanhood, that she did not feel prepared for. This retrospective view includes looking back at herself as a little child who was vulnerable and without the resources, knowledge, skills and emotional maturity to navigate crossing this threshold into adulthood. Sinead described wanting to avoid the spotlight that was being shone on her in the form of a celebratory response to their new menstruation. The lack of prior menstrual knowledge made the 'event' of menarche feel more shocking, with more confusion ensuing when family members were congratulating and celebrating their periods.

In sum, almost all participants specifically recall their mother's reaction to menarche, and how these reactions shaped their experiences of menstruation generally. Positive, negative or ambivalent familial reactions to menarche shaped participants experience of this turning point. As discussed in Chapter Five, some participants held onto the sorrow, disappointment and the sense of loss they felt towards their childhood at the time of menarche. Some attempted to bridge this knowledge gap in the lives of their own children through aiming to equip them with the knowledge they did not have at the time of menarche.

Some sought support and a 'second opinion' from their mothers if they were experiencing 'bad' periods:

> 'like, I kinda just wanted to check that I was right… like, that it wasn't just a bad period and that there was something off, if that makes sense. Obviously she (talking about her mother) had gone through it. so she could have known. Anyways, it turned out that talking about my periods with mam made us talk about more things. Like she had bad periods when she was younger, and like I didn't know she had a miscarriage. I didn't know that ever, but I guess it just never would have come up before.

> Anyways, it turned out I needed to go on the pill to make my periods better and it worked. But it gave us an 'in' to talk about other stuff.' (Suzanne, 44).

For Suzanne**,** discussing menstruation with her mother provided her with the opportunity to deepen their connection, and discuss issues that would have never come up otherwise. It made her feel that she wasn't alone in having 'problem' periods. Additionally, it increased the trust in their relationship. Suzanne felt that her mother opening up to her meant that she was being treated like a mature adult.

As participants matured, they began to re-evaluate their mothers' experiences and to recognise points of similarity between their own lives and those of their mothers. Rather than being a continuation of childhood dependency, adulthood created opportunities for daughters to reconstruct their understanding of the relationship in more reciprocal terms. Bojczyk et al. (2011) show that adult daughters often reinterpret earlier experiences in light of new life stages, which fosters greater empathy and appreciation for their mothers' roles and experiences. This process of 'reconstructing the past' highlights how generational continuity and change can deepen intergenerational connection and allow daughters to identify more strongly with their mothers' experiences (Bojczyk et al., 2011, pp. 468-471).

For some, realising their mothers shared similar experiences came when they had children of their own:

> 'It was only when I had my own girl, that it sort of *clicked* for me. like why my mother was the way she was. And why she found things hard. And why things would have been hard to talk about. I said it to her, before she died. I said I understood it. and that I understood her'. (Sinead, 48)

When the time came for Sinead to explain menstruation to her own daughter, she was struck with a retrospective compassion for her mother. Sinead's daughter's menstruation allowed her

to forgive her own mother for not equipping her with adequate menstrual knowledge, as she began to understand that the topic could be difficult to communicate.

The data indicates how daughters experienced their mother's reactions to their menstruation. Participants describe the impact of how this interaction set the terms for some about how to practically manage their early menstruation but also how they affectively responded to this significant physiological change.

Participant accounts suggest that mothers are also navigating tensions. In transmitting menstrual knowledge, they often reproduce both the 'traumas' of their own experiences and the disciplinary codes of menstrual management. In the next section I draw on the dyadic interview data to further examine the intergenerational elements of these processes.

Menstrual Knowledge Production Across Generations

Dyadic Interviews

There is a relatively small body of literature that is concerned with the intergenerational transmission of menstrual knowledge between mothers and daughters (Mendlinger, 2020; Mendlinger and Cwikel, 2005). Research recognises the mother-daughter bond as lifelong, intimate and developmentally important (O'Reilly, 2004; Bojczyk et al., 2011). What is clearly established is that the mother daughter relationship plays an integral role in the development of body image, self-esteem, and identity (Borello, 2006; Goslin and Koons-Beauchamp, 2023).

One dyad group, Claire (30) and Joan (61), held contrasting perspectives on shared experiences. Claire emigrated from England to Ireland in her 20s and moved back to the UK for the birth of Joan, her first child. Claire and Joan moved between England and Ireland frequently throughout Joan's childhood, before permanently settling in Ireland when Claire was 15. Joan took an active role in shaping the narrative of their shared experiences, often

providing her own interpretation of events when Claire was speaking. Throughout the interview, Joan often interjected with the following phrases:

> ‘No, it didn’t happen like that.’ (Joan, 61, dyad 2 Mother).
>
> ‘That’s not right.’ (Joan, 61, dyad 2 Mother).
>
> ‘You’re telling it wrong.’ (Joan, 61, dyad 2 Mother).

As a result, Claire became reluctant to answer questions. She prefaced a lot of her responses some variation of this phrase:

> ‘This is what I think happened, but *pointing to her mother* may disagree.’ (Claire, 30, dyad 2 daughter).

These dynamics between Claire and her mother made it difficult to understand some of the events Claire described. This became particularly evident when Claire discussed her menstruation and attempts to raise the topic with Joan. However, it is important to contextualise Joan's responses within the social landscape of menstrual health during Claire's adolescence. Claire’s description of periods that were ‘always bad’ from the very beginning is notable. Retrospectively, her account raises the possibility that she may have been experiencing a menstrual disorder such as endometriosis or dysmenorrhoea. As established in Chapter 4, medical understanding of menstrual disorders were limited during this period, with many symptoms dismissed as normal female complaints or psychological issues. Within this context, it is important not to read Joan's apparent dismissal of Claire's concerns as simply a failure of maternal care. Rather, Joan was navigating a medical and cultural landscape that offered women and her generation little language or recourse for distinguishing between difficult menstruation and pathological menstrual pain:

> ‘Ever since the first one it was always bad. They were not nice. But. You just learn to live with them. I do remember talking to *looking at Joan* you about them once…but there sort of was no point. I don’t think I was going to get any sympathy from you *laughs*…no it’s not like you were horrible about them but like what could you have done about them. Like, nothing really. You would have told me to ‘go to bed if I felt sick’ or given me a hot water bottle and that’s it like *laughs*…’ (Claire, 30, dyad 2 daughter).

In response to Claire’s comment, Joan offered her own recollection of events and ultimately concluded with a moment of self-reflection.

> ‘I don’t think I would have been quite so blunt about it. I would have told you to go to bed if you were sick with anything, I didn’t just say that because it was a period. I would have brought you to a doctor if it was that bad. Which it wasn’t. So I did what I thought was right. Maybe that was the wrong thing’. (Joan, 61, dyad 2 mother).

Joan's final sentence marked a moment of introspection, suggesting she was giving genuine thought to Claire's experience and recognising that her approach might have been flawed. Where Joan's generation may have been socialised to accept menstrual difficulties as inevitable aspects of womanhood, Claire's generation has access to expanded medical frameworks and treatment options that validate previously dismissed experiences. The friction between mother and daughter thus represents both personal conflict and shifts in how menstrual health is understood, discussed, and medically addressed across generations. This suggests that what appears as maternal dismissal may actually stem from the limited resources and knowledge available to previous generations of women navigating menstrual health concerns. Joan’s response to her daughter’s description could be seen as an effort to reassure herself that she was ‘trying her best’ in relation to raising her daughter. Additionally,

throughout the interview, Joan was visibly frustrated when Claire described her in a way that made her seem harsh or blunt.

In her research on maternal guilt, Sutherland (2010) explores how societal expectations of motherhood fuel feelings of guilt and shame among mothers, intricately tied to cultural ideals of the 'good mother', who is self-sacrificing and entirely devoted to her children. Mothers who fall short of these ideals, whether due to career ambitions, personal choices, or unavoidable life circumstances, often internalise guilt and shame. This emotional burden is compounded by societal pressures that dictate what it means to be a 'good' or 'bad' mother.

Joan's responses also featured a tangible heaviness and regret in how she spoke about some of the parenting 'mistakes' she felt she made with Claire:

> ' I think I could have been more sympathetic at times. I did try. Even when you were talking about me sending you to bed with the hot water bottle for your period. I could have been more understanding. But it's the way I am. Or was. You know what I mean. (Joan, 61, Dyad 2 mother)

Despite the tension that emerged throughout the interview, the mother and daughter did seem to have a close-knit relationship. Both Claire and Joan acknowledged this towards the end of the interview:

> 'I think we have had our ups and downs. But we came out the other side of it, despite that. Haven't we? *looks at Claire*' (Joan, 61, Dyad 2 mother).

> 'Exactly, we definitely worked on it. it's not been easy all the time, but we really are in a good place now. Together. (Claire, 30, Dyad 2 daughter).

The three other dyad groups displayed fewer overt contradictions and interruptions during the interviews, with participants generally allowing each other to speak without the corrections

that characterised Claire and Joan's interaction. However, it would be problematic to assume that this absence of tension necessarily indicates a closer mother- daughter relationship. These interviews represent particular performances of mother-daughter relationships within a research context, where participants may feel pressure to present socially acceptable versions of their family dynamics. In these dyads, lack of contradiction in these dyads does not necessarily signal harmony. It may instead indicated successful impression management, cultural norms around public disagreement, or different communication styles rather than genuine accord. Conversely, Claire and Joan's willingness to openly disagree and correct each other might suggest a more authentic representation of their relationship dynamics, where they felt comfortable expressing genuine disagreement rather than performing familial harmony for the researcher. I recognise that both conflict and agreement may mask more complex underlying relationship dynamics that cannot be fully captured in a single research encounter.

When Mothers Have Expert Knowledge: The Midwife-Mother Dyad

Professional expertise significantly shaped menstrual communication in one mother-daughter dyad. Denise (72) was a midwife, and recalled telling Vicky about many aspects of her professional life. As a result, both Denise (72) and Vicky (48) reported feeling very open about discussing all aspects of embodiment, sexual and reproductive health:

> ‘I would have made sure it was all easy for her to talk about. I do think I would have been a lot more open than some of the other parents when it came to things like talking about sex or her periods because of being a midwife. Mostly because I knew about it all.’ (Denise, 72 Dyad, 4 mother).

> ‘Yes but you *had* the knowledge about it, like you knew about what those things meant. So you explained it well to me. and I think you were seeing things everyday,

> that like, nothing was new to you. Obviously you went through everything yourself, but you would have seen all types of things from working. I think your work stories meant that nothing ever shocked me *laughs*' (Vicky, 48, dyad 4 daughter).

Denise's work equipped her with the biological knowledge of menstruation and sexual health that she knew other parents did not have. Vicky recognises both her mothers' life experience and professional experience with menstruation and sexual health related topics. Vicky regarded her mother as a site of expert knowledge production on all issues related to her embodiment. In this way, Denise passed her pre-existing positive attitudes, feelings and behaviours towards menstruation and embodiment to her daughter.

Sexual health, pregnancy and menstruation were commonly discussed topics in Vicky and Denise's family home. This resulted in Vicky feeling almost as though she had been desensitised to menstruation when she experienced it. The stories she had been told from her mother's midwifery career served to 'take the shock' out of Vicky's menstruation. Her mother's pragmatic and direct approach to menstruation allowed Vicky to ask questions about anything she needed to know. She described feeling as though she asked her mother the same questions multiple times, but knew that her mother would explain a topic to her multiple times to be sure that she understood. Denise's professional expertise positioned her as what a site of expert knowledge production, disrupting the typical pattern whereby mothers transmit limited menstrual knowledge to their daughters (Newton, 2016). However, the 'expert knowledge' being transmitted here was rooted in biomedical frameworks that may have emphasised pathology-focused understandings of menstruation alongside more empowering information. As evidenced by Vicky and Denise, access to professional knowledge can transform family menstrual communication and create space for open dialogue that encompasses many reproductive health topics throughout the life course. Whilst Denise's professional background provided her with unusual advantages, she was not alone in her

desire to improve upon previous generations' approach to menstrual education. In fact some participants were keen to provide 'better' menstrual education than they had received from generations before them.

Breaking the Cycle

Oftentimes, participants outlined how they attempted to ensure the cycle of menstrual shame and inadequate information did not repeat itself in their families:

> ‘Like I’ve had a daughter… I guess I'm kinda trying to show her that there’s loads of different possibilities of what you can use and that you can just find something else…I’m trying to be open about it… like to be able to say ‘ohh I tried this and I didn't like it and that's fine’. To just even keep an open mind. Just so she knows she can ask me and it’s not this big ‘thing’ for her.’ (Emily, 42).

In the previous chapter, I included excerpts from Emily’s interview, where she spoke about the lack of information she had about period products. Here, she is outlining how she will attempt to provide her daughter with a different menstrual experience. Her desire to provide her daughter with more information about period products and an openness about menstruation is done with the vision of her daughter having a more positive menstrual experience then she had.

For those who had a lack of information about menstruation growing up, educating their daughters and breaking patterns of menstrual stigma through increased openness was difficult:

> ‘I remember when my oldest started to get to the age… it sounds bad to say but I was a little bit scared *laughs*… I knew I had to do a good job of it. It was a little intimidating, because I just wanted to do right by her but I just didn’t really know where to start, or what to say, or what not to say. I didn’t have an awful lot to go on

> from my own experience, if you follow me. I was starting from scratch a little bit. I talked to my friends about what they did, and what they told their daughters. Just to get a sense of how they approached it. I think I had a flick through some parenting books too, just to see what I needed to know.' (Grainne, 65).

Despite the 23-year age gap between Grainne and Emily, both share the same anxieties about poorly equipping their daughters for menstruation. Grainne's lack of information about menstruation as an adolescent resulted in her feeling ill-equipped as an adult when it came to educating her daughter. Her engagement with her peer networks and parenting books prepared her with all the 'essential' knowledge and provided her with answers to potential questions her daughter may have asked. In a way, Grainne was learning about menstruation in detail for the first time, as this was all of the knowledge that she was never equipped with in childhood. Both mothers emphasised the need to 'get it right' for their daughters, described the pressure that they felt as a result. Additionally, most participants who had children described feeling they were obligated to ensure their daughters had good menstrual experiences:

> 'I think it's just part of being a mother. You have to do it. and you have to do it right.' (Nicola, 55).

For Nicola, she felt responsible for continuing the good experiences and comprehensive menstrual knowledge that she received as a child. Nicola was aware that she was primarily responsible for ensuring her daughter was well-equipped for menstruation. Perhaps Nicola was also aware that the shame attached to menstruation can have significant psychological effects, particularly on young people who are just beginning to experience their periods. Internalising these negative messages can lead to discomfort with one's own body, diminished self-esteem, and reluctance to speak openly about menstrual health (McHugh, 2020). This

silence can also prevent individuals from seeking help for menstrual-related health concerns, continuing the cycle of shame. Sear's (2009) publication on the etiquette of endometriosis in Australia examines some of the potential causes for diagnostic delays. One potential delay they identify was menstrual stigma. Participants in Sear's (2009, p. 1223) research exemplified how their mother's shame and stigma could be passed down through generations. One participant in Sear's research described confiding in her mother about her period pain and found her experience reframed as a 'burden' to endure, with her mother suggesting that severe pain was simply her 'load in life' until menopause. Grainne (65) and Nicola (55) were keen to affirm their daughter's menstrual pain and ensure their children were well-equipped to manage their menstruation.

In the dyadic interviews, all mothers described wanting to do better for their daughters. For Kelly and Ciara, this was particularly important. Kelly's mother had died when she was in primary school. She relied on her father for information about her menstruation, which she described as not being 'fully comprehensive at all'. The desire for her daughter to be informed about menstruation was in response to this:

> 'I always remember thinking I had to tell Ciara everything I was never told. It's nobody's fault. I just had to make sure that she knew everything that I didn't. I always think about what I would have loved to be told about them. Sanitary towels and a hot water bottle. And what it means. And what it *is*'. (Kelly, 50, dyad 3 mother).

> 'You *looking at Kelly* did a good job of making it all approachable for me. I never felt like I couldn't ask you about something. Especially with periods. I knew you would knew and I knew I could ask you. It was great. Yeah, good job ma *laughs*' (Ciara, 22, dyad 3 daughter).

After Ciara complimented her mother, it was clear that Kelly felt a sense of accomplishment. Later in the interview, Kelly described feeling like she had done a good job of educating her daughter, despite not having much information from her childhood. For other parents, this was a difficult task. The following section outlines some of the ways in which the cycle of low menstrual knowledge was passed down from one generation to another.

Repeating the Cycle

Despite parents wanting to break the menstrual cycle of shame and taboo, some fell victim to perpetuating it.

Some participants described being very open about menstruation with their daughters, but gaps emerged between what was said and how this was done in practice:

> ‘my favourite phrase is ‘normal and natural’. So when you think you’re dying and all that, I always say to (my daughter) ‘it’s normal and natural and it happens to everyone’ and just to like, appreciate that eh, everyone’s different as well.’ (Una, 48).

Una describes her daughters’ periods as very heavy and irregular, much like how hers were as a teenager. While Una’s intention is to be open about menstruation, what appears to happen is a dismissal and minimisation of her daughter’s periods as something that everyone experiences as part of a ‘normal and natural’ process. Throughout the interview, Una discussed how her mother instilled a sense of ‘resilience’ in her relating to her painful and heavy periods. This was also being passed down to Una’s daughter:

> ‘my daughter is the same…like the she’d ring me from the school and say ‘mam I need you’… like even with navy trousers…she’ll want me to come down, she’d have something wrapped around her legs like. Because she’d have leaked or whatever. I’d usually tell her just to get an ST from the Student’s office or reception. Or just to

> change into her PE trousers instead. She's fine then, I think she just wants me to know what's going on.' (Una, 48).

This story is very similar to one Una told about herself at a different point in the interview.

The menstrual management strategies that Una learned from her mother are now being passed down to her own daughter. She encourages her daughter to be resilient and 'get on with things', despite being uncomfortable in school. Throughout Una's childhood, she recalled needing to supplement her lack of menstrual knowledge from friends and extended family networks, and it is possible that her daughter may be doing the same. Her reluctance to assist her daughter who is 'flooding' her period products is surprising, as it is what she struggled with when she had heavy periods in her adolescence.

The following section examines the role that extended female family networks play in menstrual knowledge production.

Extended Female Family Networks

Critical menstrual scholars suggest that sisters and other female family networks remain as key providers of menstrual knowledge (Mendlinger, 2020; Newton, 2016). Recent research on menstruation and menstrual shame in Italy by Trieloff et al. (2024) argues that menstrual experiences will differ based on what women are taught (or not taught) by their family members and friends. Additionally, they found that participants in their study received most of their menstruation education from their sisters and mothers, and not in the school settings.

Across generations, participants recounted a range of engagements with their female family networks when it came to menstruation. For some, sisters provided comfort and support alongside with practical knowledge about how to physically 'manage' menstruation:

> ‘I would have gotten everything from *Evie’s sister*. She told me everything, just to make sure I knew what I was meant to be at. With pads and tampons like. Like, she showed me how to use a tampon actually *rolls eyes and laughs*. She’s like that… but it was nice now I think of it. like, it never happened that I didn’t know how to use a tampon, which I know loads of other people would have found them hard to figure out. That’s the lucky thing though of having a sister *laughs*’ (Evie, 32).
>
> ‘My older sister and I…we spoke to each other about these things. This would have been in the time of sanitary belts, you see. And then the adhesive towels came in. So we would have tried to figure them out together. I do feel like it was a nice thing, in a way. Having someone there…to chat to about it. And to see what works best. It was someone to compare to, in a way.’ (Anne, 72).

Anne and Evie each have older sisters close to them in age. Despite a 40-year generational gap between Anne and Evie, their testimony indicates how sisters remain as crucial sources of menstrual knowledge. Evie and Anne draw on an affective register of solidarity and togetherness to describe their relationship with their sisters and their menstrual experiences.

They describe strong bonds with their sisters. The closeness in ages between Anne and her sister resulted in the pair learning about menstruation almost at the same time. Anne celebrated this, as she viewed her sister as a companion to navigate menstruation with. Her sister was a constant support through all levels of menstrual management.

Despite the 40-year age gap between these participants, similarities between the strength of their sisterly bond is evident.

I asked both participants if they discussed menstruation with anyone else in their family network. Both shared similar responses that indicated their comfort with their sisters as the main reason for their discussion of the topic with them instead of their mothers:

> ‘I think I felt like *Evie’s sister* was easier to talk to. You know when you’re like 12 and you think your mam doesn’t get anything you’re going through *laughs*. Like, I think I felt like *Evie’s sister* *got it,* and it was just easier to talk about that stuff with her, if you get me?’ (Evie, 32).
>
> ‘It wasn’t really the done thing. I wouldn’t have bothered my mother with anything to do with my monthlies. It was how it was then, and myself and my sister got through it together’ (Anne, 72).

Evie’s and Anne’s accounts illustrates some of the ways that the family in Ireland has changed over time (Inglis, 2011). Anne’s mother appeared to have a significant amount of control over her, and she outlined that she did not want to ‘bother’ her with her menstruation. This level of strict, parental control was not commented on by Evie. In their analysis of how childhood has changed in Ireland, Gray et al. (2016) argued that parental control was much stricter in comparison to modern Ireland. [48]Evie’s reluctance to discussing menstruation with her mother is not out of fear or a perceived need to keep ‘out of sight’ like Anne described. Evie felt able to discuss menstruation with her mother, but preferred to consult her sister as she felt more connected to her because of their closeness in age. There is a tinge of sadness that accompanies Annes’ discussion of ‘getting through it’, because her language suggests endurance rather than understanding or support. For her, menstruation was something to be survived in isolation rather than navigated with guidance or comfort. Her phrasing implies a resignation to managing this significant bodily change without adequate knowledge or emotional support. It underscores a broader cultural silence that left many women of her

[48] See F*amily Rhythms: The Changing Textures of Family Life in Ireland*. Gray et al. (2016) show that earlier generations of Irish families were far stricter and more authoritarian. Participants born before the 1950s recalled corporal punishment at home and at school (p. 74). Family meals reflected hierarchy: food was given ‘ in order of rank’ and children kept silent if elders spoke (p. 92). From the 1960s, however, a process of ‘informalisation’ gave way to more democratic parenting, and parents began to increasingly value their children’s imagination, independence and happiness over obedience (p. 76).

generation to cope alone with menstrual experiences. It is evident that the solidarity between her and her sister sustained her through the lack of menstrual knowledge.

For other participants, their sisters did not provide menstrual knowledge or support. Instead, some described feeling as if they could not ask their sisters about menstruation:

> 'It just wasn't what we talked about. We weren't close like that. There's about 5 years between us and… I just don't think it was something we would have done. We just didn't talk about it. I always think we should have been able to, but she wouldn't'. (Amy, 50).

Instead, Amy relied on her mother, aunts and extended family networks for information about menstruation. Later in the interview, she recounted feeling 'lucky' that she *could* rely on her extended female family network to provide her with menstrual knowledge. There was a level of resentment present when Amy spoke about the relationship between her and her sister, and it was clear that she felt that her sister should have been more engaged with her on the topic. However, Amy's positive relationship with her cousins and aunt was shared by many other participants.

For participants who were older sisters, a common experience involved taking on a motherly role to ensure their younger sisters received accurate and helpful menstrual information. When talking about her relationship with her younger sister, Úna remembered reading a puberty informational book that her mother had given her. Her mother gave her the book without providing any further discussion. Without her mothers' guidance, Una's understanding of the material was based solely on her limited ability to comprehend the information. However, Úna then relied on the book to teach her sister about menstruation, ensuring that her sister was more informed than she had been:

> ‘I think the book was probably more helpful for when my sister had her period for the first time *laughs*… like I became the expert for her *laughs*, I think that’s normal though is it? I would have told her everything, so she knew what was coming like.’ (Una, 48)

Úna’s adoption of the role of an educator allowed her to fully prepare her sister for menstruation, in all the ways she was not. In contrast with this, some participants endeavoured to provide comprehensive menstrual education to their daughters so they would not need to be reliant on their siblings or other sites of knowledge production. When talking about both of her daughters, Susan described this:

> ‘I had to make sure ye had everything ye needed. And that ye weren’t relying on each other for anything to do with periods. I had the opposite growing up. My two sisters relied on me for everything for periods. I was only learning too, so I did my best. It wasn’t that mammy would tell us, I think it was that she just didn’t know what to be saying. So I probably overdid it with the girls. But it wasn’t Molly’s job to be teaching *youngest daughter* about periods. It shouldn’t have been my job either, when I was younger. But it was. And I knew I didn’t want it for my girls. It’s a lot of responsibility, I would have thought.’ (Susan, 51, dyad 1 mother).

> ‘Yeah, and like *younger sister* and me would have talked about periods, but we learnt from mammy about them. I wouldn’t know how to teach anyone about them *laughs* not at the start anyways, so I’m glad I didn’t have to *laughs*’ (Molly, 24, dyad 1 daughter).

Cooper and Koch (2007) and Perianes (2020), suggest that menstrual teachings remain hampered by deficient cycles of misinformation fuelled by perceptions of menstruation mainly conveyed by mothers, sisters, or friends, who may themselves lack accurate

understanding (Cooper and Koch, 2007). Susan was keen to 'break the cycle' and ensured that both of her daughters were not made responsible for educating one another. As a child, Susan was responsible for teaching her younger sisters about their reproductive and sexual health. She felt ill-equipped to deal with her own menstruation, let alone being made responsible for her siblings too. Additionally, Susan wanted to lessen the emotional load for her own children. Her commitment to doing this resulted in providing her children with a lot of menstrual information, which she perceived as 'too much'. However, Molly outlined her gratitude for this, and Susan was visibly pleased.

The next section of the chapter examines the role that cousins and aunts play in participants' menstrual knowledge production.

Cousins and Aunts

Across generations, participants repeatedly emphasised the importance of their extended female family networks. This section focuses on grandmothers, aunts and cousins and the role they play in relation to menstrual knowledge production.

Family sociologists suggest that cousins are important figures throughout the life course (Gray et al., 2016; Laoire, 2014). Gray et al. (2016, p. 79) argue that cousins and extended family members remain as sources 'social support, a sense of belonging, cultural capital and access to other networks'. Some participants lived very close to their cousins, attended the same schools and shared peer groups:

> 'Well like, we all live beside each other. Even still like, most of us are still at home. It was great when we were younger, because it was like having built-in best friends. I always had someone to do stuff with and *her cousin* are the same age, and were in the same year, so I always had someone. The older girls were class to have too, it was like I had sisters, even though I didn't, right? It was great.' (Lauren, 22).

Lauren is the youngest, an only girl and has two older brothers. When I asked her who she talked to about menstruation while growing up, she mentioned her female cousins as key sites of information:

> ‘I would have talked away to them about anything, like. Now, my mam would have been good to chat to, but it was fab having the girls too. They were the first ones who told me about periods I think. Because *her oldest cousin* got hers. And then she had pads in her bedroom. I would have been what, 9? And *her youngest cousin* and me were in her room and we saw them and we asked her what they were. And like, she just said ‘oh it’s a pad, like’ *laughs*… then she told us what it was for and how to use it or whatever…and what cramps were. I told her when I started mine. And she was like ‘ok’… then I was like, ‘oh ok.’… *laughs*…’ (Lauren, 22).

Lauren’s experience of finding pads in her cousin’s room opened up a discussion about how to manage her own menstruation years later. The excitement she felt to tell her cousin about menarche was shut down by her cousin’s curt response of ‘ok’. Lauren felt as though her cousin had become routinised to periods, while Lauren was experiencing the initial excitement that accompanied her first period. In the previous chapter, I examined menarche as a symbol of group membership. Although not referring to peer groups, Lauren is describing how her menarche was a symbol of group membership amongst her female family networks. Lauren understood her menarche as a portal in to womanhood and as a way for her older cousin to view her as an equally mature woman. In her excitement to share her menstrual news with her cousin, Lauren demonstrated how menarche is sometimes seen as a way to be 'in the know.' She wanted her older cousin to perceive her as mature and grown-up, but her cousin's downplayed response suggested that menstruation was perhaps, nothing to get excited about.

Another participant from the same generation outlined the important role cousins played in their menstrual journey. Aoife is extremely close with her cousins and aunts, and was living with her cousins while attending university. In the previous chapter, she described masking her 'irregular' menstrual status when in school to avoid her peer networks 'finding her out' that her periods were outside the menstrual 'norm'. She was later diagnosed with PCOS, which explained her menstrual 'irregularity':

> 'I only found out about what PCOS was from my cousin. I knew that my periods were weird, but I would have never really known why. Like, I wouldn't have found about it if it wasn't for her. We were talking one night about periods and I was like 'oh I haven't had a period in so long' and my cousin panicked thinking I was pregnant at first *laughs*…Then anyways we were talking about it and she was like 'yeah, that's not normal' and told me to look up something like PCOS and I did and went to the GP and then the gynaecologist and all the rest and turned out I had it… like, I was probably about 20 when I got diagnosed but it's mad. Like, if it wasn't for her I would have never gotten it sorted *laughs*' (Aoife, 24).

Aoife did not feel equipped to tackle her irregular menstrual periods, so attempted to ignore them and hope that they would eventually become 'normal'. Her lack of information about PCOS is troubling, as it is clear that she never would have sought medical advice if her cousin had not suggested it to her. Aoife's cousin also panicked at the possibility of her being pregnant, which was considered as an almost worse outcome than Aoife having PCOS or another gynaecological health condition. The lack of awareness about conditions such as PCOS is not surprising, as the revised SPHE and RSE curricula does not include much material on menstrual disorders (NCCA, 2024). Aoife's experience may spotlight systemic failures within the Irish healthcare system regarding women's gynaecological health. Research has documented how women with conditions like PCOS and endometriosis face

dismissive treatment, with many reporting that their pain is routinely minimised or attributed to psychological issues rather than underlying medical conditions (Lightbourne et al., 2023, p. 314). The Irish healthcare system's two-tiered structure creates significant barriers to accessing specialist gynaecological care, with public patients facing waiting times of up to three years for endometriosis services, while private care remains accessible only to those with financial means (Lightbourne et al., 2023). The average delay for endometriosis diagnosis in Ireland is nine years, spotlighting how women's reproductive health concerns are systematically deprioritised (Lowry-Lehnen, 2022). This neglect often forces many women to seek treatment abroad or rely on informal networks of family support, as Aoife did, rather than receiving timely, appropriate medical intervention within the Irish system.

While female family networks clearly play central roles in supporting menstrual health decisions, the influence of male family members presents a different set of dynamics. In what follows, I examine the ways in which male family networks impacted participants' menstrual management strategies.

Male Family Networks

There is a growing body of literature that examines the relationship between male family networks and menstruation (Erchull, 2020; Newton, 2016; Allen et al., 2011). Erchull (2020, p. 399) suggests that men’s attitudes towards menstruation are particularly important factors to consider in relation to the perpetuation and dissemination of stereotypes about menstruation and menstruators.

Information about menstruation was rarely provided by fathers and brothers. As argued by Newton (2016, p. 105), menstruation remained a secretive event that was not spoken about with fathers or brothers:

> ‘My mother would have told us very little, which I know I’ve already spoken about. What she did tell us, was to keep it to ourselves. I knew we shouldn’t speak to our father about anything to do with them. And we were to keep our things to ourselves and be sure we made no mess and didn’t leave anything out for anyone to see’. (Anne, 72).

> ‘I definitely had to keep my period quiet. My brothers are a bit older than me and we shared a bathroom. My mam told me I had to be sure to keep it clean and leave nothing for them to find. Which like… is crazy. Because. It shouldn’t have been a big deal? But it was?’ (Danielle, 19)

Danielle's account is particularly striking as it reveals the tenacious persistence of menstrual shame and stigma across generations. Her own questioning of these practices suggests an emerging critical consciousness about these inherited norms, yet her compliance indicates how deeply embedded these concealment practices remain within family structures. In this setting, menstrual stigma operates as a form of embodied social control that transcends social change, maintaining women's responsibility for managing male comfort around female bodily functions. Despite Danielle and Anne receiving menstrual instruction in very different time periods, the core message remains the same for both participants: it is essential to ensure that all visible traces of menstruation are concealed to avoid making the men in their homes uncomfortable. Both participants recalled their mothers warning them not to leave any 'mess' for their brothers or fathers to see. For Anne, this 'mess' didn't refer to used period products but rather the presence of any period products in the family bathroom. The threat of their brothers and fathers finding out about their menstruation added another layer to the emotional labour associated with their menstrual management. I asked both Danielle and Anne what they thought would happen if their brothers and fathers did find about their menstruation:

> ‘It never happened. So I don’t know. I would think my father would have told my mother, and we would probably have been scolded by her. About being irresponsible or what have you. But that’s only a guess. It didn’t ever happen.’ (Anne, 72)
>
> ‘They would have slagged me no end, like, they were… or are, good for it anyways *laughs*. It would have just spurred them on to be arseholes but ya, nothing world ending, just them being a nuisance *laughs*’ (Danielle, 19).

Anne’s fear of being ‘found out’ by her male family networks comes as a result of a more strict adherence to traditional gender norms, which was common in Ireland throughout the 1950s and 1960s (Gray et al., 2016, p. 92). In comparison with this, Danielle was not *afraid* of her brothers or father discovering her menstruation. Instead, she maintained menstrual secrecy in the home to avoid the inevitable gender-based teasing she would have received as result.

The teasing Danielle would receive from her male family members indicates a change in how menstruation is perceived within the family home over time. The use of humour and gender-based teasing to talk about menstruation ensures that menstruation, as a physical process, is kept within bounds, and ‘in place’. Anne and Danielle were motivated by very different factors in their menstrual management strategies. For Danielle, the aversion to being teased for her period creates a new layer to modern menstrual etiquette. The differences between Anne and Danielle’s experiences indicate change in how menstruation is ‘dealt with’ by male family members across generations. There has been progress made from stigma and secrecy to teasing and humour. However, what remains across generations, is that male power remains intact. Of course, gender-based teasing was not a certainty in families. Another participant from the same generation as Danielle described not receiving any gender- based or menstrual teasing from her brothers:

> ‘I think they're pretty comfortable with periods. I don't think, I necessarily would have said, you know, ‘here's my cycle chart and I'm going to be bleeding on this day’, but I definitely wouldn't have kept it like a big secret if I was bleeding. But I don't know if that's kinda because, like, obviously my dad is a doctor that he would have been more maybe… Accepting over the other dads and brothers would be? Maybe. We just talked about it a little bit. Like I wouldn't be embarrassed to say I feel shit because I have my period. I don’t think they’d ever said anything stupid to me about it.’ (Jane, 26).

Jane’s experience suggests her family members held more progressive views towards menstruation. Armed with the knowledge that she was not going to be ridiculed about her menstruation, she was able to disclose feeling unwell or uncomfortable. Similarly, Alice (20) described feeling emotionally supported by her father when menstruating:

> ‘My dad was great to be honest. He is great *laughs*. he’d always be there with a hot water bottle in the morning if he knew I was ‘on’’. (Alice, 20).

Alice’s father provided comfort to her when she felt unwell because of her menstruation. In comparison with this, Sinead (48) details how her menstruation changed her relationship with her brothers. She was now an ‘easy target’ for them to make fun of in the house:

> ‘Yeah, so like I think with the PMT and stuff that and the mood swings and all that, there was definitely an ‘ohh stay away from her or she’ll go mad at you’ …But in my family, there's a lot of slagging that goes on, so I probably would have been teased about it more than having a kind of a deep and meaningful conversation about it…yeah. It was very isolating’ (Sinead, 48).

Alice and Sinead have a 28-year age gap, and the way their male family members reacted to their menstruation suggests a potential shift in Irish masculinities. Contemporary gender constructs in Ireland have been influenced by shifts in religiosity and economic climate, alongside the development of a more heterogeneous society and increased media influence (Darcy, 2019). Darcy (2019) asserts that Irish masculinities have undergone a shift in the past decade that includes a greater degree of self-determination in how to express masculinity in contemporary Ireland and that some men are moving away from rigid notions of masculinity to a more fluid and progressive construct. Alice's father provided her with continued care and support and did not shy away from acknowledging his daughter's menstruation. In contrast, Sinead's male family members embody a more traditional form of Irish masculinity, one that upholds social norms ensuring menstruation remains a private and controlled topic. This strengthens societal expectations that keep girls and women 'in their place' (Darcy, 2019; Ging, 2009).

Sinead's recollection evokes an image of a young girl who was hurt by her older brothers, and she carried this pain with her into adulthood. There was a tangible heaviness when Sinead described how isolated she felt because of her period. Her need for a 'deep and meaningful' conversation could have provided her with some empathy and acknowledgment that things were difficult for her at this time. She recalled how her menstruation placed a spotlight on her in the family home and brought her a significant amount of unwanted attention. Sinead's (48) periods often made her faint. Feeling like she had no one to talk to and fearing her brothers' teasing, she tried to minimise her menstruation by 'putting on a brave face' when in pain and wished for it to go away:

> 'I got up one morning in horrendous period pain…Got up and stumbled, somehow managed to get into the kitchen. I was covered in sweat and I felt really lightheaded

> and I fainted and my brother and my mother had to carry me back into bed…And then I think that was the real moment in my family when they realised, 'Jesus, she has her period it's a struggle', you know, like, saying, 'it's not an easy thing…I was raging because I suppose…I didn't want that attention on me…because I felt that I wanted it to be private' (Sinead, 48).

Sinead felt betrayed by her menstruation for outing her to her family, particularly her brothers. Her desire for things to be kept 'private' points to the power of the menstrual concealment imperative. She was frustrated that she had fainted, but appeared more frustrated that her brothers would now know about her menstruation and how it affected her. Her sense of betrayal by her own body highlights the normalisation of the concealment imperative, where women police themselves and view their body's natural responses as failures of feminine propriety rather than legitimate health concerns (Wood, 2020; Persdotter, 2020). Here, menstrual shame operates as a form of embodied social control, where menstruators learn to fear the social consequences of menstrual visibility more than the physical discomfort of menstruation itself. This self-surveillance and self-disciplining ensures that the work of maintaining menstrual concealment becomes automatic, with women taking responsibility for managing their own comfort while also protecting others from any awareness of their menstrual reality (Wood, 2020, p. 329).

Storing Menstrual Products at Home

I asked participants about where they stored their period products at home, and most described keeping them out of view from their family members. The invisibilising of menstruation within the home was often done by mothers. For Sophie (47), this can be seen when she described how her mother used to buy her period products:

> ‘My mum bought my products, because I couldn’t, as a child *laughs*…but she’d always leave them for me in the top of my pants drawer, and that’s where they stayed’ (Sophie, 47).

Her mother’s repeated action of putting the pads in her drawer and out of sight was a practice that Sophie carried with her into adulthood. When I asked her where her period products were stored now, she described how they are still kept in the same place.

As mentioned, other participants described how menstruation was not kept as a secret in the family home. When describing the relationship with her family, Una (48) recalled feeling very comfortable when telling her brothers about her menstruation:

> ‘ I always would have talked to my brothers, like we were really open with eachother. Like I’d be saying to them like ‘yknow I have my period would you run and get me a pair of trousers’ if I was in the bathroom, or I’d be saying ehh…‘don’t be mean to me because I have my period… or I’ll cry’ *laughs*’ (Una, 48).

Here, Úna was turning the tables on the ridicule and gender-based teasing that other participants experienced from their brothers by making a point to talk about her menstruation in the family home. This may be a strategy to normalise menstruation amongst male family networks, or it may be a way to get out in front of any gender based teasing her menstruation may bring. This kind of self-deprecating humour or discussion allowed Úna to control her menstrual narrative and defuse potential teasing or criticism from her brothers.

Across generations, similarities and contradictions emerge in how menstruation was ‘handled’ by participants’ fathers and brothers. On the one hand, it appears that there has been a shift towards more open discussion of menstruation, as evidenced by Alice. On the other hand, however, gendered based teasing from male family networks remains a feature of the family dynamic, as evidenced by Danielle’s description of how she concealed her

menstruation to avoid such gender-based teasing. Erchull (2020) has argued that men and boys often learn about menstruation in relatively informal ways (from sisters or friends). However, they suggest that this results in boys and men not learning a great deal, as menstruation is largely kept hidden from them. Historically, RSE and SPHE provided in the school setting has often segregated young boys by sex, resulting in them not learning about menstruation in that context either (Kiely, 2023).

Conclusion

This chapter examined how menstruation is managed, framed and understood in and across kinship networks. Building on the work of Brantelid et al. (2014), Newton (2016) and Mendlinger (2020), my analysis presents three key findings.

Firstly, the family remains as one of the most important sites of menstrual knowledge production. The dyadic research illuminated how integral mothers are in the transmission of menstrual knowledge, whilst also drawing attention to the often underexplored roles that sisters, aunts and female cousins play in shaping menstrual experiences across the life course. These female kinship networks provide both practical management strategies and ongoing emotional support that exists far beyond menarche.

Secondly, I identify that the power given to informal menstrual knowledge produced within the family network has sustained across generations. Even as formal education around menstruation has evolved, informal knowledge transmission persists as a key site of menstrual knowledge production.

Finally, I argue that whilst there have been some shifts in how male family members approach menstruation, the fundamental dynamics of stigma and concealment remain largely consistent. My findings both align with and complicate Erchull's (2020) work relating to how menstruation is managed within male kinship networks. Whilst older participants lived in fear of their male family members discovering their menstruation, younger participants described feelings of embarrassment rather than fear. However, menstruation continues to be marked by gender-based teasing and remains a source of discomfort in male family networks, suggesting that whilst the intensity of stigma may have shifted, its fundamental presence persists.

Family sociologists have identified that reliance on family networks ebbs and flows across the life course (Gray et al., 2016). Participants' discussions of menstruation amongst family networks coincided with different life moments, ranging from initial conversations about menarche to later concerns about menstrual irregularities, pregnancy and fertility. This suggest that instead of remaining static, menstrual knowledge within kinship networks continues to be negotiated and reconstructed throughout different life stages. Participants who were mothers often remain as the sole arbiters of menstrual knowledge and are faced with either repeating or resisting the menstrual knowledge cycle that keeps periods a taboo subject (Newton, 2016). For some, teaching their children about menstruation represented their first detailed engagement with the topic, bringing to light how inadequate their own menstrual education had been.

Despite developments in RSE curricula, education on sexuality, reproduction and menstruation remains problematic within kinship networks. The persistence of informal knowledge production alongside formal education indicates how families continue to function as key spaces where menstrual experiences are interpreted and transmitted. Crucially, this chapter argues that intergenerational menstrual communication is characterised by both continuity and deliberate change, as many participants actively sought to provide

'better' menstrual education than they had received from previous generations. These efforts to break cycles of silence, shame, or inadequate information position the family as a dynamic site of knowledge transformation. Mothers, daughters, and other family members negotiate between inherited wisdom, personal experience, and contemporary understandings of menstrual health. Instead of a simple passing down of static information, the intergenerational transmission of menstrual knowledge is as an active process of reimagining and reconstructing menstrual narratives across generational lines.

Overall, this chapter situates the family as a critical locus for understanding the social and cultural dimensions of menstruation. By centring intergenerational relationships, it offers insights into the processes through which menstrual knowledge is created, shared, and negotiated within kinship networks.

The next chapter will examine how menstruation is embodied and managed through the institution of medicine. It will explore how the meaning of menstruation changes across the life course, as individuals encounter and negotiate medical discourses and practices surrounding their bodily experiences.

Chapter 7: Bodies of Knowledge: Menstruation and Embodied Understanding

Introduction

Menstruation, as an embodied experience, offers a lens to examine gendered biological processes, sociocultural meanings, and lived experiences that shift throughout the life course. This chapter explores how individuals understand, frame, and embody their menstrual experiences, particularly focusing on how they navigate knowledge production between medicalised approaches to menstrual management and emerging 'natural' alternatives.

The medicalisation of menstruation, as described by Barnack-Tavlaris (2015), has historically positioned menstruation as a 'condition' requiring management, control, and often pharmaceutical intervention. This medicalised paradigm has profoundly shaped how individuals understand their menstruating bodies, frequently leading to 'embodied alienation', or a disconnection from cyclical bodily processes (Ussher, 2006, p. 45). Drawing on Shildrick's (1997) concept of 'leaky bodies' and Grosz's (1994) theories of corporeal feminism, this chapter explores how participants' embodied experiences both reinforce and reproduce traditional binary oppositions between nature and culture, mind and body, medical and natural approaches.

Data from body mapping methodologies (Ussher and Perz, 2020) is used to explore how menstruation is socially constructed and experienced through intimate bodily knowledge. The research examines medical and 'natural' framings of menstruation, while acknowledging menstruation's status as the 'fifth vital sign, joining temperature, pulse, respiration and blood pressure as a critical indicator of overall health (Stubbs and Sterling, 2020, p. 242). The chapter also examines diverse embodied experiences across trans, non-binary and cisgender menstruators.

First I outline the application of body mapping as methodological approach. I then discuss the physical and emotional pain associated with menstruation. The chapter progresses to examine menstrual etiquette and the performance of femininity. Subsequently, the chapter addresses trans menstruation, and examines essentialist connections between menstruation and womanhood whilst advocating for more inclusive understandings of diverse menstrual experiences. The focus then shifts to the medicalisation of menstruation, examining how participants engage with medical narratives and interventions in ways that both reproduce and resist dominant frameworks. This is followed by an exploration of natural interventions and alternative approaches. While these practices often share terminology with medical discourse they possess different philosophical foundations. The chapter then investigates sex and menstruation, analysing how participants navigate taboos surrounding menstrual sexuality. Finally, the chapter concludes by examining how embodied menstrual knowledge evolves across the life course, synthesising how individual experiences connect to social structures and power relations.

Overall, this chapter utilises body maps and narratives to foreground the relationship between gendered embodiment, social discourse and personal agency in menstrual management practices.

Body Mapping

The selection of body mapping as a methodological approach emerged from the need to capture the embodied nature of menstrual experiences in ways that traditional qualitative methods might not fully access. Whilst interviews and focus groups have dominated menstruation research (Ryan et al., 2022), these verbal methods can sometimes struggle to articulate the embodied aspects of menstrual experiences. Body mapping, as a creative,

participatory visual method, offered a unique opportunity to explore how individuals manage, frame and understand their menstruating bodies.

Body mapping's has its' origins in health research and activism, particularly in HIV/AIDS work in South Africa (Harries and Solomon, 2018). However, despite its utility in exploring embodied experiences, body mapping remains underutilised in critical menstruation scholarship. The process involved participants creating life-sized body outlines on large paper sheets, which they fill with colours, symbols, and text to represent their embodied experience (Harries and Solomon, 2018). I used body maps in a different way in this research. Instead of using life- sized body outlines, I asked participants to draw an outline of a body on an a4 piece of paper, or to use an outline I had brought with me to the interview. An example of a blank body map is provided below:

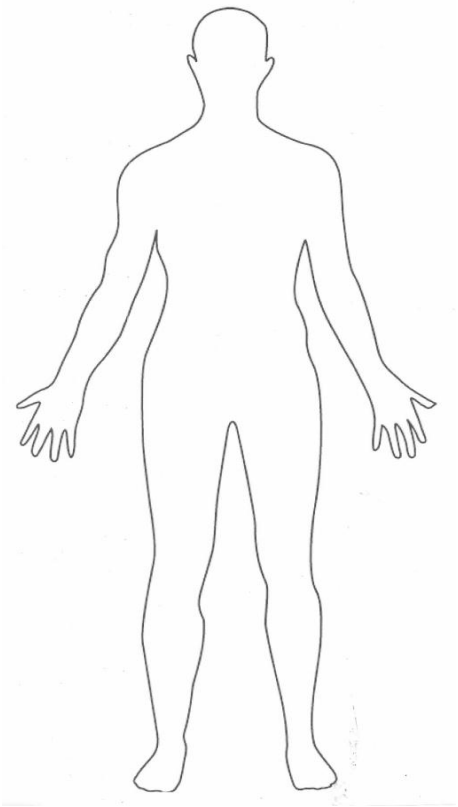


Figure 4: Blank Body Map

The creative, non-linear nature of body mapping proved particularly effective in capturing the temporal aspects of menstrual experiences. Significantly, body mapping enabled participants to represent aspects of their menstrual experiences that they may struggle to articulate verbally. I asked participants to create the body maps at the beginning of the interview. This appeared to facilitate 'embodied reflection', enabling participants to develop new insights into their menstrual experiences (Buttingsrud, 2018). Participants enjoyed the body mapping process and described feeling that it helped them begin to talk about their menstrual experiences. Most participants had never discussed their menstruation in detail with anyone. Additionally, body maps served as a playful tool to approach the topic of menstruation. The enthusiasm with which participants engaged with the body mapping process overturned assumptions that some participants held about taking part in menstrual research. I asked participants how they found creating the body maps, and across generations all participants shared similar sentiments:

> ‘I loved all the whole colouring pencil situation, eh that was fun *laughs* I’m like a big child. It’s therapeutic or something *laughs*’ (Una, 48).

> ‘I can’t tell you the last time I did something like that on my own. I’ve done colouring in with my grandchildren, but never just for myself. That was rather fun I have to say.’ (Anne, 72).

> ‘I love a good colouring book and have all my college refill pads destroyed with scribbles so that was good craic *laughs*’ (Aoife, 24).

The body maps brought a playful element to the research and set a positive tone for the rest of the interview.

Body maps acted as media to communicate embodied testimony to the reality of menstruation by enabling participants to provide visual evidence of pain experiences that medical

institutions often fail to legitimise. While in what follows I examine physical and emotional pain as separate categories in this analysis, it is essential to acknowledge that pain exists on a continuous spectrum rather than as binary categories of either ‘emotional’ or ‘physical’ pain. The boundaries between physical and emotional suffering are permeable, with each dimension informing and amplifying the other. This interconnection is particularly relevant when examining gendered experiences of pain. Park et al. (2024, p. 8) argue that menstrual pain should not be reduced to a purely biomedical problem, as it is a ‘comprehensive phenomenological experience of the self’ that unfolds across different life-worlds and temporalities, shaped by both medical and social factors. They describe how menstrual pain affects the entire ‘bodymind’, encompassing abdominal pain, back pain, joint pain, nausea, fatigue, insomnia, and breast tenderness, along with psychological symptoms such as PMS, PMDD, depression, anxiety, anger, and irritability (Park et al., 2024, p. 7).

Having established this theoretical framework of cripistemology that situates menstrual pain within systems of power and lived experience, I now turn to a selection of body maps that illustrate these norms, experiences and social practices. In what follows, I will explore the themes that emerged from participants' body maps, identifying distinctive representations while evaluating what has remained consistent and what has changed in their experiences of menstrual pain.

Pain and Periodicity: Pain and the Menstrual Experience

Most participants in this study compartmentalised their experiences of pain into two distinct categories: physical menstrual pain and emotional menstrual pain. In what follows, I examine body maps and participants' experiences of this pain. While medical literature has established the interconnection between physical and emotional aspects of pain (Bartley and Fillingim,

2016), this recognition has sometimes led to problematic clinical responses where women's physical pain is dismissed as primarily emotional and therefore less legitimate. This often results in recommendations for antidepressants or psychotherapy rather than appropriate pain management. This medicalisation paradigm frequently delays timely obstetric and reproductive care (Hoffmann and Tarzian, 2001). My decision to maintain the participants' distinction between physical and emotional pain in the following analysis is led by the data itself, honouring participants' own conceptualisations while also recognising that each body map ultimately illustrates both elements in an integrated experience of menstrual pain.

Molly's (24) body map does not separate pain into 'physical' or emotional body map, and elucidates the spectrum of menstrual pain:

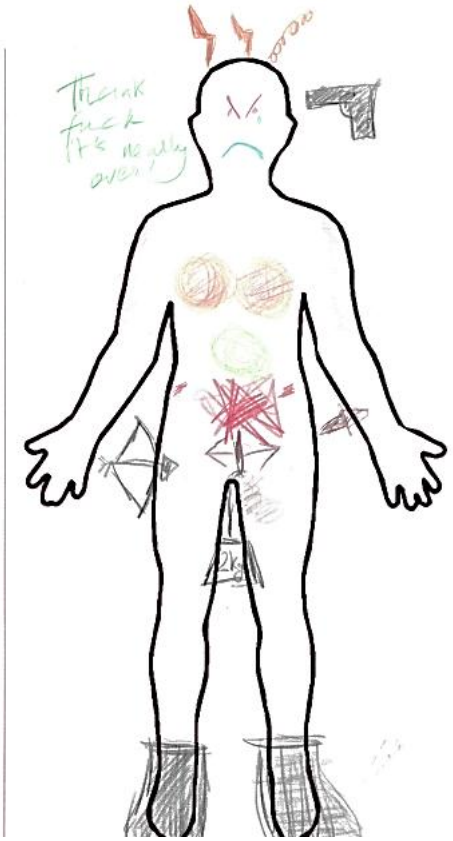


Figure 5: Molly (24) Body Map

Molly (24) described her body map:

> ‘I know it looks awful… but it’s because it is *laughs*…I’m not trying to bring the mood down, but it is just one of those things that can be Hell for me. Like, I drew the weight to show how bogged down I feel… it’s like something is literally pulling me into the ground and I’ve to drag myself around. And all of the stabbing and weapon things to show the pain of it and how bad it can get… and then *points to head of body map*...it’s the awful moods I get in. I just feel…so angry? But so sad at the same time. I don’t want to say they feel world ending, but they *do* feel world ending.’ (Molly, 24, dyad 1 daughter).

In this body map, menstruation is depicted as a process that intensely impacts both her mental and physical wellbeing. The map vividly depicts how menstruation creates a sense of heaviness for the participant, represented by a two kilogram weight that is tethered to her vulva. She further symbolised this heaviness through the inclusion of heavy boots that intensify the sensation of being weighed down during menstruation. Molly also illustrated her menstrual pain by drawing a bow and arrow that shoots across her abdomen. Molly's body map in turn conveys her complex emotional response to menstruation, displaying faces of both anger and sadness. Particularly striking is her portrayal of a gun directed at her head, powerfully symbolising the mental strain and violence associated with managing her menstruation. The gun also indicates fear and anxiety that may shape her experience of her period. These are central aspects of the affective and embodied burdens that accompany abortion work (O’ Shaughnessy, 2024) and in this context are integral to menstrual work.

This imagery also evokes connections to discussions of obstetric and reproductive violence (O’Brien and Rich, 2022), where women's bodies become sites of institutionalised harm and trauma. The phrase 'thank fuck it's nearly over' emphasises the sense of relief and anticipation for the conclusion of each monthly cycle. Molly's body map suggests that menstrual pain is

physical and emotional and is a whole bodily experience. Other participants used their body map to emphasise the physical pain they felt as a result of menstruation.

Physical Pain and the Menstrual Experience

The relationship between menstruation and pain emerged as a common theme across participants' body maps. As Persdotter (2020, p. 365) notes, in her research on menstrual normativity and the normalisation of menstrual pain, the expectation that menstruation should be painful creates a dynamic where individuals must navigate between accepting pain as 'normal' and recognising when it signals a genuine medical concern. This negotiation often spans years or even decades of their menstrual life course. Samulowitz et al. (2018, p. 3) examined how feminine-coded pain experiences are systematically devalued within medical institutions. Drawing from a sociology of health and illness perspective, Lupton (2022) argues that this devaluation stems from patriarchal medical epistemologies that frame the male body as normative and female pain as inherently suspect or hysterical. This creates 'embodied invalidation,' where menstruators' lived experiences of pain are continually questioned or dismissed (Lupton, 2022, p. 106). Przybyło and Fahs (2018) argue menstrual pain has been historically delegitimised and rendered invisible in Western culture, despite affecting 84-85% of menstruators. Through a feminist queer crip theoretical framework, they conceptualise menstrual pain as a legitimate form of chronic, cyclical pain that demands new ways of understanding temporality and disability. Pryzblyo and Fahs (2018, p. 209) reject the notion of menstrual pain as temporary ‘growing pains,’ instead proposing it be understood as ‘growing pain’, or as chronic, cyclical pain that requires social recognition.

For example, Hannah (22) represents menstrual cramps as straight, dark red lines to emphasise the 'stabbing' pain she feels when menstruating. She draws the outline of the body map with exaggerated arms as a way to depict how heavy she feels during her period. The body map features different colours and textures to illustrate the various types of physical

pain experienced during menstruation. Using an orange marker to depict the burning pain running down her legs and back, Hannah creates a visual distinction from the sharp, stabbing pains illustrated in the stomach area.

