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Menstrual poverty and discourses of mensuration in New Zealand school girls' narratives: "It's just not a subject that comes up in talking'

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ABSTRACT

Menstrual poverty is a relevant New Zealand public health and social justice issue effecting the personal wellbeing and psychosocial outcomes of women (House, et al., 2012). Associated menstrual stigma also compounds the issue in that poor menstrual hygiene can disrupt social engagement, employment, and school attendance. In New Zealand, amid increasing rates of poverty (UNICEF, 2016) there have recently been national news reports of girls using unsafe materials, such as phonebooks and newspaper, to conceal menstrual bleeding, in addition to being unable to attend school due to lack of affordable sanitary options (Roy, 2016). This research responds to the need for local knowledge on this emerging issue, particularly work that takes young women's own experiences into consideration. This research adopts a feminist post-structuralist view that perceives understandings of menstruation as socially constructed in ways that shape both girl's experiences of menstruation and their understandings of themselves as women. This research also considers what narrative performances in menstrual stigma talk suggest about the construction of gender identities. The results from this project will add to the knowledge in the field of reproductive justice by considering how menstruation, poverty, stigma and gender ideals are intertwined in specific New Zealand contexts. It also provides future directions for further work on this topic.

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CHAPTER 1: INTRODUCTION AND CONTEXT

1. INTRODUCTION

Throughout this thesis I will investigate how school-attending adolescent girls in Tairāwhiti experience menstrual poverty and associated stigma in relation to their gender identity construction and management. My aim is to investigate the construction of social identities and associated gender power relations in the context of menstrual poverty in New Zealand. For the purpose of this thesis menstrual poverty is conceptualised as a method by which to “categorize the multiple deprivations relating to menstruation in resource-poor settings” (Crichton, et al. 2013). In other words, a person would experience menstrual poverty if they could not access menstrual products and resources, where and when they needed them. This may occur due to a lack of money or transport to purchase items, or inability to ask others (i.e. parents) for help. A lack of resources leads to complications in how one deals with menstrual bleeding. The research is grounded upon the view that menstruation has an important symbolic role in understandings of ‘proper’ and ‘improper’ femininity and, therefore, plays an important part in informing identity construction, gender roles, and power relations. Upon starting to menstruate, a girl moves to womanhood and her body takes on new social features. She begins to enact and embody the symbolic meanings, and stigmas, associated with adult femininity (Kelland, Paphitis & Macleod, 2017). How does this occur in a context where scarcity of resources potentially disrupts constructions of successful womanhood, which involve cleanliness, freshness and discretion? My interest, therefore, concerns these girls’ gendered identity work in the face of the potentially spoiled identity of unsuccessful femininity that threaten in circumstances where ‘menstrual hygiene management’ (MHM) is made difficult.

Menstrual poverty is a relevant New Zealand public health issue, with various poor health and psychosocial outcomes for girls (House, et al, 2012). It is also a social justice issue in that poor menstrual hygiene can often disrupt employment and schooling, therein place individuals in vulnerable positions (e.g., using transactional sex in order to obtain money for menstrual items) (Sommer, et al, 2015). Girls and women from low socio-economic contexts experience compounded stigma in relation to being a woman, menstruating and their socio-economic position, which effects their health and wellbeing, while reinforcing social marginalisation. Research also suggests that dominant constructions of menstruation and of women's reproductive processes inform women's own understandings of their bodies and their identities (Jackson & Falmagne, 2013).

In New Zealand increasing rates of poverty are being reported (UNICEF, 2016) and recently there have been national news reports of girls using unsafe materials, such as phonebooks and newspaper to conceal menstrual bleeding in addition to being unable to attend school, due to lack of affordable sanitary options (Roy, 2016). The experiences New Zealand girls are facing include inability to purchase sanitary items or pain relief; limited undergarments to replace throughout the day; unsafe health and wellbeing practices; difficulties navigating menstrual-related etiquette at school and emotional confusion due to lack of menstrual education (Culling, 2001). It could be argued that in country such as New Zealand, where most girls and women can access menstrual products, not being able to do so may add to stigmatisation and social marginalisation. This is precisely what this thesis seeks to investigate as no research to date has qualitatively explored this topic.

2. WRITING ABOUT MENSTRUATION

*Apparently it is ungraceful of me
to mention my period in public
cause the actual biology
of my body is too real*

*it is ok to sell what's
between a woman's legs*

*more than it is ok to
mention its inner workings*

*the recreational use of
this body is seen as
beautiful
while
the nature is
seen as ugly*

(Rupi Kaur, 2015)

2.1 Why write a thesis on menstruation?

Throughout undergraduate studies at Massey University I tried my hardest to take a diverse range of psychology papers; some discussed the psychology behind gender in society, some reviewed abnormal thought processes, influences on our behaviours and the therapeutic value of changing the way we perceive problems, while others illustrated disparities experienced by minority groups in New Zealand. But I cannot recall any of these papers mentioning menstruation. In my postgraduate studies, after becoming more involved in community-based equality issues, I attended a health psychology paper whereby homelessness was openly discussed – where do homeless people go when they are ill? How do homeless women menstruate? I was shaken by both my lack of previous consideration towards these questions and by how easily I had brushed off the experiences of people in poverty because it wasn't something I could relate to. The questioning of ignorance, social superiority and power dynamics is something that has remained with me since.

On July 30th 2016, I read a news article stating that “girls from low-income families are forced to use phonebooks, newspapers and rags to make-do during menstruation” (Roy, 2016). In the article school principals were saying their female students took considerable time off school because of their inability to afford sanitary items, indirectly inferring that it was due to their desire to avoid bleeding through clothing. Every month women naturally bleed and every month some of our population is shunned into a form of hiding, because we live in a society

that treats menstruation as optional and sanitary items as 'luxury' products. As a teen, I took time off school due to menstruation related pain and I began hormonal contraception as a method of avoiding my period; in 2016 at the age of 24 I had successfully avoided menstruation for nine consecutive years. I have been forced to acknowledge both that I had the ability to do so because I came from a position of privilege, but also that I made the reoccurring choice to avoid my period because I found my own bleeding overwhelmingly distasteful. Herein lay the complex reasons I found myself changing my thesis topic to enlighten people on the concealment of women's bodies and the seriousness of menstrual poverty in New Zealand.

When people ask what my thesis topic is, and I reply with menstrual poverty, very few can make the connection between the two words menstrual and poverty. After a brief explanation, they will react with looks of disdain: why write your thesis on a women's period? Initially I balked at this question, I was uncomfortable projecting my voice and I censored my answers to pacify the particular audience. Other New Zealand researchers have experienced similar adverse reactions to writing about menstruation (Brookes & Tennant, 1998; & Culling, 2001), with Culling (2001, p. 6) admitting that through appeasing her audience with the 'sexy' elements of menstruation, she was in fact "contributing to a continued culture of concealment and adhering to the menstrual etiquette expected of [her] as a woman". On reflection, I was guilty of this also. Now I am confident in my answer: I have written my thesis on menses in order to address the dominant discourses on menstruation, to analyse the practices we use to ensure women's subordination in a patriarchal society and to illustrate just some of the many intersecting oppressions experienced by social minorities in New Zealand. As Mathews (2015, p. 3) states in her thesis on menstruation, "menstruation has been, and currently still is, used as justification for preventing women from fully participating in society, justifying control over them and their sexuality". Through writing this thesis and bringing menstruation into the daily conversations of the people I interact with, my personal objective is to contest and subvert the

traditional, regulated, discourses on menstruation.

Throughout this thesis many terms are used (of necessity) which I believe only add to the negative construction of menstruation. This is discussed throughout the chapters where attention is brought to the role discourse plays in our social conceptualisation of phenomenon. However, I feel it is important to mention my unease with some terminology from the outset. For instance, sanitary items include such products as tampons and napkins to catch menstrual blood, yet even the name of the products themselves [sanitary] implies they are created to clean something soiled. The language I found available to me in the writing of this thesis creates distance between the discussion and the process – this has been a place of frustration for me as the language seems both impersonal and insensitive. Where I can I have attempted to alleviate the use of negative connotations, however due to the nature of the language I speak and the qualitative methods used, I have regrettably not been able to completely distance this thesis from negatively positioning menstruation.

2.2 What is my research?

Research on menstrual poverty in New Zealand has not previously been conducted. Some qualitative research has explored women's attitudes towards menstruation (Sayers & Jones, 2015) as discussed in the literature review and some quantitative work has identified demographic details and numerical values of girls in poverty and to some extent the use of sanitary, or other, items throughout menstruation (Hennegan & Montgomery, 2016; Secor-Turner, et al. 2016). My research therefore responds to the need for local knowledge on this emerging issue, especially work that takes young women's own experiences into account. Hence, I adopt a feminist post-structuralist view that sees understandings of menstruation as socially constructed in ways that shape girl's experiences of menstruation and their understandings of themselves as women. The results from this project will provide new knowledge of how menstruation, poverty and ideas about gender are intertwined in specific

New Zealand contexts, and the implications that menstrual poverty has for girl's construction and management of their gendered subjectivities. This is both a public health issue and a social justice issue, and through working around reproductive justice as the practical way forward, I am looking at social positions intercepting not as a single issue but as the bigger picture of social inequalities in New Zealand.