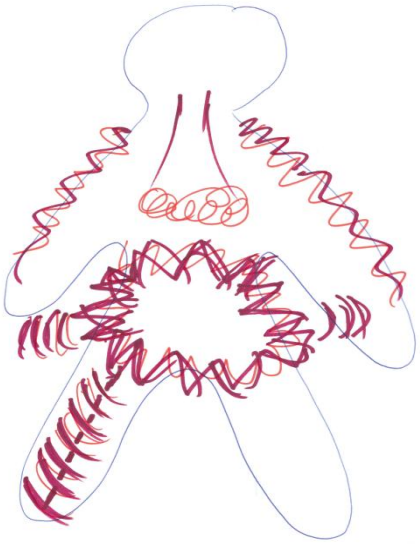


Figure 6: Hannah (22) Body Map

Other participants depicted menstrual pain on the body maps that went beyond menstrual cramps. For another participant, Sophie, this included breast tenderness, headaches and pain that radiated throughout the body:

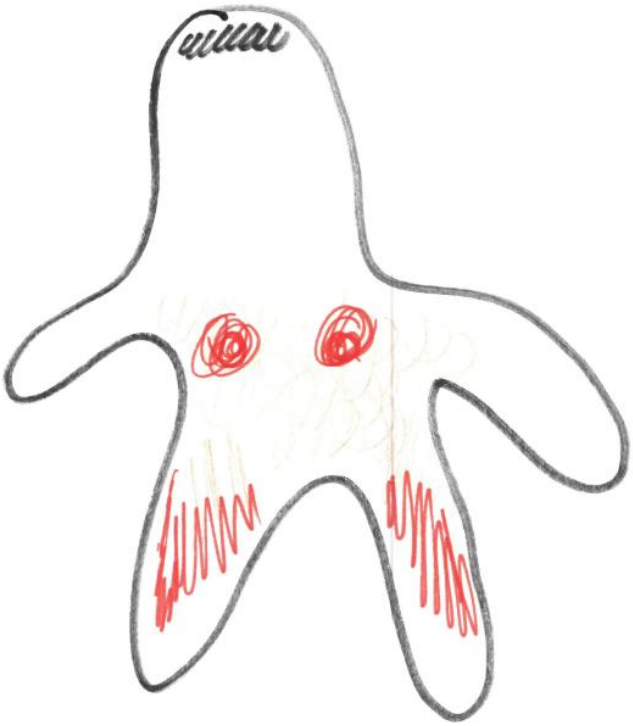


Figure 7: Sophie (47) Body Map

In her commentary on the map she explained:

> 'You can see there I've put in like a grey cloud to be a bit of a headache. And then the day before and the first day I get a real breast tenderness, and pains and cramps in my legs and my thighs sometimes'… that's what the orangey kind of colour is meant to be'. (Sophie, 47)

Menstrual pain is viewed as a 'normal' experience and may only be viewed as abnormal if it is disabling for individuals (Persdotter, 2020, p. 364). Sophie's resignation and minimisation of repeated and routinised discomfort is emblematic of the embodied labour involved in menstrual management. Later in the interview, Sophie described herself as someone who was lucky not to 'suffer' with her periods, despite creating a body map that indicates menstrual pain that radiates throughout her entire body.

Health research on the relationship between perceived menstrual blood loss, pain and quality of life argues that women who perceived their menstrual bleeding as heavy experienced markedly diminished quality of life compared with those reporting light or moderate flow. (Weisberg et al., 2016). Similarly, women suffering moderate to severe menstrual pain reported substantially lower wellbeing scores. Most notably, the combination of perceived heavy bleeding and severe pain proved particularly detrimental to daily functioning across physical activities, social engagements and emotional states (Weisberg et al., 2016, p. 432). They emphasised that healthcare practitioners ought to prioritise women's subjective experiences rather than focusing exclusively on objective measures of blood loss. More recent research from Leon-Larios et al. (2024) examined how menstrual pain and symptoms impact daily activities and workplace attendance. They argued that despite high levels of menstrual discomfort, many women reporting they continued working despite experiencing considerable pain that impaired their productivity. Both Leon- Larios et al. (2024, p. 9) and Weisberg et al. (2016) argue that there is an expectation that women should endure this regularly occurring pain whilst maintaining full productivity.

Gendered disparities in pain management represent a significant sociological concern with broad ramifications in the lives of menstruators. Women's pain reports are more likely to be dismissed, minimised or attributed to psychological factors rather than physiological causes, particularly for conditions lacking clear diagnostic markers (Przybyło and Fahs, 2018, p. 207). As Rice et al. (2024) argues, these disparities are further amplified for socioeconomically marginalised women, whose experiences of chronic pain may also involve intergenerational poverty and caregiving responsibilities. The social organisation of healthcare itself prolongs these disparities through gendered expectations that position women as both ‘excessive complainers’ and as responsible for family caregiving despite their own health experiences (Rice et al., 2024, pp. 6-8). These structural inequities necessitate

reconceptualising pain management through intersectional frameworks that acknowledge how gender operates alongside other social determinants of health to shape both individual experiences and institutional responses to pain. Medical encounters frequently invalidate women's embodied experiences. Pryma (2017, p. 66) suggests that this is a form of moral boundary-work that polices legitimate suffering along gendered lines. As mentioned above, participants generally separated mental and emotional pain in their body maps. However, participants may have separated emotional and physical pain as a coping mechanism. In doing so, participants may have been able to make sense of difficult feelings and experiences by categorising them into more manageable components. The persistence of this distinction across numerous participants' representations warrants attention, as it offers valuable insights into lived experiences of menstrual pain beyond clinical frameworks. The next section examines some of the ways low mood, emotional pain and mental anguish was represented in the body maps.

The Affective Flow: Emotional Dimensions of Menstrual Pain

Most participants drew sad faces and tears on their body maps to illustrate the low mood that often accompanies menstruation. One such example can be seen in Una's body map. Una detailed how her menstruation has impacted her mental health across the life course:

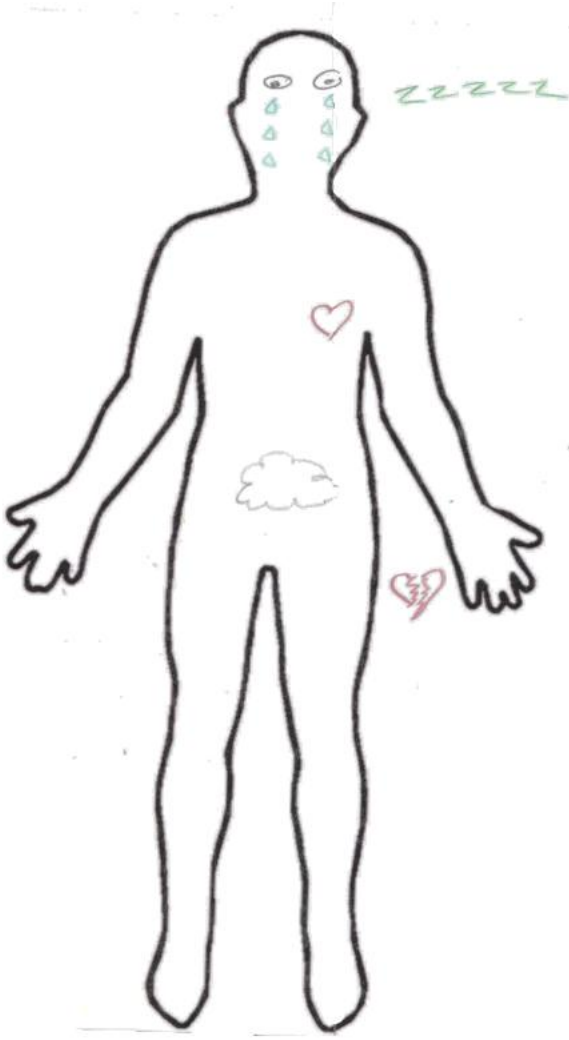


Figure 8: Una (48) Body Map

'My ehh, relationship with my period is ehh, based on two things. One is the hormonal… ehh, shitstorm. Hormonally, like I could set my clock by getting really emotional and getting very, very tired the day before it starts…like I mean, throughout my life like there'd be times I'd start crying over nothing, or picking fights with (my husband), like I'd be so sad… like uncontrollably… uncontrollably depressed *laughs*, sorry that's not funny like but you know what I mean. Then the next day, I wake up the next morning and am like 'ohhh, that's what that is' and just get on with the day *laughs*. That's the tears *points to body map* and then, the 'Zs' (points to body map) are meant to show how tired I get like, the just, total exhaustion.' (Una, 48).

There was a tangible heaviness in how Una spoke about her low mood that accompanies her menstruation throughout her life. Una uses humour to cope with the mental pain she experiences and as a way to invalidate her own feelings. This coping mechanism reveals the complex affective dimensions of menstrual experience, where humour functions as both emotional protection and self-silencing. The affective labour involved in managing these cyclical emotional states requires Una to compartmentalise her feelings while performing wellness in social and professional contexts. She describes a forced resilience that results in her feeling as though she must 'power through' her low mood. Expectations of compulsory resilience are rooted in cultural assumptions that women's emotional lives, particularly in relation to reproduction, must be managed so they do not disturb productivity or the social 'status quo'. In a way, Una uses her period to 'write off' her low mood, suggesting an ambivalent relationship with menstruation as both the source of emotional distress and a legitimising framework that partially validates these feelings. This positioning indicates how menstruators navigate embodied emotional experiences within cultural contexts that both pathologise and trivialise menstrual-related mood changes. Una also used the body map as a way to document her experience of fertility issues and pregnancy loss:

> 'The other thing is, based on the association of having kids and I know we're only really talking about periods like, but I don't think you can take one without the other. It has to be mentioned and the heartbreak *points to body map*, like I had a miscarriage around 13 years ago now. And I, well we, tried for a long time for our third child…he's 11 now like but, I do remember like I'd be in the middle of a class myself, or a work thing like and I'd get it and it meant like… no baby, yknow? I remember one day, in work, this day always stands out, I was at a work conference, and I was so sure I was pregnant and I got it, and it was just knowing I wasn't pregnant and all I wanted to do was go home and I didn't want to go back out to the

> group and I was raging, ‘cause I knew the rest of the day was going to be shit anyways because of the discomfort like, as well as everything else. But yeah, I did go back out and it wasn’t too bad. Yeah, so that’s the heartbreak I suppose.’ (Una, 48).

Una's body map, with its broken heart illustrated outside her body, powerfully symbolises the enduring emotional trauma of pregnancy loss that she has carried throughout her life.

Her reluctance to disclose this experience to colleagues, fearing perceptions of 'weakness' in the workplace, aligns with McRobbie's (2009) critique of neoliberal feminism. McRobbie argues that contemporary women face a ‘double entanglement’ where they must demonstrate professional competence whilst managing traditional expectations around femininity and reproduction (McRobbie, 2009). Una's silence exemplifies McRobbie’s (2009, p. 67) concept of the ‘postfeminist masquerade’, or the performance of professional resilience that conceals ongoing gender inequalities. The internalisation of pregnancy loss as 'personal failing' rather something that requires social support echoes McRobbie's observation of how neoliberal feminism individualises structural issues, forcing women to privately bear emotional burdens whilst maintaining the façade of the ‘perfect imperfect’ balance (McRobbie, 2009). More recent research on experiences of pregnancy loss and the workplace from Gilbert et al. (2023) posits that pregnancy loss remains as a stigmatised issue. In their analysis, Gilbert et al. (2023, p. 15) suggest that pregnancy loss should be regarded as a workplace issue that considers the relationship between home, work and healthcare and impacts, employee health, wellbeing and work outcomes.

Menstrual Meanings Across the Life course

Using body maps has illuminated the different meanings participants’ attribute to menstruation across the life course. For Una, the absence of a period in her 30s was deeply upsetting, as she was actively trying to get pregnant. In comparison with this, Mary (18) also

outlined feeling a sense of panic if her period did not arrive yet for a different reason. The prospect of getting pregnant was terrifying for her at this stage in her life:

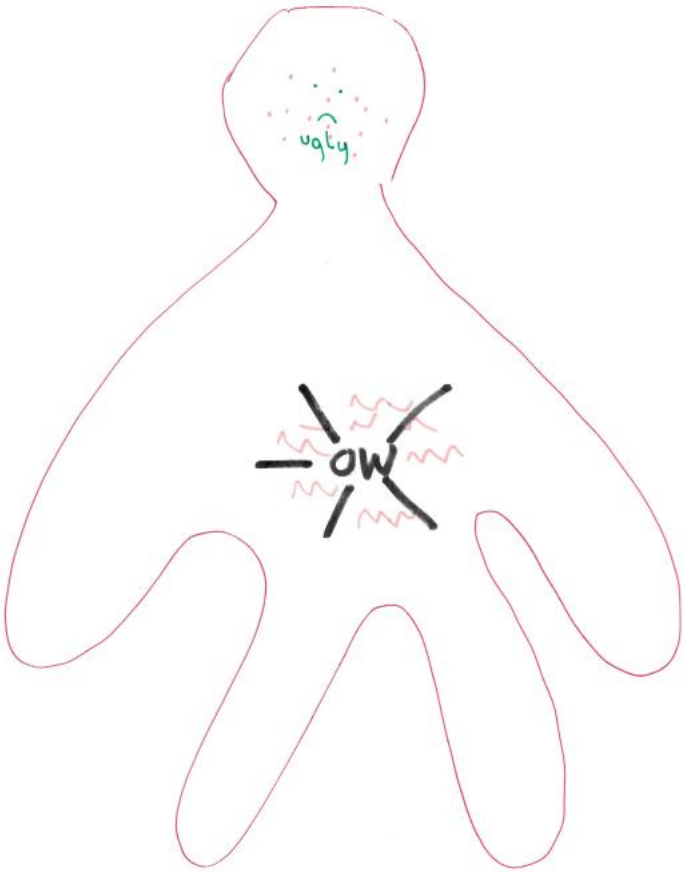


Figure 9: Mary (18) Body Map

> 'The wobbly lines in the stomach there are like, the horrible feeling, like the dread you get every month if it's late, like even if I haven't had sex, you still do get worried. And then it's the relief when it does come. It's the fear about being pregnant. I just couldn't draw that properly *laughs*…' (Mary, 18).

The uncertainty that accompanied her period provided Mary with a continuous underlying sense of worry about the prospect of becoming pregnant. As a result, she practiced constant self- surveillance and a heightened awareness of her emotional and physical health. As well as this, Mary drew the word 'OW' in large letters to represent the consuming, whole-body

nature of her menstrual pain. Her body map also indicates menstruation as a source of intense emotional labour. When describing her body map, she discussed a constant feeling of dread surrounding pregnancy that consumes her in the lead up to her period. This is another element of menstrual work, where individuals must constantly monitor their bodies, anticipate leakage, track cycles, manage pain and conceal these processes in public spaces (O'Shaughnessy, 2024). Young (2005, p. 128) also argues that menstruators are responsibilised with managing their own bodily experiences privately, while also protecting others from knowledge of those experiences, effectively positioning menstrual pain as both individually experienced and individually managed.

Additionally, Mary comments on how her menstruation makes her feel towards her body. She used words such as 'ugly' to highlight how her menstruation impacts her confidence and self-esteem. The bloating she experienced alongside her menstruation left her feeling as though she had gained a lot of weight, and she was very concerned about this. Mary described struggling with her self- image since starting secondary school, and was very self- conscious about her appearance. In particular, she struggled with the ways in which menstruation affected her skin, and drew multiple red dots on the body map's face to illustrate hormonal acne. A critical menstrual study from Ryan et al. (2022) used body mapping to explore food-cravings and self-image at menstruation to argue that in the pre- menstrual phase, self- esteem and body confidence lowers.

Mary also described feeling less self- confident before her period starts. The way that she views her body changes at different stages of the month. Before creating her body map, she told me her period was due the following week. The first thing she did was draw a very large figure that took up the majority of the page:

> ‘ I always think I’m massive. Or…fatter on my period *laughs*…like, maybe it’s the bloating. But still. Rotten.’ (Mary, 18).

Mary’s negative self-image aligns with findings in psychological research, which has documented how menstruation often intensifies feelings of low self-esteem and body dissatisfaction among young people (Chrisler and Johnston-Robledo, 2020, p. 188).

The relief Mary feels when her period does come is a stark contrast to Una’s description. The body maps created by older participants show yet another way in which the meanings of menstruation change at different stages of life. Participants from older generations expressed sadness, relief and a combination of these emotions when they began to experience menopause symptoms. Bobby (75) divided her body map down the middle to illustrate her menstrual journey, before and after menopause.

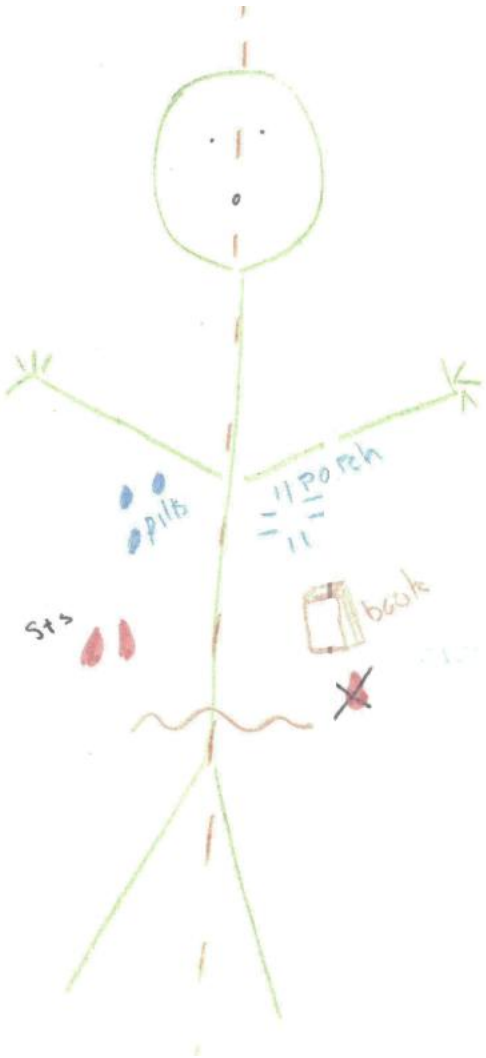


Figure 10: Bobby (75) Body Map

Bobby depicted a face showing that she has remained attuned or alert, emphasising how she has needed to maintain constant vigilance regarding both menstruation and menopause. This illustration depicts her ongoing experience of self-monitoring and self-regulation throughout these physiological processes.

On the ‘pre-menopausal’ side, Bobby documented her menstrual management practices through drawings of sanitary towels (marked as 'STs') and pain relief medications (illustrated as blue ‘pills’). On the ‘post- menopausal’ side, Bobby drew hormone replacement patches and a book she used for information on navigating the menopause. For her, the transition through perimenopause and into menopause represented a significant shift in the meaning of

menstruation. Bobby described feeling liberated from monthly bleeding and reproductive pressure coupled with a sense of loss or displacement from an established identity (Zita, 1997). [49]

The nature of Bobby's menstrual management has shifted but this aspect of embodiment still tethers Bobby to a form of labour and an affective load. While she is no longer worried about menstruation, leaking and experiencing cramps, she is now burdened with 'starting again' at the beginning of her menopause journey. Her depiction of a book indicates that Bobby feels as it is her responsibility to learn about menopause, as she did when she was faced with learning about menstruation for the first time.

Additionally, Bobby (75) used the body map to display how the menstruating body is commodified, at all stages of the life course:

> 'I do think that when I became menopausal, I was struck with how much I had to buy. It changed from sanitary products of course… to books about the change and hormone products, if you follow me…' (Bobby, 75).

Research on menstrual capitalism (Mørk-Røstvik, 2022) argues that the menstruating body remains as a site of constant commodification. This is evident in the way Bobby characterised her menstrual experience; as one defined by being marketed a range of menstrual products. The commodifying power of menstruation is refracted through media, medical and cultural framings that describe menstruation as something that is largely problematic for those who menstruate (Mørk-Røstvik, 2022). I return to discuss these elements of menstrual management and the menstrual imaginary in Chapters 8 and 9.

[49] For more on constructions and interpretations of menopause, see Zita (1997, pp. 95-112).

The overriding assumption that menstruation is negative and restrictive is evident in the body maps presented here. This negative framing of menstrual embodiment is particularly significant when considering pain. As Persdotter (2020) argues, the normalisation of menstrual pain creates a form of 'embodied acceptance,' where individuals come to expect and accept bodily discomfort as an inevitable part of menstrual experience.

Across the life course, menstruation's significance oscillates between being an unwanted monthly burden and a reassuring indicator of fertility (Brantelid et al., 2014). For those trying to have children, menstruation can signify a poignant monthly reminder of non-pregnancy. Conversely, for those avoiding pregnancy, each period brings relief. During perimenopause, menstrual meanings shift dramatically as cycles become irregular. Menstruation also serves as a dynamic site for negotiating bodily experiences and social identities across the life course.

Menstrual Etiquette, Concealment and Constructions of Femininity

The concealment imperative surrounding menstruation has continued across time alongside the association between menstruation and normative femininity, maturity and womanhood. Menstrual etiquette norms encourage menstruators to maintain strict bodily control through concealment, cleanliness, and discretion (Young, 2005, p. 128). In this way, unconcealed menstruation becomes 'inherently unfeminine and socially unacceptable' (Levitt and Barnack-Tavlaris, 2020, p. 565). A small number of participants discussing how they viewed menstrual management specifically as a marker of their feminine identity including fertility, distinct from their sense of womanhood.

However, the data also included more positive framings of menstruation that contradict these dominant narratives. A small number of participants described their menstrual cycles as

sources of connection to their bodies, emblematic of reproductive potential, and symbols of shared experience with other women. For some, menstruation represented bodily wisdom and cyclical renewal rather than something shameful requiring concealment. These affirmative interpretations often coexisted with negative experiences of pain and inconvenience, suggesting a relationship with menstruation that resists categorisation as either entirely positive or negative. This ambivalence emphasises how individuals negotiate dominant cultural narratives while creating personal meanings around their embodied experiences.

*Figure 11:*Gloria (35) Body Map

‘What menstruation means to me. It’s about… being a woman. Not about blood, on its’ own. It’s about more than that. It lets us know that we can be mums. That we work

> as women. Which is why I put the baby. It means I can have my baby. Yeah. That's what it means.' (Gloria, 35).

Gloria's characterisation of menstruation as confirmation that she 'works' as a woman shows that her conceptualisation of menstrual cycles is primarily anchored in notions of fertility and reproductive capability. This suggests that she views female bodily functions through a lens of biological productivity. This perspective frames womanhood as fundamentally tied to reproductive capacity, where her body's cyclical processes serve as validation of her proper 'functioning' within a traditional understanding of femininity.

Western medical and popular media discourses from the 20th century onwards have predominantly framed menstruation as exclusively a 'woman's issue', erasing the experiences of trans men, non-binary people, and others who menstruate (Frank and Dellaria, 2020; Rydstrom, 2020). This cisgender-centric framing appears in medical textbooks, menstrual product advertising, health education materials, and public policy discussions. One consequence of the cis gendering of menstruation is illustrated by Gloria (35) who believed that if she 'failed' to conform to menstrual etiquette rules by leaking or exposing her menstruation, she was also failing at being a woman. Her body map indicates how menstrual management becomes a 'technology of gender verification', where the daily practices of concealment and control serve to both produce and prove feminine identity (Rydstrom, 2020, p. 946). This helps explain why participants felt such intense pressure around menstrual management. Beyond concerns about hygiene or social etiquette, they were repeatedly proving their very claim to womanhood itself.

The next section of this chapter examines how two participants who are trans and non-binary navigated menstruation.

Menstruating as a Trans/ Non-binary Person

Another consequence of the cis-gendering of menstruation was illustrated by participants who did not identify as cis-gender. Dillon (25) is a trans man who described the difficulties he faced when trying to navigate menstrual etiquette norms that emphasise femininity. When creating his body map, Dillon's experience with the dysphoria menstruation caused was evident. For Dillon, menstruation brought both bodily and psychological pain, compounded by others' misgendering and his personal journey of gender identity.

Figure 12: Dillon (25) Body map

Across the chest and abdomen area of the map, he wrote the phrase 'Not a Fucking Girl' to illustrate this dysphoria:

> ‘It’s always presented as a ‘girlie’ thing… everything is pink and ladylike and perfect. I just…I was trying to kind of… come to terms with *me* and my period did make it harder for my transition, I guess… ehh… it’s such an indicator of ‘womanhood’ and it didn’t match up for me like that, obviously. And like I said. Everyone was calling me a ‘big girl’ all the time. When I went on hormones it got much better, it took away the monthly feeling that I wasn’t in the right body. I guess.’ (Dillon, 25)

The body map communicated Dillon's feelings about fertility, featuring a drawing of testosterone gel and the word 'bye!' to show his current non-menstruating status. When discussing his body map, Dillon shared his anxieties about any future interruption to his testosterone treatment:

> ‘I don’t think I want to think about ever coming off hormones… ehh… I think I’ve been so happy with not having to bleed, like I said… but yeah, I hope I can just stay on them and not need to worry about it again, I don’t think I’d be able to deal with it *shrugs*’ (Dillon, 25).

Rydstrom’s (2020) description of trans menstruation outlines how trans menstruators described feeling as though their period ‘marked’ them with a gender identity that they did not identify with. In addition, Rydstrom (2020, p. 948) argues that the gender dysphoria some trans menstruators experience can result in a disidentification with the body as a whole, or parts of the body such as genitalia. For Dillon, this is indicated through the use of an ‘X’ to mark off parts of his body map. Dillon created a body map that has a muscular build, emphasising a hyper- masculine physique.

For Lee (23), their menstrual journey as a non-binary person was made additionally difficult by menstrual etiquette norms. Their gender dysphoria intensified when they began

menstruating, as unwanted attention and celebration from family members heightened their sense of disconnect from their gender identity.

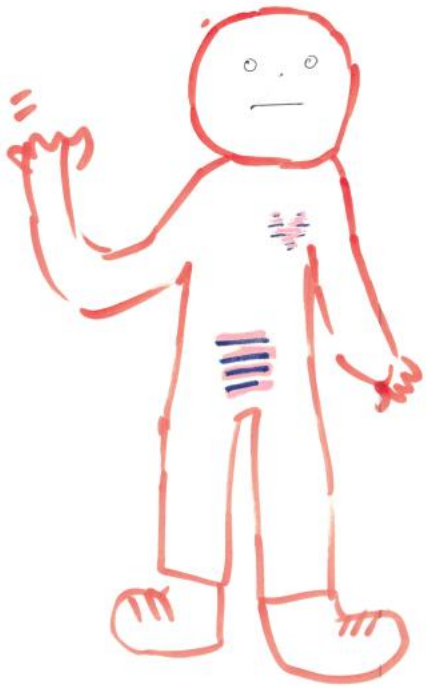


Figure 13: Lee (23) Body map

Lee used their body map to illustrate how menstruation seemed to act as a marker of a gender identity that they did not fully identify with. Their body map features a face of uncertainty:

> 'It made me feel so weird in my own skin. Even now, like, it can be kinda hard. It's one of those things that it can just make me feel so weird depending on the month, it just doesn't feel like it's me sometimes.' (Lee, 23).

Lee's body map included an illustration of the colours used in the Trans pride flag (pink, blue and white) across their abdomen and in a heart shape on their chest. Their position, as someone waving, portrays an uncomfortable acknowledgement of their menstruation. While Lee's wave signifies a sense of familiarity with the process of menstruation, the face they illustrated represents the dis-identification they experience when menstruating as a non-binary person.

From participants' accounts, it is clear that menstrual etiquette involves an intense emotional labour. Oftentimes, the burden of this labour remains hidden and minimised either by participants themselves or by their peer and family networks. Menstrual etiquette operates through a complex system of self-surveillance and self-silencing, where menstruators are compelled to uphold stigma against their own bodies and experiences (Newton, 2016, p. 97; Laws, 1990). This system aligns with Bartky's (1990, p. 71) feminist extension of Foucault's (1977, pp. 200; 304) concept of 'disciplinary practices', or the ways bodies are regulated through seemingly voluntary but socially mandated behaviours. For Dillon, this manifests as an intense emotional labour, which involved the constant monitoring of their body, clothes, and behaviours. For example, Dillon described checking repeatedly for leaks, carrying extra supplies even when menstruation was not expected, and wearing dark clothing during their period 'just in case':

> 'I know that everyone is probably the same, but I do think I'm more worried about leaking. Especially when I'm more masculine presenting. That people will be looking and like, it would draw attention to me. Definitely when I'm out or like, away from home, and I'm on my period I'd double up with pads just in case. Yeah'. (Lee, 23).

Rydström (2020) argues that menstrual experiences for trans and non-binary individuals often involve negotiating profound bodily dysphoria as well as managing practical aspects of menstruation in social contexts that presume menstruators are women. This tension is particularly evident in Dillon's account, where the physical reality of menstruation may conflict with gender expression and identity. To navigate both the embodied experience of menstruation and the gendered social infrastructure surrounding menstrual management (including gender-segregated bathrooms and feminised menstrual products), trans and non-binary individuals must develop sophisticated menstrual management strategies (Rydstrom, 2020, pp. 951-954).

Dillon described some of these sophisticated strategies, including doubling up on products to avoid leaking and avoiding gendered toilets when they are out of the house. For trans and non-binary menstruators, these strategies increase the burden of menstrual work, where individuals must contest their identity with the socially constructed female body (Frank, 2020, p. 381). Moreover, Chrisler et al. (2016, p. 373) illustrate how the medical establishment's cis-normative approach to menstrual healthcare creates additional barriers for trans and non-binary individuals seeking support for menstrual conditions, forcing them to engage with healthcare systems that frequently misgender them or dismiss their experiences. Both Dillon and Lee described avoiding seeking medical care for these reasons. Lee recalled having a particularly difficult doctor's appointment when they were 17:

> 'He actually said to me, when I was looking for help with bad cramps, 'Why do you think you are a 'them'. A 'theythem' *scoffs*...How do you even reply or like, want to talk to them when he's talking about me like I'm a freak thing he's never heard of *laughs*… I know he was probably asking in a way to learn but like, come *on*' (Lee, 23).

Lee recognised their doctor's questions might have stemmed from sincere curiosity about trans and non-binary experiences. However, they felt dehumanised, and more like a research subject than a patient seeking healthcare.

Rydstrom (2020, p. 948) further argues that the very language of menstruation remains deeply rooted in binary gender constructions, creating linguistic barriers for trans and non-binary individuals attempting to articulate their embodied experiences. This observation is particularly salient when considering how menstrual product marketing, educational materials, and healthcare documentation consistently reference cis-normative narratives about

menstruation and embodiment. I examine Menstrual product marketing and advertisements in further detail in Chapter 9.

I asked all participants about their experiences relating to menstruation and medical interventions. In what follows I examine some common themes that emerged across generations.

The Medicalisation of Menstruation: Natural Process to Medical Marker

Despite many participants feeling dismissed within the institution of medicine, people do not feel empowered enough to push back against this expert medical knowledge. Sundstrom and Delay (2023) examine the ways in which the Irish healthcare system and the institution of medicine in Ireland has evolved. Their work suggests that women are still subjected to being paternalised, hystericised and ignored within the health system. I suggest that a paradox emerges in how menstruation continues to be treated in medical practice; while doctors consider menstruation a 'fifth vital sign', they routinely dismiss women's health complaints by attributing them to menstrual discomfort alone.

This section examines how menstruation is medicalised, with particular attention to its status as a 'fifth vital sign'. Critical menstrual scholars understand the medicalisation of menstruation as the framing of periods as a problem needing management, rather than a natural process of the female body (Johnston-Robledo and Chrisler, 2020; McHugh, 2020; Newton, 2016).

Menstruation as a Fifth Vital Sign

The American College of Obstetricians and Gynaecologists (2015) argued that just like blood pressure, heart rate, body temperature, and respiration rate, the menstrual cycle indicates the state of health for people who menstruate. In medical practice, menstruation is often treated

as a ‘fifth vital sign’. Interestingly, all participants noted that had been asked about their menstruation and menstrual cycle, even when their appointment was unrelated to menstruation.

When I asked Danielle (19) if she had ever sought medical advice about her menstruation, she responded:

> God… I don’t think so? Should I ? *laughs*… nah, I’ve never actually gone for it… it is one of those things that they always bring up though isn’t it?...I don’t know though, about going to the doctor specifically about my period. Nah, it’s been brought up though, like they say ‘and when was your last period?’ every time you do be there. Like I remember when I had tonsilitis there in the summer, he asked me about my period… which I know they have to ask but it just felt so unrelated. But I guess… it isn’t? like what I said before there, it’s all related to eachother. I guess? I just assume it is because they’re asking.’ (Danielle, 19).

Before the interview, Danielle had recently attended a doctor’s appointment and she includes a series of blue dots to represent the painkillers she takes when menstruating. The stethoscopes, needles and other medical instruments she drew emphasises how deeply she perceives medicine's role in managing her menstruation.

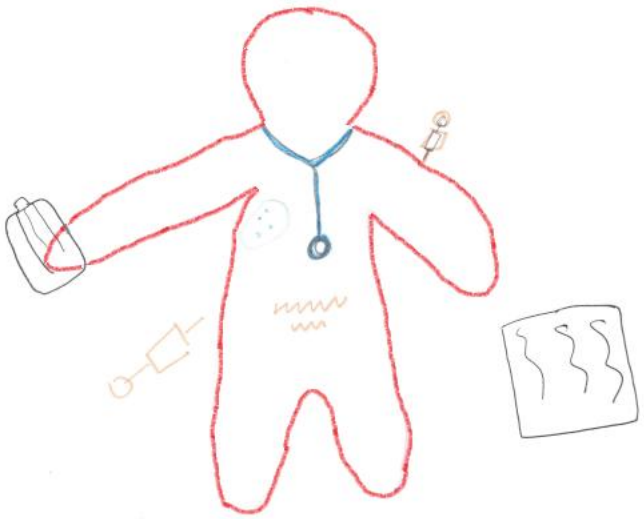


Figure 14: Danielle (19) Body map

Danielle begins her explanation of her body map outlining how she had just attended her doctor for tonsillitis recounting how he questioned her on her menstrual cycle. While she appears completely trusting of her doctor, she commented that she failed to see what the link between her menstruation and tonsillitis may be. I asked Danielle if she had ever asked the doctor to explain the link between her menstruation and her general health and she detailed how she wanted to avoid this:

> 'I haven't. I don't think I would bother with yer man (referring to her male GP) *laughs*… maybe I should though. I want to switch though to a lady GP if I can. I still go to the GP at home, like, but I'm going to ask about going to a lady instead, especially…like, especially about if I want to go on the pill or whatever. I'd say I'd be more comfortable with a woman, does that make sense? if I do swap, I'll ask her about why they always ask about your period *laughs*…' (Danielle, 19).

Danielle's reluctance to discuss menstruation in further detail with her male doctor was not uncommon for other participants in this study. Zaharias et al. (2004, p. 148) study on gender

interactions in medical consultations contended that much of the research on gender differences in medicine has centred on female doctors as better communicators, more patient-centred, and more involved with psychosocial problems, preventive care, and female-specific problems. These expectations may form the basis of why Danielle wants to change to a female GP. The preference for female doctors was outlined by participants across generations and held particular resonance for the youngest and oldest participants in the sample, indicative of the persistence of gendered dynamics shaping the medical encounter.

For example, Janet's body map featured the 'women' symbol prominently. When discussing this choice, she explained that while menstruation was a topic she preferred to share with women, her comfort level with these conversations had evolved as she grew older.

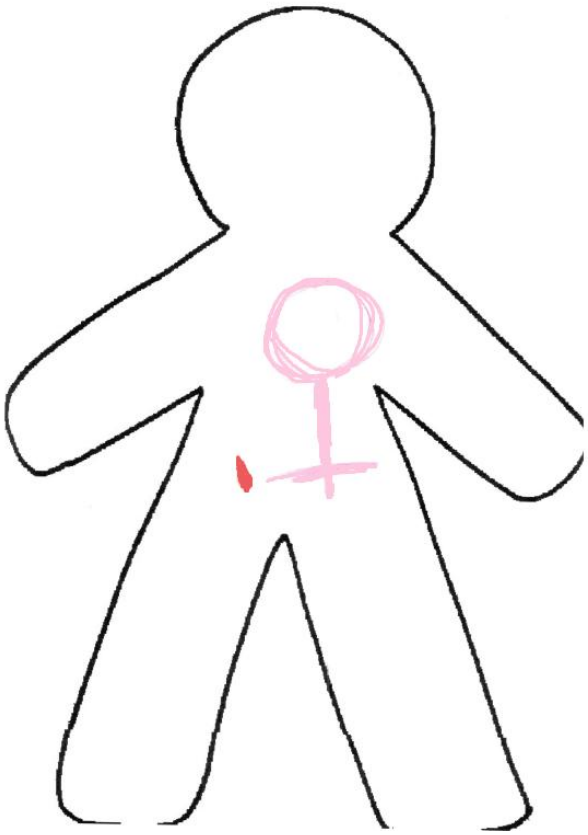


Figure 15: Janet (68) Body map

‘I was just always more comfortable with a lady. I don’t think women’s problems should be discussed with anyone else, especially someone who mightn’t understand

them *laughs*… ah, probably now I wouldn't mind so much, but definitely when I was younger I think it would have been more of a big deal.' (Janet, 68).

Janet's (68) fear of being misunderstood by a male doctor throughout her life may be part of Ireland's historical shadowy reproductive state and healthcare system. Danielle's discomfort with a male doctor may also indicate the lingering traces of these state systems of reproductive control. Despite the age differences between Danielle and Janet, both share the fear of being patronised and misunderstood by male doctors.

Janet's body map only comprised of two elements: the 'woman' symbol and a large red blob to symbolise a large drop of blood. When asked to describe her body map, Janet outlined how there was 'nothing much else to say'. For her, menstruation could be clearly represented by two symbols. The assumption that female doctors might possess additional insight through their own embodied knowledge of menstruation illustrates the perceived value of shared bodily experiences in medical encounters (Makam et al., 2010, p. 443). Yet, as Bobel (2020, p. 4) argues, the reliance on assumed shared embodied knowledge can sometimes solidify the medical model's limitations, particularly when female practitioners still operate within the same institutional constraints that have historically dismissed menstrual complaints.

The tension between embodied knowledge and institutional medical frameworks raises questions about how menstrual experiences are validated and interpreted across different contexts. While participants sought understanding from healthcare providers with similar bodies, the systemic devaluation of menstrual pain often transcends individual practitioner characteristics. This brings us to a critical examination of how participants navigated these complexities when seeking legitimacy for their experiences within both medical and social spheres.

Pills, Patches, and Putting Up with It: Medicine's Quick-Fix Menstrual Solutions

Contemporary practice in relation to pharmaceutical intervention, particularly the use of hormonal contraceptives, have become central to menstrual management in Ireland. However, the over- reliance on contraceptives to 'treat' periods may result in menstrual disorders not being addressed by doctors. This section of the chapter spotlights participants who struggled to obtain diagnoses for their menstrual conditions. Participants who were diagnosed with conditions such as polycystic ovarian syndrome (PCOS), premenstrual dysphoric disorder (PMDD), perimenopause and endometriosis all described feeling unheard and dismissed by the medical profession.

Aoife is 24 and was diagnosed with PCOS when she was 20. Sinead is 48 and was diagnosed with perimenopause when she was 42. Despite the age gap between Aoife and Sinead, both struggled to navigate a paternalistic healthcare system.

Aoife (24) described going to the doctor frequently about her 'problem periods' throughout her teenage years. She represented her menstrual pain and discomfort by drawing a spiral shape that takes up the entire abdomen of the body map. She described that her menstrual pain presented as a dull, constant sensation:

Figure 16: Aoife (24) Body map

> ‘I always feel like when I get my period, like start bleeding, it feels like my stomach is going round and round inside me. so it’s like a circle *points to spiral shape on body map*, like the slow cycle on a washing machine *laughs*’ (Aoife, 24).

Aoife’s description of a slow, spin cycle on a washing machine illuminates the weight and discomfort that she endures each month as a result of her PCOS. She drew heavy boots on the feet of her body map to illustrate how she often feels physically weighed down by her menstruation. Aoife described feeling as though her PCOS symptoms were never taken seriously, and that she was prescribed an oral contraceptive as a ‘sticking plaster’ approach:

> ‘I remember the first time I went to the doctor about having weird periods. I’d say I was about 16? Maybe a bit younger actually. Anyways. I went and, like, she was just very unsympathetic. Like, I remember I went in with my mam, so I must have been younger then…*laughs*…And she said something like ‘oh. That’s what periods can be like sometimes’. Like, she didn’t even do blood tests or anything. And not being bad but, I hadn’t had a period in so long at that point, it could have been 6 months since…And she was so unphased? So she just said I should go on MicroLite. And I

> did. Every time I went back to the GP they kept just saying ‘oh stay on the pill for another few months, give it a chance’….But yeah, after about 4 years of going back and forth I got a gynaecologist appointment and hormone tests and that was that. I had PCOS the whole time. *laughs*…’ (Aoife, 24).

Aoife’s account demonstrates how young women's embodied experiences are frequently subordinated to medical paternalism, particularly during adolescence when agency is already constrained by age and gender dynamics. The dismissal of Aoife's physical symptoms, notably her irregular menstruation, by medical professionals aligns with Malterud's (1999) research on the systematic dismissal of women's symptom reporting in primary care settings. Recent work by Bobel (2020, p. 4) documents how medical dismissal of menstrual symptoms remains prevalent despite increased awareness of conditions like PCOS. The GP's response, ‘that's what periods can be like sometimes,’ exemplifies how women's embodied knowledge is often delegitimised within patriarchal institutional structures (McHugh, 2020, p. 417).

The dismissal of Aoife’s PCOS symptoms resulted in a significant delay in diagnosis. Aoife displayed great frustration with the doctor but did not feel empowered enough to stand up to her doctor or the ‘expert knowledge’ being presented to her over the years. She felt as though her symptoms had been minimised as being part and parcel of being a menstruator. The ‘medicalisation imperative’ refers to the normalisation of pharmaceutical intervention in medical care (Bobel, 2020, p. 4). As part of this imperative, there is an expectation that menstrual cycles need to be actively managed through medical means. Bobel (2020) argues that the medical management of menstruation frequently dismisses lived experience as an indicator of menstrual disorders or conditions. This is visible in Aoife’s account, where her experiences of ‘disordered’ menstruation were not investigated as the issues presented. Additionally, her doctor’s reluctance to take her off the contraceptive pill painted Aoife as an

unreliable patient, as though she wasn't *doing* her treatment right, or that it was her fault if her symptoms did not improve.

This example illustrates Lupton's (1997) concept of the 'medical gaze' where patients, particularly women, are viewed through a lens of compliance rather than as active agents in their own healthcare decisions. The framing of Aoife as potentially 'unreliable' for questioning the contraceptive pill connects to Yin et al.'s (2020, p. 9) concept of 'patient work' where patients must perform certain behaviours to be seen as 'good patients.' Much like menstrual work, patient work can be present, invisible, and overwhelming. In women's healthcare specifically, this often manifests as accepting hormonal interventions without question, even when they report adverse effects. By questioning Aoife's reliability rather than investigating her symptoms, the medical authority maintains control and power to define what constitutes legitimate illness and appropriate treatment. This example thus illustrates how medical compliance becomes a gendered social construct, used to maintain professional authority rather than serve patient needs. The framing of noncompliance as personal failure rather than system failure was also described by a participant from a different generation. At 42, Sinead (48) was diagnosed with perimenopause. In her body map, Sinead detailed how difficult her battle with her menstruation had been throughout her life. She described feeling anxious about her body map, as she worried she would not accurately portray the difficulties and pain her menstruation had caused her. While she used 'tension' and 'body conscious' to describe her menstrual experience, she noted that these sensations permeated her entire life, becoming more pronounced during menstruation and perimenopause. She used a sad face to depict the intense emotional burden she bore each month when menstruating and emphasised sadness as being one of the most common words she would associate with menstruation. For her, the body map represented a lifelong battle with menstruation, her mental health and her body.

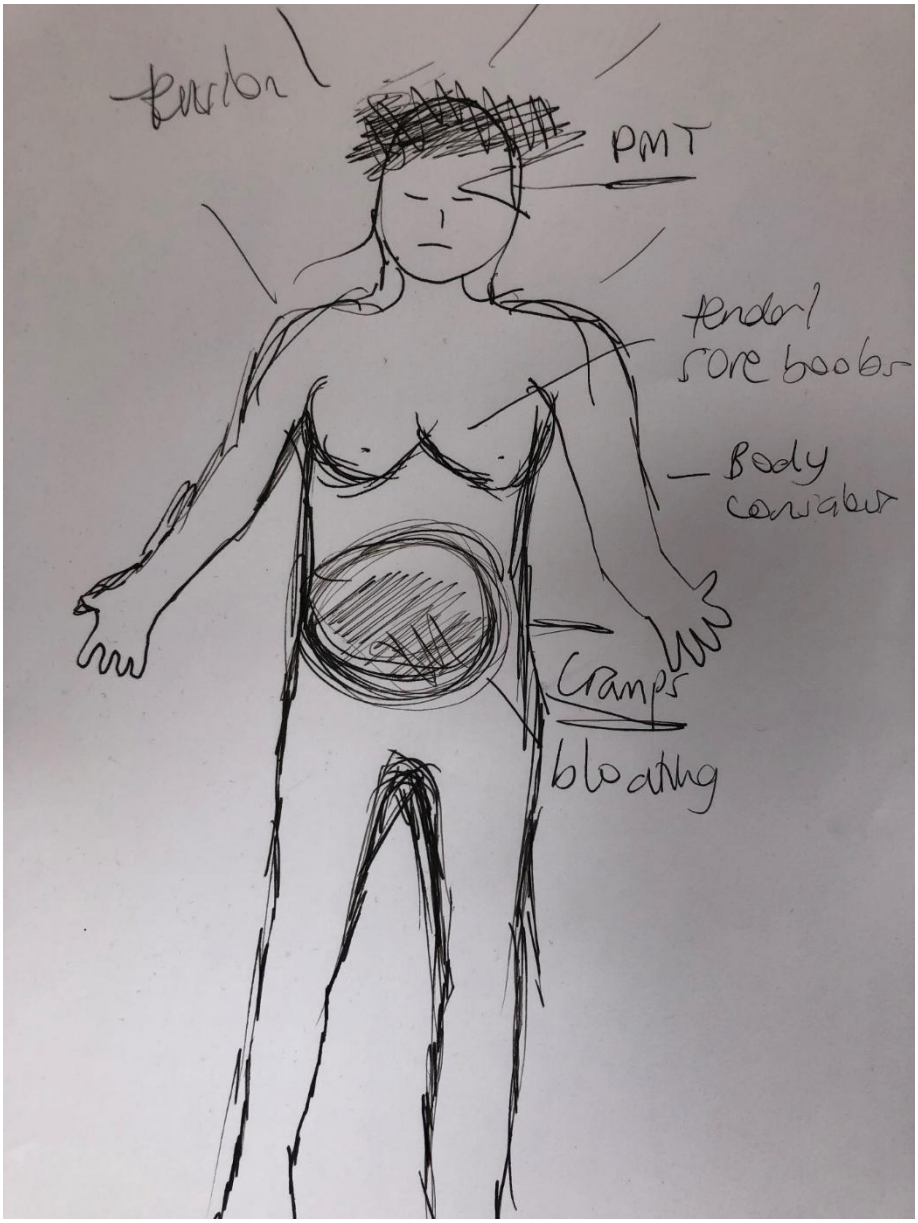


Figure 17: Sinead (48) Body map

When asked about her experience with the medical profession and menstruation, she described feeling constantly frustrated with doctors and in turn, herself:

> ‘I never really spoke to doctors about my period up until the last 5 years...Like the medical part of it has definitely come into play now, because my hormones are depleting and I have really struggled with the symptoms that have come up for me in relation to that and I've had to talk to doctors about it. I've been forced to speak to the medical professional because of it, because my life has become slightly unmanageable

> because of it, you know? I speak very regularly to the doctor about it. Yeah, but prior to this time…cause I just kind of got on with it…I only heard about the perimenopause in the last two, three years…But for two years before I even heard about it, I thought I was losing my mind. I thought I was going insane' (Sinead, 48).

Earlier in the interview, Sinead detailed how her life had been governed by painful and heavy periods, and yet she never sought medical intervention for them. Sinead resented having to finally seek medical help, viewing it as a form of defeat after years of enduring painful periods on her own. For her, going to the doctor represents an unwanted admission that she can no longer manage the pain independently, as she had done throughout her life.

Clarke and Bennett (2013) examined how adults experience the physical and social realities of having chronic conditions that are diagnosed later in life. They posit that women normalised their illnesses and expressed concerns about how their illness might affect their partners and family, thereby responding to feminine norms of selflessness, sensitivity to others and nurturance (Clarke and Bennett, 2013, p. 345). Sinead's commitment to being 'resilient' through 'getting on with' her symptoms may illustrate Clark and Bennet's (2013) argument, that she may not have wanted to burden anyone else in her life with how she was feeling. Additionally, Sinead may have not wanted to admit to herself that there was anything 'wrong' with her and wanted to delay finding this out by 'pushing through' and ignoring her symptoms. When she did go to the doctor, her experience was not positive:

> 'So I went to the doctor when I was still living in Dublin and at the time, I was in my early 40s. I was like, I was single, but I was kind of thinking maybe I could still get pregnant on my own or whatever… So I was in that kind of mindset, so I went to the doctor and said, 'look I'm experiencing severe PMT. I don't know what's going on. My PMT has just become completely crazy. Like, I go crazy every month and I just

> don't know what's going on. I don't understand it. It just doesn't make any sense'. He said, 'oh, yeah, you might be having peri menopause. That's probably what it is'. A male doctor as well. I was like, 'sorry, what? What's that?'….And I went home and I just broke down in tears because I thought, 'Ohh, there goes my chance to have a baby' and I just… It was just devastating to hear….and hear that word. Like I thought there's no way I'm at menopause age at 42. No way. You go through the menopause later! I was so put off that I never went back to the doctor….I tried to forget about it. For a couple years I started going down this other avenue of PMDD, premenstrual dysphoric disorder. I thought that's what I had. I was like,' Oh my God. I tick all those boxes' and it was literally only in the last three years around COVID lockdowns I found out that it was definitely the perimenopause.' (Sinead, 48).

Sinead's description of a blunt and apathetic doctor left her with a tangible sense of loss and panic. Hearing that she was peri-menopausal left her in a state of denial, and to cope with this, she once again tried to minimise her symptoms and ignore them, in the hopes they would go away. The realisation that Sinead may not be able to have children weighed on her heavily, and at another stage in the interview, she outlined how frustrated she was for not seeking help earlier. In turn, Sinead began to blame herself for her perimenopause and her fertility issues. The lack of a supportive medical team furthered Sinead's resentment towards her menstruation and her own body.

Both Aoife and Sinead detail the obstacles they faced when dealing with a paternalistic medical system. Another participant, Emily (42), described her difficulties in navigating the patriarchal healthcare system in Ireland. When asked if she had ever gone to the doctor about her period, she recounted being brought to the doctor after fainting because of her low blood pressure coupled with a heavy period:

> ‘So when I get my periods, I had to be careful that I take enough pain relief because if I get really bad cramps it could be possible that I faint. And I did that once and I cracked my head because I landed on the floor, so I had to go and get the metal tracks… staples? I’m not sure what they’re called sorry…anyways I got them and they're like ‘ohh this happens’ and like they checked everything and they were like ‘no it was because you just had a bad period’ and then they were like ‘maybe you should think about getting a coil’ and I'm going… *squints eyes and shrugs and gestures in confusion* ‘I don't want one!?’, but again…it's like that's the *only* thing that they came up with…and I'm going…‘is there nothing else that you can do, like?’ (Emily, 42).

Emily felt that the reason for her fainting had been ignored by doctors as ‘just a period’. As a result, she felt as though her head injury was not taken seriously. Her frustration surrounding being recommended hormonal contraceptives was evident. Her body map illustrated the range of emotions she experiences when menstruating. She used lines at the side of the head to depict how her menstruation resulted in her fainting. Above her head, she drew four faces to capture how her menstruation made her feel. The faces alternate between representing sadness, shock, surprise and pain. This likely represents the spectrum of emotions Emily experienced regarding menstruation, either as her general attitude toward the process or as the emotional journey she undergoes during each cycle.

Additionally, she used a black pen to black out her abdomen to represent the pain she experienced while menstruating:

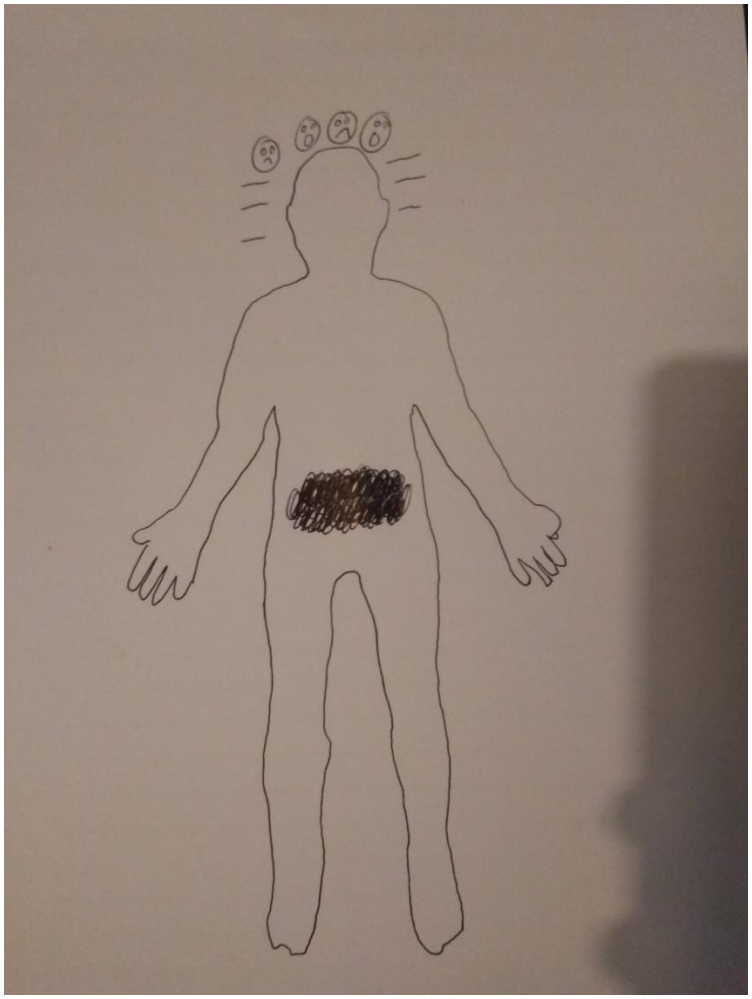


*Figure 18:*Emily (42) Body map

When Emily was in her mid- thirties, she described wanting to opt for a hysterectomy to put a stop to her painful periods, and reduce the risk of her fainting:

> ‘Like you can't just say ‘oh, I need to see someone to get the womb taken out…Give me an appointment please’...And it's not for medical reason either. So if they would have said well, you know, ‘we can't do this for this medical reasons because we're afraid that you might not wake up from being asleep or from the surgery’…or ‘it's a very hard surgery’, or ‘come back in a year's time’, like that's fine…But it's the general. ‘No, we don't do this because you're so young and technically you should have another five kids’. Like...it’s interfering into my own decision making. And, I know obviously everyone is at a different stage in their life, but like I'm done having

> kids you know, so I don't understand why wouldn't they offer me the possibility of like, just, you know, having the whole thing removed and being done with it and not having to *have* periods? I feel like it's very micromanaged by some doctors? Like, 'ohh, you can't make that decision' (Emily, 42)

Emily felt as though the doctors she engaged with were overly concerned with her reproductive capacity. Despite outlining that she did not want to have any more children, she felt as though doctors thought that she should have more. The underlying reasons behind Emily's frequent fainting and heavy periods were never investigated by doctors. Emily's desire for a hysterectomy represents embodied resistance, or a radical attempt to permanently alter the body to escape cycles of pain and medical intervention. However, this desire for surgical intervention is both an assertion of bodily autonomy and a form of surrender to medical authority. Mitchell's (2025) concept of 'epistemic injustice' [50]is helpful to examine the tension between Emily's, Aoife's and Sinead's embodied knowledge of their pain and the medical establishment's approach to treatment.

The next section of the chapter explores some of the natural remedies participants' used to manage their menstruation and the role of natural remedies in menstrual management through an assessment of participant's use of such alternative products.

Using 'Natural', Herbal and Home Remedies to Manage Menstruation

Despite widespread pharmaceutical interventions, some participants actively resisted medical frameworks for understanding their menstruation. Bobel and Fahs (2020) argue that some reject pharmaceutical interventions and adopt alternative healing practices as a way to

[50] Epistemic injustice involves the systematic devaluation of women's knowledge about their own bodies and pain experiences (Mitchell, 2025)

reclaim agency and autonomy in the medical setting that paternalises and hystericises women.

Evans et al. (2020) interpret the concept of postfeminist ‘healthism’ as the framing of women's modern health concerns as personal, individual issues. The concept of healthism illustrates gendered knowledge hierarchies, that position women as passive and requiring constant engagement with those who possess ‘expert knowledge’. The emphasis on ‘self-management’ often centres around a ‘transformation imperative, whereby women are encouraged to constantly aim for ever greater ideals of health ‘perfection’. In turn, such self-management through constant transformation is enabled by modes of consumption (Evans et al., 2020).

This is particularly evident in the management of menstrual disorders, where women are often encouraged to 'regulate' their bodies through continuous consumption of hormonal contraceptives rather than receiving thorough diagnostic investigation. As seen in cases like PCOS, this emphasis on individual self-management through medication can mask underlying conditions and delay proper diagnosis. This also places the responsibility for 'failed' health management on women themselves rather than systemic medical oversights.

The emphasis on women's ideal 'healthy' self, constructed through a network of healthcare professionals, wellness literature, and medical expertise, maintains a model of femininity that demands constant bodily surveillance and medical intervention. Menstrual etiquette norms also include healthism through self- management practices. The concept of healthism frames the menstruating body as feeling in excess: too much pain or too moody. Through these framings, menstruators must engage with institutions, consumer choices or medical institutions to regain control over their out of control, unreliable menstruating bodies (Persdotter, 2020, p. 366). The key connection that Persdotter (2020) appears to be making is

that menstruators are expected to ‘fix’ or ‘manage’ their supposedly problematic bodies through individual actions and consumption choices rather than society accommodating natural bodily processes. This places the burden on the individual rather than questioning whether social structures should better accommodate menstruation. This section of the chapter outlines some of the ways menstruators engaged with ‘natural’ or ‘home remedies to manage menstruation. Some participants opted for home remedies as a feminist strategy to oppose the medicalisation of their bodies and/or opting for home remedies as an act of self-care, out of desperation or as a result of being seduced by commodification.

Drawing on Bobel and Fahs’ (2020b, p. 960) work on embodied resistance, the choice to use home remedies can be for some a feminist strategy, a form of embodied politics, where menstruators actively resist medical authority through their bodily practices. As mentioned, Emily and Sinead’s experiences with medical professionals left them feeling as though they had no choice but to turn to home or alternative remedies to manage their painful periods.

> ‘I used to smoke a bit of hash back in the day for cramps and stuff like that, so I definitely found that helpful. Even tobacco, I mean, I was a recreational smoker anyway, but I definitely found it helpful, during those times and I loved Evening Primrose or…star flower…I used to take that a lot. And acupuncture used to help me. And homeopathy? Sometimes. My period PMT would often come up in counselling and I found it helpful to be able to talk about it, you know? Evening Primrose was probably one of the things I would take very regularly. B12, all those B vitamins and whatever else like that, I kind of go through phases of trying whatever I think will work *laughs*…’ (Sinead, 48).

> ‘I saw this thing but I haven't bought it yet. I'm very intrigued to try it. I saw it on Instagram...It's like a strip or a patch thing...and the strip has like a coating of essential

> oil, like, Lavender. And apparently you can put those strips like, you know, wherever you are sore. And it's supposed to ease it. I haven't tried it though, but I was very intrigued. I think it would be good. I like diffusers too. I suppose they do the same thing. I'm going to buy that strip thing though. For sure'. (Emily, 42)

Emily's enthusiasm for Instagram-advertised patches and Sinead's systematic cycling through health shop products show how the wellness industry capitalises on medical dismissal, transforming women's pain into targeted marketing opportunities. There was a sense of frenzy about how Sinead (48) described alternating between different home remedies to find some relief from her painful periods. Feeling constantly let down by doctors left her with no other choice but to search for herbal or alternative remedies such as evening primrose oil and star flower oil to help her 'cope' with her periods. Later in the interview, Sinead explained that she discovered new products to try by going to local health shops and seeing what products were 'new in'. When she began to experience perimenopause symptoms, her reliance on 'natural' remedies increased:

> 'When the perimenopause things started hitting hard at the start, that's when I really was very regular taking the star flower and evening Primrose oil and I did find it helpful. Kind of softens the symptoms a little bit. Sometimes I might burn lavender oil or more recently I've been. I've been on the CBD oil. That's been really helpful. CBD oil is great… It really it helps a lot with the anxiety and can help you sleep as well. So actually sleep stuff. Now, I would take a Nightol sometimes, that's definitely something I have taken because my sleep has been pretty bad the last few years. So I try and take something but I wouldn't ask the doctor for sleeping pill like…Keep them out of it *laughs*. I do diffuse oils and stuff like that and I have cannabis oils and yeah, just try and keep calm. Not always easy, but yeah, those kind of alternative remedies help. I try to keep the natural remedies close at hand. You know, I don't want

> to be relying too much on medication, you know, try and keep the pills to a minimum.' (Sinead, 48).

Her preference for 'natural' remedies to manage menstruation is a form of resistance to the dominant medical model, and she opted for natural remedies for this reason. However, Emily described using social media to research alternative remedies for menstrual pain. She expressed great optimism at all the products she had seen online, but was most excited by any products that used so called 'natural' ingredients. Albeit these remedies can be considered elements of wellness industry aimed at women and advertised on social media that instrumentalise the perceived limits of medical interventions and paucity of research around menstruation, such branding uses terms such as natural to attract women in particular seeking remedies outside of clinical contexts. Many of such products are poorly regulated (Brassart Olsen, 2024). Through her interactions with medical professionals, Emily (42) and Sinead (48) began to reject the ways in which their bodies had been medicalised. While they still relied on pain medicines, they framed menstrual management as an act of self-care and as an opportunity to trial 'natural' remedies.

This navigation of bodily authority is also present in intimate spaces, as participants navigate decisions around menstrual sex and physical intimacy. The menstrual etiquette norms discussed earlier, which frame menstruation as something to be managed, concealed and controlled, significantly influence how individuals navigate decisions around menstrual sex and physical intimacy. Rather than representing a straightforward reclaiming of bodily autonomy, most participants actually avoid sex during menstruation. Individuals often prioritise their partners' comfort or social expectations over their own desires or bodily experiences. The next section discusses the topic of menstrual sex.

Menstruation and Sex: Bodies, Blood, and Bedroom Politics

Critical menstrual scholarship has extensively examined the relationship between menstruation, sexual activity, embodiment, pleasure, and sociocultural taboos. Of particular significance is Shildrick's (2002) analysis of how menstrual sex breaches normative boundaries of the 'contained' body, while Bobel (2010;2020) examines how menstrual activism has reframed period sex as a site of resistance against menstrual stigma. In the interviews, a small number of participants raised the topic of menstruation and sex. The majority of participants were reluctant to engage in ‘period sex’, and many described it as ‘gross’ or ‘disgusting’.

Chloe used her body map to emphasise this disgust. She drew black and yellow tape around the lower half of her body to illustrate that the area was ‘off limits’. Chloe characterised her body map with a face of disgust and drew an eyes and mouth that appear suspicious or uncertain. I interpret this as a disavowal of her body as disgusting. She drew multiple crossing lines, or ‘hatching’ to illustrate the heightened levels of sensitivity she feels when she menstruating. In the interview, she described feeling like her whole body should be ‘off limits’ when menstruating, especially when it came to period sex:

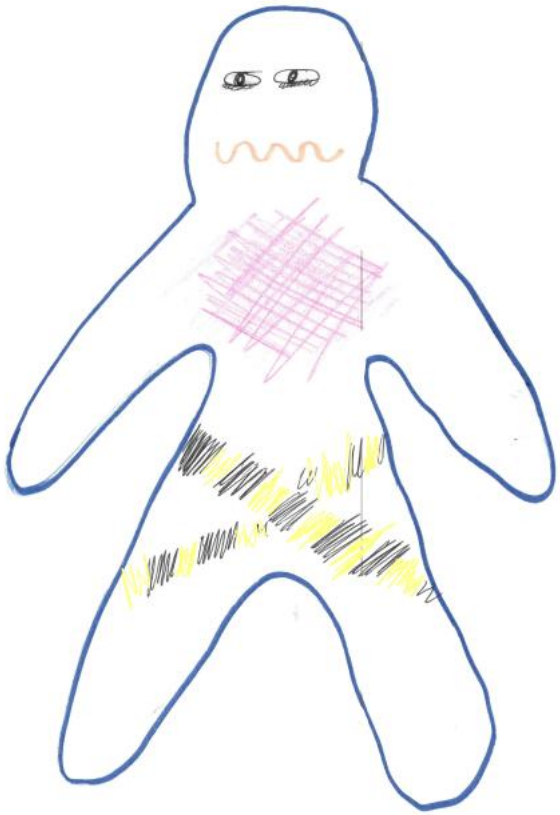


Figure 19: Chloe (29) Body map

> ‘I’ve never had sex on my period *laughs*…I think I’d hate it…I dunno, like it’d be all over the place. I haven’t been with anyone who has wanted to try it…I dunno, I think it’s a bit much.’ (Chloe, 29).

Another participant from the same generation shared similar sentiments to Chloe in her body map. Evie (32) illustrated how unclean her menstruation made her feel through her drawing of a towel, shower head and soap. Additionally, she focused on how her menstruation made her feel very unattractive, both to herself and others. Evie's body map was distinctive in being fully clothed. She drew a small, sad or disgusted face on her abdomen to illustrate the complex feelings she holds towards menstruation. She may have included the small face to indicate how she wishes to minimise her menstruation or her acknowledgement of her menstruation.

During her discussion, she expressed a shared experience with Chloe about feeling 'off-limits' while menstruating:

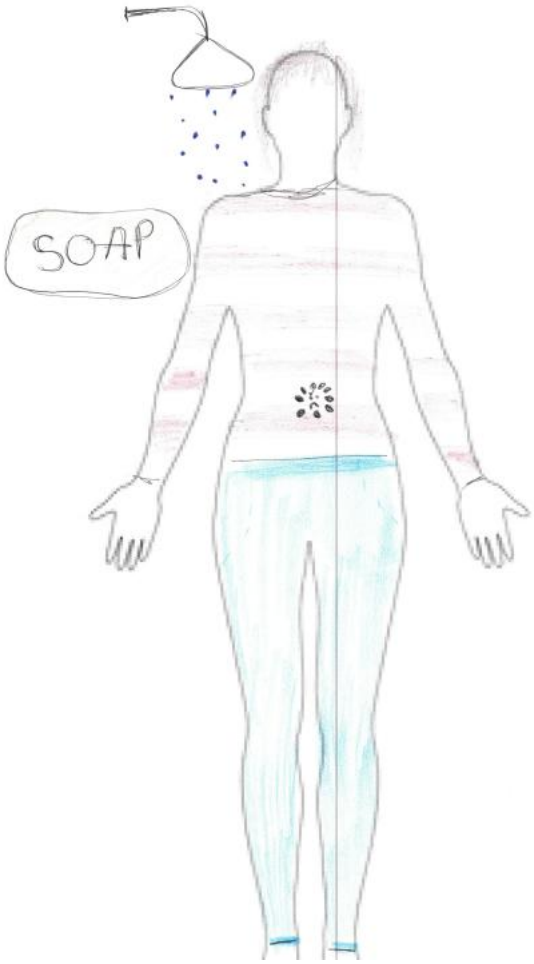


Figure 20: Evie (32) Body map

> 'I did have sex on my period one time. It was so embarrassing *scrunches face*. He was nice about it like and I don't think that he minded doing it, but I just thought it was so dirty or something*laughs*. I remember being in the shower after thinking 'oh my God I can't believe I just did that. I can't believe he saw that'. I just went back into bed in silence and went to sleep *rolls eyes*' (Evie, 32).

Fahs' (2020) research on sex and menstruation found that some women avoided having sex with men while menstruating due to their concerns about disgusting or discomforting male partners. This appears true for Chloe and Evie, who both are disgusted at the thought of a

sexual partner seeing their menstrual blood. Despite Evie's sexual partner being neutral towards her menstrual blood, Evie was shocked at what she had just done, and felt distant from him. For others, period sex was not a concern:

> 'I gave up caring about himself (her husband) getting upset. He may get over it. I probably would have cared at the start, but when you have been with someone for this long, you just need to take someone as they are. Blood and all *laughs*' (Nicola, 55).

Nicola was ambivalent towards having sex with her husband while menstruating. Men in a United States sample who reported having menstrual sex regularly, spoke about it as a sign of maturation and viewed it as part of being in a trusting relationship (Allen and Goldberg, 2009). Nicola's husband appeared to be comfortable with what Nicola was comfortable with. In their long- term relationship, menstrual sex was not disgusting. Instead, they viewed it as being part of being in a relationship with each other. The generational gap between Evie, Chloe and Nicola may suggest that prolonged experience with menstruation may lead to increased indifference towards both menstruation itself and menstrual sex. Additionally, Nicola used her body map to depict comfort with both her body and menstruation. In comparison to the younger participants, her body map represents a positive framing of menstruation and does not feature references to emotional or physical pain.

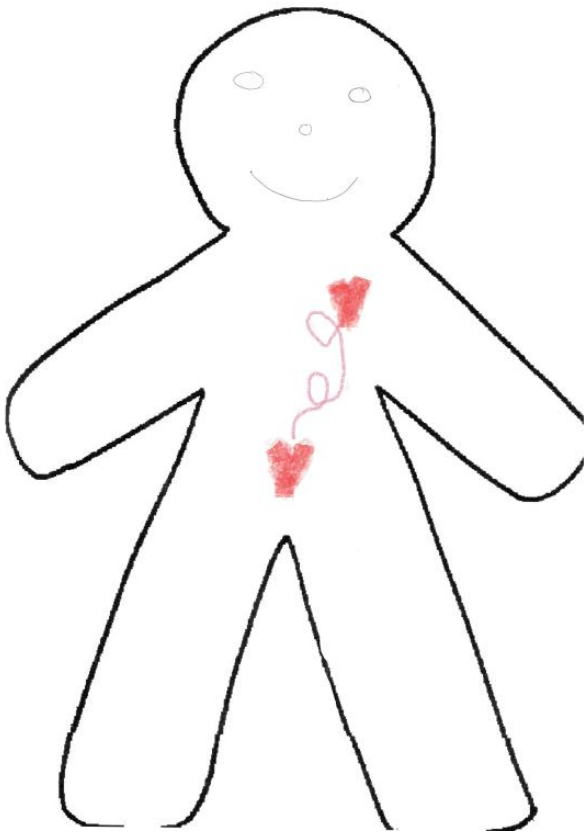


Figure 21: Nicola (55) Body map

She used two hearts linked together to show how her menstruation made her feel more 'connected' to herself. Nicola characterised her body map with a facial expression of happiness or contentment. Nicola's body map is unique, in that she presents a positive framing of menstruation and her relationship with menstrual sex.

Conclusion

In conclusion, this chapter examined how menstrual embodiment is a physiological processes that reflects cultural meanings and personal identity development across the life course. The affective grammar of menstruation revealed through body mapping offers new insights into how menstruators make sense of cyclical embodied experiences amid competing narratives about gender, health and menstrual normativity (Persdotter, 2020).

The arts based methodology enabled participants to develop a common visual grammar of menstrual experience. Recurring symbols across body maps including blood droplets, sad

faces, heavy boots, weapons and storm clouds suggest shared cultural understandings of menstruation whilst allowing individual interpretations. This visual grammar complements and sometimes transcends verbal accounts. It captures embodied knowledge that participants struggle to articulate through language alone.

These dominant visual themes varied across the life course. Younger menstruators frequently depicted menstruation through symbols of invasion and disruption, whilst mid-life participants often represented it through imagery of burden and continued management. Older participants approaching or experiencing menopause illustrated a range of emotional responses, sometimes relief (lightness, freedom) and sometimes loss (emptiness, disconnection from feminine identity). The visceral, embodied experience evident in participants' accounts exists in tension with various 'technologies of management' such as medical, commercial and self-help approaches that seek to contain, control and optimise menstruation. These include pharmaceutical interventions (painkillers, hormonal contraceptives), consumer products (menstrual cups, period trackers) and wellness practices (dietary changes, exercise regimens).

Throughout these experiences, participants developed a form of ‘embodied expertise’, a form of knowledge that combines lived experience with critical engagement with both medical and alternative approaches to menstrual management (Lowe, 2005). This expertise represents a distinctive epistemological position that values bodily wisdom but remains engaged with external knowledge systems, allowing menstruators to navigate and negotiate various institutional and cultural narratives about their bodies.

While social media and advertising campaigns promote the notion of a 'happy period', people's actual lived experiences and perceptions of menstruation remain largely negative. Across the life course, the meanings of menstruation change over time. The body maps

examined in this chapter suggest that menstruation is broadly understood as an inconvenient, painful process that menstruators must endure. How participants 'endured' their menstruation varied, but what remains is menstrual etiquette norms that dictate that menstruation should be managed at an individual level and that there are no messy, biological realities allowed.

Chapter 8: Flow State: Menstrual Technologies

Introduction

The aim of this chapter is to assess the ways in which menstrual technologies impact and influence menstrual experiences across generations in Ireland. Whilst previous scholarship has emphasised knowledge transmission through familial networks, this chapter examines how technological innovations, product development, and digital tracking tools have transformed menstrual management practices over time. As menstrual product markets have expanded and digital technologies have proliferated, individuals now navigate a landscape of options shaped by the emergence of the global 'period business' (Mørk Røstvik, 2022).

I begin the chapter by examining the evolution of menstrual management tools across generations, tracing how technological innovations have both expanded possibilities and shaped social expectations about menstrual concealment and management. As part of this analysis, I examine the marketing of menstrual technologies to understand how commercial messaging shapes user expectations and experiences with these products. Following Mørk Røstvik's (2022) analysis of menstrual capitalism, I discuss how the commodification of menstruation operates through the creation of product dependencies and strengthens the concealment imperative that positions menstrual visibility as fundamentally problematic.

The chapter proceeds with an analysis of menstrual product advertisements, both historical and contemporary, exploring how marketing strategies can impact menstrual experiences across generations. A significant focus concerns pivotal moments in participants' menstrual histories, particularly around product adoption decisions. I investigate how menstruators navigate the proliferation of product choices available in contemporary markets, examining the decision making processes that inform individual preferences and practices.

The political dimensions of menstrual management constitute another critical area of examination. I analyse how environmental considerations shape product selection decisions across generational cohorts, exploring the ways menstrual management has become a site where individuals may enact their political and ethical commitments. The chapter also examines how economic factors shape access to and experiences with menstrual technologies in contemporary Ireland.

Digital tracking technologies represent perhaps the most significant recent development in menstrual management. Using a digital walkthrough method, whereby participants guided me through their interactions with various tracking applications during interviews, I examine how menstruators employ various tracking applications and devices from dedicated period apps to fitness wearables to monitor their cycles. In this methodological approach participants were able to show me their actual usage patterns, which identified gaps between intended app design and lived user experiences. I explore why menstruators engage with these digital tools and how such technologies are integrated into healthcare and self-monitoring practices. This section also charts the historical shift from paper based to digital tracking methods. These represent continuities and ruptures in how menstruators document and anticipate their cycles.

Overall, this chapter situates technological change and commodification as terrains for understanding the social and cultural aspects of menstruation and menstrual management in contemporary Ireland. Through this analysis, the chapter contributes to understanding the contemporary menstrual imaginary, through the ways menstrual technologies are adopted, adapted, and sometimes rejected.

Menstrual Technologies

The concept of 'menstrual technology' encompasses far more than just products used to capture menstrual flow. Menstrual technologies can be understood as the broad assemblage of

tools, practices, and knowledge systems through which menstruation is understood, monitored, and controlled (Persdotter, 2020, p. 356; Hasson, 2020, p. 768). These technologies operate at both material and discursive levels, from tampons and menstrual cups to period tracking apps and pain management techniques. For Freidenfelds' (2009), the modernisation of menstrual care in the twentieth century was intertwined with ideas about progress, civilisation, and feminine propriety. Freidenfelds (2009, p. 127) shows how the development and marketing of 'modern' menstrual products like disposable pads and tampons was not only about technological advancement or convenience. Instead, these products became symbols of civilisational progress itself, with companies and advertisers positioning them as markers that distinguished 'modern,' 'civilised' women from those still using 'primitive' methods like rags or cloths. This civilising discourse has been central to the expansion of multinational corporations like Procter and Gamble into Global South markets, where menstrual product companies explicitly promote Western hygiene standards as markers of development and modernity (Mørk Røstvik, 2022, p. 88). The ability to purchase and use commercial menstrual products became a way of performing respectability and belonging to modern society. These products were marketed as enabling women to maintain perfect discretion and cleanliness during menstruation, which presents an ideal about how 'proper' women should manage their bodies invisibly and without disrupting their social or professional worlds.

Contemporary menstrual technologies increasingly operate in digital spaces, creating a reliance on data and analytics to interpret menstrual cycle symptoms and guide health and fertility-related action (Punzi and Thuis, 2025, p. 4). This digitisation of menstrual management represents a significant shift in how menstruating bodies are understood and monitored. Period tracking apps create new forms of menstrual knowledge that privilege quantification and prediction over embodied experience as well as creating systems of

menstrual surveillance that empower and constrain users (Epstein et al., 2017; Fox and Epstein, 2020). These technologies, as Persdotter (2020) argues, often maintain normative assumptions about menstrual regularity while potentially delegitimising other forms of bodily knowledge.

Menstrual technologies play a complex role in relation to menstrual stigma. Many menstrual technologies are designed around concealment and discretion (Wood, 2020, p. 324). However, Gaybor (2019, p. 124) identifies how some contemporary menstrual technologies, particularly reusable products, can function as tools of resistance against menstrual shame. Gaybor (2019) suggests that products such as menstrual cups and reusable pads require users to engage more directly with their menstrual blood, potentially fostering a more accepting relationship with menstruation.

Understanding menstrual technologies requires attention to their multiple and sometimes contradictory roles in shaping menstrual experiences and knowledge. The ongoing evolution of menstrual technologies, particularly in digital spaces, creates new possibilities for menstrual awareness and advocacy. Following Weiss-Wolf's (2017) framework of menstrual equity, critical attention to how technologies shape menstrual experiences remains central to understanding and addressing menstrual inequities. Building on Wajcman's (1991) foundational argument that technologies are inherently gendered in their design and implementation, recent scholarship has examined how menstrual technologies enable liberation and control. Przybyło and Fahs' (2020) analysis emphasise how such technologies often strengthen existing gender norms even as they push back against others.

Within critical menstrual studies, scholars have examined how menstrual technologies navigate the competing demands for visibility and concealment that characterise contemporary menstrual culture. Vostral's (2008, p. 18) concept of 'technological politics of

passing' illuminates how menstrual products enable users to 'pass' as non-menstruating in public spaces, thereby maintaining menstrual invisibility whilst facilitating participation in daily activities. This technological concealment allows menstruators to avoid the social stigma associated with visible menstruation. Bobel's (2010, p. 106) work on the commodification of menstrual activism further complicates this picture by examining how commercial interests can co-opt feminist menstrual politics. What begins as collective feminist action around menstrual justice can be transformed into individual consumer choices, with companies marketing products as tools of empowerment whilst ultimately prioritising profit over systemic change (Bobel, 2010).

This tension is particularly evident in digital contexts, where new forms of bodily monitoring raise questions about privacy and autonomy. Lupton's (2016) analysis of self-tracking culture argues that digital technologies promise greater bodily knowledge and control, but subject users to new forms of surveillance. Fox and Epstein's (2020) critique of digital menstrual surveillance builds draws attention to the ways period tracking apps collect intimate data that can be used for commercial purposes or potentially accessed by third parties. Environmental considerations add another layer of complexity, with Gaybor's (2019, p. 127) analysis of sustainable products often reinforces individual responsibility over systemic change. These critiques point to the persistent conflicts between individual empowerment and collective action, accessibility and privilege, and bodily knowledge versus technological control (Gaybor, 2019). As Fahs (2016) argues, menstrual technologies ultimately serve as both instruments of liberation and mechanisms of control.[51]

[51] Fahs (2016) posits that menstrual technologies operate on multiple, often contradictory levels at the same time. On the one hand, products like tampons, menstrual cups, and period tracking apps can genuinely expand women's 'freedoms' by allowing greater mobility, participation in sports and work. However, advertising for 'feminine hygiene' products portrays menstruating bodies as dirty and unfeminine (pp. 47-49), while drugs such as Seasonale and Lybrel cast the non-menstruating body as the cultural ideal (p. 95). Period-tracking apps likewise aestheticise and regulate cycles in ways that reproduce shame and heteronormative scripts (pp. 55-57). Fahs argues that these same technologies also function as disciplinary mechanisms. They do not eliminate the

Expanding the Menstrual Menu: Menstrual Products

Participants' decisions surrounding menstrual products are influenced by their peer and family relationships. Within kinship networks, I found that participants chose period products based on whatever their female family members used. Recent research from Munk (2023, p. 17) states that young menstruators largely received their first menstrual product from their mother or a family friend, and continued to use this product. Participants reaffirmed the importance of their kinship networks when selecting menstrual products:

> 'I must have worn them because my mam might have worn them? I actually don't know what she wore… but I took what she gave me'. (Una, 48).

When Evie began menstruating, pads were the only period products made available to her. In chapter 6, as a reminder, Evie detailed her menarcheal experience through her recollection of her mother's response to her first period:

> ‘Oh you have your period. Ok. Pads in the drawer' (Evie, 32)

Her mother may have recommended pads to Evie, as it was what she used and had good knowledge of. This path dependency operates on multiple levels: at the individual level, there is the continuation of whatever product was first provided, often without questioning whether it is the most suitable option. At the familial level, there is the intergenerational transmission of product preferences, where mothers or other family members pass on specific products and product recommendations. What is also passed down, are the underlying assumptions about what constitutes 'appropriate' menstrual management. Evie later explained that her hesitation to use alternative menstrual products was rooted in insufficient menstrual knowledge, which

cultural taboos around menstruation; instead, they help menstruators conform to societal expectations that periods should remain invisible and unmentionable. The 'liberation' comes at the cost of reinforcing the idea that menstruating bodies are inherently problematic and require technological management to be socially acceptable.

she believed her mother should have given her. This demonstrates how path dependency can limit future choices. Breaking away from initial product selections requires new information and the confidence to deviate from established family practices.

There were stark generational differences in relation to the ‘menu’ of period products participants had access to. Older participants described having a much smaller menu of period products to choose from. Bobby (75) and Anne (72) and Geraldine (78) described using sanitary belts. These were the most commonly used menstrual product before adhesive pads became widely available in the 1970s (Mørk-Røstvik, 2022, p. 138). These consisted of an elastic or fabric belt worn around the waist, with hooks or tabs at the front and back to hold sanitary napkins/pads in place. Menstrual pads designed for use with belts had long tabs on each end that would loop through or attach to the belt's fasteners. This system kept the pad in position without the adhesive backing that modern pads use. Sanitary belts were described by Bobby, Anne and Geraldine as being something they just had to 'put up with', as there were not many other options for them to choose from:

> 'we had these pads that had loops on them and you had a little sanitary belt, and that went around your waist with little hooks...to hold the pad so it wouldn't slip out or move. That's what I would have used starting off. Until about...probably when I started working and that, by then the pads were different. They were the sticky on pads. I would have stopped using the belt when they came in. I could have used Tampax, but I didn't. I didn't like them. There wasn't much else we could have used. I know it is different now. We could have used the belt and tampax and then later the sticky pads came in, but I had had a good few periods when they got common in Ireland I suppose.' (Geraldine, 78)

Geraldine remembered wearing sanitary belts when working, and recalled their inefficiency:

> 'It was fine. It was alright. It wasn't great… but as I said, it was all we had. When I was working I'd end up putting two pads on just in case. I was always afraid of leaking or bleeding through, so I always had two pads...just in case.' (Geraldine, 78).

The fear of leaking was also shared by Anne (72):

> 'there was another thing I had actually as well, they were pants…The little loops were in them so they were easy. They were like period pants. So, you'd wear them and then you would put the pad into them, so if it did let you down a bit there was wee bit of plastic underneath, so it couldn't get out the other side. I quite liked those. They felt quite secure and like there wasn't as much of a risk of being let down by them…as there would be with the belts, you see.' (Anne, 72)

These accounts from Geraldine and Anne illustrate the constant anxiety and practical problems women faced when using sanitary belts. Geraldine's strategy of wearing two pads shows how the fear of leaking dominated her menstrual experience, forcing her to take extra precautions that likely increased discomfort. Both women's emphasis on being 'let down' by their menstrual products shows how the available technology fundamentally restricted their ability to move through daily life with confidence. Newton (2016, p. 110) described how the introduction of adhesive period products and increasing popularity of tampons offered women 'freedom to carry on life as normal during their period'. The generational shift from belts to adhesive and other period products went beyond convenience to represent a transformation in women's ability to engage in work and social activities. However, while menstrual technology has advanced significantly from sanitary belts, the fundamental fear of leaking persists across generations. In what follows, younger participants comment on their fear about menstruation becoming 'visible' to others, and not wanting to walk around 'feeling wet down there' because of the pads they wear. These are the same anxieties Geraldine and

Anne expressed decades earlier. Across generations, and despite technological improvements, the burden of potential leakage remains a central concern in menstrual experience.

Despite the age gap between participants, all remember vividly being provided an adhesive pad from their mother, sister or female friend. In the interviews, I asked participants to discuss their product use. Most of the participants recalled using pads at the time of menarche, then moving on to tampons. One participant, Una (48), resented using pads, or STs (Sanitary Towels). To her, pads signified discomfort and immaturity:

> 'I started on 'STs', as my mother used to call them, eh, sanitary towels and wore those right up until I went to Michael Jackson *laughs*, that's what was going on in the world around me, Michael Jackson *laughs*…so yeah I went to Michael Jackson down in Cork when I was 16? Yeah so I must have worn pads for 3 years? Which is disgusting when I think about it… yeah, so anyways I went on to use Lilets then forever, after Michael Jackson, God Bless him.' (Una, 48).

Here, attending the Michael Jackson concert marked a distinct turning point in Una's menstrual life. This illustrates how menstruation can be used to punctuates life events.

In a follow up question, I asked Una to elaborate on what she found 'disgusting' about pads:

> 'I just thought… remember thinking… that like they smelled? I don't even know if they did like, and like they always felt dirty like? I don't know. I just thought they were so bulky like ehh, like you could nearly see them in your knickers like, from outside… ehh yeah. I much preferred the lilets like. They just felt like I was being ehh, cleaner or something… I'm not sure if that makes sense *laughs*...' (Una, 48).

Una detailed how her menstruation posed a threat to her olfactory system and detailed a fear of other people being able to smell her menstrual blood. Her disgust centres around others becoming aware of her menstruation, evidenced by her concern of how a 'bulky' pad would

look to others. Ussher and Perz (2020, p. 220) describe how menstrual stigma leads to an increased level of self-discipline and policing of the menstruating body. To avoid being 'found out' for menstruating by peers or family members, menstruators go to great lengths to distance themselves from their menstruation. For Una, this resulted in her choosing a more 'discreet' or 'undetectable' menstrual product. Another participant from the same generation shared similar sentiments about using pads:

> 'my mam would have just bought the, you know, the real thick old 1980s sanitary towels, which were huge and very uncomfortable. So that was it. Sanitary towels. I would have used really up until and even into my 20s, I think I would have used, you know, the obviously the fancier, always slimmer version of them, but it was only later on in life I discovered all these other products that are wonderful. But I used horrible, stinky sanitary towels that were huge and not very absorbent. They weren't good in the 80s or in the early 90s.' (Sophie, 47).

Sophie described how the only period products available to her were pads, specifically the bulky and uncomfortable ones. Her description of the pads as 'huge,' 'stinky', and 'not very absorbent' emphasises how inadequate she felt the technology was. There was a tinge of sadness in how she described finding other 'wonderful' products in her late 20s. On the one hand, she was happy that she had gained access to products that made her menstruation more comfortable. On the other hand, this reminded her of how long she had to 'suffer' through her menstruation using products that she did not like. Ussher and Perz (2020, p. 220) posit that both visibility and invisibility are central to the disciplining of the 'uncontained' menstruating body, associated with fear of surveillance from others coupled with a constant self-surveillance. Una and Sophie's concern about being 'clean' when menstruating may stem from the culture of menstrual normativity that frames menstrual blood as dirty, and in turn, frames the menstruating body as dirty (Persdotter, 2020).

Other participants from different generations recounted feeling a similar level of discomfort and varying levels of disgust when describing their use of pads. For Jasmine, pads provided an intense, sensory assault:

> 'it's just the feeling of them. and the smell. And how they can just be sat in your knickers for ages and you hear it when you get up… Even like, the rustling of the paper, or the plastic things they're wrapped in. How they're so noisy… when I do be in work, I feel like I'd be as well giving an invite to everyone in the toilet to come and join me *laughs*...Even the fucking stickers you have you unpeel. *Gestures dramatically*. Then open the bin. I like a tampon more, it's just, 'take out, into the toilet, new one in, done'. Much easier. And I can just change them whenever, like it's not a case of me walking around feeling wet down there' (Jasmine, 26).

For Jasmine, pads create a multisensory burden, particularly in public settings like her workplace, where the noise becomes a source of anxiety which further elucidates the power of the concealment imperative. In this way, Jasmine's preference for tampons appears to be rooted in their ability to provide a more discreet and comfortable experience that does not constantly remind her (and potentially others) of her menstruation. Her aversion to pads may stem from her unwillingness to see and touch her own menstrual blood. Throughout her interview, Jasmine described how 'messy' her menstruation made her feel. Using tampons allowed her to maintain a level of control over her menstruating body, by using a product that made her feel the most 'clean'. The disgust Jasmine feels illustrates how menstrual stigma is a cultural product created in a social context in which women and women's bodies are viewed as dysfunctional and disgusting (McHugh, 2020, p. 418).

Although participants in the same generation expressed similar attitudes towards pads, Danielle (19) described still using them:

> 'yeah, still using pads. I just like them. I know that some people hate them. My best friend loves tampons and will never use pads but I don't know. I don't like the idea of them.' (Danielle, 19).

In a follow up question, I asked her what she did not like about tampons:

> 'I just feel like pads are a safer option. I don't know. I did used to get teased by some of the girls because they said they were babyish. I didn't think so. I don't care really anyways. I like what I like'. (Danielle, 19).

Danielle's description identifies a tension between personal comfort and peer pressure regarding menstrual product choices. Her perception of pads as the 'safer option' suggests concerns about tampons[52] that override social criticism from her peers who label pads as 'babyish'. Despite being teased by her peers, she maintains her autonomy in choosing what works best for her body when menstruating. This highlights how younger generations may face unique social pressures around menstrual products, where certain choices were viewed as a marker of immaturity. However, Danielle's confident assertion 'I like what I like' indicates a healthy resistance to these external judgments and a prioritisation of her own comfort over social conformity.

When asking participants about their use of menstrual products, many described receiving insufficient period education at school. As part of this, many outlined that they would have liked to receive additional information about product choices in the school setting. Menstrual etiquette rules dictate that all traces of menstruation remain hidden at all times. In the school setting, this manifested in many of the participants feeling required to hide period products up their sleeves to avoid detection when going to the toilet during class time:

[52] See Przybyło (2025, p. 68) for further discussion on Toxic Shock Syndrome (TSS) and the TSS scandal in the USA in the 1980s.

> 'I can almost feel the lump of the pad up my sleeve *laughs*… I remember my mother telling me to put it up there when I was going to the toilet so the other kids wouldn't notice it, I did it all through school.' (Sinead, 48).

Incorrect menstrual information most commonly related to menstrual products, which Emily (42) outlines here:

> 'Our biology teacher told us that you could only use tampons if you've had kids like…which is, which is not true. I mean I know what she meant like…but then obviously that has nothing to do with anything and you can still use them…' (Emily, 42).

In a follow up question, I asked Emily what she thought this teacher meant:

> 'I think…it was probably about putting things inside… or something *laughs*...it did stop me using tampons for a long time though… I never questioned it, like.' (Emily, 42).

For Emily, the power of her teacher's menstrual misinformation drastically altered how she managed her periods. She began to associate tampons, and other insertable products with 'maturity'. Some participants held on to the sexualisation of insertable period products in the same way. For some, the transition from 'pad' to 'tampon' marked a significant turning point in the menstrual life:

> 'I think I just thought that 'grown up' girls used…tampons. It sounds anti women of me but I just remember thinking that they were for more…I don't know how to say it without sounding awful. For girls who had sex or were more 'advanced' that way *laughs*' (Chloe, 29).

Traditional, conservative teachings on period products have often emphasised the 'moral dangers' associated with tampons (Ferriter, 2010, p. 293). [53]The link between sexual promiscuity and tampon use is historically rooted in women's bodies being subjected to moral policing and misguided notions about virginity and purity (Ferriter, 2010, p. 293). This is evidenced by Archbishop John Charles McQuaid's 1944 national prohibition of Tampax, which he justified by claiming they provided internal stimulation and were intended for women of 'loose' morals (Ferriter, 2010). Later in the interview, Chloe recounted not feeling comfortable enough to ask her teachers or her mother about tampons, and instead just 'put up' with pads until late into her teen years. Despite being educated in different periods, Chloe and Emily underline the hold of the teacher's instruction in shaping their feelings, attitudes and behaviours around menstrual management. On balance across all participant accounts, formal menstrual education was defined as something that failed to provide them with the necessary tools and knowledge to manage their menstruation through products in an empowered and efficacious way.

Choice Overload: Navigating Product Proliferation

In the contemporary context, many participants reported feeling overwhelmed by the proliferation of menstrual product options. While increased choice theoretically offers greater personalisation, some participants reported decision fatigue and uncertainty when navigating the expanded menstrual product menu:

> 'You stand in front of this massive shelf full of products and it's like 'Roll up, roll up…They've got night pads…they've got day pads…they've got regular, thin, thick… super, super plus, with wings, without wings, scented, unscented, tampons with applicators made out of cardboard, made out of plastic, organic, non-organic,

[53] For more on the sexualisation of tampons and how concerns centred on the potential rupture of the hymen and promiscuity see Vostral, 2008, p. 168) and Vostral (2020, p. 687).

biodegradable'...I always buy the same pack of Tampax or whatever pads I like. I wouldn't know where to start with other stuff.' (Katie, 30).

While product diversification has created opportunities for more personalised menstrual management, it has also introduced new pressures. Some described this feature of menstrual work as the ongoing mental labour involved in researching, selecting, and maintaining awareness of menstrual technologies. To avoid this labour, Katie repeatedly chooses the same products that work 'well enough' for her. For others, however, there is a pleasure in trialling and researching new products:

'Like I said, I get a bit of fun out of seeing what's next for me to use. Or to try at least. *laughs*… it takes about 3 cycles to get used to a new thing, well… for me anyways. I usually use whatever looks best *laughs*… superficial I know *laughs*' (Molly, 24).

The phenomenon of choice overload appears to intensify during transitional periods throughout menstrual life, including menarche, postpartum menstruation, perimenopause and menopause, when established routines no longer suffice. These moments of bodily change disrupt the taken for granted nature of menstrual management, forcing individuals to reconsider their established practices. In the interviews, I asked participants if there was one period that stuck out for them in their lives. Emily (42) gave the example of returning to menstruation after childbirth:

'For some weird reason, it's the one after I had my first child…That one…because it was actually…It was like starting all over again… But it was because I was so surprised. And then because there's so much already hormonal going on… it's like I forgot about it…and then obviously because the nine months before and you didn't have anything like, you know, you kind of go and 'oh. OK, we will be back to this

> now.' And I felt like it was so much heavier than before… but maybe it wasn't and, it just felt more because I hadn't had it for a long time. I had to buy a different brand of pads, because I felt it was so heavy, I needed more absorbent ones.' (Emily, 42).

These transition points indicate that technological familiarity is a process requiring ongoing adaptation throughout the menstrual lifespan. Such moments frequently serve as entry points for new technological regimes of bodily management (Mørk- Røstvik, 2022, p. 3; Fox et al., 2020). The expansion of the menstrual product market has occurred alongside broader trends of consumer individualisation and self-optimisation (Lupton, 2014, p. 84; Rose, 2001). The implicit message of this diverse marketplace is that with sufficient research and experimentation, one should be able to find the 'perfect' menstrual product. This was a promise that many participants found both appealing and burdensome. Lupton (2014) argued that this self-optimisation is characteristic of contemporary biopolitics, wherein bodily processes become sites of continual improvement and optimisation.

Younger participants generally expressed greater comfort with product experimentation than older generations. Molly (24) recounted:

> 'I'd say within the first 3 years of me having periods, I'd tried regular pads, period pants, tampons, and a Mooncup. I think mammy was a bit like 'Oh, okay…' when I'd tell her about new stuff I found or whatever, because she would have just used the same pads and the odd tampon for her whole life.' (Molly, 24).

This openness to experimentation stands in contrast to her mother's experience. Several factors may explain this generational difference. More diverse products have become available recently, attitudes about menstruation and bodily autonomy are evolving, menstrual options receive more attention in media and among peers and consumer culture increasingly emphasises experimentation and personalisation. Given these developments in product

availability and cultural attitudes, menstrual advertisements have evolved to promote choice and empowerment, but they still operate within (and sometimes exploit) the same cultural taboos and anxieties. The next section examines participants' responses to a variety of menstrual advertisements.

Selling Menstruation: Period Product Advertisements

Menstrual product advertisements serve as powerful cultural texts that influence societal attitudes toward menstruation. When discussing the function of menstrual advertisements, Conner (2020, p. 898) states 'advertisements succeed in marketing an illusion of 'choice' that offers women a false sense of control over their bodies and lives, while, at the same time, reinstating ideologies of the patriarchy'. This analysis connects to Mukherjee and Banet-Weiser’s (2012) concept of 'commodity activism', wherein commercial entities co-opt progressive political language whilst ultimately serving capitalist rather than liberatory ends. This section examines how advertisements from different periods provide insight into changing technologies, marketing strategies, and cultural narratives surrounding menstruation in Ireland.

In the interviews, I showed participants a selection of print, digital and video period product advertisements. As discussed in the methodology chapter, all advertisements had been shown in the UK and Ireland. These are a selection of the print advertisements shown in the interviews:

Figure 22: Tampax Advert (Good Housekeeping, 1960s)

Figure 23: Kotex Advert (Good Housekeeping, 1970s)

Figure 24: Kotex avert (Good Housekeeping, 1970s)

All of the older advertisements shown to participants predominantly featured euphemistic language, avoiding direct references to menstruation. The visual imagery typically depicted white, middle class women in domestic settings or social situations where anxiety about potential embarrassment was clearly conveyed (Przybyło and Fahs, 2020). The visual semiotics of these older advertisements merits particular attention. Women were frequently

portrayed in white clothing which was a symbolically laden choice that represented purity while heightening the implied risk of visible staining. This representational strategy functioned as a 'disciplinary tactic' that maintained menstrual stigma while offering solutions to manage it (Przybyło and Fahs, 2020; Bobel, 2010).

Participant responses to these historical advertisements signified the extent of the generational divide. Older participants, particularly those in their seventies, recognised these advertisements as representative of their own menstrual experiences. Bobby (75) commented on the Kotex advertisement from the 1970s:

> 'Oh yes, that's exactly what it was like. You were always worried about...you know, being found out. That's what we called it then. And the products weren't great, so you were right to be worried *laughs*. But that's just how it was. You didn't talk about it, you just...got on with it.' (Bobby, 75).

Anne (72) had similar recognition when viewing the Tampax advertisement:

> 'The white dress! *laughs* I would never have worn white during...you know. Never. But that's what they showed us, wasn't it? That if you used their products, you could wear white and be confident. It was all about not showing, not letting anyone know.' (Anne, 72).

Older participants' reactions reflects how advertisements in their time explicitly taught concealment strategies and strengthened taboos around menstrual visibility. Their recognition of the anxiety depicted in the advertisements as authentic to their lived experience conveys how marketing strategies successfully captured and exploited genuine menstrual fears whilst offering only technological solutions rather than addressing the underlying stigma.

In contrast, younger participants viewed these same advertisements with bewilderment and sometimes anger. Hannah (22) responded to the Kotex advertisement featuring a woman in white behind an apple:

> 'I would be so worried for her in that dress *laughs*. I don't really get why she sorta looks like an angel? Like? *rolls eyes*… am I meant to think of a period as a gift from God *laughs*…' (Hannah, 22).

This generational contrast illustrates how advertising strategies that once resonated with lived experience now appear anachronistic and problematic to contemporary viewers. The older participants' acceptance of concealment as 'just how it was' stands in stark contrast to younger participants' questioning of why such concealment was necessary in the first place.

Early advertisements consistently emphasised the importance of concealment and discretion, presenting products as solutions to potential social humiliation. Text in the advertisements frequently focused on products being 'undetectable' or promised 'absolute security' against leakage. As critical menstrual scholars like Bobier (2020, p. 304) have argued, these advertisements constructed menstruation as a 'hygienic crisis' requiring technological intervention. The language employed a discourse of deficiency, positioning the menstruating body as fundamentally problematic and requiring management (Ussher and Perz, 2020, p. 217).

The concept of 'protection' featured prominently in all of the advertisements. The advertisements emphasised primarily protection from the social consequences of visible menstruation. To maintain social acceptance and 'feminine respectability', menstruators should conceal all evidence of menstruation from others (Kissling, 2006).

In examining the visual elements across different menstrual advertisements, what becomes immediately apparent is the use of colour schemes that have traditionally avoided realistic

representation. The persistent use of blue liquid instead of red in advertisements exemplifies 'technological passing', wherein the biological reality of menstruation is deliberately obscured to make it more palatable for public consumption (Vostral, 2008). The racialised nature of women in menstrual advertisements also merits attention. The overwhelming whiteness of models in both historical and many contemporary advertisements positions white, middle class femininity as the normative standard against which menstrual management is measured.

Older menstrual advertisements frequently situated women in domestic spaces, while contemporary advertisements often feature athletic environments. Przybyło and Fahs (2020) and Bobel (2010) argue that this shift, while appearing progressive, ultimately replaces one restrictive narrative with another, transitioning from the homebound woman to the woman who must perform without limitation despite her menstruation. Both narratives, according to Bobel (2010), deny the lived reality of menstruation and its potential impacts. Some participants made this observation after watching an Always advert that features a plus-sized woman ice skating, despite being on her period:

Figure 25: Always advert (2020s)

In response to being shown this advert, Sinead commented:

> 'I mean the only thing I like about that ad is the body positivity. You know she's a bigger woman. I think it's great to show women of different sizes. I'm all for that, but again. Why? I know what they're trying to do. I know they're trying to somehow empower women into thinking that they should be able to do whatever they want when they have their periods but like… very often ehhh, that's just not possible. So why not, be a bit more truthful about that and show what is possible, what is impossible. Why can't you just have an element of that in the in the ad? It's OK to want to have those ambitions to, to ice skate and do all that, and that's great. It's not wrong but most women just wanna lie on the couch and drink hot chocolate and watch Netflix all day *laughs*…On their own…in the dark. Particularly on the first day of their period…Is that not OK? Like how come that isn't allowed? Is that not accepted? You know, just like that's…Those kind of ads used to drive me mad for that because, like, I never wanted to do anything when I was on my period. I still have days and days and days where I just don't wanna do anything. And I think that that should be OK. We shouldn't have to feel bad because of that, you know?' (Sinead, 48).

Sinead highlights the tension that exists between empowering menstrual advertisements and the reality of the menstrual experience. Her critique centres on the disconnect between the advertisement's portrayal of unimpeded activity during menstruation and the reality many women experience. Sinead was frustrated with the advertisement for perpetuating a narrative that shame menstruators for wanting to rest, or take time for self-care during menstruation. In their critiquing of Always ad campaigns, Przybyło and Fahs (2020, p. 383) posit that contemporary menstrual advertisers present themselves as an 'enlightened, pseudo feminist company… at the head of the feminist struggle'. Advertisements such as this one illustrate

how companies can 'co-opt feminist discourse, energies of body positivity and menstrual positivity' (Przybyło and Fahs, 2020, p. 376).

Figure 26: Always 'LikeAGirl' campaign (2015)

The '#LikeAGirl' campaign from Always represents perhaps the most extensively analysed example of empowerment feminism within menstrual marketing (Campbell et al., 2021, p. 220). This campaign, aimed to confront stereotypes about what it means to do things 'like a girl'. It exemplifies how brands attempt to position themselves as champions of feminist causes whilst ultimately sustaining consumer capitalism. In her analysis of femvertising, Sobande (2020) argues that the '#LikeAGirl' campaign operates through 'commodity activism', wherein genuine social justice concerns are appropriated and transformed into marketing strategies that ultimately serve corporate rather than feminist interests. The campaign's focus on individual empowerment through consumer choice obscures structural inequalities whilst positioning Always as a progressive brand aligned with feminist values.

Sobande's (2019) analysis of how femvertising operates illustrates how brands position themselves as feminist allies whilst actually reproducing problematic expectations. The Always campaigns that present menstruation as something that should not 'slow you down' when menstruating exemplifies how brands co-opt feminist discourse whilst maintaining fundamentally capitalist imperatives (Sobande, 2020). For Sinead, this co-optation has resulted in her feeling worse about her menstruating body, despite the advert being presented

as empowering. Bobel (2020) also argues that the neo-liberalisation of the menstrual movement has created commercial narratives that deny the lived realities of menstruation for many. Femvertising then creates the illusion of progress whilst actually imposing new forms of disciplinary control. Instead of confronting the fundamental expectation that women's bodies should not disrupt capitalist productivity, these adverts offer technological solutions to maintain that productivity (Sobande, 2020). Advertisements such as this one created a feeling of inadequacy for Sinead, when her personal experience did not align with the portrayed ideal productivity shown in the advertisement. In contrast, Una found this advert to be very empowering:

> 'Oh yeah I've seen this one ehh it's good I like this one. I love the plus-size ice skating, she's great…I love that actually...this is so different to the others… like the other women are skinny mini housewives that would have the dinner ready when you come home *laughs*…but this one is fearless, and fabulous. And they poured red on it… more natural like? I like that. I like how they say that STs do smell *laughs*, I was right about that *laughs*' (Una, 48).

Earlier in the interview, Una outlined feeling repulsed by having to use pads. By acknowledging that the pads in the advertisement concealed odours, this validated the disgust she felt towards pads. Her positive reaction to the advertisement focuses on several aspects that she values: the representation of a plus- sized woman, the portrayal of confidence, and what she perceives as a more 'honest' approach to discussing menstruation. Her comparison to 'skinny mini housewives' from some of the older advertisements suggests she appreciates this as a departure from traditional gender roles and body types typically portrayed in advertisements and in media generally.

The models and actors featured in the contemporary advertisements shown have transformed from predominantly white, middle class women to a somewhat more diverse representation today. However, as Kissling (2006) and Hughes (2025) observe, this diversity remains limited and strategic, often conforming to conventional beauty standards and rarely featuring disabled bodies or those that do not conform to normative gender presentations. This selective diversity serves to create an illusion of inclusivity whilst maintaining restrictive ideals of femininity (Bobel, 2020). Banet Weiser (2018) argues that the persistence of predominantly white representation in menstrual advertising is part of as 'popular feminism'. Under ‘popular feminism’, certain bodies and experiences are deemed more marketable and palatable for mainstream consumption than others (Banet-Weiser, 2018, p. 14).

Menstrual Advertisements and Cis-normativity

In their analysis of menstrual advertisements, the menstrual movement and menstrual capitalism, Przybyło and Fahs (2020, p. 387) detail how advertising for menstrual products can trigger gender dysphoria for trans, non-binary or genderqueer menstruators. Lee's (23) reaction to the advertisements shown illustrated this. In response to '#likeagirl' advert from Always, Lee expressed their frustration:

> 'Please don't think I'm stupid for saying this but it's so… girlie? Obviously, that's the point. I know that. I just feel like they had a chance to do something. And show that it's not all just 'girl', like it could be a different way of showing what 'girl' looks like. You can see that they're trying to be like 'girl power!' and for me, I know what they're trying to do, but it just isn't hitting.' (Lee, 23).

Lee's scepticism is well founded. Rydström (2020) notes that even the most seemingly progressive campaigns typically remain entrenched in cis-normative frameworks that equate menstruation exclusively with womanhood. The few campaigns that have attempted to acknowledge menstruating individuals beyond cisgender women often do so in ways that feel

tokenistic rather than genuinely inclusive, as evidenced by Thinx's controversial 2019 campaign featuring a transgender man. Lee's disappointment with the portrayal of femininity in menstrual adverts was shared by other participants:

> 'I don't know if I can say this, or how to say it like. But, there's nobody different in any of these ads. Like, even looking at the last few, all of them look the exact same. Well, not really, but like, they're all wans with long hair and perfect skin and perfect figures, it's just not realistic. I can't see myself in any of these girls, like *laughs*' (Mary, 18).

Both Lee and Mary suggest that there is a disconnect between menstrual product marketing and the actual consumers they target. Both desire for a more diverse and realistic portrayal of femininity in menstrual advertisements. This feeling was also shared by Emily (42):

> 'I wish they would have like a woman… a normal one *laughs*…and it's always very young woman too….Like you know, sometimes I wish they would have an ad for, like, a woman that has, like, I don't know, three kids. One that has a meltdown and the car is like a mess, or I don't know… She just rushes home from work and, you know, they have this amazing product that lets her do this and get on with it…it's very one sided…and again, it's very geared towards very young girls. I mean in the in the older ads, they seem to be like *women*, women, you know?...But the ones now, they all seem to be like…In their late teens and early 20s, and it's like they forget the rest of the population that is affected by this.' (Emily, 42).

Emily's desire for representation of harried mothers or working women suggests she wants menstrual advertising that acknowledges the full lifespan of menstruation, not just young adulthood. While the reasons behind their feelings of exclusion may differ, what is shared between Emily, Lee and Mary is the sense of exclusion they feel when watching menstrual

advertisements. Przybyło and Fahs (2020, p. 388) argue that menstrual advertisements fail many types of bodies including 'trans, genderqueer, gender variant folks, menstruators with disabilities, and those who experience pain and dips in mental wellness during their periods'.

Freedom for Sale: 'Technology as Liberation' Narrative

A persistent theme throughout menstrual product advertising is the portrayal of period products as liberating. As argued by Mørk Røstvik (2022) and Bobel (2020), period products are consistently framed as revolutionary technologies that will free users from the limitations supposedly imposed by menstruation.

Figure 27: Diva Cup advert (People Magazine, 2010s)

In an interview detailing their business success to date, the 'Diva Cup' founders described choosing the name 'because we wanted something that expresses the powerful nature of the

product' (Canadian Business, 2023). However, the term 'diva' traditionally carries multiple, and often conflicting connotations. It suggests empowerment by describing a celebrated female performer while also portraying problematic femininity by describing a demanding, high maintenance and difficult woman (Albinger, 2012; Paredez, 2024). The use of the word 'diva' may suggest a woman who is unapologetically herself and confident. Yet, it may also play into familiar tropes about women being inherently dramatic or demanding. In turn, this framing may suggest that to have a positive relationship with menstruation, you must be a certain type of woman: confident, empowered and willing to embrace the 'inner diva'. For those who do not feel menstrually empowered or confident, the name illustrates how menstrual capitalism offers empowerment through consumption (Shaw, 2023, p. 705). Individual empowerment becomes achievable through market participation and consumer choice, whilst obscuring structural inequalities that shape menstrual experiences (Shaw, 2023, p. 718). Through this lens, menstrual empowerment becomes a matter of purchasing the correct product rather than reducing systemic menstrual stigma or advocating for collective change (Bobel, 2019, p. 259). You can simply *become* a 'diva' by purchasing the right product.

The contemporary advertisements shown in this chapter have begun incorporating more direct language and occasionally more realistic imagery, yet as Persdotter (2020) observes, these changes may not represent genuine progress against to menstrual stigma. This commodification of seemingly progressive attitudes towards menstruation exemplifies what McRobbie (2009) identifies as postfeminist sensibility, whereby feminist discourses around gender justice are co-opted and instrumentalised to serve commercial interests. Within this postfeminist framework, women are constructed as empowered consumers who have already achieved equality and can now celebrate their feminine identity through strategic purchasing decisions (McRobbie, 2009). This matters because it instrumentalises feminist ideas and

individualises responsibility on women to get ‘free’ themselves, using the market as a vehicle to do so.

This commodification connects Banet-Weiser’s (2018, p. 33) analysis of contemporary far right movements and their relationship to femininity. Within certain conservative political contexts, including what she identifies as 'popular misogyny', traditional menstrual management approaches become coded as resistance to feminist overreach. [54]The promotion of 'natural' fertility awareness methods through platforms like Natural Cycles (discussed later in this chapter) often is imbued with reactionary narratives about women's roles and reproductive responsibilities. This dynamic illustrates how menstrual technologies can become sites of political contestation, wherein different approaches to menstrual management become aligned with competing visions of women's liberation or traditional gender roles.

Digital Advertising

Social media platforms have enabled more direct and conversational advertising approaches. Brands now cultivate ongoing relationships with consumers through consistent content rather than isolated campaign messages. As Tomlinson (2025) observes, platforms like Instagram and TikTok have become sites where brands attempt to position themselves as participants in conversations about menstrual equity and education. The personalisation capabilities of digital advertising have particularly significant implications for menstrual product marketing. As Ahmed (2023, p. 1984) documents, period tracking apps and browser cookies enable highly targeted advertising based on predicted menstrual cycles and browsing behaviours.

[54]See Banet- Weiser (2018). For Banet-Weiser (2018), popular misogyny in some ways follows a conventional definition of misogyny: a hatred of women. However, Banet- Weiser (2018, p. 4) argues that popular misogyny involves the instrumentalisation of women as objects, where women are a means to an end: a systematic devaluing and dehumanising of women.