3. CONTEXT

3.1. The need for New Zealand research on menstruation and menstrual poverty

Research on menstruation differs from research on most other bodily functions, due to its increased stigma and enforced silence. As displayed throughout the next chapter (chapter 2), the majority of menses related research is medically oriented. In the absence of statistics, and almost no research, on menstrual poverty specifically it is difficult to know the extent of the problem of menstrual poverty in New Zealand. Still, regardless whether widespread or not, such research remains important. As Sayers & Jones (2015, p. 108), who discuss menstruation in the New Zealand workplace, state "it is very important to remember that the issue is not whether women (all, some, none) take more time off work because of menstruation: it is what powerful people do with this claim, what they make it mean and the price that women must pay [for it]". The price that girls are paying relates to educational opportunities and dignity. The question should not be whether pubescent girls are affected by menstrual poverty (e.g. missing school) but what this means in terms of wider inequalities, and what people in positions of power are doing about this problem.

3.1 The experience of adolescents

While a substantial number of females experience menstruation, the focus of this particular study is on high school adolescents. Puberty has begun occurring much earlier in girls as New Zealand's nutrition and diet changes, thus the age range of menstruating women has grown

larger. The average person will have approximately 250 more menstrual cycles in their life than nineteenth century predecessors (Farquhar, 2009) exacerbating the financial cost of menstruation. By capturing the views of predominantly 16-year-old girls, this research identified insights into the discourses of menstruation, drawn on by girls in the age bracket between childhood and adulthood. This is an important age to address because it marks significant changes in psychological and physical development; adolescence is an influential time, requiring adequate information and guidance in order to successfully transition from teen to young adult (Merskin, 1999). Unfavourable experiences of menarche, due to fear and miseducation, ultimately reinforce the taboo of menstruation as a dirty, shameful occurrence, and thus high school girl's experiences are an important focal point. Furthermore, with recent statistics showing that over 295,000 children in New Zealand live in poverty (Simpson, et al, 2016). For instance, one in every four children in New Zealand live in households defined as medium or high risk, which are characterised by economic, housing and health indicators (Stats NZ, 2012). In 2014, 13% of households are considered to have low income, while 25 percent of people under the age of 24 were facing material hardship (MSD, 2016). It is likely that sanitary items are often unaffordable for these households. We can thus infer that at least some young people are, or will, experience the levels of economic deprivation that drive menstrual poverty. The broader context of poverty and inequality is discussed further below.

3.2 The importance of the school context

Many of the previous studies on menstrual poverty are located in 'developing' countries and focus on the importance of remediating menstrual poverty in order to keep girls in education and out of childhood marriages (Mason, et al, 2013). Academic engagement is equally important in New Zealand as it is in less wealthy countries and with schools reporting numerous absences in their female students (Roy, 2016), it is clear that educational and workplace settings are the most predominant contexts women suffer in when they are menstruating. Menstruation, as a normal bodily function all women experience, should not be

a global barrier to education. Conducting this research in schools also allowed opportunity to discuss how young people are educated on reproductive functioning. This is an important issue to review as New Zealand has notably high rates of unintended teenage pregnancy and sexually transmitted infections – indicators of lacking sexual and reproductive health education (MoH, 2016).

3.3 The wider picture of poverty and inequality in New Zealand

The issue of menstrual poverty is located within the wider problem of growing socio-economic disparity in New Zealand, which often cuts along ethnic lines. In Credit Suisse's 2014 Global Wealth Report, for example, New Zealand fared well in terms of overall wealth in comparison to other countries; despite this there remains a growing gap between the wealthy and the poor, and one that cuts largely along ethnic lines. In New Zealand European settlement has had a dramatic impact in entrenching socio-economic inequalities (King, 2003; Le Grice & Braun, 2018). New Zealand's bicultural population is estimated at approximately 4.8 million, with the indigenous Māori population being the largest minority to the European descending population (Statistics New Zealand, 2017). Through the process of colonisation, Māori culture was systematically denied in what the British termed the "civilisation" of Māori (Le Grice & Braun, 2017). Māori lost the ability to freely express their culture and were forced into positions of hardship.

One of the major consequences of colonisation is entrenched, ongoing inequalities between settler and indigenous populations. This has had long-term consequences such health, education and employment disparities (King, 2003). Health disparities can be seen in disproportionate rates of sexually transmitted infections and unintended teen pregnancy, and poor overall reproductive health among Māori (Le Grice & Braun, 2017). In Clark, et al.'s (2016) New Zealand secondary school study, overall contraception use by youth was seen to decline between 2001 and 2012. A persistent decline was seen in good sexual health in people of

Pacific and Māori ethnicities, alongside those who lived in socioeconomically deprived communities (often these two categories overlap).

Māori reproductive health has previously been “pathologised and conflated with social disadvantage” by Western researchers (Clark, et al, p. 334). Thus, resulting in a significant amount of stigma for Māori adolescents. Negative views of Māori sexuality are a method of removing agency (Le Grice & Braun, 2018). Due to this, it is perhaps unsurprising that Māori feature highly across deficit-based statistics.

Western systems of health, education and land ownership clearly sought to advantage the majority at the expense of Māori (Came, 2013). Access to material resources were conditional on Māori relinquishing their values and adopting Western views. Māori perspectives have therefore become intertwined with Western perspectives. Through the process of colonization, wider global influence and cotemporary use of traditional ideologies, Māori sexuality has become dynamic across communities. Le Grice and Braun (2017) argue that this history should be considered carefully when attending to sexual health research in New Zealand, as understandings of reproductive health cannot be understood in either purest or decontextualized ways. This information is important to my research as menstrual poverty is not an isolated issue; it occurs in a wider back drop of sexism and racism. By addressing the historical process of how a dominant conceptualisation came to be ‘taken for granted’ knowledge, we may begin to discern how the concept can be unravelled and replaced. I return to this issue in the conclusion chapter, as I discuss the implications of the research findings.

4 AIMS AND OBJECTIVES

The initial aim of this research was to explore teenage girl’s gender identity construction within the context of menstrual poverty, in lower socioeconomic settings in New Zealand. The research was planned to be broadly concerned with how teenage schoolgirls conceptualise

menstrual poverty and how their experiences of menstrual poverty shape their gender identity construction. Throughout the research I experienced some taciturnity around speaking about personal experiences of menstrual poverty, finding the stigma of menstruation to be much more pervasive than I originally imagined. The focus of the research therefore shifted somewhat to consider the social positions of the participants in their talk about menstruation more generally and how they navigated various social and gender norms in their performances of being successfully feminine. This taboo around menstruation, especially 'unmanaged' menstruation or 'poor' menstrual hygiene management, I believe, is the key to why more women are not voicing their experiences of menstrual poverty.

The interviews allowed participants to describe any positive or negative menstrual related experiences they had encountered, from their own personal understanding, while exploring how these experiences were perceived in relation to broader sociocultural norms associated with menstruation. The project was directed by the following research questions

1. What social discourses are drawn on in participants' narratives of their experiences of menstruation and menstrual poverty?
2. What gender positions are taken up in identity work and which, if any, are resisted?
3. What might the implications of these gender performances be for girl's gender identities and, more broadly, for gender power relations?

The objective of the research is to draw a deeper understanding of the effect of menstrual stigma in New Zealand on broader inequalities. By understanding how women make meaning of their experiences of this stigma, we can make inferences about gender role conformity and gender power relations and the broader implications of their experiences. The research seeks to address the reflexive and pre-emptive ways girls avoid the spoiled identity of menstruating women through non-disclosure concerning their menstrual status, self-surveillance and diligent presentation management.

5 THESIS OVERVIEW

In the next chapter, *Chapter Two*, I will critically analyse relevant literature on the topic of menstruation and more specifically menstrual poverty, further conceptualising the research. Throughout this chapter the term 'femininity' is introduced as an expression of traditionally expected female attributes. Literature indicates menses is considered a violation against one's femininity, thus the focus of this chapter is on how we come to understand menses in this way and how this understanding may lead to extreme expectations of concealment. I argue that menstruation is already unnecessarily medicalised and therefore I do not include biological literature in this review, instead basing the entirety of this thesis on the social construction of menstruation.

In *Chapter three*, I outline the key investigative theories employed and why they are relevant to the topic, the processes I followed throughout the research and how the method of analysis was applied to identify any discourses and gender positions taken up and/or resisted in participants' accounts. Demographic details of the participants and their schools are listed as this provides insight into the results found. This chapter includes a section on ethics and quality assurance as approved by the Massey University Human Ethics Committee, which incorporates researcher reflexivity and how this was achieved.

Chapter four draws on the theoretical constructs to formulate an analysis of the results found from participant interviews. Dominant discourses and gender identity positions are addressed and discussed in depth in relation to other literature and their wider implications. The participant's experiences of menstruation and menstrual poverty are broken down into categories based on common themes found in the data, and how the participants employed these themes to create socially acceptable gender positions is examined.