Significantly, digital spaces have also fostered new forms of resistance to traditional menstrual product advertising. Online communities have created spaces for sharing alternative menstrual management approaches and critiquing mainstream products and their marketing. While corporations have new tools to monitor and target consumers with unprecedented precision, those same consumers now possess platforms to critique, and reframe menstrual narratives. This makes digital spaces sites of corporate control and potential liberation regarding menstrual discourse (Tomlinson, 2025, p. 202). The contemporary digital context thus represents both an intensification of corporate influence over menstrual narratives and unprecedented opportunities for resistance and counter narrative. The result is a more fragmented and contested discursive landscape than existed in previous advertising eras, with significant implications for how menstruation is managed, framed and understood. The final section of this chapter focuses on menstrual tracking technologies.

Menstrual Tracking Technologies

This section of the chapter examines the sociotechnical landscape of menstrual tracking applications and their role in contemporary menstrual management practices. I interrogate how digital technologies reconfigure menstrual experiences, embodiment, and menstrual knowledge production. Drawing on feminist science and technology studies (Levy and Romo-Avilés, 2019; Lupton, 2014) and critical menstruation studies (Fox and Epstein, 2020; Pichon et al., 2022), I analyse how these technologies offer new forms of menstrual agency alongside normative constructions of menstrual bodies. This section of the chapters asks the following questions: How do menstrual tracking applications mediate users' relationships with their bodies and menstrual cycles and what power do these apps hold? In what ways do these technologies reproduce or challenge dominant discourses about menstruation? What

forms of knowledge production and embodied experience emerge through digital menstrual tracking practices?

In the interviews, I employed a digital walkthrough method to understand how participants actually engaged with tracking technologies. This involved asking participants to demonstrate their interactions with tracking apps during our conversations, showing me how they inputted data, navigated interfaces, and interpreted the information provided. Rather than asking participants to describe their app usage, this method allowed me to observe their actual practices in real-time. I was able to note any discrepancies between intended app functionality and real user behaviour. For instance, participants would often skip certain tracking categories, input data inconsistently, or misinterpret app recommendations in ways that became apparent only through direct demonstration. This methodological approach foregrounded tensions between the lived reality of digital menstrual tracking beyond the idealised user experiences promoted by app developers.

Digital Intimacy: How Tracking Apps Mediate Relationships with Bodies and Cycles

The datafication of menstruation involves multiple layers of translation, interpretation, and standardisation that fundamentally alter how users relate to their embodied menstrual experiences (Fox and Epstein, 2020, p. 747). Apps often categorise mood changes, energy levels, or sleep quality into predetermined options such as 'irritable', 'sad', 'energetic', 'tired', or 'happy', reducing emotional and psychological states to discrete, selectable categories (Adnan et al., 2021, p. 579). In what follows, I examine three menstrual tracking apps: Clue, Flo and Natural Cycles. These were the three apps most frequently used by participants, with eight participants using Clue, six using Flo, and three using Natural Cycles. This section focuses on the participants who did use menstrual tracking apps.

Clue, one of the most popular menstrual tracking apps, exemplifies the standardisation process through its symptom tracking interface, which presents users with over thirty different trackable categories organised into sections including period, emotions, body, intimacy, and lifestyle factors. Each category contains multiple subcategories with specific symbols and descriptors. Users select relevant symbols each day, gradually building a database of their menstrual experiences that the application analyses for continuities and then generates predictions. This process of daily data entry encourages users to develop new forms of attention to their bodily experiences and how those experiences can be expressed and understood within the digital framework.

Another app, Flo, takes a slightly different approach to this datafication process, incorporating more extensive contextual information and allows users to add custom symptoms and notes alongside the standardised tracking categories. The app's artificial intelligence system analyses this data to provide personalised insights, such as identifying correlations between particular symptoms and specific cycle phases or flagging unusual symptoms that might warrant medical attention (Cunningham et al., 2024). However, despite offering more flexibility than some other tracking apps, Flo still operates within fundamentally similar assumptions about the quantifiability and predictability of menstrual experiences.

Natural Cycles represents perhaps the most intensive form of menstrual datafication, requiring users to take and record their basal body temperature every morning before getting out of bed. The app combines this temperature data with menstrual flow information to create detailed fertility predictions that the application markets as a hormone free contraceptive method (Chen, 2017, p. 23). However, the relationship between users and their tracking applications is not just one of neutral data collection and analysis. These platforms actively mediate how individuals understand and experience their menstrual cycles through the

categories, visual representations, and analytical frameworks they provide. The emphasis on regularity, predictability, and pattern recognition within most tracking applications privileges particular ways of understanding menstrual bodies whilst potentially marginalising alternative approaches to menstrual knowledge. Users whose cycles do not conform to standardised twenty eight day duration, whose experiences cannot be easily categorised within application frameworks, or whose embodied knowledge conflicts with algorithmic predictions may find their menstrual realities rendered invisible or problematic within digital tracking systems (Fox and Epstein, 2020).

Digital Embodiment and Datafication

I draw upon Lupton's (2015, p. 55) concept of 'digital health' [55]and van Dijck's (2014) notion of 'datafication' to understand how menstrual tracking technologies transform bodily experiences into quantifiable data. These processes of datafication involve the translation of diverse menstrual experiences into standardised metrics, charts, and predictions. Boyd and Crawford (2012, p. 2) argue that quantifying bodily processes involves particular epistemological assumptions about what constitutes 'valid' knowledge. [56]The work of Bobel (2010, p. 41) on 'menstrual consciousness' provides a theoretical tool for understanding how tracking applications might enable new forms of menstrual awareness.

In the interviews, I asked participants if they tracked their menstrual cycles. For those who did track their periods, I asked them how they did so. Participants described using a range of menstrual tracking applications, with Flo, Clue and Natural Cycles being the most frequently mentioned platforms. Some participants also relied on smartwatch data, whilst others employed what Kressbach (2021) describes as 'analog tracking' methods, including physical calendars, phone calendars, notebooks, and other non-digital approaches for manually

[55] For more on the development of digital health, see Lupton (2015).
[56] Boyd and Crawford (2012, p. 2) argue that ‘large data sets offer a higher form of intelligence and knowledge that can generate insights that were previously impossible, with the aura of truth, objectivity, and accuracy’.

recording their cycle information. I asked participants why they tracked their menstruation, and participants gave varied responses. In what follows, I focus on a selection of participants who used various menstrual technologies to track their menstruation. I outline some of the most common reasons participants gave for tracking their periods. I note that some participants reported using tracking technologies for multiple interconnected reasons rather than a single purpose, but the following were the most commonly mentioned reasons provided.

Tracking to 'Keep an Eye on Oneself'

The main reason for period tracking (app supported or not) was the wish for a tool to observe and analyse menstrual cycle regularities. Users consistently entered period dates and compare past and average cycle lengths with the aim of identifying potential irregularities:

> 'I would have always thought it was just a good thing to do. I think it's just a good shout to have that info in case something is ever… out of whack?...Like, you mightn't know that something is off if you can't see back and compare.
> Yeah…*laughs*…that's what I'm using it for anyways, just to make sure everything is as it should be or whatever…' (Lauren, 22).

Lauren expected menstrual cycles to be regular and viewed consistent durations as an indicator of menstrual 'normality' and overall health. She described her menstrual cycle as extremely regular. Lauren used her menstrual tracking app as a way to 'keep an eye on herself'. If her regular menstruation ever changed, her historical data for comparative analysis was on hand. Lauren described sustained self-monitoring practices and prepared to mobilise the menstrual records against any cyclical irregularities that might emerge. Anticipation features as another component of menstrual work. O'Shaughnessy (2024, p. 74) also describes this as a feature of abortion work, where women are required to make long-term

investments of anticipatory labour and material resources (in the form of ‘abortion funds) in case they ever required an abortion.

Additionally, Lauren and other participants used tracking technologies as a tool to achieve bodily literacy (Fahs and Perianes, 2020, p. 451). In fact, this is one of the goals listed by the creators of the 'Clue' period tracking application cited in Fahs and Perianes (2020, p. 451):

> 'At Clue, we aim to enable learning as people use it, resulting in topics that are often taboo to become normalised, neutral, and reframed. Our approach to menstrual health is actually quite zoomed out from the period. The period is viewed as a gateway into the rest of the cycle. Often, people start using our app as a period tracker alone however by interacting with the app and reading content, we aim to instil in our users an understanding of their cycle as much more than just the period. Promoting body literacy is an important value for us.' (Fahs and Perianes, 2020, p. 451).

Femtech technologies, such as menstrual tracking apps, often promise their users empowerment through reliable knowledge about and control over their bodies and ownership of their reproductive health. In a thematic analysis of a range of 'female health' app promotion materials, Hendl and Jansky (2022) explored the kind of empowerment promised by app providers and point towards significant contradictions in the discursive tales of empowerment. Hendl and Jansky (2022, p. 32) argue that the discourse promoting many of the health apps is 'grounded in exclusionary ontologies, normative femininity, epistemic injustice and heterosexist notions of female sexuality, which undermines the liberational rhetoric of these digital health technologies'.

Tracking to 'Be Prepared'

Users also tracked to 'be prepared' for their periods and to understand their body's reactions to different phases of their cycles. This preparatory function enabled better planning around

work, social activities, and personal routines by anticipating when menstruation will occur and what physical or emotional symptoms might accompany different cycle phases. This was particularly evident for those who were athletic:

> 'I feel like I've just gone on and on about swimming but using Clue is actually really helpful for planning swims…I'm not competing now and haven't been for years but, obviously, I do it still…at least… God. 3 times a week *rolls eyes*… but I hate swimming on my period. So I like to know… so I can plan myself around it. I dunno, I like not being bloated when I'm swimming…' (Chloe, 29).

From Chloe's description, it is evident that digital applications function as tools of temporal governance beyond biological monitoring. Chloe used Clue to strategically plan her swim training around her cycle to maintain participation in public and recreational spheres. Her detailed planning around swimming sessions exposes the extent of menstrual anticipation in her life. As well as this, her reliance on the app has become embedded in routine decision making, transforming the menstrual cycle from a biological process into a logistical consideration requiring technological mediation.

Tracking to Plan Pregnancy

In the same way that perceptions of menstruation changed across the menstrual life, how participants interacted with tracking technologies changed across the life course. Some participants used tracking apps to aid in their family planning and fertility journey:

> 'I used to be able to tell you to the hour when it would happen *laughs*...When I was trying for kids like I would have been tracking all the time. When we were trying for kids I used to be obsessed, like, there's an excel sheet somewhere *laughs*…I used to use these kits either, but they were ovulation ones I think. There was a little thing where you put your temperature in and when it got to 36 or 37, you knew you were

> ready so I'd be like 'right. Let's get to it. Our window is open' to my husband *laughs*… yeah we did that for a long time actually… I think I thought it would come in handy if we ever needed to go to a doctor about fertility like… like it was a record of everything. Like, I'd be able to whip out the excel or the graph or whatever…' (Una, 48).

Una's use of menstrual and fertility tracking technologies illustrates the intensive self-surveillance practices that were associated with her reproductive labour. Una's account describes some of the ways in which menstrual technologies mediate bodily experiences (Andelsman, 2021). Instead of just feeling when her period might come or noticing natural body changes, Una now experienced her body through the lens of what the app told her. Una relied on temperature readings and app predictions to tell her when she was fertile, and she referred to the app for advice as to when she should be having sex with her husband. For her, using tracking apps or an excel spreadsheet served as a gateway into motherhood, which was something she desperately wanted. However, Una also described the emotional toll this technological mediation took, particularly when she struggled to conceive despite following the app's guidance meticulously. Earlier in her interview, Una had detailed how managing menstruation at work created significant stress and anxiety, requiring her to carefully plan around meetings and travel schedules. This workplace burden was intensified during her fertility journey, as she had to discretely monitor her temperature, manage ovulation tracking, and coordinate intimate timing whilst maintaining professional responsibilities. Andelsman (2021, p. 69) argues that reducing fertility into quantifiable data points has enabled digital health interventions to make women responsible for managing their own reproductive health.

Her use of an excel spreadsheet to track her fertility suggests a domestication of surveillance capitalism, where intimate bodily processes become subject to optimisation logics typically associated with productivity in the workplace (Zuboff, 2019). This technological surveillance

becomes particularly problematic when apps fail to deliver promised results. Una's own experience illustrates this tension: whilst she found the tracking useful initially, the intensive monitoring created pressure and anxiety when conception did not occur as predicted by the technological framework. The apps' emphasis on precision and optimisation can transform reproductive experiences into sites of potential failure when bodily realities do not align with algorithmic expectations.

Una's anticipatory creation of medical records for potential future clinical encounters illustrates how self-tracking technologies can redistribute the labour of healthcare from institutional to domestic spaces. This technological burden is particularly significant in the contemporary political context, where reproductive tracking data has become increasingly scrutinised. In the United States, concerns have emerged about how menstrual tracking data might be used to prosecute individuals seeking abortion care, particularly following the overturning of Roe v. Wade (Dobbs v. Jackson Women's Health Organisation, 2022). Through technological surveillance, right-wing movements pursue pronatalist aims and position reproductive decision-making as something to be closely monitored and regulated. The emphasis on fertility tracking and optimisation within these applications aligns with conservative political agendas that prioritise reproduction (Kelly and Habibb, 2023). Una's description captures the challenging nature of reproductive technologies that promise empowerment through knowledge and bodily literacy. However, these same technologies intensify the regulatory surveillance of women's bodies across the reproductive life course (Kressbach, 2021).

Tracking to Avoid Pregnancy

For others, tracking apps such as Flo were used to avoid unwanted pregnancy:

> 'No, but like it's what I said about being relieved, like, when it doesn't come. What would I do with a baby, like cmon, *laughs*…No, ok…I like being able to see it, like,

so I know when it's safe for me to actually have sex and not be worried *laughs*…' (Mary, 18).

Mary places a high level of trust in Flo's predictions to determine 'safe' days for unprotected sex. This is concerning, as technology she places trust in, is not designed to be a form of contraception. In contrast with this, Natural Cycles is promoted as a form of contraceptive. The following section examines the app and how participants interacted with it.

An App in Focus: Natural Cycles

One app specifically targets both users seeking to prevent pregnancy and those planning to conceive. Natural Cycles advertises itself as a hormone free, non-invasive option for women intending to prevent or plan a pregnancy.

In their analysis of the app 'Natural Cycles', Lampinen et al. (2025, p. 3) describe the app as being 'the first software application to get certified by the European Union and cleared by the Food and Drug Administration (FDA) in the United States to market itself as a medical device for contraception'. The application is marketed as a system that can be used to prevent, plan or follow a pregnancy.

In January 2018, Södersjukhuset hospital in Stockholm reported Natural Cycles to Sweden's Medical Products Agency (MPA) after recording 37 unwanted pregnancies among women who said they had been using the app as their contraception method (Galluci, 2018). This number came from a study of 668 women who went to the hospital seeking an abortion between September and December 2017. The Swedish Medical Products Agency asked Natural Cycles to clarify the risk of unwanted pregnancy in the instructions for use and in the app, and to make some updates to software versioning procedures. By September 2018, the Swedish MPA closed its investigation after concluding that the rate of reported unplanned pregnancies among Natural Cycles users was in line with the typical use effectiveness rate of

93 percent. However, the FDA estimates Natural Cycles has a ‘typical use’ failure rate of 6.5 percent, which is actually lower than birth control pills (around 9 percent) and condoms (up to 18 percent). There needs to be further investigation into whether the actual failure rates might be higher than official statistics suggest, since not all unintended pregnancies would necessarily be reported to the app or included in their effectiveness calculations. In a 2018 article in the Guardian, Olivia Sudjic described how her use of Natural Cycles resulted in an unwanted pregnancy. When detailing why she did not tell people about the abortion she had and how she used Natural Cycles, she described; 'No, my silence was because I felt colossally naive. I'd used the app in the way I do most of the technology in my life: not quite knowing how it works, but taking for granted that it does' (Sudjic, 2018). In her research on Natural Cycles, Chen (2017) describes the 'ideal' natural cycles user as someone who is in a stable relationship and works a stable 9 to 5 job.

The marketing strategy for the application has two distinct arms. On the one hand, marketing material features feminist, sex positive, empowering messaging. On the other hand, the marketing strategy relies on more conservative rhetoric, with social media influencers promoting a 'natural, hormone free and non-invasive way to get to know yourself better', while planning pregnancies (Natural Cycles, 2025). Central to the Natural Cycles modality is the 'partner mode' feature, whereby users' partners can also download the app and gain access to the fertility data inputted by the primary user. This functionality allows partners to view cycle predictions and fertile windows, positioning reproductive tracking as a shared responsibility within heterosexual relationships. Whilst this feature is marketed as promoting communication and shared reproductive responsibility, it also creates new opportunities for technological surveillance to encompass intimate partnerships, potentially creating new forms of reproductive accountability and monitoring within relationships. The below images, available on Instagram illustrates some examples of this. The four 'phases' of the menstrual

cycle are discussed here, presenting menstruators with four sets of expectations they should live up to. Throughout their Instagram, they have compartmentalised the menstruating body into four vastly different categories. The ovulation phase portrays a highly sexualised individual. In stark comparison, the luteal phase portrays a reclusive and aggressive individual who does not want to be interacted with. These portrayals of the menstrual cycle indicate how embedded Natural Cycles aim to be in the lives of those who menstruate. At each moment of a cycle, the app is there to 'support' the user. The mythos around ovulation, as perpetuated by Natural Cycles and other tracking apps, is viewed by Lupton (2015, p. 448) as a way to 'excuse' women's sexuality. Instead of women being regarded as whole and sexual beings, there must be a biological force at play.

Figure 28: Natural Cycles 4 'phases' of menstruation (NaturalCycles Instagram account, 2024)

In this post, Natural Cycles refer to how the app can be used in 'partner mode', whereby a user's partner has access to data inputted in the app:

Figure 29: Natural Cycles 'Sext drive scale' (Natural Cycles Instagram, 2025)

This feature, whilst potentially offering convenience for couples planning together, raises significant concerns about reproductive autonomy and the potential for coercive control. As Grace and Anderson (2018) note, reproductive control, including monitoring menstrual cycles, interfering with contraception, or pressuring pregnancy decisions, is a common tactic of abuse. The partner mode functionality also creates possibilities for coercive control within intimate relationships, as controlling partners could potentially use access to fertility data to monitor sexual activity, pressure reproductive decisions, or restrict contraceptive autonomy. The shared access to intimate bodily data through partner mode could enable surveillance of data inputted into the app to verify claims about fertility status, timing of sexual encounters, or adherence to reproductive plans. This technological architecture transforms what might

appear as collaborative reproductive planning into a potential mechanism for intimate partner surveillance and control, particularly concerning given that reproductive coercion is recognised as a significant component of domestic abuse (Grace and Anderson, 2018). The app's framing of this as a collaborative feature obscures the power dynamics and potential for misuse that such intimate data sharing could enable.

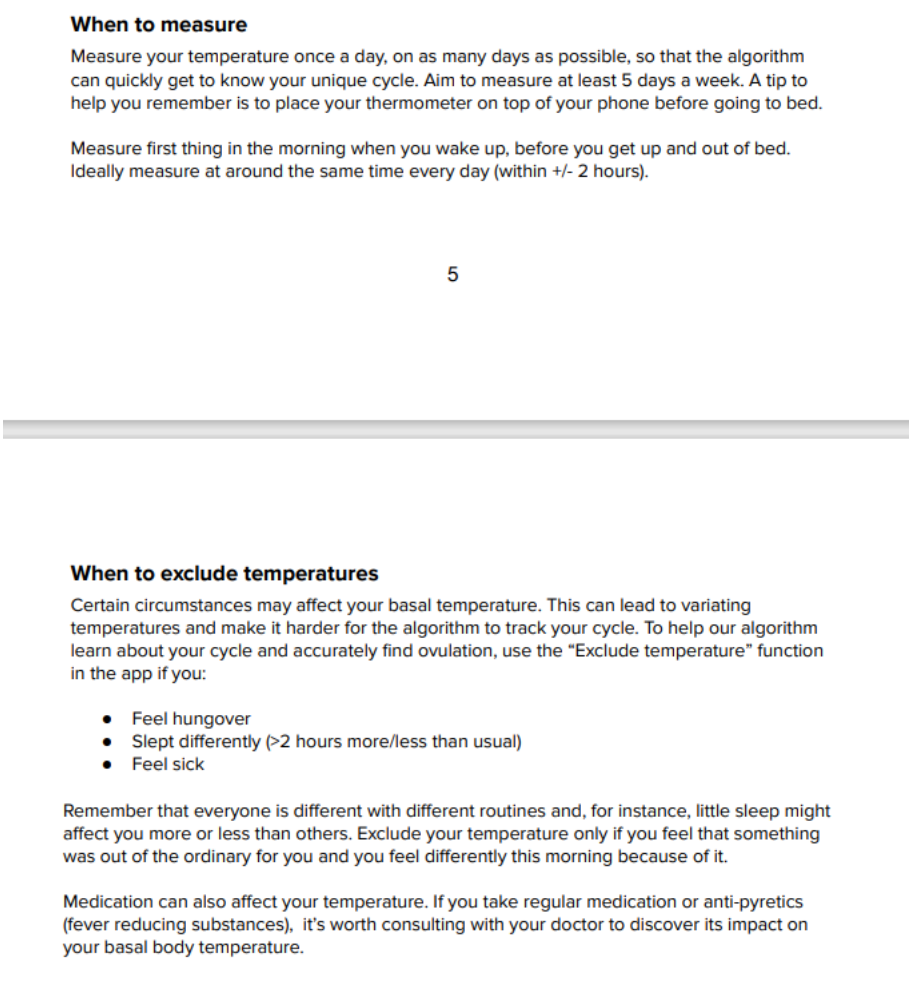
Tracking Fertility

Holly (40) used Natural Cycles initially as a fertility tracker:

> 'I saw it on Facebook. Or Instagram. Probably both. It looked to be the best one because of all the reviews, and the amount of doctors they had backing them up was crazy. *Holly's husband* and me had decided we were really going to start trying. I kinda thought it was a 'now or never' thing, because I was turning 37. It was just as COVID started, or just before it, so it ended up working out for us because we were home so much *laughs*. Really though, I was home and able to do all of the temperature stuff…I don't think I would have been able to if I was working in the office, rushing out the door every morning and then having to rush back in to take my temperature *laughs*. Yeah, I don't know if the app worked, or if I was just having sex more often but I ended up with a COVID baby who's almost ….four! Can you believe that *laughs*' (Holly, 40).

Holly was influenced to try Natural Cycles by their convincing marketing campaigns in late 2019. She was drawn in by the professional look of the app's interface and the app's medical credibility. Natural Cycles was cleared as a contraceptive in Canada in January of 2024. Following this, Diane Francoeur, CEO of the Society of Obstetricians and Gynaecologists of Canada (SOGC), say relying on a smartphone app for medical advice, or to deter pregnancy was 'playing with fire'. Epstein et al. (2017, p. 739) argue that tracking apps assume 'diligence in use and entry, which is known to be unrealistic in personal tracking'. Holly's recognition

that her commute to work would have prevented consistent temperature tracking supports this argument. She was aware that 'imperfect' use of the app impacted the app's ability to make accurate predictions about her menstrual cycle. This was information made she would have been made aware of in the app's induction:



When to measure

Measure your temperature once a day, on as many days as possible, so that the algorithm can quickly get to know your unique cycle. Aim to measure at least 5 days a week. A tip to help you remember is to place your thermometer on top of your phone before going to bed.

Measure first thing in the morning when you wake up, before you get up and out of bed. Ideally measure at around the same time every day (within +/- 2 hours).

5

When to exclude temperatures

Certain circumstances may affect your basal temperature. This can lead to variating temperatures and make it harder for the algorithm to track your cycle. To help our algorithm learn about your cycle and accurately find ovulation, use the "Exclude temperature" function in the app if you:

- Feel hungover
- Slept differently (>2 hours more/less than usual)
- Feel sick

Remember that everyone is different with different routines and, for instance, little sleep might affect you more or less than others. Exclude your temperature only if you feel that something was out of the ordinary for you and you feel differently this morning because of it.

Medication can also affect your temperature. If you take regular medication or anti-pyretics (fever reducing substances), it's worth consulting with your doctor to discover its impact on your basal body temperature.

Figure 30: Natural Cycles User Instructions (Natural Cycles, 2025)

In Chapter 7, Emily (42) described her experience with a healthcare system that she felt was invasive and paternalistic. Across her menstrual life, she expanded her menstrual tool kit to include more non hormonal and non-medicalised approaches to manage her menstruation. For her, Natural Cycles was the perfect solution:

> 'When I saw it, I thought 'oh, this is something I would like'… then I watched some YouTube videos on it of people talking about what they liked about it and I felt like it

> was good. I don't use it anymore. Like I said… I'm done with having kids and it comes regularly… so I don't need to. I think I said about feeling micromanaged by a doctor… but I don't think the app was doing that… and I liked the Instagram, it's good. Like I feel like saying 'See! It doesn't always need to be a pill, there is other things you can do' you know?' (Emily, 42)

Emily's rejection of the medicalised approach aligns with feminist critiques of medicine's historic tendency to position women as passive recipients of expert knowledge rather than active agents in their own reproductive health decisions (Chen, 2017). For Emily, the Natural Cycles app represented a form of menstrual technology that promises to democratise menstrual knowledge by returning control to individual women. By endorsing the app as evidence that 'it doesn't always need to be a pill', she used the app as a way to 'fight back' against the medical system that had paternalised her. Chen (2017, p. 42) argued, 'using Natural Cycles could even be seen as a rebellious act'.

I asked Emily to describe how she engaged with the app when trying to conceive. She used 'partner view', where her husband had access to the fertility information entered into the app's interface:

> 'I liked the partner mode. Like, *Emily's husband* had the app too. And it made it easier to know when we were going to actually…Like, have sex. You know? It sounds crazy I know… But it did make it easier in that way…' (Emily, 42).

Emily and her husband relied on the app to plan when they were going to have sex. Emily did not describe having sex outside of the periods suggested by Natural Cycles. Emily's description illustrates how fertility tracking technologies reshape intimate relationships and sexual practices within heteronormative reproductive frameworks. Here, intimate relations become subjected to technological optimisation and reproductive efficiency (Grenfell et al.,

2021). The use of 'partner view' in menstrual tracking apps extends surveillance to encompass heterosexual partnerships. Grenfell et al. (2021) also argue that the partner view can be a site of further emotional labour for those tracking their fertility. In their research, participants reported feeling guilty for their partner when dictating when sex would and would not happen, based on the app's information. Women in their study 'reworked how they interacted with and talked about the technology to accommodate their partner's needs and feelings, at a practical and sometimes emotional cost to themselves' (Grenfell et al., 2021, p. 123). For Emily, the app altered the spontaneity and autonomy of her sexual life. Yet her ongoing compliance with its recommendations shows the compelling nature of technological reproductive optimisation.

Both Emily's and Holly's eventual discontinuation of the app once their reproductive goals shifted suggests that these technologies remain primarily designed around reproduction-centred purposes rather than offering genuine alternatives to medicalised menstrual management that could serve diverse user needs (Chen, 2017). Chen (2017) argues that apps such as Natural Cycles can create feelings of frustration and disappointment when the apps do not function 'as intended', meaning when they fail to deliver the reproductive outcomes users seek, whether that be successful conception or reliable contraception. Gambier Ross et al. (2018) have expressed concerns regarding the use of fertility apps such as Natural Cycles. Their findings suggest that women become 'consumed' with tracking fertility, and report feeling frustrated disappointment and undermined agency when their apps do not function 'as intended', particularly when intensive tracking and adherence to app guidance fails to result in desired pregnancy outcomes (Grenfell et al., 2021).

Tracking as a Form of 'Evidence'

In Chapter 7, I discussed menstruation as a fifth vital sign. For those undergoing medical investigation for menstrual health conditions such as PCOS, menstrual trackers served as a form of medical evidence:

> 'Yeah but it's like I said, the first time I went to the doctor was a disaster *laughs*… and obviously because I had to go so much, in the… about 4 years or however long it took between getting the diagnosis. I started to track on Flo. Mind you *laughs*… there wasn't much of anything put into the app… but that was kind of the point *laughs*… I remember being like 'ok. Here you go. There's so little there, so let's look into it'…*laughs*…' (Aoife, 24).

For Aoife, digital tracking enabled her to show a doctor that she really was experiencing amenorrhea as a result of PCOS. Aoife was uncertain whether the tracker data influenced her doctor's decision to further investigate her menstruation, but she described feeling that it provided her with irrefutable evidence that her doctor could no longer disregard. This illustrates how little credibility menstruator's lived experience is given in a patriarchal medical system (Sointu, 2017).

Despite the varied motivations for use, Kressbach (2021) argues that there are significant limitations that lead to discontinuation. Some basic reasons for discontinuing app use included forgetting to enter data and technical difficulties with the apps. More significantly, using menstrual tracking apps can invoke a negative emotional experience when the app's predictions do not align with the true lived experience of the user, especially for those with irregular cycles:

> 'Obviously I used it for when I was trying to get the diagnosis...and even though I knew my periods were weird, it didn't stop me getting those notifications on my

> phone that would tell me I was meant to be on my period… and like, I wasn't *laughs*… I think I broke their algorithm *laughs*… but yeah, it wasn't… grits teeth super nice… to get that message… yeah' (Aoife, 24).

For Aoife, who did not match up to the app's prediction, it resulted in feelings of frustration and irritation towards technological predictions. When talking about how she used her smartwatch to track her menstrual cycle, Una shared similar sentiments around feeling 'unpredictable':

> 'It actually happened yesterday where it would say like 'your period is predicted to start today' and I'm just there going… really? Like I went in to the toilet to double check even though I know I already had it this month. It's annoying *laughs*, I probably haven't fixed it… like whatever I did I probably didn't set it up right.' (Una, 48).

Una's immediate self-blame when the app's prediction fails identifies the 'responsibilisation' inherent in digital health technologies, whereby users internalise technological failures as personal inadequacies rather than questioning the limitations of algorithmic predictions (Fox and Epstein, 2020). This is also clear in how she blames herself for not setting the app up correctly. Despite Una's clear awareness that she 'already had it this month' she still defers to the app's authority and goes to 'double check'. Fox and Epstein (2020) would argue that this is one of the ways tracking apps can undermine women's confidence in their own bodily knowledge.

In their examination of period tracking applications, focusing on motivations for use and user experiences among pre-menopausal individuals, Kazakoff et al. (2025) discovered significant discrepancies between predicted and actual menstrual timing. For example, 54.9% of users experienced their periods earlier than the application forecasts, whilst 73.1% found their

periods arrived later than predicted. Worsfold et al. (2021) had similar findings. They examined 10 period tracker apps, and all of them gave conflicting information on period dates and length, ovulation day and the fertile window. Aoife's and Una's experience with menstrual tracking apps generated feelings of being 'algorithmically illegible', with the technology failing to manage her irregular menstruation. Earlier in the interview, Aoife described how she used her menstrual tracking app data to 'legitimise' the symptoms of the menstrual health condition she was diagnosed with in her twenties. For Aoife, using menstrual tracking apps may have allowed her to feel as though she was being a 'good' patient. The binary classification of patients into 'good' and 'bad' categories, as documented in Sointu's (2017) research on medical student perspectives, reveals how healthcare encounters are fundamentally shaped by judgements about patient worthiness and compliance.

As mentioned, participants were motivated to use tracking technologies for multiple factors, and motivations to use apps change and evolve through different life stages. Users may begin tracking for general health awareness and later shift focus toward pregnancy achievement or avoidance, or may use tracking for multiple purposes.

Trans and Non-binary Experiences with Menstrual Tracking Apps

Participants who used period tracking apps commented on the feminised nature of the app interfaces. Iconography within these applications often use symbols and imagery that reflect traditional gender roles and expectations. Flowers, butterflies, and other decorative elements commonly associated with femininity appear throughout many applications (Frank, 2020). Across their social media accounts, Flo describe themselves as 'the world's most popular female health app'. In contrast with this, Clue avoids gendered language and describe themselves as 'the app for everyone with a cycle, created by experts'. For trans and non-binary users, these design and linguistic choices can serve as constant reminders of their exclusion from the intended user base. Dillon and Lee, two trans and non-binary participants

did not use period tracking apps for many reasons. One reason both participants mentioned concerned how the interface elements often assume particular relationships with bodily functions that may not align with their experiences. In some apps, the emphasis on fertility tracking is prominently displayed and difficult to disable, despite many trans and non-binary users having no interest in conception or pregnancy planning. The inability to customise interfaces can make these applications feel unwelcoming and inappropriate for diverse users. Clue's app interface has been designed to be as gender neutral as possible. To increase inclusivity, Clue designed a mode where users can track a cycle without logging a menstrual period:

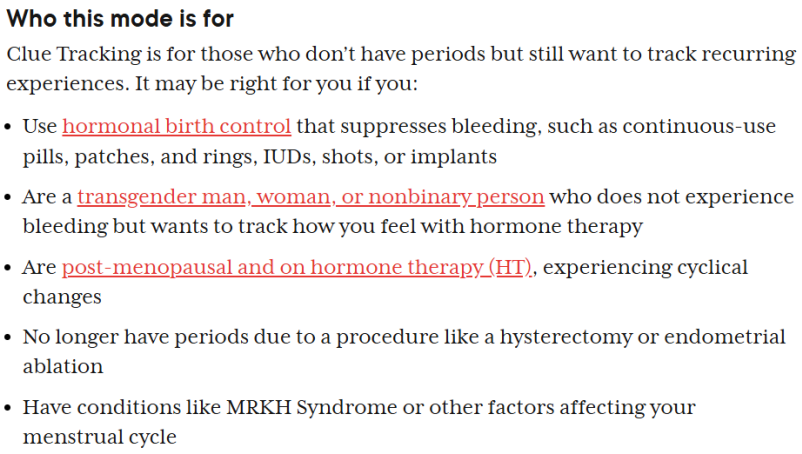


Figure 31: 'Track your cycle without a period' (Clue, 2024)

To facilitate data management, menstrual tracking apps rely on reductive systems of sorting and categorising binary understandings of genders and sexualities (Albury et al., 2024). However, some applications like Clue have actively worked to address these limitations. Clue's introduction of a 'no period' mode represents a significant step toward inclusivity, particularly benefiting transgender and non-binary users who may not menstruate or may have difficult relationships with menstruation. This feature shows how tracking apps can evolve beyond traditional binary frameworks when developers prioritise diverse user experiences. Clue's emphasis on scientific credibility exemplifies how tracking applications

establish authority through claims to objectivity and evidence-based analysis. The application frequently references peer reviewed research, collaborates with academic institutions, and presents itself as a tool for advancing menstrual health research through data collection (Clue, 2025). This scientific positioning offers real benefits, by providing users with evidence-based insights and advancing our understanding of menstrual health.

Data Protection and Privacy

In the interviews, I asked those who used tracking apps if they had read the app's terms and conditions and privacy policies. No participant had read these policies in detail. Mary (18) explained:

> 'Do you mean if I *actually* read it like? No. On all stuff like that… I just go down to the bottom as fast as I can and accept it. I don't really care… *laughs*' (Mary, 18).

Users often remain unaware of how extensively their data is being harvested and distributed, as privacy policies are typically lengthy and written in legal language that obscures the true extent of data collection practices:

> 'I looked at a line or two of it…but I actually couldn't face it… there was so much of it and I just wasn't up to it….like, there was reams of stuff about 'me, the user' and I thought, 'you know what, that's grand, I'll leave it there'. That was enough, like *rolls eyes*…' (Lauren, 22).

Period tracking apps gather detailed information about users' menstrual cycles, sexual activity, contraceptive use, pregnancy attempts, and mood, and frequently share this intimate data with third parties for advertising and commercial purposes without adequate user consent (Cao et al., 2024). This is particularly relevant for those in the US, following the Supreme Court's overturning of Roe v Wade in June 2022. Privacy concerns regarding menstrual tracking applications have intensified dramatically, as these digital tools now pose

potential legal risks to users in states where abortion has been criminalised (Cao et al., 2024). The decision created an environment where personal health data stored in these apps could potentially be used to penalise anyone seeking or considering an abortion, transforming what were previously routine health tracking tools into potential evidence against users. Some participants did not use period tracking apps due to privacy concerns:

> 'Why do they need to know all of this… I don't like it. What will they use the information for? Where does it go? No, it is not for me… I think about all of that information, I do not want them to know. I keep it for myself.' (Angela, 39).

Angela's reluctance to use menstrual tracking technologies accentuates the fundamental asymmetry of information in the period tracking app ecosystem, where users are expected to provide highly sensitive data whilst remaining largely ignorant about its ultimate destination and purpose. Her concerns about 'what will they use the information for' touches on the commercial reality that many free period tracking apps monetise user data through advertising partnerships, insurance risk assessments, or pharmaceutical marketing, creating profit streams that users neither control nor benefit from. Her instinctive wariness suggests an understanding that in data driven business models, the user often becomes the product rather than the customer, making her menstrual cycle information a commodity in markets she never consented to participate in. Healy (2020) argued that intimate data inputted into tracking apps takes on a new life as it is sold on in order to identify women as potential targets for purposes of commercial marketing. Angela's age of 39 suggests she belongs to a generation that experienced both pre digital menstrual tracking methods and the subsequent technological revolution, potentially making her more conscious of what privacy was lost in the transition (Fox and Epstein, 2020).

Conclusion

In conclusion, the evolution of menstrual product advertising makes a central tension in modern marketing visible. Brands apparent embrace of progressive messaging exists in constant negotiation with the commercial imperative to sell products. Contemporary menstrual product advertisements have undeniably adopted more inclusive visual representations, employed less euphemistic language, and occasionally confronted longstanding taboos surrounding menstruation. However, as this chapter has examined, these shifts operate within strict commercial parameters that ultimately limit their transformative potential. As Bobel and Fahs (2020) argue, these advertisements participate in a form of 'commercial feminism' that selectively incorporates progressive elements whilst leaving fundamental structures of menstrual stigma intact.

There were stark differences in how participants in different generations interpreted menstrual advertisements across different eras. Older participants recognised the concealment anxieties depicted in historical advertisements as authentic to their lived experiences, whilst younger participants viewed these same advertisements with bewilderment and critique. This generational divide illustrates how advertising strategies that once resonated with lived experience now appear anachronistic and problematic to contemporary viewers, yet the fundamental promise of technological solutions to menstrual 'problems' persists across eras.

A central tension here is how even the most 'progressive' advertisements continue to position menstruation as an individual responsibility requiring technological management and intervention. Advertising campaigns that claim to reduce menstrual stigma also rely on the idea that proper menstrual management is achieved through buying the 'correct' products. As Bobel (2019) observes, this framing diverts attention from structural inequalities in menstrual experiences, including period poverty, inadequate menstrual education, and environmental

considerations, toward individual consumer choices. This individualisation serves commercial interests by fragmenting collective experiences of menstruation into distinct consumer profiles to be targeted with specific products.

The digital advertising landscape has intensified this trend, with algorithmic targeting creating increasingly personalised marketing approaches that position unique product solutions as answers to individualised menstrual 'problems' (Malefyt and McCabe, 2016). What disappears in this framing is any substantive engagement with menstruation as a social phenomenon shaped by cultural, economic, and political forces.

Trans and non-binary participants expressed significant scepticism about brand's inclusive marketing efforts. The tension between marketing inclusivity and product design represents a significant gap in how menstrual technologies address the needs of all menstruators. While advertisements may visually include diverse identities, the technological solutions themselves, from packaging to design to retail placement, often remain embedded in cis-normative frameworks.

Digital walkthrough analysis of menstrual tracking apps spotlighted how these technologies shape users' bodily relationships and menstrual understanding through biomedical frameworks that prioritise regularity and predictability. The algorithmic authority of tracking applications creates a tension between technological predictions and embodied awareness, with some users developing greater trust in application forecasts than in their own bodily experiences. Whilst this technological mediation can be empowering when it 'validates' experiences, it can also be disempowering when it creates anxiety about bodily or menstrual 'irregularities'. Menstrual tracking apps hold a high level of power in the lives of those who menstruate.

Digital tracking technologies participate in processes of knowledge production that enable new forms of menstrual consciousness whilst potentially constraining embodied authority. Tracking applications operate within and help reproduce dominant cultural discourses about menstruation whilst creating limited possibilities for reducing aspects of menstrual stigma (Fahs and Perianes, 2020). The predominant focus on cycle regularity continues medical and cultural assumptions about 'normal' menstruation, potentially creating anxiety for users whose cycles vary significantly. The fertility focused design of many applications positions menstruation primarily within reproductive frameworks, which may marginalise users who do not experience menstruation in this way.

The commodification of menstrual data within commercial tracking platforms raises significant concerns about knowledge ownership and user agency. Users' intimate bodily information becomes a source of commercial value through advertising, product recommendations, and data analytics services, transforming unpaid user labour into commercial benefit (Worsfold et al., 2021).

This chapter suggests that whilst menstrual technologies offer new tools for awareness, health monitoring, and reproductive autonomy, they also participate in processes of datafication, commercialisation, and technological governance (Hong et al., 2024). The emergence of digital menstrual technologies represents both opportunities and obstacles for contemporary menstrual politics (Bobel and Fahs, 2020a; 2020b). These technologies offer valuable resources for improving menstrual literacy and menstrual health awareness, with particular potential for empowering users who are adopting these platforms as standard tools in their menstrual 'tool kits'. However, their development within commercial frameworks and biomedical paradigms limits their capacity to tackle structural inequalities or cultural stigmas surrounding menstruation. Moreover, these technologies introduce an additional dimension of affective an embodied menstrual work, requiring users to engage in ongoing emotional

labour. Menstruators navigate data interpretation, technological failures, and the gap between algorithmic predictions and lived bodily experiences. This digital menstrual work encompasses the emotional and physical labour of reconciling technological promises with the messy realities of menstrual embodiment.

Chapter 9 : Red Threads: Navigating and Negotiating the Menstrual Imaginary in Ireland

Introduction

The aim of this chapter is to examine how menstruation is lived, understood, and negotiated in contemporary Ireland through an analysis of the menstrual imaginary. As the final empirical chapter of this thesis, it serves as a red thread that weaves together the various sites of knowledge production and domains of experience explored throughout the preceding chapters. Whilst earlier chapters have examined distinct aspects of menstrual life and different contexts of knowledge production, this chapter investigates how these diverse influences are ultimately managed, framed and understood by menstruators in contemporary Ireland.

I begin the chapter by examining how participants conceptualise menstrual normality, exploring the ways in which ideas about what constitutes a 'normal' period are constructed, contested, and negotiated. This analysis examines how notions of menstrual normality are informed by medical discourse, familial knowledge transmission, peer networks, and digital platforms, creating sometimes contradictory frameworks for understanding menstrual experiences. As part of this exploration, I examine how these constructions of normality reflect cultural anxieties about bodily control, femininity, and reproductive health in contemporary Ireland (Persdotter, 2020; Sundstrom and Delay, 2023)

A significant focus concerns the impact of menstruation on participation in various domains of social life, including sport, education, and employment. This analysis examines how the menstrual imaginary operates as a material force that shapes opportunities, experiences, and social relations across different contexts. Through examination of educational settings, from

secondary schools to universities, I explore how institutional responses to menstruation constitute particular understandings of menstrual experience and its social significance.

The chapter also investigates how menstruation is situated within workplace cultures and professional identities, to examine the ways in which menstrual experiences are managed within employment contexts (Widiss, 2023). This includes analysis of workplace policies, informal cultural norms, and individual strategies for navigating menstrual experience within professional settings. I explore how these workplace dynamics are indicative of cultural assumptions about productivity, professionalism, and bodily management, illustrating how the menstrual imaginary operates across different institutional contexts to shape lived experience.

The chapter proceeds with an analysis of the linguistic and cultural strategies employed to discuss menstruation, focusing particularly on the role of humour and euphemisms in shaping menstrual discourse. Through examination of everyday language practices, I explore how euphemistic language results in the cultural positioning of menstruation as something requiring concealment or transformation through metaphor.

The political dimensions of menstruation constitute another critical area of examination. I analyse the emergence of menstrual activism in Ireland, exploring how advocacy efforts have sought to confront existing menstrual inequalities and reshape public understanding of menstrual issues. This includes examination of campaigns around menstrual equity and period poverty, investigating how these movements operate within and against dominant cultural narratives about menstruation. The chapter also examines recent policy developments in Ireland, including the introduction of free menstrual products in educational institutions and workplace policy changes, exploring how these interventions potentially transform the menstrual imaginary.

Overall, this chapter situates the menstrual imaginary as a key framework for understanding the contemporary cultural positioning of menstruation in Ireland. By examining how menstrual experiences are framed, managed, and understood across multiple domains of social life, it offers insights into the processes through which cultural representations of menstruation shape lived experience. Through this analysis, the chapter contributes to understanding how the menstrual imaginary operates as both a constraining and enabling force, creating possibilities for challenging existing menstrual inequalities and gender inequalities, whilst potentially reproducing certain normative assumptions about menstrual experience and its social significance.

Benchmarking Bodies: What is a ‘Normal’ Period?

While Chapter 7 focused on participants’ experiences of menstrual pain, this section takes a different analytical approach by examining how perceptions of what constitutes a 'normal' period influence people's understanding of their own pain experiences. The key distinction is between experiencing pain (covered in Chapter 7) versus normalising pain as an expected part of menstruation. In this section I examine how the construction of menstrual 'normalcy' often includes the assumption that pain is an inevitable, acceptable part of menstruation. When pain becomes embedded in definitions of what a 'normal' period looks like, it can lead people to dismiss potentially concerning symptoms or delay seeking medical care.

To highlight the diverse nature of menstrual experiences, scholars argue that menstruation cannot be understood as a universal or uniform experience (Barrington et al., 2021; Armour et al., 2021). These studies emphasise that there is no singular ‘normal’ period, as menstrual experiences vary dramatically across individuals in terms of cycle length, flow, symptom severity, and duration. The scholarship recognises that factors such as cultural background, socioeconomic status, age, disability, geographic location, and access to menstrual products

significantly shape how people experience, understand, and manage their menstrual cycles, with periods looking fundamentally different for different people across diverse contexts and identities.

In the interviews, I asked participants to define what they thought constituted a ‘normal’ period. The concept of a 'normal' menstrual cycle emerged as an organising principle through which participants made sense of their embodied experiences, functioning as a ‘menstrual compass’ that guided their interpretations of their menstruation. Rather than representing a fixed biological reality, 'normality' functioned as a socially constructed benchmark. Participants actively negotiated and redefined this concept through encounters with multiple knowledge sources including medical discourse, familial transmission, peer networks, and digital resources. Participants' negotiations of menstrual normality can be understood within Persdotter's (2020, p. 358) concept of 'menstrunormativity'. Drawing from concepts such as heteronormativity and cis-normativity, this framework describes how interrelated norms and expectations hierarchically organise menstrual experiences, positioning some menstrual 'subjectivities, some menstrual bodies, some menstrual behaviour as ideal, correct and good, and some as abnormal, unhealthy, disgusting'. Menstrunormativity encompasses multiple, often conflicting normative frameworks that create a normative minefield. Menstruators must navigate competing expectations including the biomedical model's emphasis on predictable 28-day cycles with discreet 3-5 day bleeding periods; cultural messages about maintaining secrecy and cleanliness; feminist ideals promoting menstrual pride and openness; wellness discourse advocating 'natural' cycles without hormonal intervention; and personal family traditions. (Persdotter, 2020, pp. 360-365). Since these different systems do not always align, individuals must constantly negotiate between competing standards rather than rigidly adhering to one clear definition of a 'good period' (Wood, 2020, p. 326; Persdotter, 2020). In what follows, I will examine participant’s descriptions of menstrual normalcy.

Across generations, participants held remarkably consistent understandings of what constituted ‘normal’ menstruation, typically referring to cycles that last between 21 and 35 days, with bleeding periods of three to seven days. However, participants' conceptualisations also included subjective experiences of pain, mood changes, and physical symptoms that were deemed acceptable within the bounds of normality. Constructing normality required calibrating between standardised medical categories and deeply personal, embodied knowledge systems (Armour et al., 2021). These negotiations occurred within the context of the gender pain gap, where women's pain experiences are systematically underestimated, dismissed, or pathologised within healthcare systems, leading to the normalisation of pain that might otherwise warrant clinical attention (Widiss, 2023; Windrim et al., 2024). Central to participants' constructions of menstrual normality was the negotiation of pain thresholds and their relationship to ‘acceptable’ menstrual experience. As discussed in Chapter 7, pain emerged as a particularly contested site within normative frameworks, where participants struggled to distinguish between ‘normal’ discomfort that should be endured and ‘abnormal’ pain that warranted concern or intervention. This struggle was compounded by societal expectations that women should tolerate pain and healthcare providers' documented tendency to minimise women's pain reports (Windrim et al., 2024, p. 170; Ní Chéileachair et al., 2022):

> ‘I guess…a normal period, like, they’re always going to be sore, aren’t they? Like, aren’t they meant to always be a little sore?’ (Mary, 18)

> ‘I don’t know if this is right, but I’ve just always assumed that having cramps and having sore boobs or whatever, like, is just part of it. Mine are always like that, and the girls have never said that theirs weren’t… so I guess that’s what I’d take to be normal?’ (Lauren, 22)

Mary and Lauren, both in their early twenties, share similar understandings of menstrual pain. In Chapter 6, Lauren recounted how discovering a pad in her older cousin's room led to her first conversation about menstruation and her initial understanding of periods. This included a discussion about menstrual cramps. For Lauren, this may have contributed to her understanding that pain is a normal part of menstruation. Mary's understanding of pain and menstruation echo findings from Armour et al. (2021). Armour et al. (2021, p. 140) conducted a national online study examining menstrual health literacy and management strategies among young women in Australia. Their findings stated that approximately half of participants considered their periods 'normal' despite experiencing significant menstrual pain or dysmenorrhoea, with those reporting higher pain scores being more likely to classify their pain as 'abnormal' yet not more inclined to seek medical consultation. For some, this negotiation often spans years or even decades of their menstrual life course:

> 'Like I said, it got to the point where I was thinking 'this *can't* be normal'… my PMT had always been awful, but I had sort of been able to get on with it. Until I wasn't able to manage it anymore...I think that if it was you having any of the symptoms I had, even when I was younger… you'd have gone to a doctor way earlier. I think my 'normal' wasn't normal, you know?...but then again, it's hard to know when to bother, and what is normal anyways? If there was a manual or handbook to learn about it all, trust me I'd have bought it *laughs*…' (Sinead, 48).

In Chapter 8, participants described waiting periods during which they observed their cycles, often employing tracking methods to determine whether variations represented temporary fluctuations or changes requiring intervention. The decision-making process around seeking medical advice emerged as an ongoing negotiation between self-knowledge, symptom severity, and healthcare accessibility, exposing the gendered dimensions of medical authority and the persistent challenges of menstrual legitimacy within healthcare systems. Within Irish

healthcare, women's accounts of menstrual pain and irregularities are routinely minimised or attributed to psychological factors rather than being taken seriously as indicators of potential underlying conditions (Windrim et al., 2024, p. 175).

Generational differences emerged as significant factors in shaping understandings of normality. As discussed in Chapter 8, younger participants were more familiar with menstrual tracking technologies and online resources. Precision and measurement were key components of the younger participants' conception of menstrual normality. In contrast, older participants often relied more heavily on experiential knowledge passed down through maternal lines, creating distinct generational epistemologies of menstrual normality that valued intuitive understanding over technological mediation.

> 'What was normal for me was just based on whatever I'd experienced from the period before…Maybe a better way to put it is that, I'd notice what wasn't normal first. You just learnt from over time. In a way, I'm glad I hadn't all of the magazines or books or internet results…I think it can overwhelm you… there's a lot to be said for just learning from yourself…do you know what I mean?' (Geraldine, 78).

The intersection of menstrual normality with health discourse shows how participants positioned their menstrual experiences within wider frameworks of wellness and bodily management. Normality became entangled with concepts of reproductive health, fertility, and general wellbeing, creating pressures to maintain menstrual cycles that aligned with idealised notions of 'healthy' femininity.

Leak-Proof Lives: Menstruation should be as unobtrusive as possible

A dominant narrative that emerged from participants' accounts was the expectation that menstruation should be seamlessly integrated into daily life without causing disruption, limitation, or inconvenience. This discourse of menstrual manageability positioned periods as something that, with the right products and attitude, could be rendered virtually invisible and non-intrusive (Barrington et al., 2021). This aligns with Kissling's (2006) analysis of contemporary menstrual discourse, which emphasises concealment and the maintenance of normal functioning as markers of successful menstrual management. Participants repeatedly referred to advertisements or other cultural messages that framed menstruation as easily controllable through appropriate management strategies, with the implicit understanding that any failure to maintain normal activities during menstruation indicated a personal inadequacy rather than legitimate bodily limitation. This discourse also constructs an idealised menstruating subject. This is someone who remains fully productive regardless of menstrual status and for whom periods are undetectable and unobtrusive. Embedded within this ideal is a failure imperative, whereby menstrual detection or disruption becomes framed as individual shortcoming. This positions 'successful' menstruation as contingent upon one's ability to render it invisible and non-disruptive (Wood, 2020, p. 320). The failure imperative creates considerable pressure on menstruators to conceal and minimise their embodied experiences, producing the extensive concealment work detailed in participants accounts below.

The rhetoric of menstrual empowerment was particularly prevalent, with participants recounting being told that periods should not prevent them from engaging in any activities, from sports and swimming to professional commitments and social events. This narrative constructed an idealised menstruating subject who remained fully functional and productive

regardless of their menstrual status, effectively positioning any acknowledgement of menstrual impact as weakness or excuse-making:

> ‘If there is a ‘normal’ period, it’s probably something that just lets you get on with things… as in, it shouldn’t be in your way or stop you doing whatever you want to or need to do.’ (Amy, 50).

> ‘I would think that it shouldn’t interfere with you… that’s to say you should be able to just live a normal life with it… You hear of people missing work or whatever the case may be… but it shouldn’t be like that...You should just be able to go about your business as normal.’ (Anne, 72).

Amy and Anne agree that periods should not interfere and show allow menstruators to live normal lives. However, these are not descriptions of their own menstrual experiences. Instead, they are articulations of cultural ideals about menstrual manageability. Throughout their interviews, both women regularly engaged in forms of menstrual adaptation (from activity planning to product management), indicating that whilst they can envision and articulate the ideal of uninterrupted daily life during menstruation, their actual practices included ongoing accommodations required to manage their periods effectively.

This expectation of seamless menstrual management created significant tensions when participants' lived experiences failed to align with these idealistic narratives. Many felt inadequate or abnormal when they experienced menstrual symptoms that genuinely impacted their capacity to maintain their usual activities. The pressure to present as unaffected by menstruation resulted in extensive concealment work, where participants went to considerable lengths to hide any signs of menstrual impact whilst privately managing pain, fatigue, or emotional changes (Persdotter, 2020, p. 361). The positioning of menstruation as something that should be effortlessly managed illustrated deeper cultural understandings

about feminine bodies and their potential to disrupt normative expectations of consistent availability and performance, echoing feminist scholarship on the regulation of women's bodies in public and professional spaces (Young, 2005). Participants' negotiations with these expectations uncovered the considerable emotional and physical labour required to maintain the appearance of menstrual seamlessness whilst managing their actual embodied experiences. In other words a form of menstrual work with material but also affective and embodied demands, that required emotional labour and material resources.

Menarche and menstruation have been mapped as specific ruptures in the life course (Lee and Sasser-Coen, 1996; Piran, 2020). Piran (2020, p. 202) examines menarche as an event that disrupts physical freedom, mental freedom and social power as well as relational connections. This section outlines how participants in this study framed menstruation as a disruptive force that constrained both their freedoms and their participation in social life.

While the data suggests participants felt pressure to maintain 'normalcy' and downplay menstrual disruption in accordance with societal expectations, they detailed experiencing significant disruption to their daily lives. This disruption manifested in multiple ways. Physical pain represented one element of this interference, but participants also emphasised the logistical difficulties that menstruation created. The following section further examines these practical disruptions to routine and social participation.

When Periods Crash the Party: How Menstruation Impacts Social Life

With regard to physical freedom, menstruation can be viewed as a ‘highly disruptive crisis of physical restriction to continued engagement in physical activities’ (Piran, 2020, p. 203). Maria (40) recalled feeling as if she had ‘lost’ a part of her life when she began menstruating:

> ‘I wanted my life back! Not bad enough to be sick each month, but now I can’t do sleep overs with my guy friends anymore? *Sighs*… But what could I do?’ (Maria, 40).

Maria laments the physical discomfort but also a widening gap between her and her male friends indicating the force of societal expectation around sexuality and menstrual concealment and etiquette. Menstruation becomes a sexualised process in Maria’s life. Tasked with managing her menstruation for the first time, she also became aware that her parents and male peers now viewed her as a sexual being. Maria’s mother may also have been worried about her daughter managing her menstruation in the company of her male friends. It is possible that Maria’s mother may have been trying to shield her daughter from potential ‘embarrassment’ if she was ‘exposed’ as a menstruator in front of her male peers. In Chapter 5, Maria described that as she started to menstruate, her social world got considerably smaller. As well as this, Maria’s excerpt exposes just how powerful the informal social rules of menstrual etiquette are in a young menstruator’s life. How certain activities are out of bounds and/or how she now as the menstruator is responsible to be ‘on watch, on guard’ to proceed with caution.