The final chapter of this thesis, *Chapter Five* summarises the research findings and reflections. This chapter includes the limitations of the research conducted and suggestions for future research that seeks to address menstrual poverty. This chapter is a concluding reflection of the research.

CHAPTER 2: LITERATURE REVIEW

1. INTRODUCTION

From a clinical/medical perspective there is no shortage of literature on menstruation. There is however, as I shall discuss in this chapter, far less research that takes a feminist theoretical understanding of menses. The lack of non-medical research on menstruation, in particular feminist or women's health research can be linked to the broader cultural silence around the topic menstruation, which I explore in depth in this chapter. Feminist attention has previously focused on issues of female reproductive health that present clear political issues, such as pregnancy and abortion (Johnston-Robledo & Stubbs, 2013; Sayers & Jones, 2015). In general, menstruation has remained less public than other women's reproductive health issues, despite the biological links. Likewise, in comparison to these issues, menstruation has received far less scholarly attention. In more recent years, feminist research conducted by women on the stigma and shame associated with menstrual blood, has shown that in Westernised contexts women are highly objectified and feel that they cannot freely discuss aspects of their life that are deemed social 'unsexy' (Cosgrove & Riddle, 2003; Lowe, 2016; Roberts & Waters, 2004; Ussher, 2004 & Vostral, 2011), while in Eastern contexts female modesty is often emphasised throughout religious means which discourage menstrual conversation (Hawkey, et al, 2017). Research that addresses women's own experiences and dialogue, such as those discussed in Section 3, can create a space to understand menstruation from women's point of view.

There is social science research on menstruation conducted globally. In this literature review I have engaged with research produced in "developed" contexts, which explore understandings of menses within a similar cultural setting to New Zealand, for instance in language, individualistic society structure, colonial background and country wealth. I have also engaged with research from developing contexts as a majority of the studies on menstrual poverty are

conducted in countries with overtly acknowledged deprivation. Within the menstruation scholarship, there is a comparable lack of writing on menstrual poverty in wealthier, 'developed' contexts such as New Zealand. New Zealand based literature on menses has addressed psychosocial factors that cause early menarche (Romans, et al, 2003), menstruation in sexual education (Agnew & Sandretto, 2016; Diorio & Munro, 2000), and both Pākehā and Māori women's cultural experiences of menses (Brookes & Tennant, 1998; Murphy, 2011). Since the majority of studies have been conducted with middle-class participants it is a challenge to find Western research on menstrual poverty. It is for this purpose that I am investigating menstrual poverty stigma in New Zealand. Future research may seek to address further the way different cultures experience this (see Chapter Five for study limitations and future research suggestions).

2. CONSTRUCTIONS OF MENSTRUATION AND MENSTRUAL TABOO

Although menstruation is a biological event experienced by most women monthly for approximately forty years of their lives, feminist researchers argue that it is experienced and perceived within a broader sociocultural context (Johnston-Robledo & Stubbs, 2013). Throughout history, menstruation has been thought of in many different ways, from sacred to horrific. The bleeding of women has been a continuous site of difference between men and women (Fahs, 2011; Hawkey, et al, 2017). Even now across cultures there exists a range of divergent understandings for the natural phenomenon of menstrual bleeding. However, these are overwhelmingly negative and contribute to stigma.

The pervasive societal attitude behind menstruation as a dirty, taboo process that must be controlled privately begins within the home and extends outwards (Jackson & Falmagne, 2013; Kissling, 1996). Mothers are a primary source of learning, teaching girls to keep their menstrual bleeding and sanitary items secret from any males in the house (Raftos, Jackson &

Mannix, 1998). School health education is a secondary source that has often been found to teach a medical, pathologised version of menstruation, for example, as a failure to produce a baby (Fahs, 2011). While media, as a tertiary source of information, capitalise on the stigma of menstrual blood by further conceptualising menses as a bodily disaster that requires management through the purchase of expensive sanitary products (Jackson & Falmagne, 2013; Kissling, 1996; Lee, 2008). In New Zealand, menstrual taboo is largely shaped by ideas of hygiene and cleanliness, with menstruation being constructed through discourse as a largely negative, unpleasant experience (Agnew & Sandretto, 2016; Brookes & Tennant). Brookes and Tennant's (1998) historical study of Pākehā women's experiences of menstruation points to continuing underlying associations between menstruation and shame, despite modern innovations in menstrual products

2.1 Medicalisation of menstruation

In developed contexts, such as the one this research was conducted in, the discourses surrounding menses can often be linked back to medicalisation (Fingerson, 2005). In which, every day non-medical experiences become socially construed and defined as health issues that require treatment (Johnston-Robledo & Stubbs, 2013). Menstruation is framed in regard to reproductive processes that are outside of an individual's control and "into the realm of science and medicine" (Agnew, 2012, p. 42). Due to this process medical experts, who have predominantly been male, become considered more knowledgeable on the women's body than women are themselves. This has led to women requiring constant approval from medical experts regarding what a normal and healthy female body looks like (Cosgrove & Riddle, 2003).

The medicalisation of menstruation, however, is not wholly incorrect. The biological function is related to fertility and this is certainly something that should be discussed among the genders. Where the discourse becomes problematic for women is in the associations and connotations, which are often negative and void of variability (Agnew, 2012). For example, in her research with U.S adolescents, Fingerson (2005) found that through the medicalisation of physical

constructs, such as menstruation, the female body is reduced to merely its biological state. Thereby individuality is denied and the female body becomes a place of social control. The medical discourse of menstruation is taught early on in school and is therefore challenging to resist given the power dynamics of the education system.

Through discursive constructions, the medical understanding of menses positions menstrual bleeding as a failed attempt at pregnancy (Fingerson, 2006). Thus, alluding to reproduction as the monthly goal, and menstruation as failure to achieve that goal (Diorio & Munro, 2000).

The medicalised discourses of menstruation shape women's experiences of menstruation by deciding what linguistic and technological resources are available (Newton, 2016). For instance, Fingerson (2006) also found girls were highly influenced by the medical discourse of menstruation, as participants regulated their bodies in terms of child bearing and pregnancy potential. Such findings resonate with finding from this research, whereby girls were seen to explain menstruation as an important aspect of fertility (see chapter 4, sections 2.3 and 3.4). Furthermore, socially constructed understandings signify what is a 'normal' body, while medical advances to regulate menstruation are controlled by medical professionals. This does not leave room for a woman's subjective understanding of her own body (Hoggart & Newton, 2013). Unsurprisingly the medicalisation of menstruation situates women's bodies as deficient and in need of fixing, causing men and women to harbour negative emotions surrounding menses. This influences the inescapable societal attitude towards the silence and concealment of periods (Newton, 2016).

2.2 Social representations of menstruation

The representation of menstruation in the media is a topic commonly addressed in qualitative inquiries. Unfortunately, research commonly finds that media chiefly communicates social etiquette rather than factual portrayals of the physiology of menses (Agnew, 2012; Diorio &

Munro, 2000; Fingerson, 2005; Jackson & Falmagne, 2013; Kissling, 2006; Newton, 2016). Western studies, as discussed in Raftos, Jackson and Mannix (1998), suggest that media portrayals of menstruation lead to decreased self-esteem and high levels of guilt when successful menstrual concealment cannot be attained. "With such an arsenal of weapons at her disposal, a woman simply has to choose the right one; it is her fault if she chooses wrongly" (p. 176). Similar findings were reflected in Lee's (2009) study where participants were found to link menstrual blood with other bodily excretions such as urine and faeces, and reported feelings of shame and guilt over not being able to control bleeding. In Lee's (2009) study, girls described their bodies as 'defective' and 'frightening', despite responding that menarche is an 'unavoidable' 'fact of life'. These findings, coupled with my New Zealand based study, provide evidence of a larger Western conflict over ideologies of menstruation.

It is perhaps through innovations in fem-care products that menstruation's heightened state of taboo has been reached, as companies promote the need to remain clean and fresh at all times (Agnew, 2012). In these hardly subliminal messages, hygiene issues are linked to women's bodies in general, not just at times of menses; girl's bodies thereby become a site of hygienic regulation (Diorio & Munro, 2000). This is illustrated in a multicultural study across 34 countries; Uskal (2004) found that menstruation holds status as an illness, rather than a developmental event. In an Australian study by Raftos, Jackson and Mannix (1998), authors found a commonality among research: menstrual product advertisements situate menses as something that can be controlled and easily managed through increased consumerism. However, the messages from media are conflicting with the reality of menstruation. Media often present sanitary items as an 'easy fix' for menstrual bleeding, locating menses as an act that one can postpone dealing with until a more suitable, private time. This leads to an intense fear of being stigmatised for bleed through or breaking menstrual silence (see section 3.1).