As argued by Pickering and Moffatt (2019), menstrual etiquette governs the social spaces menstruators engage with. Here, menstruation signals a shift in an individuals’ life, whereby their ‘out of control’ bodies require them to be ‘careful’ about what they do and where they do it.

Shrinking Worlds: When Periods Redraw the Map

How disruptive menstruation was in an individuals’ life varied amongst participants. Three participants living in rural areas specifically described menstruation as being a highly disruptive event. Despite Sinead (48), Lauren (22) and Janet (68) being from different

generations, they were all concerned with how their menstrual status would impact their ability to participate in farm labour with their brothers and fathers:

> ‘I didn’t want them (her brothers) to think less of me… I was afraid they would sneer at me and Lord it over me… like I didn’t want to be given all the shit jobs just because *laughs*…well, just because they would think I wasn’t able for the proper jobs or whatever… Typical boys *laughs*’ (Sinead, 48).

> ‘Once I got my period it made our relationship weird… I think so anyways. I wanted to be more involved with the cows and everything, right? Dad always made me feel like I couldn’t do anything with them if I was, on, like, I mean, come on! It just slowly turned into me not feeling like I was able to do anything. I used to leave it to the boys (her brothers) then instead. I help the odd time now but not if I can help it. (Lauren, 22)

For the third rural participant, menstruation disrupted her standing in the family unit, with new expectations being placed on her as a daughter and sister:

> ‘Around my first period my mum sat me down and talked to me about what ladies did and what was expected of me in comparison to my older brother, and basically made it clear that she didn’t really want me to do anything on the farm anymore… No place for ladies. Rubbish. That was that. I wouldn’t have rowed with her because it already was decided. Yeah.’ (Janet, 68).

Janet’s mother no longer viewed her as a ‘little girl’ and instead, immediately treated her as a ‘lady’. The use of the word ‘lady’ carried a set of rules and behaviours with it, and engaging with agricultural work did not fit Janet’s mothers’ conceptualisation of what it meant to be ‘ladylike’. Janet’s mother appeared to have a significant amount of control over Janet, as she outlined that she could not contest what her mother had decided for her. This level of strict,

parental control was not commented on by many other participants, particularly those in the younger generations. What is similar in these accounts across time is how menarche resulted in a 'shrinking' of the social world, but here in the specific context of rural labour. Participants' accounts suggests that they often took up other more 'feminine' roles instead. For example, Janet (68) recounts not being allowed to work on the farm once her first period happened and instead was only allowed to 'help in the kitchen', which often meant preparing meals for her brothers and father. This shift may have been less about menstruation specifically and more about the bodily changes associated with puberty alongside concerns about Janet's proximity to male farm labourers. Menarche may have served as a marker for implementing gendered protections around emerging sexuality. Janet's first period may also have indicated that she could take on more substantial domestic responsibilities to support her mother's household labour needs. In rural Ireland, these patterns of gendered divisions of labour still persist today. Currently, 87% of Irish farm holders are male whereas females represent only 13% of Irish farm holders (Roche et al., 2025; CSO, 2020). Women generally do not own the land they work on, instead they are farming land which is owned by their husband, brother or father. The exclusion of menstruating girls from farm work aligns with Shortall's (2016, p. 354) discussion on rural masculinities. Rural masculinities posit that farming is inherently male work requiring physical strength and emotional detachment that women's bodies supposedly lack. Research on women in Irish agriculture does show how traditional beliefs about menstruation intersect with rural gender ideologies to limit women's participation in agricultural labour. Roche et al. (2025, p. 10) argues that Irish farming culture has historically positioned women as 'helpers' rather than 'farmers', with menstruation serving as a justification for this exclusion. Connell's (1987) concept of hegemonic masculinity explains how male dominance persists through systematically excluding women from valued economic work, as seen in Janet's transition from agricultural labour to domestic tasks.

The menstrual cycle fundamentally shapes women's social lives, creating a rhythm of constraint and adaptation that permeates daily existence (Levitt and Barnack- Tavlaris, 2020, p. 566). Menstruation emerges as a powerful force that disrupts the normative social order, requiring constant negotiation between bodily experience and social expectations. This disruption manifests across multiple dimensions of social life, from the intimate choices of clothing and personal care to participation in social life. These topics are discussed in the following sections.

'Menstrual Dressing': Menstruation and Clothing Choice

In the interviews, I asked participants if menstruation had ever impacted their participation in their social lives. For many, menstruation represented an ongoing undercurrent of worry that persisted beyond their actual menstrual periods, creating a continuous backdrop of anxiety in their social planning and participation. These menstrual concerns affected multiple aspects of their lives, from sports participation to social activities, with clothing choices emerging as a particularly significant area of impact. This anxiety shapes clothing choices in profound ways, with many women adopting 'menstrual dressing' as a strategy that prioritises concealment and protection over personal preference or comfort:

> 'I'd say the biggest way my period actually affects me, like in the everyday, is when I'm bloating really bad, and I change my pants to ones with a bit more stretch, or a flowy dress or something… something that would be less...skin tight, I guess… Does that count? (Katie, 30)

> 'I'd avoid jeans or dresses or anything like that when I'm on…it's a comfort thing for sure. But then, it's even down to the knickers I'd wear… I do always pick my biggest pair, just to be sure that everything is tucked in, like… it's more comfy anyways…*laughs*…' (Jasmine, 26).

In a follow up question, I asked Jasmine what she would typically wear when she was on her period:

> ‘Ah…I’d probably go for something like leggings or a tracksuit or something like that. I have a really nice black WhiteFox set I wear like if I’m going out to *local town*…so something like that. Just comfortable, like… and then you can’t see the knickers because the tracksuit isn’t tight or whatever *laughs*…’ (Jasmine, 26).

Katie and Jasmine detail how menstruation fundamentally reshapes clothing choices through an interplay of comfort, concealment, and social participation. Both participants altered their usual clothing preferences, with Katie moving from ‘skin tight’ garments to items with flowy silhouettes to accommodate bloating, whilst Jasmine abandons jeans or dresses for looser alternatives like tracksuits and leggings. The temporary suspension of personal style preferences in favour of menstrual management involves deliberate, strategic thinking about garment selection. Jasmine's choice of her biggest pair of underwear and loose tracksuits that ensure ‘you can't see the knickers’ shows calculated decision-making designed to manage both physical discomfort and potential visibility of menstrual products. In these accounts, comfort and concealment become entangled. What feels physically comfortable often serves the purpose of hiding menstrual products or bodily changes (McHugh, 2020, p. 413). The predominance of dark coloured clothing during menstruation shows a deeper cultural imperative to render menstrual bodies invisible within public spaces (Kissling, 2006). Research by Dixit et al. (2025, p. 800) argued that menstruation leads to distinct social withdrawal, with women frequently altering their participation in social activities, exercise, and public gatherings during menstruation.

Clocking In While Bleeding Out: Periods at Work and School

Periods at School

In chapter 6, I examined the school setting as a distinct site of knowledge production. I asked participants if menstruation had interacted with their participation in school, work or their social lives. Hannah (22) talked about how menstruation affected her daily life:

> ‘It has intervened when it wasn’t regular and I think in secondary school I had a really bad time where I fainted again before a compulsory art visit to the museum for our class for studying the art pieces for your exams and I couldn't go because I fainted. My mom was like ‘you're not going because if you faint, I don't know what's gonna happen to you.’ It's like, ‘OK, that is fair’, so I stayed home and I missed it. And the important part and everyone kept talking about it. So that was really annoying.’ (Hannah, 22).

Hannah’s experience addresses several critical dimensions of how menstruation can disrupt educational participation and social inclusion (Bobel and Fahs, 2020b, p. 1007). The unpredictability of menstrual symptoms she experienced in early adolescence affected both her academic performance and social belonging. Her mother's protective response, whilst understandable given the health risks, reinforces the exclusionary impact of menstrual symptoms by preventing Hannah from accessing the same educational opportunities as her peers. The social dimension becomes particularly poignant in Hannah's observation that ‘everyone kept talking about it’, which positions her as an outsider to a shared experience that becomes part of the class's collective memory. In a follow- up question, Hannah described how menstruation shaped her social life and interaction with her peers:

> ‘Yeah, like I wouldn't say ‘Ohh, let's go hiking’ … You know what I mean? But if it's like stationary, like a cinema…I'd still go it's just like to factor in when I know I'm gonna be in pain…Or even like, you have to have your cup washed or spare pads with you or whatever because you have to plan ahead. Maybe other people don't. But I always do. I like to keep a little bag of everything with me. Just in case’ (Hannah, 22).

Research by Holst et al. (2022) on menstrual inequity and health in Barcelona argued that there was considerable emotional labour associated with menstrual management in public spaces, including the constant need to carry period products and plan social activities accordingly. For Hannah, menstrual work involves an invisible burden of anticipatory planning and activity modification that shapes her social participation (O’Shaughnessy, 2024). The temporal dimension of menstrual planning is visible in Hannah’s account. Social engagement becomes contingent on predicting and accommodating future physical discomfort. Menstrual work places a significant cognitive load on menstruators. For example, Hannah must think ahead to plan for logistical needs while also considering the physical limitations menstruation causes when making social commitments. The distinction between ‘stationary’ activities like going to the cinema versus more physically demanding ones like hiking shows the strategic categorisation of social activities based on menstrual compatibility. This suggests a constant ‘weighing up’ about what is feasible during different parts of her cycle. This distinction was also made by participants from older generations:

> ‘We’d have always been an active enough couple… well we tried to be anyways *laughs*… but we always did a date night once a month if we could. Now, it could have been just going for a lunch together or something like that, nothing extravagant… If it was my time of the month when we were doing our date, we’d always just go to see a film. In a way, it made planning the activity really easy for that

> month *laughs*…I'd just tell him 'It's my time of the month' and he'd already be working out what to go and see *laughs*…' (Nicola, 55).

Despite the age difference between Nicola and Hannah, both indicate that menstruation is a time to engage with less strenuous forms of social activity where possible. Nicola depicts how menstruation becomes embedded in the domestic dynamics of long-term relationships, creating predictable rhythms of activity modification that both partners learn to navigate. Her partner developed an understanding that Nicola's menstruation signals a shift towards less physically demanding activities like going to the cinema rather than more active pursuits. This indicates a shared menstrual literacy within intimate relationships, where both partners develop strategies to accommodate menstrual needs without explicit discussion of symptoms or discomfort.

Due to workplace expectations of consistent performance and presentation, the stakes of managing menstrual disruption become significantly more challenging in the workplace context. The following section examines menstruation and the world of work.

Periods at Work

The workplace represents a particularly significant site of menstrual disruption, where the professional requirement for consistent performance conflicts with cyclical variations of energy and comfort. Menstruation creates productivity fears that may influence career choices and professional advancement, with women often forced to choose between menstrual comfort and professional presentation (Schoep et al., 2019a). This tension has prompted growing international discourse around menstrual leave policies, with countries such as Japan, South Korea, and Indonesia implementing formal provisions for menstrual-related absences (Levitt and Barnack-Tavlaris, 2020). While menstrual leave policies theoretically provide accommodation, they may also reproduce workplace discrimination

through the perception that menstruating employees are inherently less reliable (Reinhardt et al., 2025, p. 6).

McRobbie's (2007) concept of the ‘new sexual contract’ suggests that whilst women have gained access to education and employment opportunities, this apparent equality comes with intensified expectations of self-management and individual responsibility. In the workplace context, this translates into an expectation that menstruating employees will seamlessly manage their cycles without disrupting productivity or drawing attention to their bodily needs. Studies examining menstrual leave uptake report that many employees avoid utilising these provisions due to fears of career repercussions and stigmatisation (Furlano, 2024). Employees often discussed fabricating alternative explanations for absences rather than admitting it was because of menstruation (Furlano, 2024, p. 1023). This suggests that policy implementation alone cannot address deeply embedded cultural attitudes that position menstruation as inherently unprofessional. Contemporary research examining workplace menstrual experiences spotlights the inadequacy of traditional sick leave frameworks for addressing menstrual symptoms. Studies indicate that many employees experience regular menstrual-related discomfort that does not meet conventional definitions of illness but nonetheless impacts workplace performance (Schoep et al., 2019a). The binary distinction between 'healthy' and 'sick' fails to accommodate the cyclical nature of menstrual symptoms, creating 'menstrual presenteeism' where employees attend work despite significant discomfort (Cook et al., 2023, p. 2).

Wood's (2020) concept of the menstrual concealment imperative proves particularly relevant to understanding workplace dynamics. Wood (2020) argues that women's vigilance about menstrual concealment constitutes a required self-disciplinary practice rooted in menstrual discourse that characterises menstruation as stigmatised, taboo, and therefore shrouded in secrecy. In professional environments, this concealment becomes intensified through

expectations of competence, reliability, and emotional regulation. In Chapter 7, Una used her body map to discuss her fertility journey and described the difficulties she faced when managing this in the workplace. She depicted the collision between private reproductive experiences and public professional spaces.

Bobel's (2010, p. 31) concept of the 'menstrual mandate' is useful here as it depicts how menstruators are expected to maintain productivity despite bodily disruption. The menstrual mandate specifically refers to the cultural expectation that individuals must conceal their menstrual experiences entirely from public view. Menstruators are also expected to maintain their usual levels of performance, attendance, and engagement in work, school, and social settings. Una describes the double burden of menstrual management: managing both the physical reality of menstruation and the emotional weight of reproductive disappointment whilst maintaining professional composure (Ussher, 2006). Her frustrations and disappointment were short lived, as she knew she was required to return to the conference, exemplifying the emotional labour required to perform menstrual concealment. Una used minimisation strategies to navigate the fundamental incompatibility between menstrual embodiment and professional expectations. In this way, the workplace environment becomes a contested site where reproductive hopes, bodily realities, and professional demands uncomfortably converge (Kissling, 2006). In a follow up question, I asked Una if she told her colleagues about her experience that day:

> 'God no *laughs*… I was just trying to get through the day and get on with whatever I was doing for the conference...it wouldn't have been the right thing at all. I think I wouldn't have wanted any extra attention on me *laughs*….' (Una, 48).

Una's decision not to confide in her colleagues may have intensified her feelings of vulnerability and made her more self-conscious while she was struggling emotionally. UK

research from the Chartered Institute of Personnel and Development (2023, p. 6) found that around half of employees who took absence because of their menstrual cycle never tell their manager the real reason, citing fears that the problem would be trivialised, feelings of embarrassment, and preferences to keep the matter private. The requirement to maintain professional competence whilst managing menstrual symptoms adds a significant amount of emotional labour to menstrual work associated with menstrual management (Schoep et al., 2019a; Widiss, 2023).

While the workplace represents one arena where menstrual concealment shapes menstruator's experiences, the imperative to manage menstruation discreetly extends beyond professional settings to constrain participation in other spheres of social life. The next section examines how menstruation impacts participation in sport.

Red Card: Menstruation and participation in sport

The disruption of menstruation also affects leisure and recreational activities, with many women reporting altered participation in sports, swimming, and other physical activities during menstruation. This alteration shows the cultural anxieties about menstrual visibility and the social construction of menstrual bodies as inappropriate for certain activities (Verhoef et al., 2021). Research in elite sports contexts has documented the significant impact of menstruation on athletic performance and participation. Findlay et al. (2020, p. 110) found that 93% of elite female rugby players reported menstruation-related symptoms, with 67% considering these symptoms impaired their performances. Similarly, elite women football players experience significant performance barriers due to their menstrual cycle, requiring sophisticated management strategies to maintain competitive participation (Read et al., 2024). These studies illuminate how menstrual disruption operates through institutional and cultural frameworks that position menstruating bodies as problematic within sporting environments.

Swimming and participation in sport more generally were repeatedly referred to as being disrupted by menstruation. Girls' participation and continued participation in sport in Ireland is an issue of ongoing concern for national sporting associations (Stapleton, 2021; Taim et al., 2024). National Media coverage (Nolan, Irish Independent, 2023) has identified a 'drop off' point around the age of 13 where young girls stop participating in team sports. Some families strongly encouraged participation in team sports, and menarche posed a threat to this:

> 'No like, I would have been really into all the blitzes and everything when I was younger. When I started getting my period I do remember worrying about training with it. I missed a good few training sessions because of my period, like, I'd have been sick with it so I'd miss games and all the rest. It wasn't, like, I was never really good at football or anything but my older sister played and loved it. I'm glad I gave it up though. I just didn't need it anymore and I didn't need to be worrying about someone else being thick at me if I felt like shite. (Evie, 32).

Evie outlined how her period stopped her playing Gaelic football, which she enjoyed playing with her sister. Later in the interview, I asked her who was angry or 'thick at her' if she missed training or football games. It was her coach, she explained:

> 'I'd say, like, he was only doing it for my own good. But I just remember being so thick at him shouting for me to 'RUN RUN RUN'. Because. I didn't feel like fecking running. I just thought it was a bit much and even if like, anyone said anything. He wouldn't hear it. He said he didn't want to hear about it if it was 'women's problems'. So. Yeah. A bit much.' (Evie, 32).

Research from Bergstom et al. (2023) explored perceptions of menstrual cycle communication between junior elite female football players and their male coaches in a Norwegian youth football team. The research identified two main communication barriers:

interpersonal barriers and knowledge barriers. Players perceived menstruation as a private topic associated with taboo and social discomfort and found it difficult to discuss with men in general (Bergstrom et al., 2023, p. 5). This is echoed by Evie, who described her male coach as unsympathetic and difficult to talk to about menstrual issues. Evie told me that she felt unnecessary pressure from her male coach to perform at a high standard at all times, and that he was unsympathetic to any of her 'woman's problems' if she, or other teammates felt unwell.

I asked participants about their engagement in sport, and those who were 'sporty' recalled having similar feelings to Evie. Menstruation also disrupted how they spent their leisure time and continuing in sport became an issue they really had to consider:

> 'I just wanted it not to come that week in the summer… My mam had given my tampons in my gear bag just in case but I just was so…nervous…about it. I was a competitive swimmer and remember not swimming as well as I wanted to that week because I was so pre-occupied with it…It came the week later in the end so I needn't have worried *laughs*' (Chloe, 29).

In a follow-up question with Chloe, I asked what she was so nervous about, and what she thought would happen if her period did come that week in swim camp. She responded:

> 'I didn't want to use the tampons *laughs*… that was priority number one. Then I think I didn't want to sit out, or miss out, I guess…Sitting up on the side waiting for my mam to come collect me would have been mortifying…But I think most definitely it was the tampons first and foremost *laughs*' (Chloe, 29).

This was also found in research conducted by Stephens-Chu (2022, p. 51) who argues that 'figuring out what to do during swim class when they have their period seems to be a rite of passage for many girls'. Stephens- Chu's (2022, p. 127) analysis of how menstruation is

managed in Japan suggests that women generally abstained from exercise when menstruating to ‘reduce their chance of failure’, or not performing to their best ability. However, some participants in Stephen- Chu’s research felt as though they had no choice but to continue playing team sports when menstruating. These participants felt increased discomfort, pain and worry about leaking and athletic performance (Stephen- Chu, 2022). These participants expressed the importance of concealing their menstruation physically (by preventing leaks) and socially, by not drawing attention to their menstruation through missing a team practice or telling the coach they felt unwell. Evie and Chloe’s commitment to ‘showing up’ for their team and their sport echoes the argument made by Stephens-Chu (2022). Evie and Chloe did not want to be criticised for sitting out a game or training session and were embarrassed if they had to disclose that the reason for not participating was their menstruation. Both Evie and Chloe did not recall receiving any support from the sport and their coaches at the time of their menarche. In Evie’s case, her coach’s minimisation of her menstruation contributed in part to her leaving the sport entirely. Chloe’s menarche resulted in her losing time training, and her actual athletic performance being threatened. In competitive and professional sporting contexts, the pressure to maintain performance regardless of menstrual status is intensely felt. For some, menstrual suppression through extreme diet and exercise regimes or hormonal contraceptives has become normalised for many female athletes (Kiemle-Gabbay, 2024, p. 9). The 'thin to win' mentality in numerous sports often results in athletes either losing their periods through restrictive eating and excessive training or being prescribed suppressant medications, frequently without being informed of potential implications for their future fertility (Krentz and Warschburger, 2011, p. 308).

Evie and Chloe’s menstruation served both as loss of girlhood, but also as a loss of freedom to participate in activities including sport. Their stories illuminate how menstrual management and the menstrual imaginary *requires* menstruators to be ‘resilient’ in the face of

their menstruation, even if they are feeling unwell or uncomfortable. This was amplified in the context of sport, for instance, both Evie and Chloe felt that they had to continue to 'show up' for their teams when their menstruation made it difficult to do so. Their participation in team sports perpetuates the cultural expectations that menstruation carries in Irish society. In the context of sport, Evie and Chloe learnt that they could not be open with their coaches about their menstruation, and wanted to avoid making them uncomfortable. In saving their coaches from being 'disturbed' by them and their menstruation, Evie and Chloe are reproducing menstrual etiquette norms that dictate menstruation should remain an embarrassing and unspeakable process.

Women and girls learn from a young age that it is their responsibility to manage their menstruation in a way that causes the least 'disruption' to those around them (especially men and boys) and that they keep their messy, biological realities to themselves.

The multiple forms of disruption explored above, from spatial constraints in rural contexts to workplace concealment imperatives, place menstruation as an obstacle to normative expectations of consistent availability and performance. These disruptive experiences require linguistic tools that allow menstruators to navigate the cultural tension between bodily reality and social expectations of discretion. Language emerges as a crucial site where the navigations of Ireland's menstrual imaginary become particularly visible, as participants must find ways to communicate about experiences that are universal and unspeakable, natural and shameful.

Code Words: Menstrual Euphemisms and Humour

Menstrual etiquette and its concealment norms do not just apply to the hiding of menstruation. Perhaps the most common way that menstrual etiquette is upheld and reproduced is through language. The use of euphemisms was common among the

participants, particularly with younger menstruators when in school. My analysis supports previous research from Newton (2016) who argues that there is a pressure on young menstruators to learn the 'right' phrases to show their peer groups that they are 'in the know'. Newton (2016) uses previous work from Bauer and Bauer (2007, p. 185) to posit that 'young people learning menstrual terminology for the first time play a dual role as both conservators and innovators in ways that tend to follow fundamental patterns but are basically unpredictable'. Newton (2016) outlines that there is a dynamic stability in menstrual euphemisms. On the one hand, new phrases are constantly emerging over time. On the other hand, 'older' menstrual euphemisms remain constant.

The prevalence of laughter in participants' discussions of menstruation requires careful interpretation. It is crucial to emphasise that the frequency of laughter does not indicate that participants found menstruation itself funny, trivial or insignificant. Rather, I understand that laughter functions as a coping mechanism for some, or as a strategy to manage the discomfort or embarrassment that may surround menstrual talk. Throughout the interviews, participants frequently laughed when recounting menstrual experiences. I interpret this laughter as something that serves multiple functions: a way to cope with lingering shame, a deflection strategy that minimised the awkwardness of potentially uncomfortable topics (Lee, 2008), a bonding mechanism that created intimacy and solidarity when sharing experiences, and a tool for navigating the vulnerability of discussing intimate bodily processes. The nervous quality of some laughter may reflect 'face-saving' behaviour, where individuals manage potential embarrassment through humour (Goffman, 1959). Drawing on Ahmed's (2004) work on the cultural politics of emotion, this laughter can be understood as an affective response to the 'stickiness' of menstrual shame. In this way, laughter operates as a strategy for managing the social and emotional weight of menstrual stigma.

When asking participants about any menstrual euphemisms they used, over 25 examples were shared. I have created this word cloud to visualise some of the euphemisms used by participants. The font size of each word or phrase represents how frequently it appeared:

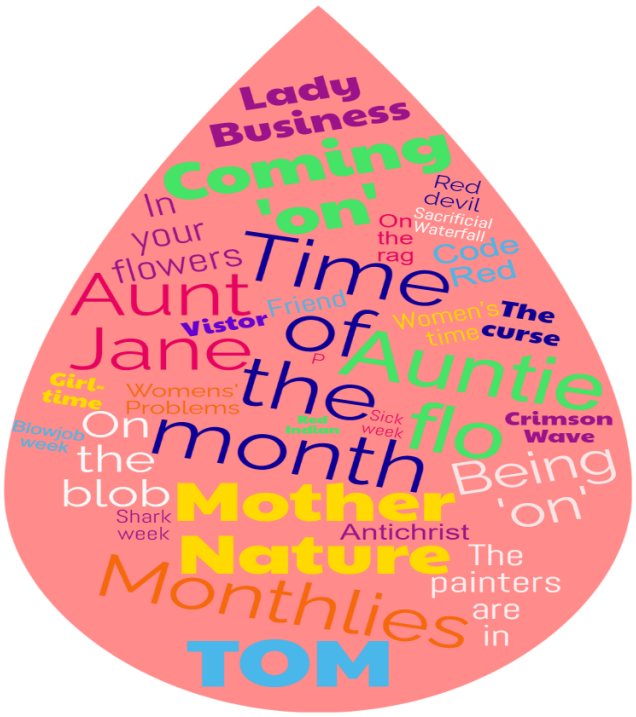


Figure 32: Menstrual Euphemisms Word Cloud

The taboo on menstrual communication relies on euphemisms to hide the shame of periods, and any 'offensive' feelings associated with it (Lee and Sasser-Coen, 1996, p. 78; Johnston-Robledo and Chrisler, 2013). As Johnson-Robledo and Chrisler (2013, p. 29) argue, euphemisms can perpetuate menstrual stigma: 'if there was no menstrual stigma, there would be no need for euphemisms, no reason to call it anything other than its formal name: menstruation or the menses'. Research argues how menstrual euphemisms function as sophisticated linguistic tools for bodily concealment. Boughenout (2023) catalogue widespread terms like 'time of the month', 'code red', and 'monthly blues' across English-

speaking cultures, whilst McHugh (2020, p. 412) examines how these phrases perpetuate menstrual stigma by creating distance between speakers and bodily experiences through linguistic sanitisation. However, the performative nature of language means that repetition of linguistic norms creates possibilities for subversion. Haymond (2020, p. 82) examines this subversive potential in her analysis of the #PeriodsAreNotAnInsult hashtag, where users 'reclaimed the euphemisms through their use of emoji imagery (i.e., lava flowing from volcanoes and red exclamation marks)' and 'participated in another form of menstrual activism meant to disrupt negative discourses'. Additionally, euphemisms may also have an empowering effect on trans and non-binary menstruators. Research on the linguistic strategies of trans and non-binary menstruators argues that ‘some individuals find affirmation in wordplay and hyper-euphemisms based on masculine scripts, upending the association with femininity’ (Kosher et al., 2023, p. 19).

Patterns in Euphemistic Language: Traditional and Familial Metaphors

The euphemisms used by participants can be categorised into distinct thematic groups. Traditional familial euphemisms such as 'Aunt Jane', 'Tom'/'Time of the month' and 'Aunt Flo' were used across generations, suggesting their enduring cultural power. The personification of menstruation through family metaphors serves multiple functions: it domesticates a potentially threatening bodily process, maintains social propriety through coded language, and creates a sense of shared understanding among women (Newton, 2016, p. 133). Oftentimes, these menstrual 'characters' were referred to by participants as coming to 'visit'; 'Tom is coming', or 'Aunt Jane is visiting'. The personification of menstruation in this way was understood by those who used these terms as a way to 'soften' menstruation (Newton, 2016). Amy (50) explained her use of familial euphemisms:

> 'When I got older… I would have just said a period. But definitely when I was in my teens, my mother always talked about someone visiting… like aunt so and so was visiting. I've never really thought about it but I presume it was to make things easier for us to talk about? I'm not sure…' (Amy, 50).

The metaphor of 'visiting' is particularly significant as it frames menstruation as temporary, external, and social rather than internal and biological. Those in younger generations used traditional terms, but also employed what can be characterised as 'newer' euphemisms such as 'Shark week', riding the 'crimson wave', being 'on the blob' or 'on the rag', or having 'painters in'. Some of these terms (shark week and the crimson wave) were identified by participants as being popularised on social media through period 'meme' pages. This digital circulation of menstrual language describes 'memetic culture', where humorous content can functions as both entertainment and social commentary (Shifman, 2013, p. 15). Danielle (19) explained:

> 'I just think all the words for it are gas… like, who comes up with them? *laughs*… I did used to say 'shark week', but more as a joke with the girls, like… it was funny, I dunno… I guess it was taking the piss out periods *laughs*…' (Danielle, 19).

Participants used euphemisms for many different reasons. Some used humour as a way to sustain themselves through an often painful and uncomfortable experience. Humour serves to manage the tension between bodily reality and social expectations of concealment. (Newton, 2016, p. 145) Danielle used humorous euphemisms as a way to cope with menstrual stigma whilst maintaining group solidarity. The exaggerated violence of these euphemisms can be understood as a mechanism for expressing socially unacceptable thoughts in acceptable ways (Newton, 2016, p. 145). However, Newton (2016) also argues that menstrual humour can also function as a form of resistance to patriarchal discourse. Terms such as 'Code red' functions as a danger signal, positioning menstruation as a crisis or emergency requiring immediate

response. This military metaphor further medicalises women's bodies, where normal bodily processes are framed through discourses of pathology and risk management (Henley-Einion, 2017, p. 182). 'Shark week' evokes predatory violence and blood, connecting menstruation with threat and attack, whilst drawing on popular culture references that associate femininity with danger (Newton, 2016, p. 84). While these terms appear to be based on humour, they still serve the dual function of maintaining concealment whilst embedding negative cultural associations within seemingly playful language.

Euphemisms Explained: Why Participants Used Menstrual Euphemisms

Participants' provided detailed accounts of how and why they employ euphemistic language, and how their relationship with menstrual terminology has evolved over time. In a follow-up question, I asked participants to explain why they used menstrual euphemisms. The reasonings varied, but the use of euphemisms centred around three key themes: increased comfort when discussing menstruation, showing that they are 'in the know', and managing interpersonal relationships.

Una (48) illustrates the how euphemisms provided her with comfort:

> 'It was just what everyone said I suppose? I think period sounded too sciencey? I just preferred 'Aunt Jane'… it was a softer way to put it I suppose. Less harsh and, yeah, softer.' (Una, 48).

Una's description of the word 'period' as being too 'sciencey' reflects how menstruators are encouraged to be disembodied from their menstruation (Ussher and Perz, 2020). Describing a biological process as being too 'sciencey' emphasises the power of menstrual etiquette and its control over language, where medical terminology becomes uncomfortable and alienating rather than informative or empowering.

Una's choice of 'Aunt Jane' transforms menstruation into a familiar, non-threatening presence whilst maintaining the concealment required by menstrual etiquette.

Emily (42) provided insight into how euphemism use can change over time and across contexts:

> '*scrunches up face in disgust*…I used to think 'menstruation'… it's horrendous…When I was younger, I would avoid everything menstruation related. It was too 'in your face'. I just thought that we didn't need to talk about it, so openly. It's private…I think I would have just said 'P.' when I was younger, it made it easier for me to talk about it, I guess. I've moved on since then I can call it a period now don't worry *laughs*…But with my daughter...I'm trying to be different. I want her to know the proper words, to not feel ashamed like I did. It's hard though, breaking those patterns.' (Emily, 42).

The reduction of the word 'period' to the letter 'p' reflects how Emily wanted to minimise her menstruation or reduce her menstruation to almost nothing. This linguistic concealment represents what Bordo (1993, p. 165) describes as docile body practices, adapting Foucault's (1977, p. 138) concept of the docile body, where women internalise social expectations to the point that they actively regulate and reshape themselves. For Bordo, Foucault's (1977) notion of disciplinary power operates through the cultivation of subjects who monitor and modify their own behaviour in accordance with normalising standards. In the context of menstruation, this manifests as women learning to render their bodily experiences invisible and unobtrusive. Emily's initial use of 'p' exemplifies what Bartky's (1990, pp. 71-72) analysis of disciplinary practices. Bartky (1990) extends Foucault's (1977) analysis of discipline and self-surveillance to show how women specifically become subjects of a patriarchal disciplinary power. Bartky (1990) argues that such practices work through self-

surveillance, whereby women monitor their conformity to feminine norms, including the expectation that menstruation should remain hidden and unspoken. The evolution of Emily's language from 'p' to 'period' illustrates Bobel and Fahs' (2020) discussion of 'menstrual consciousness raising', where women actively resist internalised shame through linguistic reclamation. This process involves recognising how language perpetuates stigma and deliberately choosing words that oppose this.

These theoretical frameworks converge around the central argument that language serves as both a mechanism of disciplinary control and a potential site of resistance. The docile body is created through practices of self-surveillance that render menstruation invisible, yet the same linguistic terrain that enforces concealment can become a space for challenging dominant scripts about menstrual shame. The analysis of menstrual euphemisms situates language as a distinct site where stigma is both maintained and reconfigured. While euphemistic language clearly functions to uphold menstrual taboos through concealment and sanitisation, it also creates opportunities for resistance, solidarity, and meaning-making among menstruators. The use of humour in contemporary euphemisms represents a particularly significant development, functioning as both coping mechanism and type of micro-activism that resists menstrual stigma whilst maintaining social acceptability (Newton, 2016). However, the subversive potential of humorous language remains constrained by commercial co-optation and the underlying structures that create the need for concealment in the first place. This commercial co-optation is visible in menstrual tracking applications that use 'cute' terminology such as 'Aunt Flow' or playful emoji representations. The apps still acknowledge menstruation, but do so in such a way that maintains its palatability through diminutive language that maintains expectations of concealment.

Individual accounts of linguistic evolution, particularly across generations, show both the possibility for change and the persistence of deeply embedded cultural elements. The

conscious efforts of participants like Emily to break cycles of shame through linguistic choice illustrate the potential for language to function as a tool of liberation, whilst also describing the ongoing difficulties faced by those attempting to resist dominant cultural scripts around menstruation. This represents the core tension of this research: the operation of individual agency within persistent structural constraints that continue to shape menstrual experiences. This tension between individual agency and structural constraint has increasingly become a focus of collective action, as menstrual activists and policymakers attempt to address the systemic dimensions of menstrual inequality. Yet as the following analysis examines, policy interventions must navigate the same cultural terrain of concealment and stigma that shapes the menstrual imagination in Ireland.

Changing tides: Periods, Policies and Gendered Healthcare in Ireland

The landscape of menstrual discourse in Ireland has undergone significant transformation over the past decade, moving from a realm of silence and shame to one of increasing visibility and activism. This section of the chapter examines the emergence and evolution of menstrual policies in Ireland alongside the everyday practices through which individuals manage their menstruation. In the interviews, I asked participants if they were familiar with any menstrual health policies or knew of any developments in women's health policy. These topics were frequently raised by participants: period poverty, policies of menstrual leave, menopause policies and menopause care in Ireland, gynaecological care in Ireland, specifically relating to endometriosis care and women's health scandals particularly including the CervicalCheck scandal and abortion care in Ireland.

Research on menstruation in Ireland remains limited, though scholarship on gender and sexuality provides important context. Ireland's history of Catholic social teaching and

conservative gender norms has created particular conditions for understanding bodily shame and silence (Inglis, 1998). The rapid social change of recent decades, including legal changes around contraception, divorce, and abortion, provides a backdrop for understanding how menstrual activism operates within contexts where there are struggles over bodily autonomy and gender equality.

Period Poverty Policies

The Irish Government's approach to addressing period poverty has evolved since 2019, following sustained advocacy from civil society organisations, student groups, and parliamentary representatives. The issue gained political momentum through a cross-party motion tabled by the Irish Parliamentary Women's Caucus in March 2019, which called for the provision of free period products in all public buildings and the prioritisation of menstrual equity. The policy landscape crystallised with the publication of the 'Period Poverty in Ireland Discussion Paper' in February 2021, which emerged from a cross-departmental sub-committee established under the National Strategy for Women and Girls 2017-2020. This foundational document outlined a useful framework for understanding and addressing period poverty, defining it as ‘inadequate access to menstrual hygiene, including period products, washing, waste management facilities and education’ (Period Poverty Sub Committee, 2021, p. 9).

I asked participants to give their opinions on the affordability of period products. The financial costs of menstruation emerged as a significant concern for some participants, particularly those on lower incomes or experiencing precarious employment. The high cost of menstrual products, combined with related expenses such as pain medication and underwear replacement, creates ongoing financial pressure that shapes menstrual practices. There was consensus amongst participants across generations in relation to the cost associated with period products:

> ‘I think I only really started to notice how expensive things had gotten… for pads and things, in the last few years or so. I was buying them for *Antoinette’s two daughters* and remember thinking ‘Oh, that is actually not cheap’. Now, they were the Always ones… but that’s what they like to use, so that’s what I’m going to buy for them, but it definitely is pricey’ (Antoinette, 61).

> ‘When I moved up to *city name* for college, I couldn’t understand why mam was like ‘take these with you’ *laughs*…but then I did my first food shop, like by myself and I got it *laughs*… I got the offbrand ones in *discount store name* and they were just shite *laughs*… I’m sorry but they literally fell apart… last time I made that mistake *laughs*…’ (Danielle, 19).

> ‘I started to do the Lidl thing, with the app, you know… You get one for someone else if you can. I can, and don’t have any use for them, so I get them and put them in *local community centre* in a box at the door. It’s easy for me to do it and it could be something useful for someone who could be stuck… so why not?’ (Grainne, 65).

Across all age groups, participants commented on menstrual product costs, though their responses varied by life stage and economic position. Older participants like Antoinette (61) and Grainne (65) approached affordability as caregivers and community members, whilst younger participants like Danielle (19) experienced cost as a direct shock to their emerging financial independence. This pattern suggests that economic awareness of menstruation shifts from abstract concern to lived reality as women transition to independent adulthood. Together, these accounts show how menstrual product accessibility operates as both a practical economic issue and a site of intergenerational knowledge transfer, community building, and quiet feminist praxis.

Almost all participants had heard about the initiative that provides free period products in Ireland. At the time of data collection, the scheme was in its early stages, but some described using the free pads in local public buildings:

> ‘They have them in the bathroom at uni… so if I do ever get stuck, I know I can use them, but it’s hit and miss if they’re going to be full… But I guess it’s good that they’re there anyways. And some of the pubs and clubs have them in *city name* now...It seems like such an easy thing to do, so I don’t know why it isn’t everywhere?’ (Alice, 20).

In comparison, some participants expressed scepticism about the implementation of the policy:

> ‘Like obviously I like the idea… like Lidl doing the free bits is good but...I have doubts about the application or how it would be rolled out for people…Like, is it means tested? I think there’s better ways to give to people in need. I love the idea, like free condoms, ehh I get it. But Id be worried about the delivery… like, would people actually take more then they need? Maybe it would be better if they were just out for people to use in the bathrooms… ehh yeah…I prefer just having them available for people instead of giving stuff out…’ (Una, 48).

Una uses the example of free condoms as a way to position menstrual products within established frameworks of public health provision, but also exposes gendered assumptions about ‘legitimate’ need. Her concern about means testing suggests an understanding of the stigmatising potential of targeted provision, yet her worry about people taking 'more than they need' echoes welfare concerns about the 'undeserving poor' that feminist scholars continue to identify as particularly gendered (Romano, 2017, p. 61). Una's position ultimately

underlines some of the barriers faced by those implementing feminist policy within existing frameworks of economic scarcity and welfare suspicion.

Una's conditional support for period poverty policies suggests that Ireland's particular 'menstrual imaginary', shaped by decades of Catholic and social conservatism around women's bodies and sexuality, continues to influence contemporary attitudes towards state provision of menstrual products. This underlying wariness about women's bodily autonomy and state responsibility becomes even more pronounced when examining Ireland's fraught history of women's health scandals, including the CervicalCheck scandal (Sundstrom, 2021, p. 292). The institutional mistrust that emerges from these healthcare failures creates a climate where women's reproductive health concerns, whether related to menstrual equity or gynaecological conditions, are approached with both heightened vigilance and diminished expectations of adequate care (Sundstrom and Delay, 2023; Sundstrom, 2021). In what follows, I examine participant accounts of how this institutional mistrust and medical dismissal continue to shape patient-provider relationships and how menstruation is managed in Ireland, particularly through experiences of endometriosis care.

Endometriosis Care in Ireland

The landscape of endometriosis care in Ireland exemplifies the systemic failures that occur when women's pain is routinely dismissed and when healthcare systems fail to prioritise conditions that primarily affect those who menstruate. Endometriosis affects approximately one in ten women in Ireland, yet the journey to diagnosis and adequate care remains marked by profound delays, dismissive attitudes, and inadequate resources that force many to seek treatment abroad (Lightbourne et al., 2024). The diagnostic journey in Ireland is particularly protracted, with patients typically waiting nine years to receive a diagnosis, though some women report waiting over ten years. In their examination of experiences of endometriosis care in Ireland, Lightbourne et al. (2024, p. 320) argue that this delay represents years of

invalidated suffering, progressive disease, and deteriorating quality of life. This climate of medical mistrust and institutional failure creates a heightened vigilance amongst young women navigating reproductive healthcare, as evidenced by Aoife's response to her own diagnosis. Aoife (24) was diagnosed with PCOS when she was 20, and she felt as though she was on 'high alert' when women's health is mentioned in the news or media:

> 'it's one of those things… that it could have been me? like, obviously it's not because I don't have endometriosis. But, imagine if I did! How long would that have taken to find out? But yeah, now, I definitely keep an eye on the news or on Instagram… like, just to see if anyone else is talking about the same shite I had to deal with…' (Aoife, 24).

Aoife describes the precarious nature of women's health diagnosis, where even those who have received care remain acutely aware of systemic failures that could affect them or others. Reproductive Citizenship describes how individuals navigate their relationship to the state and society through reproductive experiences, decisions, and rights. It recognises that reproductive desires and behaviours are governed by state policies, social norms, and institutional practices (Smyth, 2024, p. 200). In Aoife's context, her 'high alert' monitoring of women's health news represents a form of reproductive citizenship where she takes responsibility for staying informed about systemic healthcare failures, uses social media as tools of reproductive self-advocacy and expresses solidarity with other women experiencing healthcare negligence. Aoife's experience captures both the commonality and normalisation of paternalistic healthcare in Ireland, suggesting these experiences have become an expected part of navigating women's healthcare rather than exceptional failures. Aoife's sense of vulnerability and institutional mistrust may also have been shaped by high-profile healthcare scandals, most notably the CervicalCheck scandal. Sundstrom and Delay (2021, p. 32) frame the CervicalCheck scandal as being part of 'a history of women's rights abuses, such as the

Magdalene laundries, Mother and Baby Homes, symphysiotomies, and the Eighth Amendment'. As discussed in Chapter 3, this scandal exposed systemic failures in women's preventative care and foregrounded suspicions that women's health concerns are routinely minimised or mishandled by the Irish healthcare system. Sophie (47) shared Aoife's frustration:

> 'I had cervical cancer in 2009…I was really lucky because it was only stage one…And I didn't have to have a hysterectomy or anything like that…thinking about policy though, it's hard… like the CervicalCheck, great scheme, absolutely saved my life. That's how I found out I had cervical cancer...But then look what they did to it. Like, they took a wonderful policy and ruined it… if it wasn't for Vicky Phelan, not signing the NDA, like, we wouldn't know anything about it….I don't think we've gotten to the point here, where people are going 'let's do these things for women'… like, we shouldn't have period poverty today. We shouldn't have ever had a CervicalCheck scandal, because it should just never have happened? We shouldn't have all of these issues that women are still having and you know, we shouldn't be dismissed when we go to the doctor, you know? All of these things are still happening and what does it take to stop it? How many women have to die or get really sick for someone to listen?...This is really close to my heart, sorry *laughs*… (Sophie, 47).

Sophie's perspective embodies the impossible position of many Irish women: grateful survivors who must remain hypervigilant critics of the institutions that both saved and failed them. Her litany of ongoing failures emphasises the significance of the CervicalCheck scandal. It represents a symptom of deeper structural neglect of women's health concerns. Sophie's juxtaposition of her gratitude with her condemnation uncovers the cognitive dissonance she experiences towards the CervicalCheck scheme. She remains grateful for the screening programme that detected her cancer early, she also feels betrayed by the same

healthcare system that failed so many other women in Ireland. Sundstrom and Delay (2023) posit that feminist activism in Ireland has ebbed and flowed overtime. Often, this activism is reignited following a death or when serious harm has occurred to a woman in Ireland. Sophie echoes this, and calls attention to the crisis-driven nature of policy responsiveness in Irish women's health. Her questioning exposes the systemic pattern whereby women's health concerns are only addressed following catastrophic failure rather than through proactive policy development. Her reference to Vicky Phelan's refusal to sign a non-disclosure agreement conveys how transparency in women's health scandals depends upon individual acts of resistance rather than institutional accountability mechanisms. Evidence of generational perspectives on women's health policy developments in Ireland, appear in Geraldine's (78) recollection on policy changes affecting the lives of women in Ireland:

> 'I've lived through all of the changes *laughs*… even something as simple as the pill almost caused riots in the 70s… and it was ridiculous, sending girls off to have abortions. Whether you agree with it or not, it was disgraceful what we allowed happen up until far too recently… I think to myself, things are not how they used to be, and then my daughter and I were talking about the CervicalCheck business and it was just beyond my comprehension… For heaven's sake, I thought we were through with all of this!' (Geraldine, 78).

The generational divide in healthcare trust may result from participants' formative experiences with Irish institutions. Participants like Geraldine, who lived through the contraception debates of the 1970s and witnessed decades of institutional control over women's reproductive choices, expressed a weary familiarity with healthcare failures alongside genuine surprise that such systemic neglect persisted into the 21st century. Her exasperation that Ireland was not 'through with all of this' reflects how older participants interpreted recent scandals. They drew on historical progress narratives that positioned

contemporary Ireland as having moved beyond its patriarchal past. Conversely, younger participants like Aoife (24) did have an awareness of contemporary scandals but possessed less historical context for understanding these failures as part of ongoing institutional issues rather than isolated incidents. This generational distinction in contextualising healthcare failures suggests that whilst older participants possessed greater awareness of institutional neglect, they also harboured stronger expectations that such neglect had been permanently overcome, making contemporary failures particularly shocking and disillusioning.

Conclusion

This thesis has explored the complex landscape of Ireland's menstrual imaginary, examining how menstruation is framed, managed, and understood through multiple intersecting sites of knowledge production. As the final empirical chapter of this thesis, it demonstrates that menstrual meaning-making in Ireland operates through a sophisticated network of competing authorities, cultural frameworks, and embodied practices that together constitute Ireland's menstrual imaginary. Examining the concept of menstrual normativity revealed how participants navigate different sites of knowledge production to construct their own understanding of what constitutes the ‘normal’ menstrual experience.

Menstruation impacted participation in social life, sport, education, and employment. In educational settings, from secondary schools to universities, institutional responses to menstruation constitute particular understandings of menstrual experience whilst embedding expectations that menstruation should remain invisible and non-disruptive. Similarly, workplace cultures demand seamless productivity, creating pressures to minimise or deny the impacts of menstrual symptoms. Sporting environments normalise discomfort whilst providing limited structural support for menstrual needs. Across these domains, menstruation

emerges as a bodily reality that can disrupt normative expectations of consistent availability and performance, requiring constant negotiation and adaptation.

Healthcare encounters emerged as particularly significant sites where biomedical authority intersects with lived experience, often in ways that invalidate or dismiss women's embodied knowledge. The CervicalCheck scandal functions as a reference point that reinforces medical dismissal and institutional negligence, which may create additional barriers to seeking care and validating embodied knowledge.

Through analysis of linguistic and cultural strategies employed to discuss menstruation, language emerged as a particularly significant site where menstrual stigma is both maintained and potentially contested. Euphemistic discourse serves multiple functions from familial comfort to humorous resistance, with the evolution of menstrual vocabulary from highly sanitised familial metaphors towards more direct terminology among some participants illustrating possibilities for linguistic reclamation alongside ongoing difficulties around bodily shame and concealment.

Policy and advocacy efforts have sought to challenge existing menstrual inequalities and reshape public understanding of menstrual issues. Campaigns around menstrual equity and period poverty operate within and against dominant cultural narratives about menstruation, whilst recent policy developments, including the introduction of free menstrual products in educational institutions, potentially transform the menstrual imaginary. The conditional support expressed by some participants for period poverty initiatives underscores the complications for policy makers who must contend with concerns about women's bodily autonomy and legitimate need that are deeply embedded within Ireland's social fabric.

This chapter has argued that menstruation functions as a disruptive force that requires constant menstrual work including negotiation and adaptation across multiple domains of

social life. From the strategic clothing choices necessitated by bloating and concealment concerns, to the workplace dynamics that demand seamless productivity to the sporting environments that normalise discomfort, menstruation emerges as a bodily reality that involving expectations of consistent availability and performance. Throughout these diverse sites of knowledge production, Ireland's menstrual imaginary emerges as characterised by ongoing tensions between concealment and visibility, individual responsibility and collective support, traditional or ‘folk’ wisdom and medical authority or expertise. Despite significant constraints that shape possibilities for alternative menstrual understandings, participants possessed remarkable agency in synthesising multiple knowledge sources.

Chapter 10: Conclusion

This research sought to provide the first comprehensive sociological study of menstrual experiences in Ireland, explore intergenerational knowledge transmission, conceptualise 'menstrual imaginaries' as an analytical framework, examine menstruation as both a site of stigma and resistance, and develop inclusive feminist methodologies that centre embodied, experiential knowledge.

This conclusion has four parts. It first summarises the study's chapters and central findings, then details the methodological, theoretical and empirical contributions, and outlines the study's limitations and directions for future research. I conclude by discussing the significance of the research and its findings.

The study employed an innovative feminist methodological framework combining individual semi-structured interviews, dyadic interviews between mothers and daughters, body mapping exercises, and digital walkthroughs with menstrual tracking technologies. This multi-method approach was grounded in feminist epistemologies that privilege situated knowledge and embodied experience, moving beyond traditional interview-based approaches to capture the relational and increasingly digitised nature of contemporary menstrual experience.

Central to this analysis was the theoretical framework of 'menstrual imaginaries', defined as the shared understandings, practices, and narratives through which societies individuals make sense of menstruation as an embodied biological process and social phenomenon. This framework conceptualised menstrual management as operating across three interconnected levels: the subjective micro level of individual management, the meso level of kinship and peer dynamics, and the macro level of cultural, institutional, and commercial framings. These

levels interact as values, institutions, and symbols through which menstruation is governed, reproduced and contested.

Chapter Summary

Chapter One provided an introduction to the thesis and outlines the aims and objectives, central research questions, the rationale and the structure and contents of the thesis.

Chapter Two established the theoretical foundations by reviewing feminist scholarship on menstruation, embodiment theories, and existing research on menstrual management practices. This review identified limitations in micro- level research on the everyday experiences of menstruation, specifically in the Irish context, and established the merit of an intergenerational approach for understanding menstrual knowledge transmission.

Chapter Three contextualised menstruation within Ireland's socio-cultural landscape, tracing how historical religious influences, rapid social change, and feminist activisms shape contemporary menstrual imaginaries. The chapter examined how Catholic social conservatism and patriarchal constructs continue to influence attitudes towards menstrual management. At the same time, neoliberal market forces, increasingly articulated in the digital realm produce a new terrain upon which menstrual management takes place. This includes new expectations shaping menstrual practices as well as the challenge that comes from reproductive health activism.

Chapter Four outlined the feminist methodological approach used in the thesis. The chapter described how the use of a combination of art-based methods, interviews, and dyadic approaches allows me to capture embodied knowledge and relational dynamics often less visible in more conventional research approaches. The chapter addressed practical and ethical challenges of conducting inclusive menstrual research whilst establishing the epistemological commitments informing the study's approach to knowledge production. It included a reflection on subject position and ethical considerations.

Chapter Five analysed menarche as foundational to menstrual experience and future management. It detailed how first menstruation functions as a significant gendered rite of passage and key site of institutional and intergenerational knowledge transmission. The chapter identified continuities and changes in how menarche is experienced across generations.

Chapter Six examined family contexts as primary sites of menstrual socialisation, analysing dyadic interviews to assess processes of knowledge transmission, negotiation, and reinterpretation within kinship networks. The chapter detailed how intergenerational transmission involves active negotiation between inherited norms and evolving understandings.

Chapter Seven employed body mapping methodologies to explore embodied dimensions of menstrual experience. The chapter illustrated how visual representations can capture aspects of embodied knowledge that remain difficult to articulate through language alone.

Chapter Eight analysed the transformative role of technology and commercial frameworks in shaping contemporary menstrual experiences, examining how digital platforms create new forms of commodification and datafication. It examined the expanding management possibilities and the creation of new surveillance mechanisms.

Chapter Nine synthesised findings to explore how menstruating individuals navigate contemporary Irish menstrual imaginaries in everyday life. Participants engage in active negotiation between competing frameworks whilst developing situated understandings and resistance strategies.

Key Findings

Ireland's Menstrual Imaginary

This research reveals that Ireland’s menstrual imaginary is shaped by the legacy of social forces that include Catholic and social conservatism and the dynamics created by rapid social change. Catholic social teaching around women's bodies continues to influence contemporary perspectives towards menstrual management, maintaining societal expectations around concealment and discretion, even as cultural shifts embrace menstrual talk as acceptable and formal policy discourse on menstrual equity is evident. These shifts fundamentally shape how knowledges about menstruation circulate and gain authority, creating ongoing tensions between traditional frameworks and emerging possibilities for new menstrual understanding.

Achieving Menstrual Normativity

The concept of menstrual normativity emerges as a constantly negotiated achievement rather than a fixed standard. Participants navigate competing sites of knowledge production, including medical discourse, familial knowledge systems, peer networks, digital platforms, and embodied experience, to construct understandings of what constitutes 'acceptable' menstrual experience and management (Persdotter, 2020). Rather than encountering singular, coherent frameworks, participants navigate at times contradictory and sometimes conflicting normative expectations, requiring ongoing interpretive work to position their experiences and perform their periods within acceptable parameters.

Menstrual talk as Site of Stigma and Resistance

Language emerges as a particularly significant site where menstrual stigma is both maintained and potentially challenged (Newton, 2016). Euphemistic discourse serves multiple functions from familial comfort to humorous resistance. While the evolution of menstrual vocabulary from metaphor to more direct terminology among some participants illustrates possibilities for linguistic reclamation. This occurs alongside ongoing challenges

faced by those attempting to resist dominant cultural scripts around bodily shame and concealment.

Healthcare as Contested Authority

Healthcare encounters emerge as significant sites where biomedical authority intersects with lived experience, often invalidating or dismissing women's embodied knowledge. The poor state of PCOS and endometriosis care in Ireland exemplifies this dynamic, with participants reporting prolonged diagnostic journeys averaging seven to ten years before receiving adequate treatment. Within Ireland's healthcare system, gynaecological conditions continue to be frequently minimised or attributed to 'normal' menstrual discomfort. These healthcare failures contribute to a climate where women's reports of menstrual pain may be undermined, perpetuating cycles of suffering and delayed diagnosis.

Institutional Concealment Imperatives and Emerging Workplace Debates

Workplace, educational, and sporting environments function as sites where dominant understandings of menstrual manageability are produced. These spaces embed expectations about how menstruation should be managed as invisible, non-disruptive, and individually controllable, whilst providing limited structural support for menstrual needs. However, emerging conversations around menstrual leave policies represent potential challenges to these concealment imperatives (King, 2020).

Recent discussions about introducing menstrual leave in Ireland, following initiatives in countries such as Spain and Japan, highlight tensions between recognising menstrual experiences as legitimate workplace concerns versus concerns about perpetuating biological determinism (King, 2020). Whilst some participants expressed support for menstrual leave as validation of their experiences, others worry about potential discrimination or consolidating stereotypes about women's biological limitations. Workplace policy discussions function as

sites where competing menstrual imaginaries become visible. Traditional expectations of concealment are challenged by emerging frameworks found in online and media contexts. This include feminist and trade union spaces where menstrual accommodation is framed as a matter of workplace equity.

Discourses of menstrual manageability, whilst potentially empowering, also creates pressure to minimise or deny menstrual impacts, positioning menstruation as private responsibility rather than collective concern requiring institutional accommodation. Emerging policy debates around menstrual leave represent important developments in challenging these individualistic framings while they outline the difficulties of implementing menstrual equity initiatives within existing gendered workplace structures (King, 2020).

Intergenerational Knowledge Transmission

Family contexts and especially mothers emerge as primary sites of menstrual socialisation where transmission of menstrual knowledge may involve active negotiation between family members but also can include the passive reproduction of existing ideas (Newton, 2016). Dyadic analysis allows me to investigate the ways in which mothers and daughters actively negotiate between such inherited understandings and contemporary realities. Younger generations encounter different social, technological, and cultural contexts for understanding menstruation, while older generations may adapt their knowledge frameworks in response to changing circumstances. Although female family members often provide significant support and knowledge, their centrality reflects gendered patterns of care work and their role in passing on menstrual stigma and/or supporting particularly young menstruators to contest older frameworks and practices. Notably, male family members' roles in menstruation, while understudied, are revealed here to include gender- stereotypical teasing and tormenting, though they are increasingly also sources of understanding and practical support.

Theoretical Contributions

This thesis makes several theoretical contributions to menstrual studies and feminist scholarship on reproductive lives. The concept of 'menstrual imaginaries' provides a novel framework for understanding how embodied experience is shaped by cultural meaning and institutional power structures. Using a three-level analytical framework, the thesis outlined how micro-level individual experiences, meso-level relational dynamics, and macro-level institutional forces interact to produce particular menstrual realities. This offers a heuristic device for analysing the contemporary menstrual experience.

It also advances feminist scholarship by developing the concept of menstrual work, adapted from O'Shaughnessy's (2024) theorisation of abortion work. Just as abortion work captured the additional reproductive labour imposed by restrictive regimes (pp. 60-67), menstrual work features anticipatory, practical, and emotional labour required to manage menstruation. Conceptualising menstruation as work illustrates the affective and embodied labour of managing the menstruating body. This conceptual contribution also adds and embodied dimension to previous work on gender knowledge production, drawing attention to the banal, implicit and everyday epistemic elements that are integral to burdens of such gendered labour.

The emphasis on intergenerational knowledge transmission addresses a significant gap in existing scholarship. This intergenerational analysis identified both the persistence and transformation of menstrual meanings over time, contributing an understanding of how gendered knowledge evolves within changing familial, peer and educative contexts.

Empirical Contributions

This research provides the first sociological examination of menstrual experiences in Ireland, responding directly to the research gap identified by the Period Poverty Sub-Committee in the National Strategy for Women and Girls (2017-2020). The detailed empirical analysis offers rich insights into how Irish socio-cultural contexts shape menstrual experience whilst contributing to international understanding of how national contexts influence menstrual imaginaries.

The study's focus on Ireland during a period of significant social transformation provides valuable insights into how menstrual meanings evolve within contexts of rapid social change. The legacy of traditional Catholic influences alongside emerging feminist activism creates a particularly interesting case study for understanding how competing societal and cultural frameworks shape contemporary menstrual experience.

In empirical terms, the data and analysis offers an important insight into the often invisibilised, mundane, embodied, affective, mental and physical labour of menstrual management.

Methodological Contributions

The innovative feminist methodological framework used multiple methods to capture the embodied, relational, and technological dimensions of contemporary menstrual experience. The successful integration of individual interviews, dyadic interviews, body mapping, and digital walkthroughs provide a model for future research seeking to examine embodied phenomena.

The body mapping methodology, in particular, illuminated how visual methods can access aspects of embodied knowledge that remain difficult to articulate through language alone. The dyadic interview approach provides a valuable model for studying intergenerational

knowledge transmission, whilst the digital walkthrough method offers a fresh approach to understand how technological mediation shapes embodied experience.

Study Limitations

This research focused specifically on Ireland, limiting the generalisability of findings to other national contexts. Whilst the Irish case provides valuable insights into how national contexts shape menstrual imaginaries, comparative research across different cultural contexts would strengthen understanding of how local factors interact with global trends in shaping menstrual experience.

The study's participants, whilst diverse across age and location, were predominantly white and cisgendered. Future research should prioritise the experiences of racially diverse communities and transgender and non-binary menstruators to develop more comprehensive understanding of how intersectional identities shape menstrual experience within Irish contexts. The research timeframe captured a particular moment in Ireland's social transformation, but longitudinal research would provide valuable insights into how menstrual imaginaries evolve over extended periods. Additionally, the retrospective nature of narrative interviews means that participants relied on memory to recall past experiences, which may have been incomplete or shaped by their current perspectives. While this reveals how menstruators make sense of their menstrual lives, some details may have been forgotten or remembered differently than they occurred. The COVID-19 pandemic also created particular conditions that may have influenced participants' experiences in ways not fully captured by this analysis.

Concluding Reflections

This thesis demonstrates that menstruation functions as a site to unpack how gendered embodied experiences are governed, reproduced and contested. Through the analytical

framework of menstrual imaginaries, it examines how menstruators in Ireland navigate competing knowledge systems, cultural expectations, and technological developments as they do menstrual work and live menstrual lives.

Menstrual work captures the ongoing effort of preparing, concealing, and managing menstruation in contexts where individual responsibility is emphasised but institutional support is lacking (O'Shaughnessy, 2024, p. 67). I frame menstrual work in the following way:

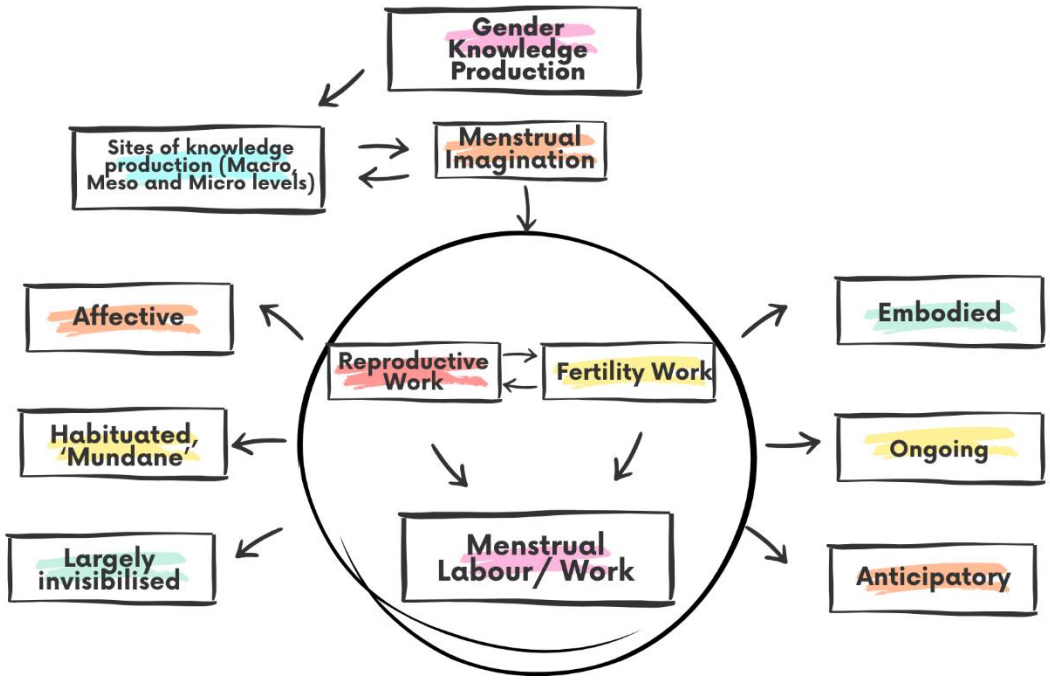


Figure 33: Menstrual Work

These concepts together illustrate how menstrual imaginaries both constrain and enable, as they reinforce concealment and stigma, yet also create spaces of resistance and creativity. It is important to analyse menstruation, menstrual work and reproductive work, in a context where increasingly struggles over democracy, nationalism, and the future itself are being waged. In other words, the ways in which reproductive futurism orients menstruation toward

heteronormative reproductive projects that validate menstruation when linked to fertility and motherhood (Scott and Day, 2025, p. 9).

The research confirms that menstruation remains a significant axis of gendered embodiment whilst revealing possibilities for resistance, creativity, and social transformation (Bobel, 2020). The intergenerational dynamics examined throughout this thesis foreground the persistence of menstrual stigma. However, it also identifies the emergence of new frameworks for understanding menstrual experience as a hopeful site of potential empowerment rather than shame.

Ireland's menstrual imaginary provides insights relevant to understanding how local cultural contexts mediate global trends in menstrual politics and embodiment. The emergence of new policy debates around menstrual leave and the persistent inadequacies in endometriosis care highlight both the potential for progressive change and the entrenched nature of institutional barriers to menstrual equity (King, 2020). Menstrual imaginaries are constantly evolving through practical policy struggles and everyday resistance to inadequate healthcare provision.

This thesis contributes to the growing body of feminist scholarship that positions menstrual experience as central to understanding gendered embodiment and social change. Centring the voices and experiences of menstruating individuals evidences the continued relevance of feminist epistemologies that privilege experiential knowledge whilst maintaining critical analysis of the social forces that shape embodied life.

The menstrual imaginaries framework developed through this research offers a valuable tool for future scholarship examining how embodied experience intersects with social structure, whilst the empirical findings provide important insights for policy makers, healthcare providers, educators, and advocates working towards menstrual equity and justice. As Ireland continues to navigate changing understandings of gender, embodiment, and reproductive

rights, this research contributes to the foundation of knowledge necessary for creating more equitable and inclusive menstrual futures.

Bibliography

Adnan, T., Coull, B. A., Jukic, A. M., & Mahalingaiah, S. (2021). 'The real-world applications of the symptom tracking functionality available to menstrual health tracking apps'. *Current Opinion in Endocrinology, Diabetes and Obesity*. Online. Vol. 28, no. 6, p. 574. Available at: https://journals.lww.com/co-endocrinology/fulltext/2021/12000/The_real_world_applications_of_the_symptom.5.aspx [Accessed 10th February 2026].

Ahamed, F. (ed.) (2022). *Period Matters: Menstruation in South Asia*. Pan Macmillan.

Ahmed, S. (2004). *The Cultural Politics of Emotion*. 2nd edn. Edinburgh University Press.

Ahmed, S. (2006). *Queer Phenomenology: Orientations, Objects, Others*. Duke University Press.

Ahmed, S. (2014). *Willful Subjects*. Duke University Press.

Ahmed, T. M. (2023). 'LEAK! the legal consequences of data misuse in menstruation-tracking apps'. *California Law Review*. Online. Vol. 111, no. 6, pp. 1979–2000. Available at: https://search.informit.org/doi/10.3316/informit.T202403070000189023336746 [Accessed 11th February 2026].

Åkerman, E., Wängborg, A., Persson, M., Sörensdotter, R., & Klingberg-Allvin, M. (2024). 'Navigating menstrual stigma and norms: a qualitative study on young people's menstrual experiences and strategies for improving menstrual health'. *BMC Public Health*. Online. Vol. 24, no. 1, p. 3401. Available at: https://doi.org/10.1186/s12889-024-20936-5 [Accessed 11th February 2026].

Albinger, D. (2012). *Diva Voce : reimagining the diva in contemporary feminist performance*. Online. Australia: Edith Cowan University. Available at: https://ro.ecu.edu.au/theses/538 [Accessed 11th February 2026].

Albury, K., Mannix, S., Learmonth, C., Mills, X., & Arnot-Bradshaw, A. (2024). *Building digital and data capabilities for sexual health policy and practice Stage Two report: Working with young adults aged 18-29*. Online. Swinburne: Swinburne University of Technology. Available at: https://figshare.swinburne.edu.au/articles/report/Building_digital_and_data_capabilities_for_sexual_health_policy_and_practice_Stage_Two_report_Working_with_young_adults_aged_18-29/26966098/1 [Accessed 11th February 2026].

Allen, K. R., & Goldberg, A. E. (2009). 'Sexual Activity During Menstruation: A Qualitative Study'. *The Journal of Sex Research*. Online. Vol. 46, no. 6, pp. 535–545. Available at: https://doi.org/10.1080/00224490902878977 [Accessed 11th February 2026].

Allen, K. R., Kaestle, C. E., & Goldberg, A. E. (2011). 'More Than Just a Punctuation Mark: How Boys and Young Men Learn About Menstruation'. *Journal of Family Issues*. Online. Vol. 32, no. 2, pp. 129–156. Available at: https://doi.org/10.1177/0192513X10371609 [Accessed 11th February 2026].

AlSayyad, Y. (2023). 'What We Still Don't Know About Periods'. Online. Available at: https://www.newyorker.com/books/under-review/what-we-still-dont-know-about-periods [Accessed 11th February 2026].

American Academy of Pediatrics, Committee on Adolescence, Committee on Adolescent Health Care, & American College of Obstetricians and Gynecologists (2006). 'Menstruation in girls and adolescents: using the menstrual cycle as a vital sign'. *Pediatrics*, Vol. 118, no. 5, pp. 2245–2250.

American College of Obstetrics and Gynecology (2015). 'ACOG Committee Opinion No. 651: Menstruation in Girls and Adolescents: Using the Menstrual Cycle as a Vital Sign'. *Obstetrics and Gynecology*, Vol. 126, no. 6, pp. e143–e146.

Amrouche, C. (2017). *The Bleedin' Irish Female Body: Menstrual Activism in Ireland, 1980 & 2015*. Online. Utrecht: Utrecht University. Available at: https://studenttheses.uu.nl/handle/20.500.12932/27363 [Accessed 11th February 2026].

Andelsman, V. (2021). 'Materializing: Period-tracking with apps and the (re)constitution of menstrual cycles'. *MedieKultur: Journal of media and communication research*. Online. Vol. 37, no. 71, pp. 054–072. Available at: https://www.mediekultur.dk/article/view/122621 [Accessed 11th February 2026].

Andrews, M., Squire, C., & Tamboukou, M. (eds) (2013). *Doing Narrative Research*. 2nd edn. SAGE.

Armour, M., Hyman, M. S., Al-Dabbas, M., Parry, K., Ferfolja, T., Curry, C., et al. (2021). 'Menstrual Health Literacy and Management Strategies in Young Women in Australia: A National Online Survey of Young Women Aged 13-25 Years'. *Journal of Pediatric and Adolescent Gynecology*. Online. Vol. 34, no. 2, pp. 135–143. Available at: https://www.sciencedirect.com/science/article/pii/S1083318820303600 [Accessed 11th February 2026].

Atewologun, D., & Mahalingam, R. (2018). 'Intersectionality as a methodological tool in qualitative equality, diversity and inclusion research'. In: Booysen, L. A. E., Bendl, R., & Pringle, Judith. K. (eds) *Handbook of Research Methods in Diversity Management, Equality and Inclusion at Work*. Edward Elgar Publishing. pp. 149–170.

Baker, S. A. (2022). *Wellness Culture: How the Wellness Movement has Been Used to Empower, Profit and Misinform*. Online. Bingley: Emerald Group Publishing Limited. Available at: https://www.emerald.com/books/monograph/13609/Wellness-CultureHow-the-Wellness-Movement-has-Been [Accessed 11th February 2026].

Banet-Weiser, S. (2018). *Empowered: Popular Feminism and Popular Misogyny*. Duke University Press.

Barad, K. (2007). *Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter and Meaning*. Online. Durham: Duke University Press. Available at: https://muse.jhu.edu/pub/4/monograph/book/70496 [Accessed 11th February 2026].

Barnack- Tavlaris, J. (2015). 'The Medicalization of the Menstrual Cycle: Menstruation as a Disorder.' In: McHugh, M. C., & Chrisler, J. C. (eds) *The Wrong Prescription for Women: How Medicine and Media Create a 'Need' for Treatments, Drugs, and Surgery*. Bloomsbury Publishing USA. pp. 61–77.

Barrington, D. J., Robinson, H. J., Wilson, E., & Hennegan, J. (2021). 'Experiences of menstruation in high income countries: A systematic review, qualitative evidence synthesis and comparison to low- and middle-income countries'. *PLoS ONE*. Online. Vol. 16, no. 7, p. e0255001. Available at: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0255001 [Accessed 11th February 2026].

Bartky, S. L. (1990). *Femininity and Domination: Studies in the Phenomenology of Oppression*. 1st edn. New York: Routledge.

Bartley, E. J., & Fillingim, R. B. (2016). 'Sex Differences in Pain and Stress'. In: al'Absi, M., & Arve Flaten, M. (eds) *Neuroscience of Pain, Stress, and Emotion*. Academic Press. pp. 77–95.

Bauer, L., & Bauer, W. (2007). 'Playing with Tradition'. *Journal of Folklore Research*. Online. Vol. 44, no. 2/3, pp. 185–203. Available at: https://www.jstor.org/stable/40206950 [Accessed 11th February 2026].

Bergström, M., Rosvold, M., & Sæther, S. A. (2023). '"I hardly have a problem […] I have my period quite rarely too": Female football players' and their coaches' perceptions of barriers to communication on menstrual cycle'. *Frontiers in Sports and Active Living*, Vol. 5, p. 1127207.

Bertotti, A. M. (2013). 'Gendered Divisions of Fertility Work: Socioeconomic Predictors of Female Versus Male Sterilization'. *Journal of Marriage and Family*. Online. Vol. 75, no. 1,

pp. 13–25. Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1741-3737.2012.01031.x [Accessed 11th February 2026].

Bobel, C. (2008). 'From Convenience to Hazard: A Short History of the Emergence of the Menstrual Activism Movement, 1971–1992'. *Health Care for Women International*. Online. Vol. 29, no. 7, pp. 738–754. Available at: https://doi.org/10.1080/07399330802188909 [Accessed 11th February 2026].

Bobel, C. (2010). *New Blood: Third-wave Feminism and the Politics of Menstruation*. Rutgers University Press.

Bobel, C. (2018). *The Managed Body: Developing Girls and Menstrual Health in the Global South*. Springer.

Bobel, C., & Fahs, B. (2020a). 'From Bloodless Respectability to Radical Menstrual Embodiment: Shifting Menstrual Politics from Private to Public'. *Signs: Journal of Women in Culture and Society*. Online. Vol. 45, no. 4, pp. 955–983. Available at: https://www.journals.uchicago.edu/doi/abs/10.1086/707802 [Accessed 11th February 2026].

Bobel, C., & Fahs, B. (2020b). 'The Messy Politics of Menstrual Activism'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 1001–1018.

Bobier, L. (2020). 'The Sexualization of Menstruation: On Rape, Tampons, and "Prostitutes"'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Springer. pp. 303–317.

Bojczyk, K. E., Lehan, T. J., McWey, L. M., Kaufman, D. R., & Melson, G. F. (2010). 'Mothers' and Their Adult Daughters' Perceptions of Their Relationship'. *Journal of Family Issues*. Online. Vol. 32, no. 4, pp. 452–481. Available at: https://journals.sagepub.com/doi/10.1177/0192513X10384073 [Accessed 11th February 2026].

Bordo, S. (2023). *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley and Los Angeles, California: University of California Press.

Borello, L. (2006). *Mother May I? Food, Power and Control in Mothers and Daughters*. Online. Atlanta, Georgia: Georgia State University. Available at: https://scholarworks.gsu.edu/wsi_theses/6 [Accessed 11th February 2026].

Boughenout, K. M. (2023). *The good, the bad, and the bloody. Conceptualisations of menstruation across genders and languages*. Online. Glasgow: University of Glasgow. Available at: https://theses.gla.ac.uk/83906/ [Accessed 11th February 2026].

Bourdieu, P. (1990). *The Logic of Practice*. Stanford University Press.

Bowers, F. (2018). ‘17 affected by CervicalCheck controversy have died’. Online. Available at: https://www.rte.ie/news/health/2018/0430/959148-cervicalcheck-smear-tests/ [Accessed 11th February 2026].

Boyd, danah, & Crawford, K. (2012). ‘Critical Questions for Big Data: Provocations for a cultural, technological, and scholarly phenomenon’. *Information, Communication & Society*. Online. Vol. 15, no. 5, pp. 662–679. Available at: https://doi.org/10.1080/1369118X.2012.678878 [Accessed 11th February 2026].

Boyd, C. J. (1989). ‘Mothers and Daughters: A Discussion of Theory and Research’. *Journal of Marriage and Family*. Online. Vol. 51, no. 2, pp. 291–301. Available at: https://www.jstor.org/stable/352493 [Accessed 11th February 2026].

Brangan, L. (2024). ‘States of denial: Magdalene Laundries in twentieth-century Ireland’. *Punishment & Society*. Online. Vol. 26, no. 2, pp. 394–413. Available at: https://doi.org/10.1177/14624745231218470 [Accessed 10th February 2026].

Brantelid, I. E., Nilvér, H., & Alehagen, S. (2014). ‘Menstruation During a Lifespan: A Qualitative Study of Women’s Experiences’. *Health Care for Women International*. Online. Vol. 35, no. 6, pp. 600–616. Available at: https://doi.org/10.1080/07399332.2013.868465 [Accessed 11th February 2026].

Brassart Olsen, C. (2024). ‘Addressing the commercial determinants of menstrual health: a call to regulate menstrual product manufacturers’. *Health Promotion International*, Vol. 39, no. 6, p. daae154.

Braun, V., & Clarke, V. (2006). ‘Using thematic analysis in psychology’. *Qualitative Research in Psychology*. Online. Vol. 3, no. 2, pp. 77–101. Available at: https://doi.org/10.1191/1478088706qp063oa.

Braun, V., & Clarke, V. (2019). ‘Reflecting on reflexive thematic analysis’. *Qualitative Research in Sport, Exercise and Health*. Online. Vol. 11, no. 4, pp. 589–597. Available at: https://doi.org/10.1080/2159676X.2019.1628806 [Accessed 11th February 2026].

Brown, N., Williams, R., Bruinvels, G., Piasecki, J., & Forrest, L. J. (2022). ‘Teachers’ Perceptions and Experiences of Menstrual Cycle Education and Support in UK Schools’. *Frontiers in Global Women’s Health*. Online. Vol. 3, p. 827365. Available at: https://www.frontiersin.org/journals/global-womens-health/articles/10.3389/fgwh.2022.827365/full [Accessed 11th February 2026].

Buckley, T., & Gottlieb, A. (1988). *Blood magic : the anthropology of menstruation*. Online. Berkeley and Los Angeles, California: University of California Press. Available at: http://archive.org/details/bloodmagicanthro0000unse [Accessed 11th February 2026].

Burrows, E. K. (2021). *Subjective constructions: Medieval and modern perceptions of women and women warriors in Early and Middle Irish legal and literary texts*. Online. Glasgow: University of Glasgow. Available at: https://theses.gla.ac.uk/82032/ [Accessed 11th February 2026].

Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity*. 1st edn. New York: Routledge.

Buttingsrud, C. (2018). 'Embodied Reflection'. In: *Body of Knowledge*. University of California, Irvine. pp. 1–12.

Byrne, B. (2003). 'Reciting the Self: Narrative Representations of the Self in Qualitative Interviews'. *Feminist Theory*. Online. Vol. 4, no. 1, pp. 29–49. Available at: https://journals.sagepub.com/doi/10.1177/1464700103004001002 [Accessed 11th February 2026].

Calkin, S. (2015). 'Post-Feminist Spectatorship and the Girl Effect: "Go ahead, really imagine her"'. *Third World Quarterly*. Online. Vol. 36, no. 4, pp. 654–669. Available at: https://doi.org/10.1080/01436597.2015.1022525 [Accessed 11th February 2026].

Campbell, R., & Wasco, S. M. (2000). 'Feminist Approaches to Social Science: Epistemological and Methodological Tenets'. *American Journal of Community Psychology*. Online. Vol. 28, no. 6, pp. 773–791. Available at: https://onlinelibrary.wiley.com/doi/abs/10.1023/A%3A1005159716099 [Accessed 11th February 2026].

Cao, J., Laabadli, H., Mathis, C. H., Stern, R. D., & Emami-Naeini, P. (2024). '"I Deleted It After the Overturn of Roe v. Wade": Understanding Women's Privacy Concerns Toward Period-Tracking Apps in the Post Roe v. Wade Era'. In: *Proceedings of the 2024 CHI Conference on Human Factors in Computing Systems*. New York, NY, USA: Association for Computing Machinery. pp. 1–22.

Carroll, R. (2019). '"I can change it for others": the woman who exposed Irish smear tests scandal'. Online. Available at: https://www.theguardian.com/world/2019/jun/24/i-can-change-it-for-others-the-woman-who-exposed-irish-smear-tests-scandal [Accessed 26th August 2025].

Catholic Primary School Management Association (2021). Catholic Primary School Management Association. Online. Available at: https://www.cpsma.ie/ [Accessed 12th February 2026].

Central Statistics Office (2019). Introduction Urban and Rural Life in Ireland, 2019 - Central Statistics Office. Online. CSO. Available at:

https://www.cso.ie/en/releasesandpublications/ep/p-urli/urbanandrurallifeinireland2019/introduction/ [Accessed 12th February 2026].

Central Statistics Office (n.d.). Farm Structure Survey - CSO - Central Statistics Office. Online. CSO. Available at: https://www.cso.ie/en/statistics/agriculture/farmstructuresurvey/ [Accessed 13th February 2026].

Cha, Y. U., & Park, M. J. (2019). 'Consumer preference and market segmentation strategy in the fast moving consumer goods industry: The case of women's disposable sanitary pads'. *Sustainable Production and Consumption*. Online. Vol. 19, pp. 130–140. Available at: https://www.sciencedirect.com/science/article/pii/S2352550919300090 [Accessed 12th February 2026].

Chadwick, R. (2023). 'The Dangers of Minimizing Obstetric Violence'. *Violence Against Women*. Online. Vol. 29, no. 9, pp. 1899–1908. Available at: https://doi.org/10.1177/10778012211037379 [Accessed 12th February 2026].

Chartered Institute of Personnel and Development (CIPD) (2023). *Menstruation and support at work*. Online. London. Available at: https://www.cipd.org/uk/knowledge/reports/menstruation-support-at-work/ [Accessed 12th January 2026].

Chen, I. (2017). *The Digital Turn, a Corporeal Return: Sensory Self-tracking with the Contraceptive App Natural Cycles*. Online. Lund: Lund University. Available at: https://lup.lub.lu.se/luur/download?func=downloadFile&recordOId=8922502&fileOId=8924918 [Accessed 2nd December 2026].

Cheung, S. Y. C. (2025). 'Menstruation: the fifth vital sign in women of reproductive age'. *Hong Kong Journal of Gynaecology, Obstetrics and Midwifery*. Online. Vol. 25, no. 2, pp. 91–94. Available at: https://hkjgom.org/home/article/view/388 [Accessed 12th February 2026].

Chrisler, J. C. (2013). 'Teaching Taboo Topics: Menstruation, Menopause, and the Psychology of Women'. *Psychology of Women Quarterly*. Online. Vol. 37, no. 1, pp. 128–132. Available at: https://doi.org/10.1177/0361684312471326 [Accessed 12th February 2026].

Chrisler, J. C., Gorman, J. A., Manion, J., Murgo, M., Barney, A., Adams-Clark, A., et al. (2016). 'Queer periods: attitudes toward and experiences with menstruation in the masculine of centre and transgender community'. *Culture, Health & Sexuality*. Online. Vol. 18, no. 11, pp. 1238–1250. Available at: https://doi.org/10.1080/13691058.2016.1182645 [Accessed 12th February 2026].

Clarke, A. E., Jeske, M., Mamo, L., & Shim, J. K. (2021). 'Biomedicalization Revisited'. In: Cockerham, W. C. (ed.) *The Wiley Blackwell Companion to Medical Sociology*. John Wiley & Sons, Ltd. pp. 125–149.

Clarke, A. E., Mamo, L., Fosket, J. R., Fishman, J. R., & Shim, J. K. (eds) (2010). *Biomedicalization: Technoscience, Health, and Illness in the U.S.* Duke University Press.

Clarke, A. E., & Olesen, V. (1999). *Revisioning Women, Health and Healing: Feminist, Cultural and Technoscience Perspectives*. New York: Routledge.

Clue (n.d.). How to use Clue when you don't have a period. Online. Available at: https://helloclue.com/articles/how-to-use-clue/track-your-cycle-without-a-period-with-clue [Accessed 13th February 2026].

Cohen, I. (2020). 'Menstruation and Religion: Developing a Critical Menstrual Studies Approach'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 115–129.

Collins, P. H. (1990). *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. 1st edn. Lon: Harper Collins.

Combahee River Collective (1977). 'The Combahee River Collective: A Black Feminist Statement'. In: Eisenstein, Z. R. (ed.) *Capitalist patriarchy and the case for socialist feminism*. New York: New York : Monthly Review Press. pp. 362–373.

Conlon, E., & Pelan, R. (eds) (2025). *After the Train: Irishwomen United and a Network of Change*. Online. Dublin: University College Dublin Press. Available at: https://press.uchicago.edu/ucp/books/book/distributed/A/bo258384660.html [Accessed 13th February 2026].

Connell, R. (1987). *Gender and Power: Society, the Person and Sexual Politics*. John Wiley & Sons.

Conner, B. D. (2020). 'Menstrual Trolls: The Collective Rhetoric of Periods for Pence'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Springer. pp. 885–899.

Connolly, L. (2001). *The Irish Women's Movement: From Revolution to Devolution*. Palgrave.

Connolly, L. (ed.) (2014). *The 'Irish' Family*. Online. London: Routledge. Available at: DOI: 10.4324/9780203736760.

Connolly, L. (ed.) (2020). *Women and the Irish Revolution*. Merrion Press.

Connolly, L., & O'Toole, T. (2005). *Documenting Irish feminisms : the second wave*. Dublin: The Woodfield Press.

Cook, A. S., & van den Hoek, R. (2023). 'Period pain presenteeism: investigating associations of working while experiencing dysmenorrhea'. *Journal of Psychosomatic Obstetrics and Gynaecology*, Vol. 44, no. 1, p. 2236294.

Cooper, S. C., & Koch, P. B. (2007). '"Nobody Told Me Nothin": Communication About Menstruation Among Low-Income African American Women'. *Women & Health*. Online. Vol. 46, no. 1, pp. 57–78. Available at: https://doi.org/10.1300/J013v46n01_05 [Accessed 13th February 2026].

Cork City Council (2022). Cork City Council launches its new Period Dignity pilot project. Online. Available at: https://www.corkcity.ie/en/council-services/news-room/latest-news/cork-city-council-launches-its-new-period-dignity-pilot-project/ [Accessed 13th February 2026].

Cornwall, A. (2002). 'Body mapping: Bridging the gap between biomedical messages, popular knowledge and lived experience.' In: *Realizing rights: Transforming approaches to sexual and reproductive wellbeing*. London: Zed Books. pp. 217–231.

Costos, D., Ackerman, R., & Paradis, L. (2002). 'Recollections of Menarche: Communication Between Mothers and Daughters Regarding Menstruation'. *Sex Roles*. Online. Vol. 46, no. 1, pp. 49–59. Available at: https://doi.org/10.1023/A:1016037618567 [Accessed 13th February 2026].

Crenshaw, K. (1989). 'Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics'. *University of Chicago Legal Forum*. Online. Vol. 1989, no. 8. Available at: https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8.

Crenshaw, K. (1991). 'Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color'. *Stanford Law Review*. Online. Vol. 43, no. 6, pp. 1241–1299. Available at: https://www.jstor.org/stable/1229039 [Accessed 13th February 2026].

Critchley, H. O. D., Babayev, E., Bulun, S. E., Clark, S., Garcia-Grau, I., Gregersen, P. K., et al. (2020). 'Menstruation: science and society'. *American Journal of Obstetrics and Gynecology*, Vol. 223, no. 5, pp. 624–664.

Cronin, M. G. (2017). *Impure thoughts: Sexuality, Catholicism and literature in twentieth-century Ireland*. Online. Manchester: Manchester University Press. Available at: https://www.manchesterhive.com/display/9781526129857/9781526129857.xml [Accessed 13th February 2026].

Crozier-De Rosa, S., & Barclay, K. (2024). '"She is finally home": feminist storytelling, family imaginaries and transnational solidarity in Irish abortion activism'. *Irish Studies Review*.

Online. Vol. 32, no. 3, pp. 331–356. Available at: https://doi.org/10.1080/09670882.2024.2368938 [Accessed 13th February 2026].

Cullen, P. (2014). 'Feminist NGOs and the European Union: Contracting Opportunities and Strategic Response'. *Social Movement Studies*. Online. Vol. 14, no. 4, pp. 410–426. Available at: https://doi.org/10.1080/14742837.2014.965674 [Accessed 13th February 2026].

Cullen, P., & Corcoran, M. (eds) (2021). *Producing Knowledge, Reproducing Gender: Power, Production and Practice in Contemporary Ireland*. Online. Dublin: University College Dublin Press. Available at: https://press.uchicago.edu/ucp/books/book/distributed/P/bo69890217.html [Accessed 13th February 2026].

Cullen, P., & Korolczuk, E. (2019). 'Challenging abortion stigma: framing abortion in Ireland and Poland'. *Sexual and Reproductive Health Matters*, Vol. 27, no. 3, p. 1686197.

Cunningham, A. C., Prentice, C., Peven, K., Wickham, A., Bamford, R., Radovic, T., et al. (2024). 'Efficacy of the Flo App in Improving Health Literacy, Menstrual and General Health, and Well-Being in Women: Pilot Randomized Controlled Trial'. *JMIR mHealth and uHealth*, Vol. 2024, p. e54124.

Cusack, T. (2000). 'Janus and gender: women and the nation's backward look'. *Nations and Nationalism*. Online. Vol. 6, no. 4, pp. 541–561. Available at: https://www.cambridge.org/core/journals/nations-and-nationalism/article/abs/janus-and-gender-women-and-the-nations-backward-look/45C3F92AEE0EDD8687B8FF62F3987979 [Accessed 13th February 2026].

Dagg, J., & Gray, J. (2017). 'Longitudinal and Biographical Aspects of Resilience in Ireland : NIRSA Working Paper Series No. 85'. *NIRSA - National Institute for Regional and Spatial Analysis, Maynooth University*. Online. pp. 1–48. Available at: https://mural.maynoothuniversity.ie/id/eprint/9015/ [Accessed 13th February 2026].

Daly, M. E. (2016). *Sixties Ireland: Reshaping the Economy, State and Society, 1957–1973*. Online. Cambridge: Cambridge University Press. Available at: https://www.cambridge.org/core/books/sixties-ireland/D44DCAF3BCC71E96895D038963903512 [Accessed 13th February 2026].

Dangerfield, K. (2024). 'An app for birth control? Some experts urge caution despite regulatory approval'. Online. Canada. Available at: https://globalnews.ca/news/10268503/birth-control-app-canada/ [Accessed 13th February 2026].

Darcy, C. (2019). ‘‘We Don’t Really Give a Fiddlers About Anything": The Ambiguity, Contradiction and Fluidity of Irish Masculinities.’ *Irish Journal of Applied Social Studies*. Online. Vol. 19, no. 1, pp. 16–32. Available at: https://arrow.tudublin.ie/ijass/vol19/iss1/3.

Davis, K. (2007). *The Making of Our Bodies, Ourselves: How Feminism Travels across Borders*. Online. Duke University Press. Available at: https://www.degruyterbrill.com/document/doi/10.1515/9780822390251-003/html [Accessed 13th February 2026].

Delaney, J., Lupton, M. J., & Toth, E. (1988). *The Curse: A Cultural History of Menstruation*. Illinois: University of Illinois Press.

Delay, C., & Sundstrom, B. (2019). ‘The Legacy of Symphysiotomy in Ireland: A Reproductive Justice Approach to Obstetric Violence’. In: Mitchell Armstrong, E., Markens, S., & Waggoner, M. R. (eds) *Reproduction, Health, and Medicine*. Emerald Publishing Limited. pp. 197–218.

DeMaria, A. L., Delay, C., Sundstrom, B., Wakefield, A. L., Naoum, Z., Ramos-Ortiz, J., et al. (2020). ‘“My mama told me it would happen”: menarche and menstruation experiences across generations’. *Women & Health*, Vol. 60, no. 1, pp. 87–98.

DeMaria, A. L., Sundstrom, B., Meier, S., & Wiseley, A. (2019). ‘The myth of menstruation: how menstrual regulation and suppression impact contraceptive choice’. *BMC women’s health*, Vol. 19, no. 1, p. 125.

Dempsey, G. (2020). Sheela-na-Gigs: Ireland’s mysterious medieval genital carvings. Online. Available at: https://www.rte.ie/brainstorm/2020/0722/1154951-sheela-na-gigs-ireland-medieval-genital-carvings/ [Accessed 13th February 2026].

Department of Children, Disability and Equality (2021a). *Period Poverty in Ireland: Discussion Paper | Period Poverty Sub-Committee, National Strategy for Women and Girls 2017–2020*. Online. Government of Ireland. Available at: https://www.gov.ie/en/department-of-children-disability-and-equality/publications/period-poverty-in-ireland-discussion-paper-period-poverty-sub-committee-national-strategy-for-women-and-girls-20172020-february-2021/ [Accessed 15th February 2026].

Department of Children, Disability and Equality (2021b). *Period Poverty in Ireland: Discussion Paper: Period Poverty Sub-Committee*. Online. National Strategy for Women and Girls 2017–2020 (February 2021). Ireland: Government of Ireland. Available at: https://assets.gov.ie/static/documents/period-poverty-in-ireland-discussion-paper-period-poverty-sub-committee-national-strat.pdf [Accessed 13th February 2026].

Department of Education and Youth (1999). *Ready to Learn: White Paper on Early Childhood Education*. Online. Ireland: Government of Ireland. Available at: https://www.gov.ie/en/department-of-education/publications/ready-to-learn-white-paper-on-early-childhood-education/ [Accessed 13th February 2026].

Department of Health (2016). *Creating a Better Future Together: National Maternity Strategy 2016-2026.* Online. Ireland: Government of Ireland. Available at: https://assets.gov.ie/static/documents/national-maternity-strategy-creating-a-better-future-together-2016-2026.pdf [Accessed 13th February 2026].

Department of Health (2021). *Radical Listening Project on Women's Health*. Online. Women's Health Taskforce. Ireland: Government of Ireland. Available at: https://assets.gov.ie/static/documents/womens-health-radical-listening-report-2021.pdf [Accessed 13th February 2026].

Department of Health (2022). *Women's Health Action Plan 2021-2023*. Online. Ireland: Government of Ireland. Available at: https://assets.gov.ie/static/documents/womens-health-action-plan-2022-2023.pdf [Accessed 13th February 2026].

DeVault, M. L. (1996). 'Talking Back to Sociology: Distinctive Contributions of Feminist Methodology'. *Annual Review of Sociology*. Online. Vol. 22, pp. 29–50. Available at: https://www.jstor.org/stable/2083423 [Accessed 13th February 2026].

DeVault, M. L. (1999). *Liberating Method: Feminism and Social Research*. Philadelphia: Temple University Press.

DiMaio, D. (2015). 'Nuns, Warts, Viruses, and Cancer'. *The Yale Journal of Biology and Medicine*. Online. Vol. 88, no. 2, pp. 127–129. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC4445434/ [Accessed 13th February 2026].

Dixit, S., Grover, A., & Ojha, P. (2025). 'Navigating Premenstrual Syndrome: The Role of Emotional Regulation and Social Isolation'. *International Journal of Humanities & Social Science Studies (IJHSSS)*, Vol. XI, no. IV, pp. 799–811.

Dolezal, L. (2015). *The Body and Shame: Phenomenology, Feminism, and the Socially Shaped Body*. London: Lexington Books.

Donegal County Council (2024). Period Dignity. Online. Available at: https://www.donegalculture.ie/en/news/2026/january/period-dignity-1 [Accessed 13th February 2026].

Dubriwny, T. N. (2005). 'Consciousness-Raising as Collective Rhetoric: The Articulation of Experience in the Redstockings' Abortion Speak-Out of 1969'. *Quarterly Journal of Speech*.

Online. Vol. 91, no. 4, pp. 395–422. Available at: https://doi.org/10.1080/00335630500488275 [Accessed 13th February 2026].

Dungy, M., & Krings, A. (2024). 'Responsibilization and Retraditionalization: How Neoliberal Logics Reproduce Gender Inequities Among Women Community Organizers in Chicago'. *Affilia*. Online. Vol. 39, no. 4, pp. 683–700. Available at: https://doi.org/10.1177/08861099241238199 [Accessed 13th February 2026].

Dunnavant, N. C., & Roberts, T.-A. (2013). 'Restriction and renewal, pollution and power, constraint and community: The paradoxes of religious women's experiences of menstruation'. *Sex Roles: A Journal of Research*, Vol. 68, nos 1–2, pp. 121–131.

Earner-Byrne, L. (2023). 'The Irish Family: Blame, Agency and the "Unmarried Mother Problem", 1980s–2021'. *Contemporary European History*. Online. Vol. 32, no. 2, pp. 270–286. Available at: https://www.cambridge.org/core/journals/contemporary-european-history/article/irish-family-blame-agency-and-the-unmarried-mother-problem-1980s2021/E9E12DE62B9A0E6BB17212FF30A0EDC1 [Accessed 13th February 2026].

Ehrenreich, B., & English, D. (2010). *Witches, midwives, & nurses : a history of women healers*. Second. New York City: Feminist Press at the City University of New York.

Elder, G. H., Johnson, M. K., & Crosnoe, R. (2003). 'The Emergence and Development of Life Course Theory'. In: Mortimer, J. T., & Shanahan, M. J. (eds) *Handbook of the Life Course*. Boston, MA: Springer US. pp. 3–19.

Elias, N. (1978). *The civilizing process*. Urizen Books.

Emejulu, A., & Sobande, F. (eds) (2019). *To Exist is to Resist: Black Feminism in Europe*. Pluto Press.

Enright, M. (2018). '"No. I won't go back": National time, trauma and legacies of symphysiotomy in Ireland'. In: *Law and Time*. London: Routledge. pp. 46–74.

Epstein, D. A., Lee, N. B., Kang, J. H., Agapie, E., Schroeder, J., Pina, L. R., et al. (2017). 'Examining Menstrual Tracking to Inform the Design of Personal Informatics Tools'. In: *Proceedings of the 2017 CHI Conference on Human Factors in Computing Systems*. New York, NY, USA: Association for Computing Machinery. pp. 6876–6888.

Erchull, M. J. (2013). 'Distancing Through Objectification? Depictions of Women's Bodies in Menstrual Product Advertisements'. *Sex Roles*. Online. Vol. 68, no. 1, pp. 32–40. Available at: https://doi.org/10.1007/s11199-011-0004-7 [Accessed 13th February 2026].

Erchull, M. J. (2020). '"You Will Find Out When the Time Is Right": Boys, Men, and Menstruation'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., &

Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 395–407.

Erchull, M. J., & Richmond, K. (2015). '"It's Normal…Mom Will Be Home in an Hour": The Role of Fathers in Menstrual Education'. *Women's Reproductive Health*. Online. Vol. 2, no. 2, pp. 93–110. Available at: https://doi.org/10.1080/23293691.2015.1089149 [Accessed 13th February 2026].

Erikainen, S., Stewart, E., Filipe, A. M., Chan, S., Cunningham-Burley, S., Ilson, S., et al. (2021). 'Towards a feminist philosophy of engagements in health-related research'. *Wellcome Open Research*, Vol. 6, p. 58.

Evans, A., Riley, S., & Robson, M. (2020). 'Postfeminist healthism: Pregnant with anxiety in the time of contradiction'. *Jura Gentium*, Vol. XVII, no. 1, pp. 95–118.

Evans, R. L., Harris, B., Onuegbu, C., & Griffiths, F. (2022). 'Systematic review of educational interventions to improve the menstrual health of young adolescent girls'. *BMJ open*, Vol. 12, no. 6, p. e057204.

Fahs, B. (2014). '"Freedom to" and "freedom from": A new vision for sex-positive politics'. *Sexualities*. Online. Vol. 17, no. 3, pp. 267–290. Available at: https://doi.org/10.1177/1363460713516334 [Accessed 13th February 2026].

Fahs, B. (2020). 'Sex During Menstruation: Race, Sexual Identity, and Women's Accounts of Pleasure and Disgust'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Springer. pp. 961–984.

Fahs, B., & Perianes, M. B. (2020). 'Transnational Engagement: Designing an Ideal Menstrual Health (MH) Curriculum—Stories from the Field'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Springer. pp. 449–465.

Ferriter, D. (2008). 'Women and Political Change in Ireland since 1960'. *Éire-Ireland*. Online. Vol. 43, no. 1, pp. 179–204. Available at: https://muse.jhu.edu/pub/41/article/239309 [Accessed 13th February 2026].

Ferriter, D. (2010). *Occasions of Sin: Sex and Society in Modern Ireland*. London: Profile Books.

Ferriter, D. (2024). *The Revelation of Ireland: 1995-2020*. London: Profile Books.

Fianna Fáil (2024). *Programme for Government - Fianna Fáil*. Online. Ireland. Available at: https://www.fiannafail.ie/hubfs/Programme%20for%20Government%20-%20New.pdf?hsLang=en [Accessed 13th February 2026].

Findlay, R. J., Macrae, E. H. R., Whyte, I. Y., Easton, C., & Forrest Née Whyte, L. J. (2020). 'How the menstrual cycle and menstruation affect sporting performance: experiences and perceptions of elite female rugby players'. *British Journal of Sports Medicine*, Vol. 54, no. 18, pp. 1108–1113.

Fine-Gael (2024). *Securing Your Future: General-Election 2024 Manifesto*. Online. Ireland. Available at: https://www.finegael.ie/app/uploads/2024/11/Fine-Gael-General-Election-2024-Manifesto.pdf [Accessed 13th February 2026].

Fingerson, L. (2006). *Girls in Power: Gender, Body, and Menstruation in Adolescence*. New York: SUNY Press.

Fischer, C. (2016). 'Gender, Nation, and the Politics of Shame: Magdalen Laundries and the Institutionalization of Feminine Transgression in Modern Ireland'. *Signs: Journal of Women in Culture and Society*. Online. Vol. 41, no. 4, pp. 821–843. Available at: https://www.journals.uchicago.edu/doi/abs/10.1086/685117 [Accessed 13th February 2026].

Fisette, J. L. (2011). 'Exploring how girls navigate their embodied identities in physical education'. *Physical Education and Sport Pedagogy*. Online. Vol. 16, no. 2, pp. 179–196. Available at: https://doi.org/10.1080/17408989.2010.535199 [Accessed 13th February 2026].

Fitzsimons, C., & Nwanze, L. (2023). 'Can Critical Education Help Address Racial Discrimination in Irish Maternity Settings?' *Journal for Critical Education Policy Studies*. Online. Vol. 20, no. 3, pp. 215–242. Available at: https://jceps.com/archives/13943/ [Accessed 15th February 2026].

Ford, A., De Togni, G., & Miller, L. (2021). 'Hormonal Health: Period Tracking Apps, Wellness, and Self-Management in the Era of Surveillance Capitalism'. *Engaging science, technology, and society*. Online. Vol. 7, no. 1, pp. 48–66. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC7614476/ [Accessed 15th February 2026].

Forsa (2023). Menstrual and Menopause Policies. Online. Available at: https://www.forsa.ie/menstrual-menopause-policy/ [Accessed 15th February 2026].

Fórsa Trade Union, Financial Services Union (FSU), Irish Nurses and Midwives Organisation (INMO), The Irish National Teachers Organisation (INTO), Communication Workers Union (CWU), The Services, Industrial, Professional, and Technical Union (SIPTU), et al. (2023). *Menstruation & Menopause: Workplace Policy Reform for a Modern Labour Force. A Trade Union Led Initiative*. Online. Available at: https://www.into.ie/app/uploads/2019/07/Menstruation-Menopause-Workplace-policy-reform-for-a-modern-labour-force.pdf [Accessed 15th February 2026].

Foucault, M. (1977). *Discipline and Punish*. New York: Vintage Books: A Division of Random House Inc.

Fox, S. E., Menking, A., Eschler, J., & Backonja, U. (2020). 'Multiples Over Models: Interrogating the Past and Collectively Reimagining the Future of Menstrual Sensemaking'. *ACM Transactions on Computer-Human Interaction (TOCHI)*. Online. Vol. 27, no. 4, pp. 1–24. Available at: https://dl.acm.org/doi/10.1145/3397178 [Accessed 15th February 2026].

Fox, S., & Epstein, D. A. (2020). 'Monitoring Menses: Design-Based Investigations of Menstrual Tracking Applications'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 733–750.

Frank, S. E. (2020). 'Queering Menstruation: Trans and Non-Binary Identity and Body Politics'. *Sociological Inquiry*. Online. Vol. 90, no. 2, pp. 371–404. Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/soin.12355 [Accessed 15th February 2026].

Frank, S. E., & Dellaria, J. (2020). 'Navigating the Binary: A Visual Narrative of Trans and Genderqueer Menstruation'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave. pp. 69–76.

Fraser, H. (2004). 'Doing Narrative Research: Analysing Personal Stories Line by Line'. *Qualitative Social Work*. Online. Vol. 3, no. 2, pp. 179–201. Available at: https://doi.org/10.1177/1473325004043383 [Accessed 15th February 2026].

Freidenfelds, L. (2009). *The Modern Period: Menstruation in Twentieth-Century America*. Maryland: John Hopkins University Press.

Freidson, E., & Lorber, J. (eds) (1972). *Medical Professionals and the Organization of Knowledge*. 1st edn. New Brunswick, New Jersey: Transaction Publishers.

Freitag, B. (20). *Sheela-na-gigs: Unravelling an Enigma*. 1st edn. London: Routledge.

Furlano, M. (2025). 'Disrupting menstrual stigma at work? A thematic analysis of menstrual leave policy announcements across five countries'. *Culture, Health & Sexuality*. Online. Vol. 27, no. 8, pp. 1023–1038. Available at: https://doi.org/10.1080/13691058.2024.2418406 [Accessed 15th February 2026].

Gadow, S. (1994). 'Whose body? Whose story? The question about narrative in women's health care'. *Soundings*, Vol. 77, nos 3–4, pp. 295–307.

Galligan, Y. (2021). 'C4.Gender Equality Politics'. In: Farrell, D. M., & Hardiman, N. (eds) *The Oxford Handbook of Irish Politics*. Oxford University Press. pp. 55–70.

Gallucci, N. (2018). Contraceptive app 'Natural Cycles' is being blamed for 37 unwanted pregnancies. Online. Available at: https://mashable.com/article/birth-control-app-blamed-for-37-unwanted-pregnancies [Accessed 15th February 2026].

Gambier-Ross, K., McLernon, D. J., & Morgan, H. M. (2018). 'A mixed methods exploratory study of women's relationships with and uses of fertility tracking apps'. *Digital Health*, Vol. 4, pp. 1–15.

Garrett, P. M. (2017). 'Excavating the past: Mother and Baby Homes in the Republic of Ireland'. *The British Journal of Social Work*. Online. Vol. 47, no. 2, pp. 358–374. Available at: https://doi.org/10.1093/bjsw/bcv116 [Accessed 10th February 2026].

Gastaldo, D., Magalhães, L., Carrasco, C., & Davy, C. (n.d.). *Body-Map Storytelling as Research: Methodological considerations for telling the stories of undocumented workers through body mapping.* Online. Available at: https://www.migrationhealth.ca/sites/default/files/Body-map_storytelling_as_reseach_LQ.pdf.

Gastaldo, D., Rivas-Quarneti, N., & Magalhaes, L. (2018). 'Body-map storytelling as a health research methodology: blurred lines creating clear pictures'. *Forum: Qualitative Social Research*, Vol. 19, no. 2, p. 26.

Gatrell, C. (2005). *Hard Labour: The Sociology of Parenthood, Family Life and Career*. McGraw-Hill Companies,Incorporated.

Gatrell, C. J. (2013). 'Maternal body work: How women managers and professionals negotiate pregnancy and new motherhood at work'. *Human Relations*. Online. Vol. 66, no. 5, pp. 621–644. Available at: https://doi.org/10.1177/0018726712467380 [Accessed 15th February 2026].

Gaybor, J. (2019). 'Empowerment, destigmatization and sustainability: the co-construction of reusable menstrual technologies in the context of menstrual activism in Argentina'. *Gender, Technology and Development*. Online. Vol. 23, no. 2, pp. 111–129. Available at: https://doi.org/10.1080/09718524.2019.1643522 [Accessed 15th February 2026].

Gaybor, J. (2022). 'Everyday (online) body politics of menstruation'. *Feminist Media Studies*. Online. Vol. 22, no. 4, pp. 898–913. Available at: https://doi.org/10.1080/14680777.2020.1847157 [Accessed 15th February 2026].

Gilbert, S. L., Dimoff, J. K., Brady, J. M., Macleod, R., & McPhee, T. (2023a). 'Pregnancy loss: A qualitative exploration of an experience stigmatized in the workplace'. *Journal of Vocational Behavior*. Online. Vol. 142, p. 103848. Available at: https://www.sciencedirect.com/science/article/pii/S0001879123000088 [Accessed 15th February 2026].

Gilbert, S. L., Dimoff, J. K., Brady, J. M., Macleod, R., & McPhee, T. (2023b). 'Pregnancy loss: A qualitative exploration of an experience stigmatized in the workplace'. *Journal of Vocational Behavior*. Online. Vol. 142, p. 103848. Available at: https://www.sciencedirect.com/science/article/pii/S0001879123000088 [Accessed 10th February 2026].

Gilman, S. L. (1995). *Health and Illness: Images of Difference*. Reaktion Books.

Gilman, S. L. (2004). *Health and Illness: Images of Difference*. Online. Picturing History. Reaktion Books. Available at: https://press.uchicago.edu/ucp/books/book/distributed/H/bo3536389.html [Accessed 10th February 2026].

Ging, D. (2009). 'All-consuming images: new gender formations in post-Celtic-Tiger Ireland'. In: Ging, D., Cronin, M. G., & Kirby, P. (eds) *Transforming Ireland: Challenges, Critiques, Resources*. Manchester: Manchester University Press. pp. 52–70.

Girvin, B. (2018). 'An Irish Solution to an Irish Problem: Catholicism, Contraception and Change, 1922–1979'. *Contemporary European History*. Online. Vol. 27, no. 1, pp. 1–22. Available at: https://www.cambridge.org/core/journals/contemporary-european-history/article/an-irish-solution-to-an-irish-problem-catholicism-contraception-and-change-19221979/184D78A0D87963ACDFD452B76408427F [Accessed 15th February 2026].

Glaser, B. G., & Strauss, A. L. (1971). *Status Passage*. 1st edn. Transaction Publishers.

Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. New York, London, Toronto: Simon and Schuster.

Gordan, T., & Lahelma, E. (2004). 'Who Wants to be a Woman? Young Women's Reflections on Transitions to Adulthood'. *Feminist Review*. Online. Vol. 78, no. 1, pp. 80–98. Available at: https://doi.org/10.1057/palgrave.fr.9400181 [Accessed 15th February 2026].

Goslin, A., & Koons-Beauchamp, D. (2023). 'The Mother-Daughter Relationship and Daughter's Positive Body Image: A Systematic Review'. *The Family Journal*. Online. Vol. 31, no. 1, pp. 128–139. Available at: https://doi.org/10.1177/10664807221104109 [Accessed 15th February 2026].

Gottlieb, A. (2020). 'Menstrual Taboos: Moving Beyond the Curse'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave. pp. 143–162.

Grace, K. T., & Anderson, J. C. (2018). 'Reproductive Coercion: A Systematic Review'. *Trauma, Violence, & Abuse*. Online. Vol. 19, no. 4, pp. 371–390. Available at: https://doi.org/10.1177/1524838016663935 [Accessed 15th February 2026].

Gray, J., & Dagg, J. (2019). ‘Crisis, recession and social resilience: A biographical life course analysis’. *Advances in Life Course Research*, Vol. 42, p. 100293.

Gray, J., Geraghty, R., & Ralph, D. (2016). *Family rhythms: The changing textures of family life in Ireland*. Online. Manchester: Manchester University Press. Available at: https://doi.org/10.7228/manchester/9780719091513.001.0001 [Accessed 15th February 2026].

Green Party (2024). *Manifesto OCT 24 - aw2.indd*. Online. Ireland. Available at: https://www.greenparty.ie/sites/default/files/2024-11/Manifesto%20OCT%2024%20-%20digital%20version_final.pdf [Accessed 15th February 2026].

Grenfell, P., Tilouche, N., Shawe, J., & French, R. S. (2021). ‘Fertility and digital technology: narratives of using smartphone app “Natural Cycles” while trying to conceive’. *Sociology of Health & Illness*. Online. Vol. 43, no. 1, pp. 116–132. Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/1467-9566.13199 [Accessed 15th February 2026].

Grimes, L. (2025). ‘Obstetric violence and consent during pregnancy and childbirth: the Eighth Amendment and its impact on the Irish maternity system’. *Irish Political Studies*. Online. Vol. 40, no. 1, pp. 29–50. Available at: https://doi.org/10.1080/07907184.2024.2375096 [Accessed 15th February 2026].

Grosz, E. (2020). *Volatile Bodies*. London: Routledge.

Guidone, H. C. (2020). ‘The Womb Wanders Not: Enhancing Endometriosis Education in a Culture of Menstrual Misinformation’. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan.

Halpin, H. (2023). ‘Trade unions call for implementation of mandatory workplace menstrual and menopausal policies’. Online. Available at: https://www.thejournal.ie/trade-unions-mandatory-menstrual-policy-6206187-Oct2023/ [Accessed 15th February 2026].

Haneman, V. J. (2021). ‘Menstrual Capitalism, Period Poverty, and the Role of the B Corporation 2021 Thirtieth Anniversary Symposium: Are You There Law? It’s Me, Menstruation’. *Columbia Journal of Gender and Law*. Online. Vol. 41, pp. 133–145. Available at: https://heinonline.org/HOL/P?h=hein.journals/coljgl41&i=151 [Accessed 15th February 2026].