2.3 Sex education messaging

The view of menstruation as distasteful and dirty has been found to be linked to messages received in school curricula. For instance, Diorio and Munro (2000) found menstruation education in New Zealand schools focuses on cleanliness management when bleeding, rather than the natural biological process of menstruation. Suggesting that within the education system, the topic of menstruation is presented largely as a hygiene issue, focusing almost exclusively on how to maintain special hygienic control, thus perpetuating myths and miseducation rather than normalising the healthy process of menses (Agnew & Sandretto, 2016; Diorio & Munro, 2000). In a similar vein, Agnew and Sandretto (2016) analysed New Zealand classroom discussions of menstruation during sexual education lessons and maintain that constructions of menstruation remain fundamentally unchanged in over 30 years of research. Menstruation is constructed as simultaneously natural and yet unhygienic (Agnew & Sandretto, 2016), instilling fears of menstrual blood disclosure in young adolescent girls. Sayers and Jones (2015) state that on the one hand girls are told they should take pride in becoming and being a woman, but on the other hand they must take pains to hide all evidence of bleeding, as it is dirty and unpleasant.

In a systematic review of menstrual hygiene management interventions, Hennegan and Montgomery (2016) found moderate, however hardly significant, improvements in school girl's attendance when provided with sanitary items. Additionally, they found supportive evidence for improved menstrual hygiene management and positivity towards menses when participants received menstrual education. The participants' in Hennegan and Montgomery's research expressed a lack of satisfactory education, from both the home and school, inferring that educational based interventions that focus on health rather than menstrual etiquette and sanitary products may improve both girls' and boys' acceptance of menses (Hennegan & Montgomery, 2016; Young, 2006). The lack of satisfactory education was reflected in my study also.

While literature recognizes the age of menarche onset is becoming increasingly younger in most cultures (Lee, 2009), this is still an area that requires a deeper understanding in regards to the education young girls are receiving, their access to resources and their experiences. However, to date it is predominantly adult women and teen girls included in research on menstruation, with younger girls being neglected from participant samples. This leaves a gap in the menstruation literature in regards to the experiences pre-teens (e.g., expectations, concerns, needs), including the education that primary school children are receiving about menstruation.

2.4 The consequences of menstrual stigma

Stigmatisation of menstruation has a range of negative consequences for women (Johnston-Robledo & Chrisler, 2013; Raftos, Jackson & Mannix, 1998). The widespread stigma around menstruation, feminist scholars argue, can be understood as both a reflection and a reinforcement of women's lesser status to men around the world (Jewitt & Ryley, 2014; Johnston-Robledo & Stubbs, 2013; Raftos, Jackson & Mannix, 1998). The consequences of this in terms of social justice are that there remains an unequal distribution of power and opportunities, whereby women are in a constant position of subjugation in misogynistic societies (Johnston-Robledo & Chrisler, 2013). In addition, menstrual taboo also often leads to being inadequately taught about menstruation. This lack of knowledge potentially leads to unique gendered health risks, such as vulnerability to unwanted pregnancy, gender-based violence or exploitation, and in some impoverished contexts, sexual transactional relationships that may take place for money to buy sanitary items (Sommer et al, 2015b). Thus, as discussed in Sections 4 and 5, the natural and rather unavoidable process of menstruation affects poorer women's dignity, equality and human rights.

3 WOMEN'S EXPERIENCES OF MENSTRUATION

3.1 Embarrassment, secrecy and concealment

Unsurprisingly researchers have found the taboo of menstruation is perpetuated indirectly through silence (Johnston-Robledo & Chrisler, 2013). Agnew (2012 p. 39) states in her review of literature that “the secrecy around menstruation removes the individual’s right to choose [to discuss bleeding]; rather it imposes silence and can make girls complicit in the acceptance of secrecy”. The humiliation of menstruation is linked to wider social ramifications and social exclusion.

The majority of studies on menstruation found that women have predominantly negative attitudes towards menstruation (Fahs, 2011; Fingerson, 2005). Lee (2009) attributes such negative attitudes to discourses that position the bleeding body as both polluted and contaminated, enforcing feelings of embarrassment on those who fail to conceal their menstruating status and internalised disgust. Girls learn very quickly that menstruation is an indicator of social exclusion, with Lee (2009, p. 616) explaining the “repugnance associated with... polluting bodily fluids emerges as a powerful indicator of social relations of dominance and subordination: girls, not boys become cast as an ultimate polluting group”. It is considered the ultimate signifier of failed femininity to be caught menstruating, whether that be through soiling, odour, others seeing a sanitary item, or self-disclosure. Therefore, hyper-vigilance and concealment have become the most important aspects of bleeding (Johnston-Robledo & Chrisler, 2013).

Knowledge of the intense and ubiquitous culture of menstrual concealment has prompted qualitative researchers to explore experiences of menstruating women through drawing on personal accounts. For instance, in the USA, Fahs (2011) investigated women’s experiences of

sex when bleeding and the implications of these experiences on sexual identity. She found that over half of her participants reported negativity towards menstrual sex due to menstrual aversion. In a later study, Fahs (2014) again found North American women's subjective experiences of their vaginas in general were persistently negative. An investigation conducted by Lee (2009) with undergraduate women in America found that over three quarters of the participants felt disempowered by the way people treated them differently once they began to menstruate, acknowledging the vulnerability in transitioning from child to sexual adult. Very little research has reported positive elements of menstruation beyond girl's anticipation at being more 'grown up' and not being left out when peers had started menses (Lee, 2009).

3.2 Experiences and perceptions of the menstruating body

All of the literature examined reported women's feelings of overwhelming bodily discontent. Researchers commonly relate this to objectification theory, whereby a cultural background of sexual objectification teaches girls and women to adopt an observer's perspective of their physical appearance, evaluating their place in society based on cultural standards of femininity (Roberts, 2004). All sources of education on menstruation point to women's bodies being deficit, and in doing so devalue women (Raftos, Jackson & Mannix, 1998). Feminist researchers have argued that most women are expected to embody the dominant societal message of femininity and may begin to negatively evaluate their own and others' bodies when they fall short of the unattainable, attractive feminine ideal (Johnston-Robledo & Chrisler, 2013; Sayers & Jones, 2015). This scrutiny of self and others creates cycles of body monitoring, as well as lack of solidarity between (menstruating) women, and ultimately compounds gender inequity (Cosgrove & Riddle, 2003; Jackson & Falmagne, 2013).

Women's negative experiences and perceptions of their menstruating bodies are supported by quantitative findings. Quantitative research, such as that conducted by Cosgrove and Riddle (2008), Erchull (2013), Grose and Grabe (2014) and Roberts (2004), has sought to measure

women's' menstrual self-evaluations. Echoing findings from qualitative studies, using the Menstrual Self-Evaluation Scale Roberts (2004 p.25) found that regardless of age (participants ranged from 12 to 61 years), women practice a "psychic distancing from their physical bodies". Menstruation is seen by women as debilitating, thus a coping strategy is employed to mentally distance the individual from the seemingly faulty body (Erchull, 2013). As discussed throughout this chapter, research most commonly suggests that dominant constructions of menstruation and of women's reproductive processes, inform women's own understandings of their bodies and their social identities (Jackson & Falmagne, 2013; Johnston-Robledo & Chrisler, 2013). The stigmatised status of menstruation continuously endorses negativity as women become preoccupied with ensuring they do not behave in ways that either confirm, or conform, to the menstrual stereotypes (Erchull, 2013). In girls and women who are not critical of society's conditions on femininity, this has been shown to lead to negative emotions, such as guilt and disgust, that influence self-care routines (Raftos, Jackson & Mannix, 1998). In effort to maintain femininity, Ussher (2004) argues that women make decisions about their reproductive functioning that may negatively impact their overall health, a view sustained through other research (e.g. Bobel & Kissling, 2011; Lowe, 2016). Examples of this throughout the literature include: period inhibiting contraception (Lowe, 2016), use of inappropriate methods to conceal period blood (Sommer, et al, 2015a), and negative evaluations of breastfeeding and natural childbirth (Hawkeye, et al, 2017).

4. MENSTRUATION AND GENDER IDENTITY

Many gender-based differences are adorned on bodies (Babatunde & Durowaiya, 2014); in an attempt to establish identities, we create differences between what it means to be a man or woman and we construct gender roles (Fingerson, 2005). These roles dictate the expected behaviours or assigned roles of men and women in all areas of social life. Gender identities are influenced and maintained by the language and behavioural messages cultures favour for each gender (Babatunde & Durowaiya, 2014). Gender identity is constructed and performed

through language, as discussed below and explained further in the methodology chapter. It is through the dominant patriarchal discourses surrounding gender identities in which the subjugation of women occurs, under the illusion of 'femininity' (Riessman, 2003).

Femininity, displayed as a natural part of women's existence, is considered to be intuitive and 'common sense', thus something all women should have little trouble embodying (Vostral, 2011). However, the menstruating woman is constructed as undesirable, unpredictable and ultimately unfeminine (Cosgrove & Riddle, 2003). Menstruation and menstrual poverty are wider social justice issues, as women cannot be considered equally while contending with sanitary item taxes and discourses of disgust (Edley & Wetherell, 2001).

4.1 Linking femininity to the menstruating woman

The Western symbolism attached to menarche holds psychological and sociocultural value for the individual experiencing it; when beginning menstruation, a girl is forced to reconceptualise her identity into that of a menstruating woman. In this particular Western societal structure beginning to menstruate requires conformity - dissociation from childhood, to the hegemonic constructions of feminine appearance and behaviour (Jackson & Falmagne, 2013). Literature, such as Agnew and Sandretto (2016), say menstruation is the key to becoming a woman, while prominent discourses construct successful management of menstruation as the key to femininity (Sommer, et al, 2016).

In New Zealand, Agnew and Sandretto (2016) found that the construction of the female body as messy contributes significantly to the discourse of menstruation as a shameful secret, reinforcing dominant constructions of femininity. Such findings resonate with other Western literature on the menstruating woman as messy and out-of-control (Nicolson & Ussher, 1992). Female bodies are seen as leaky and unclean, therefore requiring a concealing level of cleanliness to be considered feminine. Self-surveillance is therefore a necessary part of being

female. Cosgrove and Riddle (2003) believe an experience of menstrual leakage signifies failure as a woman and that such interpretations serve to “reinforce a hegemonic model of femininity through coercive mechanisms such as self-surveillance” (p. 50). The inability to conceal menstruation, as occurs in cases of menstrual poverty, can be seen as not only shameful, but also as contravening gender norms, and thus amounting to failed femininity (Cosgrove & Riddle, 2003).

The place of menstruating women in society is negotiated through cultural and contextual norms, which together position menstruation as an issue of gender role conformity (Cosgrove & Riddle, 2003). Shame experienced due to menstruation falls under a larger umbrella of shame surrounding unattainable standards of femininity. Ideas about how women should behave are constructed and maintained through identity enactment (Jackson & Falmagne, 2013). Studies conducted by Cosgrove and Riddle (2003), Fahs (2011), Kissling (1996), Lee (2009), and Malson and Ussher (1996), all found that participants reported disliking their bodies, especially so when they were menstruating, as outlined in Section 2.2. International research links gendered norms to female bodies and roles (Bobel & Kissling, 2011; Cosgrove & Riddle, 2003), while positioning menarche as a marker for the transition from girls to woman (Lee, 2008). This research suggests that experiences around menstruation, including that of menstrual poverty, are linked to young women’s ideas about what it means to be a woman within a particular cultural setting, and the subsequent compliance or resistance of gender norms (Lee, 2008; Newton, 2016).

4.2 Constructions of femininity

As discussed above, research taking a gender perspective on menstruation commonly links successful womanhood with self-surveillance and self-objectification (Cosgrove & Riddle, 2003; Nicolson & Ussher, 1992; Roberts & Waters, 2004; Vostral, 2011). Girls are expected to embody a range of different ‘lady-like’ attributes such as being petite, soft, quiet and sexually

desirable to men. Nicolson and Ussher (1992, p. 34) describe these as being feminine characteristics that were legitimised in the nineteenth century, thanks to “misogynistic fantasies about the female body”. Discourses on femininity emphasise grooming and aesthetic appearance to the extent that women believe they are engaging in these behaviours voluntarily, in order to make themselves feel good (Bartky, 1975; Fahs, 2017; Lee, 2009).

In addition to regulating their bodily appearance, women are also expected to manage their emotions, particularly those caused by ‘P.M.S’ (Bobel & Kissling, 2011; Nicolson & Ussher, 1992). In research conducted by Cosgrove and Riddle (2003) on Pre-Menstrual Syndrome (PMS), U.S women were found to endorse the traditional feminine role of passivity and complacency by attributing negative emotions to their PMS, rather than to contextual circumstances. Furthermore, the participants disclosed that they expected to experience PMS, indicating that the “raging hormones [are part of] a women’s biology” (p. 45). This construction creates a space where ‘unfeminine’ emotions can be blamed on the medical aspects of the menstrual cycle and women positioned as simply sufferers of P.M.S. Similarly, Nicolson and Ussher (1992) discussed women persistently describing themselves as experiencing PMS, despite research showing that this is a retrospective opinion whereby women attribute negative dispositions to menses and positive dispositions to external factors. This speaks to the heightened medicalisation of menstruation and the women’s body by illustrating how deviations from standards of femininity are seen as illness symptoms, rather than being circumstantial or personal factors (Bobel & Kissling, 2011).

Menstruation is also commonly associated with fertility and future motherhood (discussed previously in section 21). Vostral (2011, p. 53) terms this “the maternal destiny” of girls, demonstrating that this role is yet another patriarchal imposition on women. It is commonly expected that a woman’s nature should set her on a predestined course to becoming a selfless mother. This is informed through normative ideas of what constitutes a ‘women’s role’,

signalling that women should naturally behave as future child bearers (Bobel, 2010; Lowe, 2016).

In terms of gendered understandings of menstruation, a notable gap exists, as many studies do not involve males in their research. Understandably, men cannot comment on a woman's experiences of menstruation. However, they can comment on aspects such as how modern men perceive the construction of menstruation or the education they have received surrounding menses. For example, Fingerson (2005) included American high school aged boys in her study on the sociology of menstrual talk, finding that they perceived menstruation as a unique position of agency for girls. Menstruation knowledge was understood as limited to women only. Thus, boys voiced that they experienced a change in power dynamics within conversations revolving around menses. Fingerson's (2005) male participants believed menstruation to be a discursive resource girls can use to manipulate social situations, as boys were limited in their understanding of the topic and could not engage without seeming uneducated. Such findings suggest that there is conflict between how boys and girls construct menstruation, and I believe further research on this could reveal opportunities to reorient menstrual discourse in future generations.

4.3 Cultural constructions of menstruation

Another gap in the research relates to participant ethnicity. The majority of the studies (such as Bobel (2006), Chrisler (2011), Johnston-Robledo and Chrisler (2013) and Sayer and Jones (2015)), follow white Western women, which may indicate a culture gap in the literature. For this reason, Orringer and Gahagan (2010) conducted a multi-ethnic study and found adolescent girl's understandings of menses both shared patterns and varied across cultures. Hawkey et al (2017) explored menarche constructions in Eastern women who migrated to Western countries, finding similar results to Orringer and Gahagan (2010). New Zealand researchers Murphy (2011) and Le Grice and Braun (2017; 2018) have addressed traditional

Māori understandings of menstruation and the reproducing woman prior to colonisation. Through taking a Mana Wāhine (Māori feminist) approach to Mātauranga Māori (indigenous knowledge), these studies have shown Māori theologies of menstruation to be dramatically misrepresented in previous research (Le Grice & Braun, 2017). However, New Zealand research has not explored contemporary Māori understandings of menstruation. This I perceive to be a knowledge gap as New Zealand is a complex context.

Within the Māori culture women traditionally held a position of power within society and were highly regarded for their contribution to knowledge. While indigenous knowledge as a whole was denied through colonization, as discussed in chapter one, women's importance in traditional ideologies and legacies was further rejected (Le Grice, 2017; Murphy, 2011). Inequality between men and women arose as settlers brought their patriarchal nature and gender relations into New Zealand through conversing and working only with men (Murphy, 2011). This resulted in Māori women facing both racist and sexist repressions throughout New Zealand history. Western policies and regulations ensured it was impossible for Maori women to continue any reproductive and birthing rituals (Murphy, 2011).

In terms of menstruation, Māori culture has previously celebrated bleeding and women were respected for their fertility (Le Grice & Braun, 2018; Murphy, 2011). Separation did occur: during menstruation women were seen to be in their 'power time' and would choose to stay in birthing houses to rest and learn while men would come and cook for the women (Murphy, 2011). However, it was European missionaries who brought the patriarchal ideas of sexuality and distaste towards women's reproductive functioning to the Māori communities and in doing so misconstrued the segregation of menstruating women (Else, 2017). Colonization also sought to control indigenous sexuality through forcing women into sexual relationships with White men, and incarcerating those women who were found to have STI's (Smith & Reynolds, 2006.). This history is important to understand, as equal citizenship remains a complex issue

for modern New Zealand women, institutional sexism continues and the expected 'role' of women largely remains unchanged, as outlined throughout this thesis, in the context of menstruation.

5. MENSTRUAL HEALTH AND POVERTY

Menstrual hygiene management has been brought into focus as a global public health problem by research that has highlighted the first-hand complications girls are facing in relation to menstrual health and participate in education (Sommer, et al, 2015). As mentioned, previous menstrual poverty research has focussed focus largely on poorer countries where economic barriers create access to proper menstrual hygiene management, including the cost of sanitary items, but also poor access to water, sanitation and disposal facilities (Crichton, et al. 2013; Jewitt & Ryley, 2014; Secor-Turner, et al. 2016; Sommer, 2009; Sommer, 2010; Sommer, et al. 2015a). These adverse conditions set the baseline for complications around menstruation at school. Not only is this a potential interruption to girl's active participation in their everyday lives (e.g., schooling attendance, participation in sports), but it also adds an additional element of shame and a barrier to menstruation-related communication (Jackson & Falmange, 2013). To date there is a gap in New Zealand based research on school girls in similar positions, such as research into girls taking time off school due to menstruation and also younger girls access to disposal facilities as onset of menses starts occurring at a younger age. My study aims to address this research gap.