Hankivsky, O., Reid, C., Cormier, R., Varcoe, C., Clark, N., Benoit, C., et al. (2010). ‘Exploring the promises of intersectionality for advancing women’s health research’. *International Journal for Equity in Health*, Vol. 9, pp. 1–15.

Harcourt, W., Van Den Berg, K., Dupuis, C., & Gaybor, J. (eds) (2022). *Feminist Methodologies: Experiments, Collaborations and Reflections*. Online. Gender, Development and Social Change. Cham: Palgrave Macmillan. Available at: https://link.springer.com/10.1007/978-3-030-82654-3 [Accessed 13th February 2026].

Harding, S. (1991). *Whose Science? Whose Knowledge?: Thinking from Women's Lives*. Cornell University Press.

Harries, J., & Solomon, J. (2018). *Body Mapping: to explore the embodied experiences of contraceptive methods and family planning with women in South Africa*. Online. Available at: http://hdl.handle.net/11427/28915 [Accessed 15th February 2026].

Hartsock, N. C. M. (1998). 'Standpoint Theories for the Next Century'. *Women & Politics*. Online. Vol. 18, no. 3, pp. 93–101. Available at: https://www.tandfonline.com/doi/abs/10.1300/J014v18n03_06 [Accessed 15th February 2026].

Hasson, K. A. (2016). 'Not a "Real" Period?: Social and Material Constructions of Menstruation'. *Gender & Society*. Online. Vol. 30, no. 6, pp. 958–983. Available at: https://doi.org/10.1177/0891243216672662 [Accessed 15th February 2026].

Hasson, K. A. (2020). 'Not a "Real" Period?: Social and Material Constructions of Menstruation'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 763–785.

Hawkey, A. J., Ussher, J. M., & Perz, J. (2020). '"I Treat My Daughters Not Like My Mother Treated Me": Migrant and Refugee Women's Constructions and Experiences of Menarche and Menstruation'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 99–113.

Hay, K., McDougal, L., Percival, V., Henry, S., Klugman, J., Wurie, H., et al. (2019). 'Disrupting gender norms in health systems: making the case for change'. *Lancet*, Vol. 393, no. 10190, pp. 2535–2549.

Haymond, R. (2020). '#PeriodsAreNotAnInsult: Hashtag Activism Meets Menstruation'. *Women's Reproductive Health*. Online. Vol. 7, no. 2, pp. 73–86. Available at: https://doi.org/10.1080/23293691.2020.1740483 [Accessed 15th February 2026].

Healy, R. L. (2021). 'Zuckerberg, get out of my uterus! An examination of fertility apps, data-sharing and remaking the female body as a digitalized reproductive subject'. *Journal of*

Gender Studies. Online. Vol. 30, no. 4, pp. 406–416. Available at: https://doi.org/10.1080/09589236.2020.1845628 [Accessed 15th February 2026].

Hendl, T., & Jansky, B. (2022). 'Tales of self-empowerment through digital health technologies: a closer look at "Femtech"'. *Review of Social Economy*. Online. Vol. 80, no. 1, pp. 29–57. Available at: https://doi.org/10.1080/00346764.2021.2018027 [Accessed 15th February 2026].

Henley-Einion, A., & Squire, C. (2009). 'The medicalisation of childbirth'. In: *The Social Context of Birth*. 2nd edn. London: Routledge. pp. 180–190.

Hennegan, J. M. (2017). 'Menstrual Hygiene Management and Human Rights: The Case for an Evidence-Based Approach'. *Women's Reproductive Health*. Online. Vol. 4, no. 3, pp. 212–231. Available at: https://doi.org/10.1080/23293691.2017.1388720 [Accessed 15th February 2026].

Hennegan, J., Winkler, I. T., Bobel, C., Keiser, D., Hampton, J., Larsson, G., et al. (2021). 'Menstrual health: a definition for policy, practice, and research'. *Sexual and Reproductive Health Matters*, Vol. 29, no. 1, p. 1911618.

Hoffmann, D. E., & Tarzian, A. J. (2001). 'The girl who cried pain: a bias against women in the treatment of pain'. *The Journal of Law, Medicine & Ethics: A Journal of the American Society of Law, Medicine & Ethics*, Vol. 29, no. 1, pp. 13–27.

Hohmann-Marriott, B. (2023). 'Periods as powerful data: User understandings of menstrual app data and information'. *New Media & Society*. Online. Vol. 25, no. 11, pp. 3028–3046. Available at: https://doi.org/10.1177/14614448211040245 [Accessed 15th February 2026].

Holland, J., & Thomson, R. (2009). 'GAINING PERSPECTIVE ON CHOICE AND FATE: Revisiting critical moments'. *European Societies*. Online. Vol. 11, no. 3, pp. 451–469. Available at: https://doi.org/10.1080/14616690902764799 [Accessed 15th February 2026].

Hong, M., Rajaguru, V., Kim, K., Jang, S.-Y., & Lee, S. G. (2024). 'Menstrual Cycle Management and Period Tracker App Use in Millennial and Generation Z Individuals: Mixed Methods Study'. *Journal of Medical Internet Research*. Online. Vol. 26, no. 1, p. e53146. Available at: https://www.jmir.org/2024/1/e53146 [Accessed 15th February 2026].

hooks, B. (1981). *Ain't I a Woman: Black Women and Feminism*. South End Press.

Hosford, P. (2017). 'Calls for Sisters of Charity to detail exactly what procedures will be possible at new maternity hospital'. Online. Available at: https://www.thejournal.ie/national-maternity-hospital-dr-chris-fitzpatrick-3363227-Apr2017/ [Accessed 15th February 2026].

House of the Oireachtas (1973). *Civil Service (Employment of Married Women) Bill, 1973: Second Stage. – Seanad Éireann (13th Seanad) – Wednesday, 25 Jul 1973 – Houses of the*

Oireachtas. Online. Available at: https://www.oireachtas.ie/en/debates/debate/seanad/1973-07-25/8 [Accessed 15th February 2026].

HSE (2022). HSE Period Poverty Pilot. Online. Available at: https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion/news/hse-period-poverty-pilot.html. [Accessed 15th February 2026].

Hufnagel, G. L. (2012). *A history of women's menstruation from ancient Greece to the twenty-first century : psychological, social, medical, religious, and educational issues*. Lewiston, New York: Edwin Mellen Press.

Hughes, B. (2025). 'Conceptual Framings of Menstruation in 20th-Century British Menstrual Product Advertising: Visible Stigma, Invisible Bleeding'. *Women's Reproductive Health*. Online. Vol. 12, no. 2, pp. 473–506. Available at: https://www.tandfonline.com/doi/full/10.1080/23293691.2025.2472152 [Accessed 15th February 2026].

Hughes, B., & Røstvik, C. M. (2020). 'Menstruation in Art and Visual Culture'. In: Ross, K. (ed.) *The International Encyclopedia of Gender, Media, and Communication*. John Wiley & Sons, Ltd. pp. 1–5.

Huseth-Zosel, A. L., & Secor-Turner, M. (2022). 'Teacher Perceptions of and Experiences with Student Menstruation in the School Setting'. *The Journal of School Health*, Vol. 92, no. 2, pp. 194–204.

Hutchison, E. D. (2010). *Dimensions of Human Behavior: The Changing Life Course*. SAGE Publications.

Inglis, T. (1998). *Moral Monopoly: The Rise and Fall of the Catholic Church in Modern Ireland*. Dublin: University College Dublin Press.

Inglis, T. (2011). 'The global and the local: mapping changes in Irish childhood'. *Eire-Ireland; a Journal of Irish Studies*, Vol. 46, nos 3–4, pp. 63–83.

Inglis, T., & MacKeogh, C. (2012). 'The double bind: Women, honour and sexuality in contemporary Ireland'. *Media, Culture & Society*. Online. Vol. 34, no. 1, pp. 68–82. Available at: https://doi.org/10.1177/0163443711427200 [Accessed 15th February 2026].

Ireland Committee on Evil Literature. (1927). *Report of the Committee on Evil Literature.* Dublin: Stationery Office.

Irish Independent (2017). 'Sisters of Charity give up ownership rights to National Maternity Hospital'. Online. Ireland. Available at: https://www.independent.ie/news/sisters-of-charity-give-up-ownership-rights-to-national-maternity-hospital/35766299.html [Accessed 16th February 2026].

Irish National Teachers' Organisation (2023). Unions call for menstrual and menopause supports. Online. Available at: https://www.into.ie/2023/10/25/unions-call-for-menstrual-and-menopause-supports/ [Accessed 15th February 2026].

Irish Statute Book (n.d.). Censorship of Publications Act, 1929. Online. Available at: https://www.irishstatutebook.ie/eli/1929/act/21/enacted/en/html [Accessed 15th February 2026].

Jane Gray on researching social change over time (2022). Online. Methods: National Centre for Research Methods. National Centre for Research Methods. Available at: https://www.ncrm.ac.uk/resources/podcasts/ [Accessed 16th February 2026].

Jerman, J., & Weir, A. (2013). *Images of Lust: Sexual Carvings on Medieval Churches*. London: Routledge.

Johnston-Robledo, I., & Chrisler, J. C. (2013). 'The Menstrual Mark: Menstruation as Social Stigma'. *Sex Roles*. Online. Vol. 68, no. 1, pp. 9–18. Available at: https://doi.org/10.1007/s11199-011-0052-z [Accessed 15th February 2026].

Johnston-Robledo, I., & Chrisler, J. C. (2020). 'The Menstrual Mark: Menstruation as Social Stigma'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 188–199.

Johnston-Robledo, I., & Stubbs, M. L. (2013). 'Positioning Periods: Menstruation in Social Context: An Introduction to a Special Issue'. *Sex Roles*. Online. Vol. 68, no. 1, pp. 1–8. Available at: https://doi.org/10.1007/s11199-012-0206-7 [Accessed 15th February 2026].

Kahn, H. & History Ireland (n.d.). John Charles McQuaid and tampons. Online. Available at: https://historyireland.com/john-charles-mcquaid-and-tampons/ [Accessed 15th February 2026].

Kara, H. (2015). *Creative Research Methods in the Social Sciences: A practical guide*. Online. Bristol: Policy Press. Available at: https://bristoluniversitypressdigital.com/display/book/9781447320258/9781447320258.xml [Accessed 15th February 2026].

Karjee, S., Rahaman, M., & Biswas, P. C. (2023). 'Contextualizing the socio-economic and spatial patterns of using menstrual hygienic methods among young women (15–24 years) in India: A cross-sectional study using the nationally representative survey'. *Clinical Epidemiology and Global Health*. Online. Vol. 20, no. March-April 2023, p. 101253. Available at: https://www.sciencedirect.com/science/article/pii/S2213398423000404 [Accessed 15th February 2026].

Kazakoff, A., Doroshuk, M. L., Ganshorn, H., & Doyle-Baker, P. K. (2025). 'Motivations for Use, User Experience and Quality of Reproductive Health Mobile Applications in a Pre-Menopausal User Base: A Scoping Review'. *Healthcare*. Online. Vol. 13, no. 8, p. 877. Available at: https://www.mdpi.com/2227-9032/13/8/877 [Accessed 15th February 2026].

Keating, S. (2023). 'The Road Less Travelled: The Journey to Meaningful and Empowering Relationships and Sexuality Education (RSE) in Irish Schools'. In: Górnicka, B., & Doyle, M. (eds) *Sex and Sexualities in Ireland: Interdisciplinary Perspectives*. Cham: Springer International Publishing. pp. 107–130.

Kelly, B. G., & Habib, M. (2023). 'Missed period? The significance of period-tracking applications in a post-Roe America'. *Sexual and Reproductive Health Matters*, Vol. 31, no. 4, p. 2238940.

Kelly, L. (2019). 'Irishwomen United, the Contraception Action Programme and the feminist campaign for free, safe and legal contraception in Ireland, c.1975–81'. *Irish Historical Studies*. Online. Vol. 43, no. 164, pp. 269–297. Available at: https://www.cambridge.org/core/journals/irish-historical-studies/article/irishwomen-united-the-contraception-action-programme-and-the-feminist-campaign-for-free-safe-and-legal-contraception-in-ireland-c197581/567CFFCA678B39904F360C2119F88D7E [Accessed 15th February 2026].

Kelly, L. (2020). 'The Contraceptive Pill in Ireland c.1964–79: Activism, Women and Patient–Doctor Relationships'. *Medical History*. Online. Vol. 64, no. 2, pp. 195–218. Available at: https://www.cambridge.org/core/journals/medical-history/article/contraceptive-pill-in-ireland-c196479-activism-women-and-patientdoctor-relationships/50F3E776CD68259CE6B6115E263E6B04 [Accessed 15th February 2026].

Kelly, L. (2023). 'Family Planning after the Family Planning Act: Access to Contraception in 1980s and 1990s Ireland'. In: *Contraception and Modern Ireland: A Social History, c. 1922–92*. Cambridge: Cambridge University Press. pp. 293–321.

Kennedy, S. (2018). '"#Repealthe8th": Ireland, Abortion Access and the Movement to Remove the Eighth Amendment'. *Annuario di Antropologia*. Online. Vol. 5, no. 2, pp. 13–31. Available at: https://mural.maynoothuniversity.ie/id/eprint/12936/ [Accessed 15th February 2026].

Kenny, D. A., Kashy, D. A., & Cook, W. L. (2020). *Dyadic Data Analysis*. Guilford Publications.

Khan, G. H., & Marnell, J. (2022). 'Reimagining wellbeing: Using arts-based methods to address sexual, gender and health inequalities'. *Global Public Health*. Online. Vol. 17, no. 10, pp.

2574–2589. Available at: https://doi.org/10.1080/17441692.2021.1993954 [Accessed 15th February 2026].

Kidd, I. J., Medina, J., & Pohlhaus Jr, G. (eds) (2017). *The Routledge Handbook of Epistemic Injustice*. London: Routledge.

Kiely, E. (2023). 'The Relationships and Sexuality Education (RSE) Review: Advancing Student Sexual Citizenship in Ireland for the Twenty-First Century?' In: Górnicka, B., & Doyle, M. (eds) *Sex and Sexualities in Ireland: Interdisciplinary Perspectives*. Cham: Springer International Publishing. pp. 85–106.

Kiemle-Gabbay, L. R., Valentin, S., Martin, D., & Whyte), L. J. F. (née (2024). 'Menstrual Cycle and Hormonal Contraceptive Symptom Severity and Frequency in Athletic Females'. *Women in Sport and Physical Activity Journal*. Online. Vol. 32, no. S1, pp. S1–S12. Available at: https://journals.humankinetics.com/view/journals/wspaj/32/S1/article-wspaj.2023-0086.xml [Accessed 15th February 2026].

Kimport, K. (2018). 'More Than a Physical Burden: Women's Mental and Emotional Work in Preventing Pregnancy'. *Journal of Sex Research*, Vol. 55, no. 9, pp. 1096–1105.

King, S. (2020). 'Menstrual Leave: Good Intention, Poor Solution'. In: Hassard, J., & Torres, L. D. (eds) *Aligning Perspectives in Gender Mainstreaming: Gender, Health, Safety, and Wellbeing*. Cham: Springer International Publishing. pp. 151–176.

King, S. (2025). *Menstrual Myth Busting: The Case of the Hormonal Female*. Online. Bristol: Policy Press. Available at: https://doi.org/10.1332/policypress/9781447371625.001.0001 [Accessed 15th February 2026].

Kissling, E. A. (2006). *Capitalizing on the Curse: The Business of Menstruation*. Lynne Rienner Publishers.

Knight, M., Bunch, K., Patel, R., Shakespeare, J., & MBRRACE-UK Collaboration (2022). *Saving Lives, Improving Mothers' Care Core Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20*. Online. National Perinatal Epidemiology Unit: University of Oxford. Available at: https://www.npeu.ox.ac.uk/mbrrace-uk/reports/maternal-reports/maternal-report-2018-2020.

Knudsen, B. T., & Stage, C. (eds) (2015). *Affective Methodologies*. Online. London: Palgrave Macmillan UK. Available at: http://link.springer.com/10.1057/9781137483195 [Accessed 11th February 2026].

Koff, E., & Rierdan, J. (1995). 'Preparing girls for menstruation: recommendations from adolescent girls'. *Adolescence*, Vol. 30, no. 120, pp. 795–811.

Koffman, O., & Gill, R. (2013). '"The Revolution will be Led by a 12-Year-Old Girl":1 Girl Power and Global Biopolitics'. *Feminist Review*. Online. Vol. 105, no. 1, pp. 83–102. Available at: https://doi.org/10.1057/fr.2013.16 [Accessed 15th February 2026].

Kornbluh, F., & Mink, G. (2018). *Ensuring Poverty: Welfare Reform in Feminist Perspective*. Pennsylvania: University of Pennsylvania Press.

Korolczuk, E. (2020). 'Counteracting Challenges to Gender Equality in the Era of Anti-Gender Campaigns: Competing Gender Knowledges and Affective Solidarity'. *Social Politics: International Studies in Gender, State & Society*. Online. Vol. 27, no. 4, pp. 694–717. Available at: https://doi.org/10.1093/sp/jxaa021 [Accessed 15th February 2026].

Korolczuk, E., Graff, A., & Kantola, J. (2025). 'Gender danger. Mapping a decade of research on anti-gender politics'. *Journal of Gender Studies*. Online. Vol. 34, no. 5, pp. 621–640. Available at: https://doi.org/10.1080/09589236.2025.2489584 [Accessed 15th February 2026].

Kosher, R. B. D., Houghton, L. C., & Winkler, I. T. (2023). 'MANstruation: A cyberethnography of linguistic strategies of trans and nonbinary menstruators'. *Social Science and Medicine*. Online. Vol. 328, no. 115974, p. 115974. Available at: https://www.scopus.com/pages/publications/85160729067 [Accessed 15th February 2026].

Koskenniemi, A. (2023a). 'Say no to shame, waste, inequality—and leaks! Menstrual activism in the market for alternative period products'. *Feminist Media Studies*. Online. Vol. 23, no. 1, pp. 19–36. Available at: https://www.tandfonline.com/doi/full/10.1080/14680777.2021.1948885 [Accessed 15th February 2026].

Koskenniemi, A. (2023b). 'Taking Charge of the Menstrual Cycle: Discourses of Menstruation and the Menstruating Body in Self-Help Literature'. *Women's Reproductive Health*. Online. Vol. 10, no. 3, pp. 323–340. Available at: https://doi.org/10.1080/23293691.2022.2085532 [Accessed 15th February 2026].

Krentz, E. M., & Warschburger, P. (2011). 'Sports-related correlates of disordered eating in aesthetic sports'. *Psychology of Sport and Exercise*. Online. Vol. 12, no. 4, pp. 375–382. Available at: https://www.sciencedirect.com/science/article/pii/S1469029211000306 [Accessed 15th February 2026].

Kressbach, M. (2021). 'Period Hacks: Menstruating in the Big Data Paradigm'. *Television & New Media*. Online. Vol. 22, no. 3, pp. 241–261. Available at: https://doi.org/10.1177/1527476419886389 [Accessed 15th February 2026].

Kwon, J.-S., & Park, S. (2019). ‘Adaptation to Transition: Meaning of Menarche for Female Adolescents in South Korea’. *The Journal of Early Adolescence*. Online. Vol. 39, no. 4, pp. 520–538. Available at: https://doi.org/10.1177/0272431618770816 [Accessed 15th February 2026].

Labour Party (2024). *Labour Party Manifesto 2024: Building BetterTogether*. Online. Ireland. Available at: https://labour.ie/wp-content/uploads/2021/10/Labour-Manifesto-2024-Building-Better-Together.pdf [Accessed 15th February 2026].

Lamont, J. M., Wagner, K. M., & Incorvati, C. G. (2019). ‘The Relationship of Self-Objectification and Body Shame to Attitudes Toward and Willingness to Use Reusable Menstrual Products’. *Women’s Reproductive Health*. Online. Vol. 6, no. 1, pp. 1–16. Available at: https://doi.org/10.1080/23293691.2018.1556428 [Accessed 15th February 2026].

Lampinen, A., Balaam, M., Yadav, D., Campo Woytuk, N., Ciolfi Felice, M., Park, J. Y., et al. (2025). ‘Shared Use of Intimate Technology: A Large-Scale Qualitative Study on the Use of Natural Cycles as a Digital Contraceptive’. *Proc. ACM Hum.-Comput. Interact.* Online. Vol. 9, no. 2, p. CSCW166:1-CSCW166:32. Available at: https://dl.acm.org/doi/10.1145/3711064 [Accessed 15th February 2026].

Lane, B., Perez-Brumer, A., Parker, R., Sprong, A., & Sommer, M. (2022). ‘Improving menstrual equity in the USA: perspectives from trans and non-binary people assigned female at birth and health care providers’. *Culture, Health & Sexuality*. Online. Vol. 24, no. 10, pp. 1408–1422. Available at: https://doi.org/10.1080/13691058.2021.1957151 [Accessed 15th February 2026].

Laub, J. H., & Sampson, R. J. (1993). ‘Turning Points in the Life Course: Why Change Matters to the Study of Crime’. *Criminology*. Online. Vol. 31, no. 3, pp. 301–325. Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1745-9125.1993.tb01132.x [Accessed 15th February 2026].

Laws, S. (1990). *Issues of Blood: The Politics of Menstruation*. Macmillan.

Lawson, T. (2003). ‘Ontology and Feminist Theorizing’. *Feminist Economics*. Online. Vol. 9, no. 1, pp. 119–150. Available at: https://www.tandfonline.com/doi/abs/10.1080/1354570022000035760 [Accessed 15th February 2026].

LeBlanc, S. S. (2024). ‘Breaking the cycle: Memorable messages of “grin n’ bear it” and silence in menarche narrative recall’. *Qualitative Research in Medicine & Healthcare*. Online. Vol. 8, no. 2, p. 12239. Available at:

https://www.sciencedirect.com/science/article/pii/S2532204425000127 [Accessed 15th February 2026].

Lee, J. (1994). 'MENARCHE AND THE (HETERO)SEXUALIZATION OF THE FEMALE BODY'. *Gender & Society*. Online. Vol. 8, no. 3, pp. 343–362. Available at: https://doi.org/10.1177/089124394008003004 [Accessed 15th February 2026].

Lee, J. (2008). '"A Kotex and a Smile": Mothers and Daughters at Menarche'. *Journal of Family Issues*. Online. Vol. 29, no. 10, pp. 1325–1347. Available at: https://doi.org/10.1177/0192513X08316117 [Accessed 15th February 2026].

Lee, J. (2009). 'Bodies at Menarche: Stories of Shame, Concealment, and Sexual Maturation'. *Sex Roles*. Online. Vol. 60, no. 9, pp. 615–627. Available at: https://doi.org/10.1007/s11199-008-9569-1 [Accessed 15th February 2026].

Lee, J., & Sasser-Coen, J. (1997). *Blood Stories: Menarche and the Politics of the Female Body in Contemporary U.S. Society*. New York: Routledge.

Leon-Larios, F., Silva-Reus, I., Puente Martínez, M. J., Renuncio Roba, A., Ibeas Martínez, E., Lahoz Pascual, I., et al. (2024). 'Influence of menstrual pain and symptoms on activities of daily living and work absenteeism: a cross-sectional study'. *Reproductive Health*, Vol. 21, no. 1, p. 25.

Levitt, R. B., & Barnack-Tavlaris, J. L. (2020). 'Addressing Menstruation in the Workplace: The Menstrual Leave Debate'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan.

Levy, J. (2018). '"It's your period and therefore it has to be pink and you are a girl": users' experiences of (de-)gendered menstrual app design'. In: *Proceedings of the 4th Conference on Gender & IT*. New York, NY, USA: Association for Computing Machinery. pp. 63–65.

Levy, J., & Romo-Avilés, N. (2019). '"A good little tool to get to know yourself a bit better": a qualitative study on users' experiences of app-supported menstrual tracking in Europe'. *BMC public health*, Vol. 19, no. 1, p. 1213.

Lidl Ireland (2025). Period Poverty Initiative - Lidl Ireland. Online. Available at: https://www.lidl.ie/c/period-poverty/s10020757 [Accessed 15th February 2026].

Light, B., Burgess, J., & Duguay, S. (2018). 'The walkthrough method: An approach to the study of apps'. *New Media & Society*. Online. Vol. 20, no. 3, pp. 881–900. Available at: https://doi.org/10.1177/1461444816675438 [Accessed 15th February 2026].

Lightbourne, A., Foley, S., Dempsey, M., & Cronin, M. (2023). 'Living With Endometriosis: A Reflexive Thematic Analysis Examining Women's Experiences With the Irish Healthcare

Services'. *Qualitative Health Research*. Online. Vol. 34, no. 4, pp. 311–322. Available at: https://doi.org/10.1177/10497323231214114 [Accessed 15th February 2026].

Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2017). 'Paradigmatic controversies, contradictions, and emerging confluences, revisited'. In: Denzin, N. K., & Lincoln, Y. S. (eds) *The SAGE Handbook of Qualitative Research*. 5th edn. SAGE Publications. pp. 108–150.

van Lonkhuijzen, R. M., Garcia, F. K., & Wagemakers, A. (2023). 'The Stigma Surrounding Menstruation: Attitudes and Practices Regarding Menstruation and Sexual Activity During Menstruation'. *Women's Reproductive Health*. Online. Vol. 10, no. 3, pp. 364–384. Available at: https://doi.org/10.1080/23293691.2022.2124041 [Accessed 16th February 2026].

Lorber, J., & Moore, L. J. (2002). *Gender and the Social Construction of Illness*. 2nd edn. The Gender Lens Series. Altamira Press.

Lowe, P. (2005). 'Embodied expertise: women's perceptions of the contraception consultation'. *Health*, Vol. 9, no. 3, pp. 361–378.

Lowik, A. J. (2020). '"Just because I don't bleed, doesn't mean I don't go through it": Expanding knowledge on trans and non-binary menstruators'. *International Journal of Transgender Health*. Online. Vol. 22, nos 1–2, pp. 113–125. Available at: https://doi.org/10.1080/15532739.2020.1819507 [Accessed 16th February 2026].

Lowry-Lehnen, T. (2022). Endometriosis: A review. Online. Available at: https://www.medicalindependent.ie/societies/ies/endometriosis-a-review/ [Accessed 16th February 2026].

Luna, Z., & Luker, K. (2013). 'Reproductive Justice'. *Annual Review of Law and Social Science*. Online. Vol. 9, no. Volume 9, 2013, pp. 327–352. Available at: https://www.annualreviews.org/content/journals/10.1146/annurev-lawsocsci-102612-134037 [Accessed 16th February 2026].

Lupton, D. (1997). 'Consumerism, reflexivity and the medical encounter'. *Social Science & Medicine*. Online. Vol. 45, no. 3, pp. 373–381. Available at: https://www.sciencedirect.com/science/article/pii/S027795369600353X [Accessed 16th February 2026].

Lupton, D. (2012). '"Precious cargo": foetal subjects, risk and reproductive citizenship'. *Critical Public Health*. Online. Vol. 22, no. 3, pp. 329–340. Available at: https://doi.org/10.1080/09581596.2012.657612 [Accessed 16th February 2026].

Lupton, D. (2014). 'Self-tracking cultures: towards a sociology of personal informatics'. In: *Proceedings of the 26th Australian Computer-Human Interaction Conference on Designing*

Futures: the Future of Design. New York, NY, USA: Association for Computing Machinery. pp. 77–86.

Lupton, D. (2015). 'Quantified sex: a critical analysis of sexual and reproductive self-tracking using apps'. *Culture, Health & Sexuality*, Vol. 17, no. 4, pp. 440–453.

Lupton, D. (2016a). *The Quantified Self*. Malden, MA: Polity Press.

Lupton, D. (2016b). 'Towards critical digital health studies: Reflections on two decades of research in health and the way forward'. *Health*, Vol. 20, no. 1, pp. 49–61.

Lupton, D. (2022). 'The Sociomaterial Nature of the Body and Medicine'. In: Scrimshaw, S. C., Lane, S. D., Rubinstein, R. A., Fisher, J., & Lupton, D. (eds) *The SAGE Handbook of Social Studies in Health and Medicine*. SAGE Publications. pp. 103–121.

Lutz, S., & Sivakumar, G. (2020). 'Leaking the secret: women's attitudes toward menstruation and menstrual-tracker mobile apps'. *Gender, Technology and Development*. Online. Vol. 24, no. 3, pp. 362–377. Available at: https://doi.org/10.1080/09718524.2020.1786990 [Accessed 16th February 2026].

Mabon, S. (2022). Social Theory: Sara Ahmed. Online. Available at: https://www.sepad.org.uk/announcement/social-theory-sara-ahmed [Accessed 16th February 2026].

Mac Donald, S. (2017). Confusion arises over using sisters' land for Irish national maternity hospital. Online. National Catholic Reporter. Available at: https://www.globalsistersreport.org/news/trends/confusion-arises-over-using-sisters-land-irish-national-maternity-hospital-46811 [Accessed 16th February 2026].

Maekawa, M., Miyamoto, A., Ariyoshi, H., & Miura, K. (2023). 'A Survey of the Menstrual Status of Female College Students'. *Healthcare*, Vol. 11, no. 8, p. 1108.

Mahon, T., & Fernandes, M. (2010). 'Menstrual hygiene in South Asia: a neglected issue for WASH (water, sanitation and hygiene) programmes'. *Gender and Development*. Online. Vol. 18, no. 1, pp. 99–113. Available at: https://www.jstor.org/stable/25758884 [Accessed 16th February 2026].

Makam, A., Mallappa Saroja, C. S., & Edwards, G. (2010). 'Do women seeking care from obstetrician-gynaecologists prefer to see a female or a male doctor?' *Archives of Gynecology and Obstetrics*, Vol. 281, no. 3, pp. 443–447.

Malefyt, T. de W., & McCabe, M. (2016). 'Women's bodies, menstruation and marketing "protection:" interpreting a paradox of gendered discourses in consumer practices and advertising campaigns'. *Consumption Markets & Culture*. Online. Vol. 19, no. 6, pp. 555–

575. Available at: https://doi.org/10.1080/10253866.2015.1095741 [Accessed 16th February 2026].

Malterud, K. (1999). 'The (gendered) construction of diagnosis interpretation of medical signs in women patients'. *Theoretical Medicine and Bioethics*, Vol. 20, no. 3, pp. 275–286.

Mamo, L., & Fosket, J. R. (2009). 'Scripting the Body: Pharmaceuticals and the (Re)Making of Menstruation'. *Signs*. Online. Vol. 34, no. 4, pp. 925–949. Available at: https://www.jstor.org/stable/10.1086/597191 [Accessed 16th February 2026].

Mandziuk, R. M. (2010). '"Ending Women's Greatest Hygienic Mistake": Modernity and the Mortification of Menstruation in Kotex Advertising, 1921—1926'. *Women's Studies Quarterly*. Online. Vol. 38, no. 3/4, pp. 42–62. Available at: https://www.jstor.org/stable/20799363 [Accessed 16th February 2026].

Mannay, D. (2015). *Visual, Narrative and Creative Research Methods: Application, reflection and ethics*. London: Routledge.

Manorama, S., & Desai, R. (2020). 'Menstrual Justice: A Missing Element in India's Health Policies'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 511–527.

Martin, E. (1987). *Woman in the Body: A Cultural Analysis of Reproduction*. 1st edn. Boston, Massachusetts: Beacon Press.

Martin, E. (1994). 'Medical Metaphors of Women's Bodies: Menstruation and Menopause'. In: Fee, E., & Krieger, N. (eds) *Women's Health, Politics, and Power*. 1st edn. New York: Routledge. pp. 213–232.

Martin, E. (2001). *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston, Massachusetts: Beacon Press.

Marván, M. L., & Molina-Abolnik, M. (2012). 'Mexican adolescents' experience of menarche and attitudes toward menstruation: role of communication between mothers and daughters'. *Journal of Pediatric and Adolescent Gynecology*, Vol. 25, no. 6, pp. 358–363.

Maslen, S., & Lupton, D. (2019). '"Keeping It Real": women's Enactments of Lay Health Knowledges and Expertise on Facebook'. *Sociology of Health & Illness*, Vol. 41, no. 8, pp. 1637–1651.

McAvoy, S. (2004). 'Before Cadden: Abortion in Mid-Twentieth Century Ireland'. In: Keogh, D., O'Shea, F., & Quinlan, C. (eds) *The Lost Decade: Ireland in the 1950s.* Cork: Mercier Press. pp. 147–163.

McCarthy, A., & Lahiri-Dutt, K. (2020). ‘Bleeding in Public? Rethinking Narratives of Menstrual Management from Delhi’s Slums’. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 15–30.

McCarthy, J. (2016). *Reproductive justice in Ireland: a feminist analysis of the Neary and Halappanavar cases*. Online. Manchester: Manchester University Press. Available at: https://hdl.handle.net/10468/6260 [Accessed 16th February 2026].

McClintock, M. K. (1971). ‘Menstrual synchorony and suppression’. *Nature*, Vol. 229, no. 5282, pp. 244–245.

McHugh, M. C. (2020). ‘Menstrual Shame: Exploring the Role of “Menstrual Moaning”’. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 409–422.

McHugh, M. C., & Chrisler, J. C. (2015). ‘The medicalization of women’s bodies and everyday experiences’. In: McHugh, M. C., & Chrisler, J. C. (eds) *The Wrong Prescription for Women: How Medicine and Media Create a ‘Need’ for Treatments, Drugs, and Surgery*. Bloomsbury Publishing. pp. 1–15.

McKee, M. D., & Karasz, A. (2006). ‘“You Have to Give Her That Confidence”: Conversations About Sex in Hispanic Mother-Daughter Dyads’. *Journal of Adolescent Research*. Online. Vol. 21, no. 2, pp. 158–184. Available at: https://doi.org/10.1177/0743558405285493 [Accessed 16th February 2026].

McNiff, S. (2008). ‘Art-based research’. In: Gary Knowles, J., & Cole, A. L. (eds) *Handbook of the Arts in Qualitative Research: Perspectives, Methodologies, Examples, and Issues*. SAGE Publications, Inc. pp. 29–40.

McPherson, M. E., & Korfine, L. (2004). ‘Menstruation across time: menarche, menstrual attitudes, experiences, and behaviors’. *Women’s Health Issues: Official Publication of the Jacobs Institute of Women’s Health*, Vol. 14, no. 6, pp. 193–200.

McRobbie, A. (2007). ‘Top Girls?: Young women and the post-feminist sexual contract’. *Cultural Studies*. Online. Vol. 21, nos 4–5, pp. 718–737. Available at: https://doi.org/10.1080/09502380701279044 [Accessed 16th February 2026].

McRobbie, A. (2009). ‘Inside and Outside the Feminist Academy’. *Australian Feminist Studies*. Online. Vol. 24, no. 59, pp. 123–138. Available at: https://doi.org/10.1080/08164640802680635 [Accessed 16th February 2026].

Meaney, G. (1991). *Sex and Nation: Women in Irish Culture and Politics*. Attic Press.

Mendle, J., Koch, M. K., McCormick, K. C., & Belfield, S. (2025). 'Flow Processing: Narratives of Menarche in Early Adolescence'. *Journal of Adolescence*. Online. Vol. 97, no. 7, pp. 2019–2026. Available at: https://onlinelibrary.wiley.com/doi/abs/10.1002/jad.70009 [Accessed 16th February 2026].

Mendlinger, S., & Cwikel, J. (2005). 'Learning About Menstruation'. *International Journal of Diversity in Organisations, Communities and Nations*. Online. Vol. 5, no. 3, pp. 53–62. Available at: <https://search.ebscohost.com/login.aspx?direct=true&db=sxi&AN=25051527&site=ehost-live>.

Mendlinger, S. E. (2020). 'Researcher's Reflection: Learning About Menstruation Across Time and Culture'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 441–447.

Menstrual hygiene management, human rights and gender equality: resolution (2021). Online. Geneva: UN. Available at: https://digitallibrary.un.org/record/3938454 [Accessed 16th February 2026].

Mercuri, N. D., & Cox, B. J. (2022). 'The need for more research into reproductive health and disease'. *eLife*, Vol. 11, p. e75061.

Midwives Association of Irelan; Nursing and Midwifery Board of Ireland (2020). Midwives Manifesto, General Election 2020. Online. Available at: https://www.nmbi.ie/Registered-Midwife [Accessed 16th February 2026].

Mitchell, A. M. (2023). '"Why Would I Be Believed?": Il/legitimacy in Experiences of Endometriosis.' *Wellington Working Papers in Linguistics*, Vol. 26, no. 2025, pp. 108–154.

Mitchell, M., & Egudo, M. (2003). *A review of narrative methodology*. Online. Edinburgh, Australia: Australian Government Department of Defence, DSTO Systems Sciences Laboratory. Available at: https://maynoothuniversity.alma.exlibrisgroup.com [Accessed 16th February 2026].

Moffat, N., & Pickering, L. (2019). '"Out of order": The double burden of menstrual etiquette and the subtle exclusion of women from public space in Scotland'. *The Sociological Review*. Online. Vol. 67, no. 4, pp. 766–787. Available at: https://doi.org/10.1177/0038026119854253 [Accessed 16th February 2026].

Montgomery, P., Hennegan, J., Dolan, C., Wu, M., Steinfield, L., & Scott, L. (2016). 'Menstruation and the Cycle of Poverty: A Cluster Quasi-Randomised Control Trial of

Sanitary Pad and Puberty Education Provision in Uganda'. *PloS One*, Vol. 11, no. 12, p. e0166122.

Moradi, M., Parker, M., Sneddon, A., Lopez, V., & Ellwood, D. (2014). 'Impact of endometriosis on women's lives: a qualitative study'. *BMC women's health*, Vol. 14, p. 123.

Morgan, D. L., Ataie, J., Carder, P., & Hoffman, K. (2013). 'Introducing dyadic interviews as a method for collecting qualitative data'. *Qualitative Health Research*, Vol. 23, no. 9, pp. 1276–1284.

Morgan, D. L., Eliot, S., Lowe, R. A., & Gorman, P. (2016). 'Dyadic Interviews as a Tool for Qualitative Evaluation'. *American Journal of Evaluation*. Online. Vol. 37, no. 1, pp. 109–117. Available at: https://doi.org/10.1177/1098214015611244 [Accessed 16th February 2026].

Morgen, S. (2002). *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990*. New Brunswick, New Jersey and London: Rutgers University Press.

Mørk Røstvik, C. (2019). 'Blood Works: Judy Chicago and Menstrual Art Since 1970'. *Oxford Art Journal*. Online. Vol. 42, no. 3, pp. 335–353. Available at: https://doi.org/10.1093/oxartj/kcz021 [Accessed 16th February 2026].

Mørk Røstvik, C. (2022). *Cash Flow: The businesses of menstruation*. Online. London, UK: UCL Press. Available at: https://doi.org/10.14324/111.9781787355385 [Accessed 16th February 2026].

Mukherjee, R., & Banet-Weiser, S. (eds) (2012). *Commodity Activism: Cultural Resistance in Neoliberal Times*. New York: NYU Press.

Munk, T.-M. (2023). *Period product preferences – a cup half full? A study of Swedish high school students' choice of menstrual products with a focus on sustainable, reusable products.* Online. Lund: Lund University. Available at: http://lup.lub.lu.se/student-papers/record/9117824 [Accessed 16th February 2026].

Muralidharan (GMC, MHAi), A., Natukunda PSI-Europe), P., Waka (Be Girl), C., Webb (Reproductive Health Supplies Coalition), S., Tjeenk Willink (AFRIpads), M., & The Global Menstrual Collective private sector working group (2024). *Demystifying Private Sector to advance action on and investment in Menstrual Health and Hygiene*. Online. The Global Menstrual Collective private sector working group. Available at: https://www.globalmenstrualcollective.org/uploads/2024/05/Private-sector-engagement-for-MHH-Brief-May-24_compressed.pdf [Accessed 16th February 2026].

Murphy-Lawless, J. (1998). *Reading Birth and Death: A History of Obstetric Thinking*. Indiana University Press.

Murphy-Lawless, J. (2021). ‘Holding the State to Account: “Picking Up the Threads” for Women Who Have Died in Irish Maternity Services’. *Éire-Ireland*. Online. Vol. 56, no. 3, pp. 51–79. Available at: https://muse.jhu.edu/pub/41/article/842742 [Accessed 16th February 2026].

National Constitution Center (n.d.). Dobbs v. Jackson Women’s Health Organization | Constitution Center. Online. Available at: https://constitutioncenter.org/the-constitution/supreme-court-case-library/dobbs-v-jackson-womens-health-organization [Accessed 19th February 2026].

National Council for Curriculum and Assessment (2024). New and revised subjects and programmes published. Online. Available at: https://ncca.ie/en/updates-and-events/latest-news/2024/october/new-and-revised-subjects-and-programmes-published/ [Accessed 19th February 2026].

Natural Cycles (2025). Natural Cycles: Natural Birth Control | No Hormones or Side Effects. Online. Available at: https://www.naturalcycles.com [Accessed 19th February 2026].

Nelson, J. (2015). *More Than Medicine: A History of the Feminist Women’s Health Movement*. 1st edn. New York: NYU Press.

Newton, V., L. (2016). *Everyday Discourses of Menstruation: Cultural and Social Perspectives*. London: Palgrave Macmillan.

Ní Chéileachair, F., McGuire, B. E., & Durand, H. (2022). ‘Coping with dysmenorrhea: a qualitative analysis of period pain management among students who menstruate’. *BMC Women’s Health*. Online. Vol. 22, no. 1, p. 407. Available at: https://doi.org/10.1186/s12905-022-01988-4 [Accessed 17th February 2026].

Ní Laoire, C. (2014). ‘Children, cousins and clans: the role of extended family and kinship in the lives of children in returning Irish migrant families’. In: Connolly, L. (ed.) *The ‘Irish’ Family*. London: Routledge. pp. 140–158.

Nico, M., & van der Vaart, W. (2012). ‘Between an “undoable science” and a “new kind of research”: Life Course Methods to Study Turning Points and Landmarks’. In: Kunneman, H. (ed.) *Good Work: The Ethics of Craftsmanship*. Amsterdam: Humanistics University Press. pp. 170–182.

Nohilly, M., & Tynan, F. (2022). ‘The Evolution of wellbeing in educational policy in Ireland: Towards an interdisciplinary approach’. *International Journal of Wellbeing*. Online. Vol. 12, no. 1, pp. 42–53. Available at: https://www.internationaljournalofwellbeing.org/index.php/ijow/article/view/1663 [Accessed 17th February 2026].

Nolan, D. (2023). ‘Significant drop in girls’ participation in school sports at second level’. Online. Available at: https://www.independent.ie/irish-news/significant-drop-in-girls-participation-in-school-sports-at-second-level/a1329263860.html [Accessed 17th February 2026].

Ó Fátharta, C. (2015). ‘Bessborough death record concerns were raised in 2012’. Online. Available at: https://www.irishexaminer.com/news/arid-20334106.html [Accessed 13th February 2026].

Oakley, A. (1981). ‘Interviewing women: A contradiction in terms’. In: Roberts, H. (ed.) *Doing Feminist Research*. 1st edn. London: Routledge. pp. 30–61.

O’Brien, E., & Rich, M. (2022). ‘Obstetric violence in historical perspective’. *Lancet*, Vol. 399, no. 10342, pp. 2183–2185.

O’Carroll, A., & Gray, J. (2010). ‘A Life History and Mixed Methods approach to examining Turning Points as the Intersection between Biography and History (NIRSA) Working Paper Series. No. 58.’ *NIRSA - National Institute for Regional and Spatial Analysis.* Online. Vol. 58, pp. 1–28. Available at: https://mural.maynoothuniversity.ie/id/eprint/2235/ [Accessed 17th February 2026].

O’Connor, M. (2006). ‘Conjuring choice while subverting autonomy: medical technocracy and home birth in Ireland.’ In: Symon, A. (ed.) *Risk and Choice in Maternity Care: An International Perspective*. 1st edn. Edinburgh: Churchill Livingstone. pp. 109-122.

O’Connor, P. (1998). *Emerging Voices: Women in Contemporary Irish Society*. 1st edn. Dublin: Institute of Public Administration.

O’Connor, P. (2000). ‘Ireland: A Man’s World?’ *The Economic and Social Review*. Online. Vol. 31, no. 1, pp. 81–102. Available at: https://www.esr.ie/ESR_papers/vol31_1/4_OConnor.pdf [Accessed 17th February 2026].

O’Halloran, M. (2020). ‘Tampax ad row shows need for “mature conversation” about women’s bodies’. Online. Available at: https://www.irishtimes.com/news/politics/tampax-ad-row-shows-need-for-mature-conversation-about-women-s-bodies-1.4319107 [Accessed 17th February 2026].

O’Hare, M., Manning, E., Corcoran, P., & Greene, R. (2023). *Confidential Maternal Death Enquiry in Ireland: Report for 2019–2021*. Online. Cork: MDE Ireland: Maternal Death Enquiry. Available at: https://www.ucc.ie/en/media/research/nationalperinatalepidemiologycentre/documents/MaternalDeathEnquiryReport2019-2021.pdf [Accessed 17th February 2026].

Oireachtas (2019a). Period Poverty: Motion – Dáil Éireann (32nd Dáil) – Wednesday, 13 Mar 2019 – Houses of the Oireachtas. Online. Available at:

https://www.oireachtas.ie/en/debates/debate/dail/2019-03-13/30 [Accessed 17th February 2026].

Oireachtas (2019b). Period Poverty: Motion – Seanad Éireann (25th Seanad) – Wednesday, 27 Mar 2019 – Houses of the Oireachtas. Online. Available at: https://www.oireachtas.ie/en/debates/debate/seanad/2019-03-27/11 [Accessed 17th February 2026].

Oireachtas (2021). Free Provision of Period Products Bill 2021– Houses of the Oireachtas. Online. Available at: https://www.oireachtas.ie/en/bills/bill/2021/4 [Accessed 17th February 2026].

O'Keefe, T. (2006). 'Menstrual Blood as a Weapon of Resistance'. *International Feminist Journal of Politics*. Online. Vol. 8, no. 4, pp. 535–556. Available at: https://doi.org/10.1080/14616740600945123 [Accessed 17th February 2026].

O'Keeffe, M., Whiley, L. A., Braun, V., Harder, A., & Stutterheim, S. E. (2025). "I never felt that I could open up about things": Exploring how menstruation stigma is enacted in menstrual health conversations. Online. PsyArXiv. Available at: https://osf.io/preprints/psyarxiv/dup9c_v3/ [Accessed 17th February 2026].

Olson, M. M., Winters, L. K., & Winkler, I. T. (2025). 'Between stereotyping and empowerment: Unwrapping social justice messaging in contemporary menstrual product advertising'. *Journal of Human Rights*. Online. Vol. 24, no. 1, pp. 22–40. Available at: https://doi.org/10.1080/14754835.2024.2439260 [Accessed 17th February 2026].

O'Reilly, A. (2004). *Mother Outlaws: Theories and Practices of Empowered Mothering*. Toronto, Canada: Women's Press Toronto.

O'Shaughnessy, A. C. (2024). 'On the Embodied Experience of Anti-abortion Laws and Regulations: The Gendered Burden of "Abortion Work"'. *Body & Society*. Online. Vol. 30, no. 2, pp. 59–84. Available at: https://doi.org/10.1177/1357034X241252420 [Accessed 17th February 2026].

Padamsee, T. J. (2011). 'The pharmaceutical corporation and the "good work" of managing women's bodies'. *Social Science & Medicine*, Vol. 72, no. 8, pp. 1342–1350.

Paredez, D. (2024). *American Diva: Extraordinary, Unruly, Fabulous*. W.W. Norton.

Park, J. Y., Hsueh, S., Campo Woytuk, N., Huang, X., Ciolfi Felice, M., & Balaam, M. (2024). 'Critiquing Menstrual Pain Technologies through the Lens of Feminist Disability Studies'. In: *Proceedings of the 2024 CHI Conference on Human Factors in Computing Systems*. New York, NY, USA: Association for Computing Machinery. pp. 1–15.

Patkar, A. (2020). 'Policy and Practice Pathways to Addressing Menstrual Stigma and Discrimination'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., &

Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 485–509.

Patsavas, A. (2014). 'Recovering a Cripistemology of Pain'. *Journal of Literary & Cultural Disability Studies*. Online. Vol. 8, no. 2, pp. 203–218. Available at: https://www.liverpooluniversitypress.co.uk/doi/10.3828/jlcds.2014.16 [Accessed 17th February 2026].

Peel, R., Missen, K., Bailey, C., & Florentine, S. (2025). 'The experience of healthcare interactions for women with symptoms of abnormal menstruation: A systematic review and meta-synthesis'. *Patient Education and Counseling*, Vol. 138, p. 109225.

Peranovic, T., & Bentley, B. (2017). 'Men and Menstruation: A Qualitative Exploration of Beliefs, Attitudes and Experiences'. *Sex Roles*. Online. Vol. 77, no. 1, pp. 113–124. Available at: https://doi.org/10.1007/s11199-016-0701-3 [Accessed 17th February 2026].

Perianes, M. B., & Ndaferankhande, D. (2020). 'Becoming Female: The Role of Menarche Rituals in "Making Women" in Malawi'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 423–440.

Persdotter, J. (2020). 'Introducing Menstrunormativity: Toward a Complex Understanding of "Menstrual Monsterings"'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 357–373.

Personal Narratives Group (1989). *Interpreting women's lives : feminist theory and personal narratives*. Online. Bloomington: Indiana University Press. Available at: http://archive.org/details/interpretingwome00barb [Accessed 17th February 2026].

Phillips-Howard, P. A., Nyothach, E., Ter Kuile, F. O., Omoto, J., Wang, D., Zeh, C., et al. (2016). 'Menstrual cups and sanitary pads to reduce school attrition, and sexually transmitted and reproductive tract infections: a cluster randomised controlled feasibility study in rural Western Kenya'. *BMJ open*, Vol. 6, no. 11, p. e013229.

Pichon, A., Jackman, K. B., Winkler, I. T., Bobel, C., & Elhadad, N. (2022). 'The messiness of the menstruator: assessing personas and functionalities of menstrual tracking apps'. *Journal of the American Medical Informatics Association: JAMIA*, Vol. 29, no. 2, pp. 385–399.

Piran, N. (2020). 'The Menarche Journey: Embodied Connections and Disconnections'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 201–214.

Plan International (2018). We Need to Talk. Period. Online. Available at: https://plan.ie/campaigns2/we-need-to-talk-period/ [Accessed 17th February 2026].

Plan International (2019). One in five UK girls teased or bullied because of their period, new survey finds. Online. Available at: https://plan-uk.org/press/one-in-five-uk-girls-teased-or-bullied-because-of-their-period [Accessed 17th February 2026].

Plan International (2020). Periods Don't Stop During a Pandemic. Online. Available at: https://plan.ie/our-impact/periods-dont-stop-during-a-pandemic/ [Accessed 17th February 2026].

Plummer, K. (1996). 'Intimate Citizenship and the Culture of Sexual Story Telling'. In: Weeks, J., & Holland, J. (eds) *Sexual Cultures: Communities, Values and Intimacy*. London: Palgrave Macmillan UK. pp. 34–52.

Pryma, J. (2017). '"Even my sister says I'm acting like a crazy to get a check": Race, gender, and moral boundary-work in women's claims of disabling chronic pain'. *Social Science & Medicine*, Vol. 181, pp. 66–73.

Przybylo, E. (2025). *Ungendering Menstruation*. U of Minnesota Press.

Przybylo, E., & Fahs, B. (2018). 'Feels and Flows: On the Realness of Menstrual Pain and Cripping Menstrual Chronicity'. *Feminist Formations*. Online. Vol. 30, no. 1, pp. 206–229. Available at: https://muse.jhu.edu/pub/1/article/692051 [Accessed 17th February 2026].

Przybylo, E., & Fahs, B. (2020). 'Empowered Bleeders and Cranky Menstruators: Menstrual Positivity and the "Liberated" Era of New Menstrual Product Advertisements'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 375–394.

Punzi, M. C., & Thuis, T. (2025). 'Mapping ethical concerns in algorithm-driven period and fertility tracking technologies'. *Contraception*. Online. p. 110837. Available at: https://www.sciencedirect.com/science/article/pii/S0010782425000289 [Accessed 17th February 2026].

Quint, C. (2019). 'From embodied shame to reclaiming the stain: Reflections on a career in menstrual activism'. *The Sociological Review*. Online. Vol. 67, no. 4, pp. 927–942. Available at: https://doi.org/10.1177/0038026119854275 [Accessed 17th February 2026].

Read, P., Rosenbloom, C., Mehta, R., Owen, H., Jobson, E., & Okholm Kryger, K. (2025a). 'Menstrual cycle performance barriers experienced by elite women football players and their management strategies applied: A semi-structured interview-based study'. *Science & Medicine in Football*, Vol. 9, no. 4, pp. 392–398.

Read, P., Rosenbloom, C., Mehta, R., Owen, H., Jobson, E., & Okholm Kryger, K. (2025b). 'Menstrual cycle performance barriers experienced by elite women football players and their management strategies applied: A semi-structured interview-based study'. *Science and Medicine in Football*. Online. Vol. 9, no. 4, pp. 392–398. Available at: https://doi.org/10.1080/24733938.2024.2425291 [Accessed 10th February 2026].

Reame, N. K. (2020). 'Toxic Shock Syndrome and Tampons: The Birth of a Movement and a Research "Vagenda"'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 687–703.

Redmond, J. (2018). *Moving Histories: Irish Women's Emigration to Britain from Independence to Republic*. Liverpool: Liverpool University Press.

Redmond, J., & McAuliffe (eds) (2024). *The politics of gender and sexuality in modern Ireland*. Online. Dublin: Four Courts Press. Available at: https://www.fourcourtspress.ie/books/2024/the-politics-of-gender-and-sexuality-in-modern-ireland [Accessed 17th February 2026].

Reinhardt, A., Adler, H., Howe, D., K. Mardon, A., O'Shea, M., & Armour, M. (2025a). 'Good Intentions, Poor Execution? Why Current Workplace Policies on Menstrual and Menopausal Health Fall Short'. *Women's Reproductive Health*. Online. pp. 1–12. Available at: https://doi.org/10.1080/23293691.2025.2520331 [Accessed 17th February 2026].

Reinhardt, A., Adler, H., Howe, D., K. Mardon, A., O'Shea, M., & Armour, M. (2025b). 'Good Intentions, Poor Execution? Why Current Workplace Policies on Menstrual and Menopausal Health Fall Short'. *Women's Reproductive Health*. Online. Vol. 0, pp. 1–12. Available at: https://doi.org/10.1080/23293691.2025.2520331 [Accessed 10th February 2026].

Reinharz, S. (1992). *Feminist methods in social research*. Online. 1st edn. New York: Oxford University Press. Available at: http://archive.org/details/feministmethodsi0000rein [Accessed 17th February 2026].

Reinisch, D. (2013). 'Cumann na mBan and the acceptance of women in the Provisional IRA. An Oral History study of Irish republican women in the early 1970s'. *Socheolas*, Vol. 5, no. 1, pp. 115–134.

Renne, E. P. (2021). 'Menstruation: Sociocultural perspectives'. In: *The Routledge Handbook of Anthropology and Reproduction*. London: Routledge. pp. 200–216.

Rhoades, G. (2010). 'Decoding the Sheela-na-gig'. *Feminist Formations*. Online. Vol. 22, no. 2, pp. 167–194. Available at: https://muse.jhu.edu/pub/1/article/391737 [Accessed 17th February 2026].

Rice, K., Connoy, L., & Webster, F. (2024). 'Gendered Worlds of Pain: Women, Marginalization, and Chronic Pain'. *The Journal of Pain*, Vol. 25, no. 11, p. 104626.

Riessman, C. K. (2008). *Narrative Methods for the Human Sciences*. Online. Boston, USA: SAGE. Available at: https://us.sagepub.com/en-us/nam/narrative-methods-for-the-human-sciences/book226139.

Roaf, V., & de Albuquerque, C. (2020). 'Practice Note: Why We Started Talking About Menstruation—Looking Back (and Looking Forward) with the UN Special Rapporteur on the Human Rights to Water and Sanitation'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 475–483.

Roberts, T.-A. (2020). 'Bleeding in Jail: Objectification, Self-Objectification, and Menstrual Injustice'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. p. 52.

Roberts, T.-A., Goldenberg, J. L., Power, C., & Pyszczynski, T. (2002). '"Feminine Protection": The Effects of Menstruation on Attitudes Towards Women'. *Psychology of Women Quarterly*. Online. Vol. 26, no. 2, pp. 131–139. Available at: https://doi.org/10.1111/1471-6402.00051 [Accessed 17th February 2026].

Roche, M., MacNamara, N., Hurley, M.-A., & Macken- Walsh, A. (2025). *Highlighting pathways to Empower Rural women to have Sustainable & Equitable Livelihoods in Farming (HERSELF)*. Online. Department of Agriculture, Food and the Marine. Available at: https://www.europarl.europa.eu/cmsdata/296634/Roche_Contribution_EN.pdf [Accessed 16th February 2026].