Experiences of menstrual poverty also occur against the backdrop of pervasive social taboos related to menstruation, as illustrated above. Qualitative studies in Kenya, Nairobi, and Tanzania have investigated the perspectives of young women in relation to challenges with menstrual hygiene management. These studies seek to show how everyday geographies of menstruation and puberty reflect and reproduce inequalities. Research contexts include gendered school attendance and broader life chances (Crichton, et al. 2013; Jewitt & Ryley,

2014); the impact of menstruation on daily lives (Secor-Turner, et al. 2016); and needs of pubescent girls in the education system (Sommer, 2009; Sommer, 2010). School attendance may be affected as girls stay at home while menstruating due to poor menstrual hygiene management (MHM). For instance, in a rural Uganda study 90.5 percent of the participants did not have adequate MHM (Hennegan, et al, 2016). While in Kenya, Girod, et al (2017) found schools had only one toilet to every 45 pupils, failing to reach policy guidelines of one toilet to every 25 girls. Thus, adversely impacting ability to impact menstruation in school.

Girl's poor school attendance may be compounded by widespread support for traditional gender norms that lead to differing sets of gendered educational expectations that favour boys over girls (Crichton, et al. 2013). Research found boys were encouraged to attend school for longer periods, while also performing educationally higher in the long-term due to better attendance (Jewitt & Ryley, 2014). These findings echo research in other contexts which points to the stigma associated with menstruation in general, and menstrual poverty in particular (Jackson & Falmange, 2013; Johnson-Robledo & Stubbs, 2013; Kissling, 1996; and Crichton, et al, 2013).

Alongside the taboo of menstruation, there is stigma associated with living in a position of poverty (Hudson, 2016). These two socially unfavourable factors intersect to cause a compromising position for girls who are unable to afford sanitary items, because they cannot effectively conceal their menstrual bleeding or regulate the 'freshness' they are relentlessly expected to embody (Jewitt & Ryley, 2014). Due to the double stigma of menstrual poverty, research on the topic is challenging, particularly in developed contexts where girls and women may rarely admit to being in this position. While there is a severe lack of data on menstrual poverty rates in New Zealand, it is likely that any research attempting to quantify this will yield inaccurate results; concealment protocol is so strict that women will rarely indicate menstruation is the cause of illness or absence (Sommer, 2010). Likewise, it is unrealistic to

envisage adolescent girls will admit to taking substantial time off school due to menstrual poverty, as seen through the results of this research.

Menstrual health has been recognised as an important public health issue as inadequate management of menstruation (i.e., not using sterile sanitary products like tampons) can lead to various health problems (e.g., gynaecologic infections and virus transference) as well as psychosocial issues related to stigma, shame, and emotional disturbances (House, et al, 2012). Where the topic of menstruation has previously been situated in the private sphere, there has been a shift to greater public responsibility from governments, especially through structures such as schools. Barriers to menstrual hygiene management within school settings in developing contexts have gained attention internationally, both in the media and in research literature. However, very little research has been done in this field in New Zealand, rendering menstrual poverty a very poorly understood phenomenon that requires increased acknowledgment.

6. CONCLUSION

In this chapter I have discussed literature on the hegemonic ideal of femininity and how menstruation is considered a tarnished mark on a woman's identity, therefore requiring intense secrecy and concealment at the risk of social exclusion. Most of the literature in this field has been conducted in Western developed countries have share similar societal structures to New Zealand and thus are valuable. Comparable New Zealand studies on menstrual poverty were not found. Research on menstrual poverty is a relatively new field, especially in Western societies, and the majority of the studies discussed throughout this chapter were conducted in developing countries. I believe this indicates a gap in the research and the need to consider menstruation from the perspectives of youth from different cultures

and social classes in New Zealand. The following chapter will discuss further the theoretical frameworks underpinning this research and the methodology undertaken to complete it.

CHAPTER 3: METHODOLOGY

1. INTRODUCTION

Exploring personal, everyday experiences requires a theoretical framework that reaches beyond the expected characterisations of identity and acknowledges a spectrum of identity creating events. The nature of such inquiry fills gaps that have arisen through other forms of research, creating room for the standpoints of often voiceless people (Sosulski, Buchanan & Donnell, 2010). In order to explore gender performances in accounts of menstrual poverty, I have adopted a discursive approach to a narrative analysis technique (Bamberg, 2004; Riessman, 2012). The method of analysis will be applied to identify discourses drawn on and the gender positions taken up and/or resisted in participants' account. I also consider what these gender performances suggest about the construction of the girl's gender identities. In this chapter, I outline the theoretical framework, methodological procedures and key qualitative concepts used in the data analysis.

2. THEORETICAL FRAMEWORK: A SOCIAL CONSTRUCTIONIST NARRATIVE APPROACH

The construction of the gendered self is an on-going process whereby individuals are constantly negotiating a socio-culturally appropriate, and unique, identity. Narrative inquiry is made up of many diverse approaches, but "as a general field shares a commitment to viewing self and identity not in essentialist terms, but as multidimensional and connected to social, historical, political and cultural contexts" (Smith & Sparkes, 2008, p. 7). In this thesis, I take a social constructionist approach to narrative analysis, as outlined by Bamberg (2004) and Riessman (2002) to explore identity construction in participants' narratives.

Within this framework, I adopt a feminist standpoint. While social constructionism is not inherently feminist, it has been widely taken up by feminists who argue that gender identity is constructed and performed through language (as explained further below) and who seek to show how dominant patriarchal discourses are implicated in women's identity construction and, ultimately, in the subjugation of women (Riessman, 2003). After discussing the theoretical underpinnings of my approach, I will explain each of these concepts in turn.

2.1 Social Constructionism

A social constructionist perspective, pioneered by George Herbert Mead, Karl Marx, and Émile Durkheim, among others (Mercadal, 2014), asserts that social reality is not uniform and objective, but rather created by human beings as we make meaning of our world (Archakis & Tzanne, 2005). Social constructionism therefore sees knowledge as constructed by culture and society. Attention is placed on the social meaning and significance of common ideas - often these common ideas are taken as natural and obvious truths to the societies who construct them, however may not be shared as common knowledge with other societies (Hibberd, 2005). For example, as Agnew (2012, p. 9) argues, "Language associated with menstruation may seem neutral, [however] hygiene and reproductive cycles are not simply signifiers of concepts, but create meaning around menstruation". While the physical process of menstruation itself may not be socially constructed, the ways in which we understand the menstrual cycle are. For instance, terms such 'hygiene crisis', or 'sanitary items' commonly used when discussing menstruation create significant negative meanings about menstruation and women's bodies (Cosgrove & Riddle, 2003).

The creation and adoption of socially constructed concepts is a shared task; notions must be jointly created and continuously passed around society in order to be collectively accepted by all. From this perspective, knowledge is not fixed but rather constantly created and

re/negotiated as a sort of problem solving mechanism (Lockwood Harris, 2016). The exchange of social processes among people is what sustains social constructs. Through conversations and interactions with others, we develop shared assumptions about reality that form our basis of knowledge. For instance, as discussed in the literature review, across most cultures, “menstruation has been constructed as such a shameful, taboo topic” (Jackson & Falmagne, 2013, p. 382). Societies shared attitude of menstruation as a dirty process requiring concealment begins primarily within the home (Jackson & Falmagne, 2013; Kissling, 1996). Mothers and other older women are a primary source of learning, teaching girls to keep their menstrual bleeding and sanitary items secret from any males in the house. School health education is a secondary source that has often been found to teach a medical, pathologised version of menstruation, for example, as a failure to produce a baby. The media and advertisements then capitalize on this taboo and the promotion of secrecy, further instantiating menstruation as an isolating hygiene obligation, as outlined in the previous chapter (Jackson & Falmagne, 2013; Kissling, 1996).

As the above examples show, within the paradigm of social constructionism, language is seen not merely as a reflection of the experiences of people, but as the social and collective method of giving meaning to the world (Fingerson, 2005). Thus, as Burr (2015, p. 10) states, “rather than viewing language as a route to internal psychological states, such as emotions or attitudes, social constructionism sees language as one of the principal means by which we construct our social and psychological worlds”. Language does more than simply name or label objects, but instead constructs meaning. Therefore, the object of inquiry for this project is language itself.

It is through social communication that gender-based differences are inscribed on particular bodies (Babatunde & Durowaiya, 2014). For instance, societies attempt to distinguish heteronormative masculine and feminine identities based upon meaningful biological

differences (e.g., the capacity to menstruate and conceive babies). In this way, we create differences between what it means to be a man or woman and actually create or fashion gender roles. These roles dictate the expected behaviours or assigned roles of men and women in all areas of social life. In this way, gender is created and maintained by the language and ideological messages given cultures favour for each gender (Babatunde & Durowaiya, 2014). The social construction of gender identity is discussed further below.

2.2 A discursive/performative approach to narrative inquiry

Narrative inquiry attempts to understand the meanings people create in their lives, through the arrangement of narrative accounts or storytelling (Bamberg, 2003). Connelly and Clandinin, (1990, p. 2) explain, “people by nature lead storied lives and tell stories of those lives, while the narrative researchers describe such lives, collect and tell stories of them, and write narratives of experience”. Memories and how we think about experiences retrospectively are all created through narrative format; narratives are considered to be a co-construction of knowledge, therefore privileging the positioning and subjectivity of the narrator (Bamberg, 2004; Riessman, 2003).

Narrative analysis researchers view narratives as the object of study. It is through the co-constructive process of storytelling in which details emerge of the social, cultural and institutional influences that shape an individual’s understandings and experiences (Connelly & Clandinin, 1990). What this means for the analysis itself is that the largely surface level socially acceptable narratives, while interesting, are not the objects of this particular inquiry (Bamberg, 2004). Situated throughout the larger narratives are micro-narratives with much more temporal boundaries, negotiated socially between the narrator and the listener. The terms ‘story’ or ‘narrative’ are used in this thesis to refer to experiences or examples the participants discussed with me in response to open questions on menstruation. These smaller stories highly

relevant to subjectivity performances (Riessman, 2008). Narratives are therefore a space for the construction of gendered selves.

2.2.1. Gender identity as constructed and performed

Watson (2007) describes identity as the fluid performance of self-played out in our everyday discursive presentations. Identities, like social structures, are not innate and immutable, but are rather dynamic and shifting constructions. Identity defining positions such as gender “are built within a structure of social relations, rather than being biologically determined” (Mercadal, 2014, pp, 2). Following the social constructionist interpretation of language, individual subjectivities are seen as constructed through language and the narratives we tell about ourselves, as we become the stories that we tell about our lives (Riessman, 2003, p. 7). It is through the use of discourse during the process of storytelling that our selves are identified, constructed and represented in relation to the wider social context (see section 3.1). For example, Bamberg (1997) states that narratives will always construct a speaker’s identity. By offering and telling a narrative, speakers lodge claims for themselves in terms of who they are.

Through attuning to the descriptions and evaluations that the narrators have chosen, we may grasp how speakers are signalling how they want to be understood. Ambiguities and inconsistencies found in these narratives offer a way to examine how the speaker is managing their social identity throughout different contexts – as this research seeks to address. Subjectivity performances can be analysed by looking at how narrators position themselves and others in their accounts of events (see section 3.3). According to Bamberg (2004), narrators draw on pre-existing sets of meanings, or discourses, available to them within which they can take up or negotiate particular positions and, in this way, they construct or ‘perform’ particular identities. Thus, Watson (2007) explains it is important to analyse not only *who* the characters are in the account, but also *how* they are established as characters and *why* they

have been positioned in such a way. This will, in turn, lead on to understanding what the narrator hopes to accomplish by telling their story in such a way and where they believe they are positioned in larger society. The theoretical concept of positioning, which I discuss below, allows for an exploration of identity as performed in narratives, through which connections are made to wider dominant social storylines that impact the social construction of particular gendered selves (Reynolds, Wetherell, & Taylor, 2007, p. 336).

3. KEY ANALYTICAL CONCEPTS

3.1 Discourse

According to Agnew (2012, p. 10), 'discourses are an interrelated system of statements, produced by social factors, or powers, where meaning is constituted by specific groups, cultures and historical periods. Discourses are the meanings and practices we build about the objects we speak about'. Commonly people in positions of power pioneer derogatory dominant discourses and a critical look at the function of such discourses often reveals that the messages behind them seek to sustain the power dynamics. In previous constructionist and narrative work these social forms of communication have been variously termed "master narratives, master plots, culturally available narratives, dominant discourses or simply cultural texts" (Bamberg, 2004, p. 335). In this thesis, I opt simply for the well-known term 'discourse'. The term discourse is utilised throughout this research to encapsulate how language is employed to construct and create meaning. The choice of language used when recalling experience is of direct interest as it provides a window into the dominant discourses available to and mobilised by the narrator. It is from here that we may begin to speculate on the history, function, regulation and social effects of such discourses (Bamberg, De Fina & Schiffrin, 2011).

The power of socially dominant discourses is that they are presented as common-sense truths and are therefore rarely disputable (Agnew, 2012). Gergen (1985, p. 558) explains that "descriptions and explanations of the world themselves constitute forms of social action. They

thus serve to sustain and support certain behaviour patterns to the exclusion of others". Language uses binaries to create normative positions on a topic, while discourse constructs acceptable ways of speaking about a phenomenon that perpetuate the favourable social positions (Agnew, 2012). For example, discourses and socially expected behaviours surrounding menstruation may be understood by some as discriminatory, in that they seek to justify and maintain power relations between men and women, however the strength of the shame, secrecy and hygiene discourse is so invasive that they have become legitimate truths that are experienced and unquestioned by women, rather than mere opinions (Jackson & Falmagne, 2013).

A lack of positive discourses and guidance surrounding menstruation has been linked to downfalls in girls physical and mental health (Diorio & Munro, 2000), given this widespread negativity and the potential effects this can have on women, Jackson and Falmagne (2013) argue that it is important to consider talk and discussion about menstruation when considering reproductive health.

3.2 Spoiled identity as a result of stigma

Stigma as a social construct, is shaped by cultural and contextual factors (Minaker, Elliotte & Clarke, 2015) and is employed to assess how someone's social identity fits, or does not fit, into their social setting (Goffman, 1963). Stigmatised identities, which differ from stereotyped identities as stigmatised identities are inherently negative (Cook & Dickens, 2014), can be used to shame or discredit an individual. Therefore, they are a consistent cause of distress and anticipation for those who have potentially stigmatising attributes (Ikizer, Ramírez-Esparza & Quinn, 2017). Central to the concept of social constructionism, Goffman's theory of stigmatization (1963), proposes that stigma occurs when there is a metaphorical mark on a person's social identity, which characterizes them differently to others, thereby spoiling their identity. When an individual possesses attributes that differ from the contextually normative

expectations of what an individual should be, the individual is negatively positioned (Yang, et al, 2007). Minaker, Elliotte and Clarke (2015, p.599) define stigma as “the co-occurrence of labelling, stereotyping, separation, status loss, and discrimination within the context of individuals... exercising power over stigmatized individuals”. Goffman (1963) also indicates that once identity is spoiled the individual becomes discredited and is rarely able to dispute this.

Since stigma is socially constructed, and therefore contextually bound, individuals can manage and negotiate potential stigmatization through methods of avoidance and concealment (Morison, et al, 2016). Identity work, as addressed in this research, is “the mobilizing of discursive resources to construct particular kinds of identities... often done in order to avoid negatively valued or “troubled” identities” (Morison et al. 2016, p. 189). The gendered identity of a feminine woman has shaped socially acceptable gender behaviours and been a place of social exclusion for many years (Bartky, 1975); unattainable standards of femininity and ideas about how women should present themselves are created by, and serve to maintain, patriarchal societies (Jackson & Falmagne, 2013). International research links the issue to gendered norms and the understanding of female bodies and roles (Bobel & Kissling, 2011; Cosgrove & Riddle, 2003). When women fail to comply with the prerequisites of femininity, they risk stigmatisation and the spoiling of their social identities. For instance, adverse reactions to leaks of menstrual blood are equivalent to stains on a women’s identity. Menstrual blood is seen as proof of women’s bodily contamination and failure to keep this concealed is a mark against one’s femininity as it is widely expected that women should strive to keep menses controlled (Johnston-Robeldo & Chrisler, 2013). This research seeks to address the reflexive and pre-emptive ways girls avoid the spoiled identity of menstruating women through non-disclosure concerning their menstrual status, self-surveillance, and diligent presentation management.

The shame experienced due to menstruation falls under a larger umbrella of stigma surrounding women's bodies. Research suggests that experiences around menstruation, including that of menstrual poverty, are linked to young women's ideas about what it means to be a woman within a particular cultural setting (Bobel & Kissling, 2011; Cosgrove & Riddle, 2003). More relevant to this research, the place of menstruating women in society is negotiated through cultural and contextual norms, which together position menstruation as an issue of gender role conformity (Cosgrove & Riddle, 2003). Identity development for girls menstruating in lower socioeconomic contexts, involves constructing identities that master the narrative of femininity. Through intensive concealment of the body, and resisting stigma that may result from positions of poverty through discursive performances, this can be achieved (Riessman, 2012). The management and repair of spoiled identities is reached through positioning, discussed below.

3.3 Positioning work

As intimated above, particular discourses dictate the available positions subjects can take up through narration. For example, a gender discourse offers positions of menstruation as a sign of adult femininity and future motherhood, while a hygiene discourse offers positions related to cleanliness or freshness. These positions are often in relation to other people and allow individuals to modify their positions as they locate their own and/or others social status within their talk (Morison & Lynch, 2016). Grammatical resources construct the narrator's identity by allowing agency to be communicated. The narrator may place themselves as vulnerable, passive victims, or powerful, agentic and in control (Riessman, 2012). People achieve reflexive positioning work in their language and discourse through avoiding, minimizing or challenging stigma related conversations (Morison et al, 2016). For instance, drawing on the dominant hygiene discourse around femininity and menstruation, a speaker may position herself as an 'ideal woman' who successfully manages her menstruation through discretion and complying with expected sanitary routines. Likewise, these same hygiene discourses can be used to

construct certain women as inferior for allowing others to detect that they are menstruating due to odour or visible bleeding. Women may also employ these resources to resist menstrual stigma, specifically menstruation as dirty or shameful. By reframing menstruation as a natural process, participants utilise a position Morison et al (2016, p. 186) describes as 'condemning the condemner'. In this position women are able to renounce responsibility to conform to menstrual etiquette and shift blame onto the person who is condemning the natural process of menstruation. Thus, tactfully managing to avoid spoiling one's identity. Therefore, identity construction is enabled, as well as restricted, by the discourses that are available for narrators to draw on.