Rodríguez-Camacho, M. F., Sanchís-Ramón, M. J., Ortiz-Barreda, G., La Parra-Casado, D., & Gil-González, D. (2024). 'Menarche and reproductive health in Spanish Roma women from a reproductive justice perspective: a qualitative study'. *Reproductive Health*, Vol. 21, no. 1, p. 17.

Romano, S. (2017). *Moralising Poverty: The 'Undeserving' Poor in the Public Gaze*. London: Routledge.

Rose, C. L. (2006). *The evolution of the enigmatic sheela-na-gig*. Online. United States -- Texas: Texas Woman's University. Available at: https://www.proquest.com/docview/304921072/abstract/496E0597CDD6450DPQ/1 [Accessed 16th February 2026].

Rose, G. (2016). *Visual Methodologies: An Introduction to Researching with Visual Materials*. 4th edn. SAGE.

Rose, N. (2001). 'The Politics of Life Itself'. *Theory, Culture & Society*. Online. Vol. 18, no. 6, pp. 1–30. Available at: https://doi.org/10.1177/02632760122052020 [Accessed 16th February 2026].

Rottenberg, C. (2014). 'The Rise of Neoliberal Feminism'. *Cultural Studies*. Online. Vol. 28, no. 3, pp. 418–437. Available at: https://doi.org/10.1080/09502386.2013.857361 [Accessed 16th February 2026].

RTÉ (2017). 'Tens of thousands take part in March for Choice rally'. Online. Available at: https://www.rte.ie/news/ireland/2017/0930/908737-march-for-choice/ [Accessed 16th February 2026].

Rush, E., & La Nauze, A. (2006). *Corporate Paedophilia: Sexualisation of children in Australia*. Online. The Australia Institute. Available at: https://australiainstitute.org.au/report/corporate-paedophilia-sexualisation-of-children-in-australia/ [Accessed 16th February 2026].

Ryan, S. (2021). *Exploring women's experiences of premenstrual embodiment utilising a material-discursive-intrapsychic framework*. Online. Sydney: Western Sydney University. Available at: https://researchers.westernsydney.edu.au/en/studentTheses/exploring-womens-experiences-of-premenstrual-embodiment-utilising/ [Accessed 16th February 2026].

Ryan, S., Ussher, J. M., & Hawkey, A. (2021). 'Managing the premenstrual body: a body mapping study of women's negotiation of premenstrual food cravings and exercise'. *Journal of Eating Disorders*, Vol. 9, no. 1, p. 125.

Ryan, S., Ussher, J. M., & Hawkey, A. (2022). 'Mapping the abject: Women's embodied experiences of premenstrual body dissatisfaction through body-mapping'. *Feminism & Psychology*. Online. Vol. 32, no. 2, pp. 199–223. Available at: https://doi.org/10.1177/09593535211069290 [Accessed 16th February 2026].

Rydström, K. (2020). 'Degendering Menstruation: Making Trans Menstruators Matter'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 945–959.

Saadedine, M., Berga, S. L., Faubion, S. S., & Shufelt, C. L. (2025). 'The silent pandemic of stress: impact on menstrual cycle and ovulation'. *Stress*, Vol. 28, no. 1, p. 2457767.

Samulowitz, A., Gremyr, I., Eriksson, E., & Hensing, G. (2018). '"Brave Men" and "Emotional Women": A Theory-Guided Literature Review on Gender Bias in Health Care and Gendered

Norms towards Patients with Chronic Pain'. *Pain Research & Management*, Vol. 2018, p. 6358624.

Sanchez, B. N., & Maresh, C. M. (2021). 'Role of nurses in managing menstrual health using mobile tracking'. *Nursing*, Vol. 51, no. 11, pp. 45–50.

Sánchez López, S., Barrington, D. J., Poveda Bautista, R., & Moll López, S. (2023). 'Spanish menstrual literacy and experiences of menstruation'. *BMC women's health*, Vol. 23, no. 1, p. 161.

Santer, M., Wyke, S., & Warner, P. (2008). 'Women's management of menstrual symptoms: Findings from a postal survey and qualitative interviews'. *Social Science & Medicine*. Online. Vol. 66, no. 2, pp. 276–288. Available at: https://www.sciencedirect.com/science/article/pii/S0277953607004765 [Accessed 16th February 2026].

Scally, G. (2018). *Scoping Inquiry into the CervicalCheck Screening Programme*. Online. Department of Health. Available at: https://www.gov.ie/en/department-of-health/collections/scoping-inquiry-into-the-cervicalcheck-screening-programme/ [Accessed 16th February 2026].

Schlossberg, N. K. (1981). 'A Model for Analyzing Human Adaptation to Transition'. *The Counseling Psychologist*. Online. Vol. 9, no. 2, pp. 2–18. Available at: https://doi.org/10.1177/001100008100900202 [Accessed 16th February 2026].

Schoep, M. E., Adang, E. M. M., Maas, J. W. M., De Bie, B., Aarts, J. W. M., & Nieboer, T. E. (2019a). 'Productivity loss due to menstruation-related symptoms: a nationwide cross-sectional survey among 32 748 women'. *BMJ open*, Vol. 9, no. 6, p. e026186.

Schoep, M. E., Nieboer, T. E., van der Zanden, M., Braat, D. D. M., & Nap, A. W. (2019b). 'The impact of menstrual symptoms on everyday life: a survey among 42,879 women'. *American Journal of Obstetrics and Gynecology*. Online. Vol. 220, no. 6, p. 569.e1-569.e7. Available at: https://www.sciencedirect.com/science/article/pii/S0002937819304272 [Accessed 11th February 2026].

Scott, K., & Day, L. (2025). 'TikTok tradwives: femininity, reproduction, and social media'. *Gender and Education*. Online. Vol. 0, no. 0, pp. 1–18. Available at: https://doi.org/10.1080/09540253.2025.2546050 [Accessed 11th February 2026].

Secor-Turner, M., Huseth-Zosel, A., & Ostlund, R. (2022). 'Menstruation Experiences of Middle and High School Students in the Midwest: A Pilot Study'. *The Journal of School Nursing*. Online. Vol. 38, no. 6, pp. 504–510. Available at: https://doi.org/10.1177/1059840520974234 [Accessed 16th February 2026].

Seear, K. (2009). ‘The etiquette of endometriosis: stigmatisation, menstrual concealment and the diagnostic delay’. *Social Science & Medicine*, Vol. 69, no. 8, pp. 1220–1227.

Shalev, C. (2000). ‘Rights to Sexual and Reproductive Health: The ICPD and the Convention on the Elimination of All Forms of Discrimination against Women’. *Health and Human Rights*. Online. Vol. 4, no. 2, pp. 38–66. Available at: https://www.jstor.org/stable/4065196 [Accessed 16th February 2026].

Shaw, M. K. (2023). ‘Modern, Empowered, but Stigmatized: Analyzing the Construction of Menstrual Cups as Feminist Technologies’. *Gender & Society*. Online. Vol. 37, no. 5, pp. 699–726. Available at: https://doi.org/10.1177/08912432231182479 [Accessed 16th February 2026].

Shifman, L. (2013). *Memes in Digital Culture*. MIT Press.

Shildrick, M. (1997). *Leaky Bodies and Boundaries: Feminism, Postmodernism and (Bio)ethics*. Online. London: Routledge. Available at: https://doi.org/10.4324/9781315004952.

Shildrick, M. (2001). *Embodying the Monster: Encounters with the Vulnerable Self*. SAGE.

Shipp, L., & Blasco, J. (2020a). ‘How private is your period?: A systematic analysis of menstrual app privacy policies’. *Proceedings on Privacy Enhancing Technologies*. Online. Vol. 2020, no. 4, pp. 491–510. Available at: https://petsymposium.org/popets/2020/popets-2020-0083.php [Accessed 16th February 2026].

Shipp, L., & Blasco, J. (2020b). ‘How private is your period?: A systematic analysis of menstrual app privacy policies’. *Proceedings on Privacy Enhancing Technologies*. Online. Vol. 2020, no. 4, pp. 491–510. Available at: https://petsymposium.org/popets/2020/popets-2020-0083.php [Accessed 11th February 2026].

Sinn Féín (n.d.). “Ireland must follow Scottish lead and end Period Poverty now” – Chris MacManus MEP. Online. Available at: https://sinnfein.ie/news/ireland-must-follow-scottish-lead-and-end-period-poverty-now-chris-macmanus-mep/ [Accessed 16th February 2026].

Skop, M. (2016). ‘The art of body mapping: A methodological guide for social work researchers’. *Aotearoa New Zealand Social Work*. Online. Vol. 28, no. 4, pp. 29–43. Available at: https://search.informit.org/doi/abs/10.3316/INFORMIT.588688538157167 [Accessed 16th February 2026].

Slone, I. B. (2023). How the Diva Cup Became the Kleenex of Menstrual Cups. Online. Available at: https://canadianbusiness.com/people/diva-cup-carinne-chambers-saini/ [Accessed 16th February 2026].

Smith, D. E. (1987). *The Everyday World As Problematic: A Feminist Sociology*. Boston: Northeastern University Press.

Smith, J. M. (2007). *Ireland's Magdalen Laundries and the Nation's Architecture of Containment*. Online. University of Notre Dame Press. Available at: https://www.jstor.org/stable/j.ctvpj76pf [Accessed 16th February 2026].

Smyth, R. (2024). 'Reproductive Citizenship'. *Signs: Journal of Women in Culture and Society*. Online. Vol. 50, no. 1, pp. 189–224. Available at: https://www.journals.uchicago.edu/doi/abs/10.1086/731629 [Accessed 16th February 2026].

Sobande, F. (2019). 'Woke-washing: "intersectional" femvertising and branding "woke" bravery'. *European Journal of Marketing*. Online. Vol. 54, no. 11, pp. 2723–2745. Available at: https://doi.org/10.1108/EJM-02-2019-0134 [Accessed 16th February 2026].

Social Democrats (2025). *'For the Future': General Election Manifesto*. Online. Available at: https://www.socialdemocrats.ie/our-policies/general-election-manifesto-2024/ [Accessed 16th February 2026].

Sointu, E. (2017). '"Good" patient/"bad" patient: clinical learning and the entrenching of inequality'. *Sociology of Health & Illness*. Online. Vol. 39, no. 1, pp. 63–77. Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/1467-9566.12487 [Accessed 16th February 2026].

Solomon, J. (2002). *Living with X - A Body Mapping Journey in the Time of HIV and AIDS: Facilitator's Guide*. Online. Psychosocial Wellbeing Series. Johannesburg: Regional Psychosocial Support Initiative (REPSSI). Available at: https://reference.comminit.com/content/living-x-body-mapping-journey-time-hiv-and-aids-facilitators-guide [Accessed 16th February 2026].

Sommer, M., Ackatia-Armah, N., Connolly, S., & Smiles, D. (2015a). 'A comparison of the menstruation and education experiences of girls in Tanzania, Ghana, Cambodia and Ethiopia'. *Compare: A Journal of Comparative and International Education*. Online. Vol. 45, no. 4, pp. 589–609. Available at: https://doi.org/10.1080/03057925.2013.871399 [Accessed 16th February 2026].

Sommer, M., Hirsch, J. S., Nathanson, C., & Parker, R. G. (2015b). 'Comfortably, Safely, and Without Shame: Defining Menstrual Hygiene Management as a Public Health Issue'. *American Journal of Public Health*. Online. Vol. 105, no. 7, pp. 1302–1311. Available at: https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2014.302525 [Accessed 16th February 2026].

South Dublin County Council (2019). SDCC provides free sanitary products to tackle period poverty. Online. Available at:

https://www.sdcc.ie/en/news/https:/www.sdcc.ie/en/news/south-dublin-county-council-to-provide-free-sanitary-products-to-tackle-period-poverty.html [Accessed 16th February 2026].

Spadaro, G., d'Elia, S. R. G., & Mosso, C. O. (2018). 'Menstrual Knowledge and Taboo TV Commercials: Effects on Self-Objectification among Italian and Swedish Women'. *Sex Roles*. Online. Vol. 78, nos 9–10, pp. 685–696. Available at: https://www.scopus.com/pages/publications/85029593155 [Accessed 16th February 2026].

Stanley, L., & Wise, S. (2002). *Breaking Out Again: Feminist Ontology and Epistemology*. 2nd edn. London: Routledge.

Stapleton, N. (2021). 'Sport Ireland Women In Sport'. *Studies in Arts and Humanities*, Vol. 7, no. 1, pp. 172–189.

Stephens-Chu, M. H. (2022a). *Conceal at All Costs: Lived Experiences of Menstruation in Japan*. Online. United States -- Hawaii: University of Hawai'i at Manoa. Available at: https://www.proquest.com/docview/2699663684/abstract/8C837FBDA4F34163PQ/1 [Accessed 16th February 2026].

Stephens-Chu, M. H. (2022b). *Conceal at All Costs: Lived Experiences of Menstruation in Japan*. Online. United States -- Hawaii: University of Hawai'i at Manoa. Available at: https://www.proquest.com/docview/2699663684/abstract/10D8A1C698E545B0PQ/1 [Accessed 11th February 2026].

Stubbs, M. L. (2008). 'Cultural Perceptions and Practices around Menarche and Adolescent Menstruation in the United States'. *Annals of the New York Academy of Sciences*. Online. Vol. 1135, no. 1, pp. 58–66. Available at: https://onlinelibrary.wiley.com/doi/abs/10.1196/annals.1429.008 [Accessed 16th February 2026].

Stubbs, M. L., & Sterling, E. W. (2020). 'Learning About What's "Down There": Body Image Below the Belt and Menstrual Education'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 233–252.

Suchman, L. (2008). 'Feminist STS and the Sciences of the Artificial'. In: Hackett, E. J., Amsterdamska, O., Lynch, M., & Wajcman, J. (eds) *The handbook of science and technology studies*. 3rd edn. Cambridge, Mass.: MIT Press ; Published in cooperation with the Society for the Social Studies of Science. pp. 139–164.

Sulik, G. A. (2010). *Pink Ribbon Blues: How Breast Cancer Culture Undermines Women's Health*. New York: Oxford University Press.

Sundstrom, B. (2021). '"Nuns Don't Get Cervical Cancer": A Reproductive-Justice Approach to Understanding the Cervical-Cancer Prevention Crisis in Ireland'. *Éire-Ireland*. Online. Vol. 56, no. 3, pp. 292–319. Available at: https://muse.jhu.edu/pub/41/article/842738 [Accessed 16th February 2026].

Sundstrom, B., & Delay, C. (2023). *Catching Fire: Women's Health Activism in Ireland and the Global Movement for Reproductive Justice*. New York: Oxford University Press.

Sutherland, J.-A. (2010). 'Mothering, Guilt and Shame'. *Sociology Compass*. Online. Vol. 4, no. 5, pp. 310–321. Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1751-9020.2010.00283.x [Accessed 16th February 2026].

Sutton, B. (2010). *Bodies in Crisis: Culture, Violence, and Women's Resistance in Neoliberal Argentina*. Rutgers University Press.

Sweet, E. L., & Ortiz Escalante, S. (2015). 'Bringing bodies into planning: Visceral methods, fear and gender violence'. *Urban Studies*. Online. Vol. 52, no. 10, pp. 1826–1845. Available at: https://doi.org/10.1177/0042098014541157 [Accessed 16th February 2026].

Swidler, A. (1986). 'Culture in Action: Symbols and Strategies'. *American Sociological Review*. Online. Vol. 51, no. 2, pp. 273–286. Available at: https://www.jstor.org/stable/2095521 [Accessed 16th February 2026].

Szulc, J., & King, N. (2022). 'The Practice of Dyadic Interviewing: Strengths, Limitations and Key Decisions'. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*. Online. Vol. 23, no. 2, p. 20. Available at: https://www.qualitative-research.net/index.php/fqs/article/view/3776 [Accessed 16th February 2026].

Taim, B. C., Catháin, C. Ó., Elliott-Sale, K. J., Madigan, S., & Ní Chéilleachair, N. (2025). 'Menstrual-Cycle and Hormonal-Contraceptive Tracking in Gaelic Football: From the Lab to the Field'. *International Journal of Sports Physiology and Performance*, Vol. 20, no. 1, pp. 47–55.

Tan, D. A., Haththotuwa, R., & Fraser, I. S. (2017). 'Cultural aspects and mythologies surrounding menstruation and abnormal uterine bleeding'. *Best Practice & Research. Clinical Obstetrics & Gynaecology*, Vol. 40, pp. 121–133.

Tanaka, S. (2011). 'The notion of embodied knowledge.' In: Stenner, P., Cromby, J., Motzkau, J., Yen, J., & Haosheng, Y. (eds) *Theoretical Psychology: Global Transformations and Challenges*. Concord, Canada: Captus University Publications. pp. 149–157.

Tarzia, L., & McKenzie, M. (2024). 'Reproductive coercion and abuse in intimate relationships: Women's perceptions of perpetrator motivations'. *PloS One*, Vol. 19, no. 4, p. e0299069.

Tarzibachi, E. (2020). ‘The Modern Way to Menstruate in Latin America: Consolidation and Fractures in the Twenty-First Century’. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 813–831.

Taylor, C. (2004). *Modern Social Imaginaries*. Duke University Press.

Thomson, R., Bell, R., Holland, J., Henderson, S., McGrellis, S., & Sharpe, S. (2002). ‘Critical Moments: Choice, Chance and Opportunity in Young People’s Narratives of Transition’. *Sociology*. Online. Vol. 36, no. 2, pp. 335–354. Available at: https://doi.org/10.1177/0038038502036002006 [Accessed 16th February 2026].

Tomlinson, M. K. (2023). ‘“Periods Don’t Stop for Pandemics”: The Implications of COVID-19 for Online and Offline Menstrual Activism in Great Britain’. *Women’s Studies in Communication*. Online. Vol. 46, no. 3, pp. 289–311. Available at: https://doi.org/10.1080/07491409.2023.2222365 [Accessed 16th February 2026].

Tomlinson, M. K. (2025). *The Menstrual Movement in the Media: Reducing stigma and tackling social inequalities*. Online. Palgrave Studies in Communication for Social Change. Cham: Springer Nature Switzerland. Available at: https://link.springer.com/10.1007/978-3-031-72195-3 [Accessed 16th February 2026].

Trieloff, A., Salwitz, E., Hrubiak, S., Patel, S., Greulach, M., Hoffman, S., et al. (2024). ‘“This shame, it is everywhere”: Cross-generational menstruation experiences among women living in Florence, Italy’. *Health Behavior Research*. Online. Vol. 7, no. 3, p. 1. Available at: https://newprairiepress.org/hbr/vol7/iss3/1.

Tronto, J. (1993). *Moral Boundaries: A Political Argument for an Ethic of Care*. 1st edn. New York: Routledge.

Tronto, J. C. (2013). *Caring Democracy: Markets, Equality, and Justice*. Online. New York: NYU Press. Available at: https://www.jstor.org/stable/j.ctt9qgfvp [Accessed 16th February 2026].

United Nations (2024). *The-Sustainable-Development-Goals-Report-2024*. Online. New York: United Nations. Available at: https://unstats.un.org/sdgs/report/2024/The-Sustainable-Development-Goals-Report-2024.pdf [Accessed 16th February 2026].

Ussher, J. M. (2006). *Managing the Monstrous Feminine: Regulating the Reproductive Body*. London: Routledge.

Ussher, J. M., & Perz, J. (2020a). ‘“I feel fat and ugly and hate myself”: Self-objectification through negative constructions of premenstrual embodiment’. *Feminism & Psychology*. Online. Vol. 30, no. 2, pp. 185–205. Available at: https://doi.org/10.1177/0959353519900196 [Accessed 16th February 2026].

Ussher, J. M., & Perz, J. (2020b). 'Resisting the Mantle of the Monstrous Feminine: Women's Construction and Experience of Premenstrual Embodiment'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 215–231.

Valiulis, M. G. (1992). 'Defining Their Role in the New State: Irishwomen's Protest against the Juries Act of 1927'. *The Canadian Journal of Irish Studies*. Online. Vol. 18, no. 1, pp. 43–60. Available at: https://www.jstor.org/stable/25512895 [Accessed 16th February 2026].

Van Dijck, J. van (2014). 'Datafication, dataism and dataveillance: Big Data between scientific paradigm and ideology'. *Surveillance & Society*. Online. Vol. 12, no. 2, pp. 197–208. Available at: https://ojs.library.queensu.ca/index.php/surveillance-and-society/article/view/datafication [Accessed 16th February 2026].

Van Gennep, A. (1909). *Les rites de passage: étude systématique des rites de la porte et du seuil, de l'hospitalité, de l'adoption, de la grossesse et de l'accouchement, de la naissance, de l'enfance, de la puberté, de l'initiation, de l'ordination, du couronnement des fiançailles et du mariage, des funérailles, des saisons, etc*. É. Nourry.

Verhoef, S. J., Wielink, M. C., Achterberg, E. A., Bongers, M. Y., & Goossens, S. M. T. A. (2021). 'Absence of menstruation in female athletes: why they do not seek help'. *BMC sports science, medicine & rehabilitation*, Vol. 13, no. 1, p. 146.

Vida, B. (2019). 'New waves of anti-sexual and reproductive health and rights strategies in the European Union: the anti-gender discourse in Hungary'. *Sexual and Reproductive Health Matters*, Vol. 27, no. 2, p. 1610281.

Vora, S. (2020). 'The Realities of Period Poverty: How Homelessness Shapes Women's Lived Experiences of Menstruation'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 31–47.

Vostral, S. L. (2008). *Under Wraps: A History of Menstrual Hygiene Technology*. Bloomsbury Academic.

Vostral, S. L. (2020). 'Of Mice and (Wo)Men: Tampons, Menstruation, and Testing'. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Springer. pp. 673–686.

Wajcman, J. (1991). 'Patriarchy, Technology, and Conceptions of Skill'. *Work and Occupations*. Online. Vol. 18, no. 1, pp. 29–45. Available at: https://doi.org/10.1177/0730888491018001002 [Accessed 16th February 2026].

Walsh, H. (2020). ‘Performances of autonomy: Feminist performance practice and reproductive rights activism in Ireland’. *Scene*. Online. Vol. 8, no. Performance and Ireland, pp. 29–45. Available at: https://intellectdiscover.com/content/journals/10.1386/scene_00021_1 [Accessed 16th February 2026].

Walsh, M. B. (2015). ‘Feminism, Adaptive Preferences, and Social Contract Theory’. *Hypatia*. Online. Vol. 30, no. 4, pp. 829–845. Available at: https://www.jstor.org/stable/24541984 [Accessed 16th February 2026].

Walsh, O. (2014). *Report on Symphysiotomy in Ireland 1944 - 1984*. Online. Government of Ireland. Available at: https://www.gov.ie/en/department-of-health/publications/report-on-symphysiotomy-in-ireland-1944-1984-professor-oonagh-walsh/ [Accessed 16th February 2026].

Watson, E. (2023). ‘Exile and repetition: One hundred years of women’s reproduction in Ireland, 1922-2022’. *Psychoanalysis, Culture & Society*. Online. Vol. 28, no. 2, pp. 302–307. Available at: https://doi.org/10.1057/s41282-022-00362-5 [Accessed 16th February 2026].

Weber, L., & Castellow, J. (2012). ‘Feminist Research and Activism to Promote Health Equity’. In: Nagy Hesse-Biber, S., Weber, L., & Castellow, J. (eds) *Handbook of Feminist Research: Theory and Praxis*. SAGE Publications, Inc. pp. 434–454.

Weisberg, E., McGeehan, K., & Fraser, I. S. (2016). ‘Effect of perceptions of menstrual blood loss and menstrual pain on women’s quality of life’. *The European Journal of Contraception & Reproductive Health Care: The Official Journal of the European Society of Contraception*, Vol. 21, no. 6, pp. 431–435.

Weiss-Wolf, J. (2017). *Periods Gone Public: Taking a Stand for Menstrual Equity*. Simon and Schuster.

Wellcome Trust, & Mørk Røstvik, C. (2019). Bloody capitalism and the cash flow of the menstrual cycle. Online. Available at: https://wellcomecollection.org/stories/bloody-capitalism-and-the-cash-flow-of-the-menstrual-cycle [Accessed 16th February 2026].

Wellings, K., Jones, K. G., Mercer, C. H., Tanton, C., Clifton, S., Datta, J., et al. (2013). ‘The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)’. *Lancet*, Vol. 382, no. 9907, pp. 1807–1816.

Werner, A., & Malterud, K. (2003). ‘It is hard work behaving as a credible patient: encounters between women with chronic pain and their doctors’. *Social Science & Medicine*, Vol. 57, no. 8, pp. 1409–1419.

White, L. R. (2013). ‘The Function of Ethnicity, Income Level, and Menstrual Taboos in Postmenarcheal Adolescents’ Understanding of Menarche and Menstruation’. *Sex Roles*. Online. Vol. 68, no. 1, pp. 65–76. Available at: https://doi.org/10.1007/s11199-012-0166-y [Accessed 16th February 2026].

Widiss, D. A. (2023). ‘Time off Work for Menstruation: A Good Idea?’ *New York University Law Review Online*. Online. Vol. 98, pp. 170–190. Available at: https://heinonline.org/HOL/P?h=hein.journals/nyulro98&i=170 [Accessed 16th February 2026].

Wildman, C. (2013). ‘Irish-Catholic Women and Modernity in 1930s Liverpool’. In: *Irish women and the diaspora: theories, concepts and new perspectives*. Manchester: Manchester University Press. pp. 72–91.

Windrim, E. B., McGuire, B. E., & Durand, H. (2024). ‘Women’s experiences of seeking healthcare for abdominal pain in Ireland: a qualitative study’. *BMC women’s health*, Vol. 24, no. 1, p. 166.

Winkler, I. T. (2020). ‘Introduction: Menstruation as Fundamental’. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 9–13.

Witz, A. (2000). ‘Whose Body Matters? Feminist Sociology and the Corporeal Turn in Sociology and Feminism’. *Body & Society*. Online. Vol. 6, no. 2, pp. 1–24. Available at: https://doi.org/10.1177/1357034X00006002001 [Accessed 16th February 2026].

Wood, J. M. (2020). ‘(In)Visible Bleeding: The Menstrual Concealment Imperative’. In: Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. pp. 319–336.

Worsfold, L., Marriott, L., Johnson, S., & Harper, J. C. (2021). ‘Period tracker applications: What menstrual cycle information are they giving women?’ *Women’s Health*, Vol. 17, p. 17455065211049905.

Yin, K., Jung, J., Coiera, E., Laranjo, L., Blandford, A., Khoja, A., et al. (2020). ‘Patient Work and Their Contexts: Scoping Review’. *Journal of Medical Internet Research*, Vol. 22, no. 6, p. e16656.

Yonkers, K. A., & Simoni, M. K. (2018). ‘Premenstrual disorders’. *American Journal of Obstetrics & Gynecology*. Online. Vol. 218, no. 1, pp. 68–74. Available at: https://www.ajog.org/article/S0002-9378(17)30674-9/fulltext [Accessed 16th February 2026].

Young, B., & Scherrer, C. (2010a). *Gender Knowledge and Knowledge Networks in International Political Economy*. Nomos.

Young, B., & Scherrer, C. (eds) (2010b). *Gender Knowledge and Knowledge Networks in International Political Economy*. Online. Feminist and critical political economy. Baden-Baden : Nomos. Available at: http://www.nomos-elibrary.de/index.php?doi=10.5771/9783845223858 [Accessed 11th February 2026].

Young, I. M. (2005). *On Female Body Experience: "Throwing Like a Girl" and Other Essays*. Online. 1st edn. New York: Oxford University Press. Available at: https://doi.org/10.1093/0195161920.001.0001 [Accessed 16th February 2026].

Yuval-Davis, N. (1997). *Gender and Nation: SAGE Publications*. SAGE.

Zaharias, G., Piterman, L., & Liddell, M. (2004). 'Doctors and patients: gender interaction in the consultation'. *Academic Medicine: Journal of the Association of American Medical Colleges*, Vol. 79, no. 2, pp. 148–155.

Zita, J. N. (1997). 'Heresy in the Female Body: The Rhetorics of Menopause'. In: Pearsall, M. (ed.) *The Other Within Us*. 1st edn. New York: Routledge. pp. 95–112.

Zola, I. K. (1976). 'Medicine as an institution of social control'. *Ekistics*. Online. Vol. 41, no. 245, pp. 210–214. Available at: https://www.jstor.org/stable/43618673 [Accessed 16th February 2026].

Zuboff, S. (2019). *The Age of Surveillance Capitalism: The Fight for a Human Future at the New Frontier of Power*. 1st edn. New York: PublicAffairs.

Zurbriggen, E. L., Collins, R. L., Lamb, S., Roberts, T.-A., Tolman, D. L., Ward, L. M., et al. (2007). *APA Task Force on the Sexualization of Girls*. Online. Washington: American Pyschological Association. Available at: https://www.thefreeradical.ca/girlsExploitation/APAReportSexualizationOfGirls.pdf.

Appendices

Appendix 1:Interview Guide

Central research questions: What shifts have occurred in menstrual 'management' in Ireland over time? What roles do kinship and peer networks play in menstrual literacy/ 'management'? What forms of knowledge, product and technologies are used to 'manage' menstruation?

Body Maps- Ask participants to describe their body map.

How do you feel about your body when menstruating?

Menarche and menstrual education

What was life like for you growing up?

Who were you close with?

What kinds of things did you like to do?

What was school like?

Can you tell me about your first period? What was going on in your life at the time? Can you remember how you felt at the time? Did you tell anyone about your first period?

Did you have any siblings? How did their experiences with periods influence what you knew or expected?

Where did you fall in terms of birth order - were you the oldest, youngest, or somewhere in the middle?

What products did you use then?

How did you select these products?

Where did you get them from?

Where did you learn about your period? What did you learn? Menstrual stories?

What information did you receive about periods, if any? Where did this come from?

Did you know about periods before you had your first one?

How were periods discussed in school? Did you get any RSE in school?

How do/did periods feature in your family life?

If you think about your friendship group at the time of your first period - how did periods feature in that group? Was there much talk about them?

How would you place yourself in that group - were you the first or last to get your period?

Embodied experience

How do you/did you feel about your period growing up? Has this changed at any point in your life?

What did/do you call/name your period? (if euphemisms used; why do you use them?)

Can you tell when your period is due? How do you feel?

Can you tell me about your most recent period?

What kinds of 'symptoms' or reactions do you have when you have your period?

What products did you use for your most recent period? Has this changed over time?

Did your period ever affect your schooling?

Did your period ever affect your work?

Did your period ever affect your participation in sport or your social life?

Is there a period experience/specific period that stands out to you across your life?

Medicalisation

Have you ever gone to the doctor about your period?

Have you ever taken medication for your period?

Did you/do you use any 'natural' or 'home remedies' for your period?

Tracking periods

Do/did you 'track' your period? Digitally or non-digital methods like calendars, diaries, or other ways of keeping track?

Why do you track your period? Why don't you track your period?

Did/do you use any digital tracking apps relating to your period? If yes - how do you find the apps?

Walkthrough of apps:

- Where is the app stored on your phone? Do you like the app?
- What information is/is not put into the app
- Do the apps shape how you feel about your periods/yourself?
- Ask about privacy and security in relation to tracking apps

- **Advertisements**

Show period product advertisements from past and present and capture thoughts and reactions.

How do you choose your period products? Has this changed over time?

Can you recall any period advertisements in particular? What do you think about period advertisements?

How do you think they should be advertised?

Politicisation of periods

What thoughts do you have about the price of period products?

Have you heard about any government policies on period products or 'women's health'?

Have you seen/witnessed any changes to women's health policies in Ireland across your lifetime?

What do you think a 'normal' period is or should be?

What do you think people should be taught about in relation to menstruation?

Appendix 2: Information Sheet and Consent Form (Individual Interviews)

Maynooth University
National University of Ireland Maynooth

From 'old wives' tales to digital trackers: shifting social imaginaries of menstruation in Ireland.

Information Sheet

Purpose of the Study. I am Harriet Wilkinson, a doctoral student, in the Department Sociology, Maynooth University.

As part of the requirements for my PhD, I am undertaking a research study` under the supervision of Dr. Pauline Cullen. This research is funded by the Irish Research Council (IRC).

The study is concerned with how people manage and experience their periods and if this has changed over time in Ireland. This project involves interviewing those who have periods who are over 18 years old to discover how menstruation is managed across and between generations of people who menstruate. I am interested in learning more about how women navigate their menstruation and where they learn about periods and what products they use. I want to also understand if people use digital applications to track their menstrual cycle.

What will the study involve?

The study will involve conducting an interview with Harriet. It will last between 1-1.5 hours where we will discuss your experience with and perceptions of menstruation. We will discuss menstruation across your life course, from the first period to the most recent period with you. We will discuss how you learned about your period. As part of this we may discuss the use of digital applications or 'trackers' used to monitor the menstrual cycle. We will also look at some period product advertisements from past and present.

If you use digital tracking apps to monitor your menstrual cycle, I will invite you for a one-to- one follow- up interview, where we will 'walk through' and talk about your experience using the app. I will provide further information sheets and consent forms should you partake in this follow up interview. You do not have to take part in this follow up interview if you do not want to- it is optional and will only take place if you are comfortable doing so.

This study will be carried out in a private setting you are comfortable with; this may be your house, a family members house or another setting of your choosing. If public health guidelines determine we cannot meet face- to- face, we will conduct the study online via the Microsoft Teams platform.

Who has approved this study? This study has been reviewed and received ethical approval from Maynooth University Research Ethics committee. You may have a copy of this approval if you request it.

Why have you been asked to take part? You have been asked because I am interested in everyday experiences of menstruation and engaging with current and former menstruators and understanding how people talk about, understand and learn about menstruation.

Do you have to take part?

No, you are under no obligation whatsoever to take part in this research. You are invited to take part in participate in an interview with female family members and a researcher. It is entirely up to you to decide whether or not you would like to take part. If you decide to do so, you will be asked to sign a consent form and given a copy and the information sheet for your own records. If you decide to take part, you are still free to withdraw at any time without giving a reason and/or to withdraw your information up until such time as the research findings are analysed and anonymised, until November 2023. A decision to withdraw at any time, or a decision not to take part, will not affect your relationships with Maynooth University.

I am aware the topic of periods may be sensitive to some- I am requesting that you do not participate in the study if you have experienced recent pregnancy loss, are currently experiencing fertility issues or other gynaecological issues/ conditions or if you feel you will not be comfortable to participate in a research study where you will detail your experience with periods across your life. You must also be aged 18 or over to take part in this research.

What information will be collected?

You will be asked to think about your experiences with periods and your attitudes towards them. I will also be collecting audio recordings of the interview to help with my transcription of the study. If the interview is conducted via MS Teams, a video and audio recording will be collected. These audio and video recordings will be kept confidentially on the MU server. They will be permanently deleted after 10 years. As part of the interview, you will be asked to create a 'body map', which is an outline of the human body. You will be asked to 'fill in' the map regarding your feelings towards your menstruating body/ your body when on your period. If the interview is conducted in person, I will store your body map securely in a locked filing cabinet on MU campus. It will also be destroyed after the project ends in September 2025.

Will your participation in the study be kept confidential? Yes, all information that is collected about you during the course of the research will be kept confidential. No names will be identified at any time. All hard copy information will be held in a locked cabinet at the researchers' place of work, electronic information will be encrypted and held securely on MU PC or servers and will be accessed only by myself (Harriet Wilkinson).

No information will be distributed to any other unauthorised individual or third party. If you so wish, the data that you provide can also be made available to you at your own discretion.

'It must be recognised that, in some circumstances, confidentiality of research data and records may be overridden by courts in the event of litigation or in the course of investigation by lawful authority. In such circumstances the University will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent.'

What will happen to the information which you give? All the information you provide will be kept at Maynooth University in such a way that it will not be possible to identify you. On completion of the research, the data will be retained on the MU server. After ten years, all data will be destroyed (by Harriet Wilkinson). Manual data will be shredded confidentially, and electronic data will be reformatted or overwritten by Harriet Wilkinson in Maynooth University.

What will happen to the results? The research will be written up and presented as a PhD thesis. A copy of the research findings will be made available to you upon request. Research outputs will also be submitted to academic journals as articles and to potentially to the Department Children, Equality, Disability, Integration and Youth to inform a new iteration of the National Strategy for Women and Girls to input to government policies interested in supporting women's health in Ireland.

What are the possible disadvantages of taking part: I do not envisage any negative consequences for you in taking part however, it is possible that talking about your experience may cause some distress? As periods are such an important part of people's lives, you may have lots of different kinds of feeling about them. If you are a mother or grandmother, you may also have observed a lot of change in how we manage or talk about periods. When talking about this together in a group this might bring up some uncomfortable feelings.

What if there is a problem? At the end of the interview, I will discuss with you how you found the experience and how you are feeling. If you experience any distress following the interview, you may contact Miscarriage Association of Ireland (by helpline at 01- 873 5702) or by email - info@miscarriage.ie), Pregnancy and Infant loss Ireland (The type of support offered varies greatly and may be loosely categorised as- Parent – parent support, Voluntary support organisations, Non-Governmental organisations, Professional support/ counselling services, Educational organisations and Advocacy groups- contact details for all 23 different groups providing support across the

pregnancy loss spectrum can be found via their website (www.pregnancyandinfantloss.ie) but some support helplines and contact details for a selection of groups are as follows; AnamCara (Support for parents and siblings following the death of a child)- contact via phone at 01 4045378, Leanbh Mo Chroí (a non- judgmental support group, run by parents who have experienced complex diagnoses including severe and fatal foetal anomaly during pregnancy)- contact via email; Lmcbereavement@gmail.com, Turas le Cheile (Provision of confidential, one to one, bereavement support)- contact via phone at 086 0566819, The Irish Family Planning Agency (IFPA- available at 0818 49 50 51) or the Endometriosis Association of Ireland (available via email; info@endo.ie). You may contact my supervisor Dr. Pauline Cullen; Pauline.cullen@mu.ie, if you feel the research has not been carried out as described above.

Any further queries? If you need any further information, you can contact me: Harriet Wilkinson; Harriet.wilkinson@mu.ie

If you agree to take part in the study, please complete and sign the consent form overleaf.

Thank you for taking the time to read this.

Consent Form

I……agree to participate in Harriet Wilkinson's research study titled 'From Old Wives' Tales to Digital trackers'

Please tick each statement below:

The purpose and nature of the study has been explained to me verbally & in writing. I have been able to ask questions, which were answered satisfactorily. ☐

I am participating voluntarily. ☐

I give permission for my interview with Harriet to be audio recorded ☐

I understand that I can withdraw from the study, without repercussions, at any time, whether that is before it starts or while I am participating. ☐

If I use digital tracking apps to monitor my menstrual cycle, I give permission for Harriet to contact me for a one- to- one follow up interview to further discuss these apps ☐

If I use digital tracking apps to monitor my menstrual cycle, I do not give permission for Harriet to contact me for a one- to- one follow up interview to further discuss these apps ☐

I have not experienced recent pregnancy loss ☐

I am not currently experiencing fertility issues, or other gynaecological issues/conditions ☐

I am comfortable to detail my experience with periods across my life for the purpose of this research study ☐

I am aged 18 or over ☐

I understand that I can withdraw permission to use the data right up to anonymisation – until November 2023. ☐

It has been explained to me how my data will be managed and that I may access it on request. ☐

I understand the limits of confidentiality as described in the information sheet ☐

I understand that my data, in an anonymous format, may be used in further research projects and any subsequent publications if I give permission below: ☐

I agree to quotation/publication of extracts from my interview ☐

I do not agree to quotation/publication of extracts from my interview ☐

I agree for my data to be used for further research projects ☐

I do not agree for my data to be used for further research projects ☐

Signed……. Date…….

Participant Name in block capitals ……...

I the undersigned have taken the time to fully explain to the above participant the nature and purpose of this study in a manner that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

Signed……. Date…….

Researcher Name in block capitals ……...

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

Two copies to be made: 1 for participant, 1 for Harriet Wilkinson

Appendix 3: Information sheet and consent form (dyad interviews)

Maynooth University
National University of Ireland Maynooth

INFORMATION AND CONSENT FORM FOR RESEARCH PARTICIPANTS IN DYAD INTERVIEWS

From 'old wives' tales to digital trackers: shifting social imaginaries of menstruation in Ireland.

Information Sheet

Purpose of the Study. I am Harriet Wilkinson, a doctoral student, in the Department Sociology, Maynooth University.

As part of the requirements for my PhD, I am undertaking a research study` under the supervision of Dr. Pauline Cullen. This research is funded by the Irish Research Council (IRC).

The study is concerned with how people manage and experience their periods and if this has changed over time in Ireland. This project involves interviewing female family members over 18 years old to discover how menstruation is managed across and between generations of people who menstruate. I am interested in learning more about how women navigate their menstruation and where they learn about periods and what products they use. I want to also understand if people use digital applications to track their menstrual cycle.

What will the study involve? The study will involve conducting an interview with female family members, either daughters, mothers or grandmothers. It will last between 1-1.5 hours where we will discuss experiences and perceptions of menstruation. We will discuss menstruation across your life course, from the first period to the most recent period with you and your female family members. We will discuss how you learned about your period within the family. As part of the interview, you will be asked to create a 'body map', which is an outline of the human body. You will be asked to 'fill in' the map regarding your feelings towards your menstruating body/ your body when on your period. If the interview is conducted in person, I will store your body map securely in a locked filing cabinet on MU campus. It will also be destroyed after the project ends in September 2025. In the interview we may discuss the use of digital applications or 'trackers' used to monitor the menstrual cycle. We will also look at some period product advertisements from past and present. The idea of the group interview is to have people think and talk together about this topic and to see if they share the same memories and to compare their experiences. This remembering together also allows for family members to think about their own family as a particular context for these experiences.

If you use digital tracking apps to monitor your menstrual cycle, I will invite you for a one-to- one follow- up interview, where we will 'walk through' and talk about your experience using the app. I will provide further information sheets and consent forms should you partake in this follow up interview. You do not have to take part in this follow up interview if you do not want to- it is optional and will only take place if you are comfortable doing so. This study will be carried out in a private setting you are comfortable with; this may be your house, a family members house or another setting of your choosing. If public health guidelines determine we cannot meet face- to- face, we will conduct the study online via the Microsoft Teams platform.

Who has approved this study? This study has been reviewed and received ethical approval from Maynooth University Research Ethics committee. You may have a copy of this approval if you request it.

Why have you been asked to take part? You have been asked because I am interested in everyday experiences of menstruation and engaging with current and former menstruators. You have been asked to take part because you are a member of a dyad group (mother and daughter group within a family).

Do you have to take part?

No, you are under no obligation whatsoever to take part in this research. You are invited to take part in participate in an interview with female family members and a researcher. It is entirely up to you to decide whether or not you would like to take part. If you decide to do so, you will be asked to sign a consent form and given a copy and the information sheet for your own records. If you decide to take part, you are still free to withdraw at any time without giving a reason and/or to withdraw your information up until such time as the research findings are analysed and anonymised, until November 2023. A decision to withdraw at any time, or a decision not to take part, will not affect your relationships with Maynooth University.

I am aware the topic of periods may be sensitive to some- I am requesting that you <u>do not participate</u> in the study if you have experienced recent pregnancy loss, are currently experiencing fertility issues or other gynaecological issues/ conditions or if you feel you will not be comfortable to participate in a research study where you will detail your experience with periods across your life. You must also be aged 18 or over to take part in this research.

What information will be collected?

You will be asked to think about your experiences with your period and how you manage your cycle as well as what kinds of information you have used to make sense of menstruation. I will also be collecting your responses to older and newer advertisements for period products and taking notes on how you might use a digital application to track your periods. I will also be collecting audio

recordings of the dyad/triad interview to help with my transcription of the study. These recordings will be kept confidentially on the MU server. They will be permanently deleted after 10 years.

Will your participation in the study be kept confidential? Yes, all information that is collected about you during the course of the research will be kept confidential. No names will be identified at any time. All hard copy information will be held in a locked cabinet at the researchers' place of work, electronic information will be encrypted and held securely on MU PC or servers and will be accessed only by myself (Harriet Wilkinson).

No information will be distributed to any other unauthorised individual or third party. If you so wish, the data that you provide can also be made available to you at your own discretion.

'It must be recognised that, in some circumstances, confidentiality of research data and records may be overridden by courts in the event of litigation or in the course of investigation by lawful authority. In such circumstances the University will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent.'

What will happen to the information which you give? All the information you provide will be kept at Maynooth University in such a way that it will not be possible to identify you. On completion of the research, the data will be retained on the MU server. After ten years, all data will be destroyed (by Harriet Wilkinson). Manual data will be shredded confidentially, and electronic data will be reformatted or overwritten by Harriet Wilkinson in Maynooth University.

What will happen to the results? The research will be written up and presented as a PhD thesis. A copy of the research findings will be made available to you upon request. Research outputs will also be submitted to academic journals as articles and to potentially to the Department Children, Equality, Disability, Integration and Youth to inform a new iteration of the National Strategy for Women and Girls to input to government policies interested in supporting women's health in Ireland.

What are the possible disadvantages of taking part: I do not envisage any negative consequences for you in taking part however, it is possible that talking about your experience may cause some distress? As periods are such an important part of people's lives, you may have lots of different kinds of feeling about them. If you are a mother or grandmother, you may also have observed a lot of change in how we manage or talk about periods. When talking about this together in a group this might bring up some uncomfortable feelings.

What if there is a problem? At the end of the interview, I will discuss with you how you found the experience and how you are feeling. If you experience any distress following the interview, you may contact Miscarriage Association of Ireland (by helpline at 01- 873 5702) or by email - info@miscarriage.ie), Pregnancy and Infant loss Ireland (The type of support offered varies greatly and may be loosely categorised as- Parent – parent support, Voluntary support organisations, Non-

Governmental organisations, Professional support/ counselling services, Educational organisations and Advocacy groups- contact details for all 23 different groups providing support across the pregnancy loss spectrum can be found via their website (www.pregnancyandinfantloss.ie) but some support helplines and contact details for a selection of groups are as follows; AnamCara (Support for parents and siblings following the death of a child)- contact via phone at 01 4045378, Leanbh Mo Chroí (a non- judgmental support group, run by parents who have experienced complex diagnoses including severe and fatal foetal anomaly during pregnancy)- contact via email; Lmcbereavement@gmail.com, Turas le Cheile (Provision of confidential, one to one, bereavement support)- contact via phone at 086 0566819, The Irish Family Planning Agency (IFPA- available at 0818 49 50 51) or the Endometriosis Association of Ireland (available via email; info@endo.ie). You may contact my supervisor Dr. Pauline Cullen; Pauline.cullen@mu.ie, if you feel the research has not been carried out as described above.

Any further queries? If you need any further information, you can contact me: Harriet Wilkinson; Harriet.wilkinson@mu.ie

If you agree to take part in the study, please complete and sign the consent form overleaf.

Thank you for taking the time to read this

Consent Form

I……agree to participate in Harriet Wilkinson's research study titled 'From Old Wives' Tales to Digital trackers'

Please tick each statement below:

The purpose and nature of the study has been explained to me verbally & in writing. I have been able to ask questions, which were answered satisfactorily. ☐

I am participating voluntarily. ☐

I give permission for my interview with Harriet to be audio recorded ☐

I understand that I can withdraw from the study, without repercussions, at any time, whether that is before it starts or while I am participating. ☐

If I use digital tracking apps to monitor my menstrual cycle, I give permission for Harriet to contact me for a one- to- one follow up interview to further discuss these apps ☐

If I use digital tracking apps to monitor my menstrual cycle, I do not give permission for Harriet to contact me for a one- to- one follow up interview to further discuss these apps ☐

I have not experienced recent pregnancy loss ☐

I am not currently experiencing fertility issues, or other gynaecological issues/conditions ☐

I am comfortable to detail my experience with periods across my life for the purpose of this research study ☐

I am aged 18 or over ☐

I understand that I can withdraw permission to use the data right up to anonymisation – until November 2023. ☐

It has been explained to me how my data will be managed and that I may access it on request. ☐

I understand the limits of confidentiality as described in the information sheet ☐

I understand that my data, in an anonymous format, may be used in further research projects and any subsequent publications if I give permission below: ☐

I agree to quotation/publication of extracts from my interview ☐

I do not agree to quotation/publication of extracts from my interview ☐

I agree for my data to be used for further research projects ☐

I do not agree for my data to be used for further research projects ☐

Signed……. Date…….

Participant Name in block capitals ……...

I the undersigned have taken the time to fully explain to the above participant the nature and purpose of this study in a manner that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

Signed……. Date…….

Researcher Name in block capitals ……...

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

For your information the Data Controller for this research project is Maynooth University, Maynooth, Co. Kildare. Maynooth University Data Protection officer is Ann McKeon in Humanity house, room 17, who can be contacted at dataprotection@mu.ie. Maynooth University Data Privacy policies can be found at https://www.maynoothuniversity.ie/data-protection.

Two copies to be made: 1 for participant, 1 for Harriet Wilkinson

Appendix 4: Information sheet and Consent form (follow up interviews)

Maynooth University
National University of Ireland Maynooth

INFORMATION AND CONSENT FORM FOR RESEARCH PARTICIPANTS IN FOLLOW UP INTERVIEWS

From 'old wives' tales to digital trackers: shifting social imaginaries of menstruation in Ireland.

Information Sheet

Information Sheet

Purpose of the Study. I am Harriet Wilkinson, a doctoral student, in the Department Sociology, Maynooth University.

As part of the requirements for my PhD, I am undertaking a research study` under the supervision of Dr. Pauline Cullen. This research is funded by the Irish Research Council (IRC).

The study is concerned with how people manage and experience their periods and if this has changed over time in Ireland. This project involves interviewing female family members over 18 years old to discover how menstruation is managed across and between generations of people who menstruate. I am interested in learning more about how women navigate their menstruation and where they learn about periods and what products they use. I want to also understand if people use digital applications to track their menstrual cycle.

What will the study involve? The study will involve conducting an interview with Harriet on the use of digital applications or 'trackers' used to monitor the menstrual cycle. The interview will last around 1 hour. If you use digital tracker apps to track your period, we can use this interview to 'walk through' these apps; to see how you use them, how often you use them and what information you 'track' throughout your cycle.

This study will be carried out in a private setting you are comfortable with; this may be your house, a family members house or another setting of your choosing. If public health guidelines determine we cannot meet face- to- face, we will conduct the study online via the Microsoft Teams platform.

Who has approved this study? This study has been reviewed and received ethical approval from Maynooth University Research Ethics committee. You may have a copy of this approval if you request it.

Why have you been asked to take part? You have been asked because I am interested in everyday experiences of menstruation and engaging with current and former menstruators. You have been asked to take part because you have outlined your interest in completing a follow up interview with me after taking part in a dyad/ triad interview or focus group. You may have outlined that you use digital trackers to track your period- if this is the case, we will discuss these trackers in this interview.

Do you have to take part?

No, you are under no obligation whatsoever to take part in this research. You are invited to take part in participate in an interview with Harriet Wilkinson. It is entirely up to you to decide whether or not you would like to take part. If you decide to do so, you will be asked to sign a consent form and given a copy and the information sheet for your own records. If you decide to take part, you are still free to withdraw at any time without giving a reason and/or to withdraw your information up until such time as the research findings are analysed and anonymised, until November 2023. A decision to withdraw at any time, or a decision not to take part, will not affect your relationships with Maynooth University.

I am aware the topic of periods may be sensitive to some- I am requesting that you do not participate in the study if you have experienced recent pregnancy loss, are currently experiencing fertility issues or other gynaecological issues/ conditions or if you feel you will not be comfortable to participate in a research study where you will detail your experience with periods across your life. You must also be aged 18 or over to take part in this research.

What information will be collected?

You will be asked to think about your experiences with your period and how you manage your cycle as well as what kinds of information you have used to make sense of menstruation. I will also be taking notes on how you might use a digital application to track your periods. I will also be collecting audio recordings of the interview to help with my transcription of the study. These recordings will be kept confidentially on the MU server. They will be permanently deleted after 10 years

Will your participation in the study be kept confidential? Yes, all information that is collected about you during the course of the research will be kept confidential. No names will be identified at any time. All hard copy information will be held in a locked cabinet at the researchers' place of work, electronic information will be encrypted and held securely on MU PC or servers and will be accessed only by myself (Harriet Wilkinson).

No information will be distributed to any other unauthorised individual or third party. If you so wish, the data that you provide can also be made available to you at your own discretion.

'It must be recognised that, in some circumstances, confidentiality of research data and records may be overridden by courts in the event of litigation or in the course of investigation by lawful authority.

In such circumstances the University will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent.'

What will happen to the information which you give? All the information you provide will be kept at Maynooth University in such a way that it will not be possible to identify you. On completion of the research, the data will be retained on the MU server. After ten years, all data will be destroyed (by the Harriet Wilkinson). Manual data will be shredded confidentially, and electronic data will be reformatted or overwritten by Harriet Wilkinson in Maynooth University.

What will happen to the results? The research will be written up and presented as a PhD thesis. A copy of the research findings will be made available to you upon request. Research outputs will also be submitted to academic journals as articles and to potentially to the Department Children, Equality, Disability, Integration and Youth to inform a new iteration of the National Strategy for Women and Girls to input to government policies interested in supporting women's health in Ireland.

What are the possible disadvantages of taking part: I do not envisage any negative consequences for you in taking part however, it is possible that talking about your experience may cause some distress. As periods are such an important part of people's lives, you may have lots of different kinds of feeling about them. If you are a mother or grandmother, you may also have observed a lot of change in how we manage or talk about periods. When talking about this with Harriet this might bring up some uncomfortable feelings.

What if there is a problem? At the end of the interview, I will discuss with you how you found the experience and how you are feeling. If you experience any distress following the interview, you may contact Miscarriage Association of Ireland (by helpline at 01- 873 5702) or by email - info@miscarriage.ie), Pregnancy and Infant loss Ireland (The type of support offered varies greatly and may be loosely categorised as- Parent – parent support, Voluntary support organisations, Non-Governmental organisations, Professional support/ counselling services, Educational organisations and Advocacy groups- contact details for all 23 different groups providing support across the pregnancy loss spectrum can be found via their website (www.pregnancyandinfantloss.ie) but some support helplines and contact details for a selection of groups are as follows; AnamCara (Support for parents and siblings following the death of a child)- contact via phone at 01 4045378, Leanbh Mo Chroí (a non- judgmental support group, run by parents who have experienced complex diagnoses including severe and fatal foetal anomaly during pregnancy)- contact via email; Lmcbereavement@gmail.com, Turas le Cheile (Provision of confidential, one to one, bereavement support)- contact via phone at 086 0566819, The Irish Family Planning Agency (IFPA- available at 0818 49 50 51) or the Endometriosis Association of Ireland (available via email; info@endo.ie). You may contact my supervisor Dr. Pauline Cullen; Pauline.cullen@mu.ie, if you feel the research has not been carried out as described above.

Any further queries? If you need any further information, you can contact me: Harriet Wilkinson; Harriet.wilkinson@mu.ie

If you agree to take part in the study, please complete and sign the consent form overleaf.

Thank you for taking the time to read this

Consent Form

I……agree to participate in Harriet Wilkinson's research study titled 'From Old Wives' Tales to Digital trackers'

Please tick each statement below:

The purpose and nature of the study has been explained to me verbally & in writing. I have been able to ask questions, which were answered satisfactorily. ☐

I am participating voluntarily. ☐

I give permission for my interview with Harriet to be audio recorded ☐

I understand that I can withdraw from the study, without repercussions, at any time, whether that is before it starts or while I am participating. ☐

I have not experienced recent pregnancy loss ☐

I am not currently experiencing fertility issues, or other gynecological issues/ conditions ☐

I am comfortable to detail my experience with periods across my life for the purpose of this research study ☐

I am aged 18 or over ☐

I understand that I can withdraw permission to use the data right up to anonymisation – until November 2023. ☐

It has been explained to me how my data will be managed and that I may access it on request. ☐

I understand the limits of confidentiality as described in the information sheet ☐

I understand that my data, in an anonymous format, may be used in further research projects and any subsequent publications if I give permission below: ☐

I agree to quotation/publication of extracts from my interview ☐

I do not agree to quotation/publication of extracts from my interview ☐

I agree for my data to be used for further research projects ☐

I do not agree for my data to be used for further research projects ☐

Signed……. Date…….

Participant Name in block capitals ……...

I the undersigned have taken the time to fully explain to the above participant the nature and purpose of this study in a manner that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

Signed……. Date…….

Researcher Name in block capitals ……...

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

For your information the Data Controller for this research project is Maynooth University, Maynooth, Co. Kildare. Maynooth University Data Protection officer is Ann McKeon in Humanity house, room 17, who can be contacted at dataprotection@mu.ie. Maynooth University Data Privacy policies can be found at https://www.maynoothuniversity.ie/data-protection.

Two copies to be made: 1 for participant, 1 for Harriet Wilkinson