4. METHOD

As discussed in Section 2, previous research on social stigma and positioning shaped the narrative inquiry approach used throughout this research. Methods of data collection and analysis sought to reflect the diversity of subjective experience. Thus, interviews and data analysis were conducted in ways that allowed individuality between participants, as I explain in the remainder of this chapter.

4.1 Recruitment

Recruiting in an ethical and sensitive way was an expected challenge due to the sensitive nature of the topic. Initial contact was made with high schools in the Tairāwhiti area, asking school principals to attend a meeting with myself, as the researcher, to discuss whether menstrual poverty was a known problem within the school. It was proposed to the principals that conversations with school nurses and/or guidance counsellors would help to understand the extent of the issue within individual schools. This also allowed opportunity to network with appropriate staff that were in contact with potential participants on a day to day basis. I then discussed with appropriate staff within participatory schools whether they had noticed problems with menstrual poverty in their schools. This led to conversations surrounding what

their policies on this topic were, if there were any official guidelines, and whether there were particular students they might be aware of who could be approached to participate. The staff then assisted me to recruit participants. The understanding behind doing so was that the nurses are likely a first point of contact for students who routinely needed to ask for sanitary items. This was envisaged as a sensitive way to recruit participants, removing the need to publically advertise due to the expectation that advertising would not attract participants to this sensitive project. From here a snowballing effect was anticipated, in which participants would approach others they know who may also qualify and like to participate in the project, however this was only seen in one of the participating schools which held a larger number of pupils.

Upon meeting with the first school it was brought up by the designated medium that the participant information sheet might have been intimidating to potential participants, through the use of reoccurring terms such as 'menstruation' and 'menstrual poverty'. The school representative asked that emphasis on poverty was reduced slightly and information was reworded to be more reader appropriate. This was achieved easily without misconstruing the reason for the interview by changing sentences surrounding menstrual poverty to 'challenges relating to accessing sanitary items' (see Appendix C). The term menstruation was changed to period and interviews included a discussion on commonly used terminologies the participants used when talking about getting their periods.

The two participating high schools differed in how they approached participating students; one high school spoke to students prior to the interviews asking who may be interested in an attempt to ensure the students attendance at school on the day of the interview. The larger high school compiled a list of students who often come to the guidance counsellor asking for sanitary items and then removed the girls from class to ask about participation, without discussing interview details prior. This resulted in differing dynamics from the two schools as in

the first school students had time to think about relevant experiences to discuss and were less likely to decline participation, while in the second school students had higher rates of declining involvement and rushing interviews as they had been pulled away from prior commitments.

4.2 Participants

Participants for this study were adolescent females from high schools in the Tairāwhiti district area who live in low socioeconomic areas, attending schools with low decile ratings. New Zealand's Ministry of Education (2017) calculate decile ratings to determine levels of funding that schools require based on the socioeconomic communities of the pupils. To quantify this rating the Ministry receive enrolled student's addresses from the schools' and account for each pupil's overall household income, parental employment status and educational levels, household overcrowding and any income support received. Based on these indicating scores schools are ranked into funding deciles, whereby decile one indicates very high levels of students from low socioeconomic communities, while decile ten indicates very low levels (Ministry of Education, 2017).

In order to take part, participants were required to be 16 years old and over, and competent to give informed consent. The initial aim was to recruit 2 to 3 girls per school, with a total number of 6 to 9 participants. Of the five schools in the Tairāwhiti region who were contacted to participate only two schools expressed interest; the two schools that participated in the research were rated decile three and decile two by the Ministry of Education in 2015. As summarised in table 1 below, a total of eleven interviews were conducted across the two schools.

Participants were either sixteen or seventeen years of age and indicated they had begun menstruating on average three years prior. However, many of the girls had avoided consistent monthly menstruation through the use of birth control such as the injection or 'jab' (e.g., Depo

Provera) and contraceptive implant (e.g., *Jadelle*). One participant was pregnant at the time of the interview. Living circumstances varied between living with immediate family, living with extended family and living with partners and their families, which gave insight into the range of ways girl's access sanitary items when living circumstances are in flux.

Table 1: Participants demographic details

PSEUDONYM	SCHOOL	AGE	ETHNICITY
Alice	A	16	Māori
Amy	A	16	Māori
Jamie	A	16	Māori Indian
Jane	A	16	Māori Indian
Kate	B	16	Māori
Kim	A	17	Māori
Kylie	A	17	Māori NZ European
Louise	A	16	Māori
Nicky	A	16	Māori NZ European
Olivia	A	16	Māori
Sam	B	17	Māori
Shannon	B	17	Māori NZ European

4.3 Study location and description of the schools

Tairāwhiti, the region where the research was conducted, is an isolated region on the East Coast of the North Island. Gisborne is the main city, yet there are many small pockets of housing dispersed around the coastline that are included in this region. The Ministry of Health (2016) estimates a population of approximately 48,000 for the Tairāwhiti District, with a majority of the population residing in Gisborne City. The population is relatively young with 31.3 percent being under the age of 20, compared to the wider nations 16.30 percent under 20. The proportion of Māori in Tairāwhiti is three times the national level, with 50.2 percent of the Tairāwhiti population identifying as Māori. The age profiles for the region show that Māori have a younger population structure than non-Māori, with Tairāwhiti District Health (MoH, 2016) projecting 11,550 Māori age 24 and under in 2016/2017, comparative to 5,130 European linked ethnicities in the same age bracket. This is speculated to be due to the high pregnancy rates that are linked to Tairāwhiti's high level of deprivation (MoH, 2016). Due to its

geographical location, poverty in Tairāwhiti may mean experiencing job insecurity, persistent low income and reduced ability to afford or access resources. The community experiences lower levels of education, lower average incomes, higher unemployment rates and higher benefit use than other New Zealand regions (MoH, 2016).

The two schools involved in this research vary in size and student body composition. Aroha High School, School A, is a large, city centred, girls only school with a New Zealand based decile rating of three (Ministry of Education, 2015). Being a secondary schooling institute the school teaches years nine through to thirteen and has pupils from a range of different socioeconomic backgrounds due to its public status and easy accessibility. Aroha High School is the only all-girls school in the district. Maunga School, School B, is a rural, co-educational school, with a decile rating of two (Ministry of Education, 2015). It offers teaching from years one through to thirteen; however, the student body is very small with one of the participants reporting there were less than ten pupils in her year. Both are public schools; however, Maunga School is based in a substantially lower socioeconomic area than Aroha Girl's High School (names used here are pseudonyms)

4.4 Data collection

Data were generated through semi-structured interviews which sought to allow participants to describe the experiences they have seen and faced, from their own personal understanding, while exploring how the participant perceived their experiences in relation to broader sociocultural norms associated with menstruation (Casey, Proudfoot & Corbally, 2016). Cultural supervision was sought before interviews commenced to ensure the questions and information sheets were culturally appropriate.

Semi-structured, one-on-one individual interviews were deemed the most appropriate method to discuss sensitive details such as lack of access to sanitary items – a group interview with two

friends was trialled to test the suitability of having a support person involved in the interview and it was found that participants disclosed more relevant information when alone. These took place in a private space. Both schools offered private rooms for interviews to be conducted in without interruption; one school offered a doctor's office while the other offered an unused room in a secluded wing of the school. Interviews ranged from 20 to 40 minutes in duration. After each individual interview was completed it was immediately transcribed, conventions used can be found in Appendix F.

Interviews were audio recorded to ensure correct transcribing and basic notes were taken throughout the interview. The loose structure guided participants into the relevant areas of discussion while giving them the freedom to respond in such a way that highlights their individual construction of experience. This approach attended to the research questions by asking the participants to identify how challenges of menstruating at school and menstrual poverty have affected them and their subjective experience, which will have impacted on their identity development.

Due to the social constructionist nature of language and experience, use of narrative positioning as a data analysis method allows acknowledgement and appreciation of the plurality of identity construction (Archakis & Tzanne, 2005; Kraus, 2000). Theorised by Connells (1995) and Fingerson (2005), the body is seen as a location for the negotiation of power. Asking participants to discuss their body at the same time as their social patterns was an attempt to gain insight into how they think about personal agency, in the matrix of society's constraints on that agency. The body can be used in an agentic manner, to assert power over a situation, as it is both "an object and an agent in social processes" (Fingerson, 2005, 93).

Riessman (2008) explains that through the methods of transcribing, analysing and subsequent retelling of the interview dialog, the analyst is shifting fluid speech into writing which

continues the construction and meaning making of the text. The co-construction of the stories presented between participants and myself was not limited to the immediate interview, but was carried on throughout the transcription and analysis. Therefore, a certain level of explanation of myself as the analyst must be included here so as to understand my involvement in the research. As a 'white', NZ European, financially independent, 25-year-old woman, there were some obvious demographic differences between the participants and myself. However, where possible I made a conscious effort to reduce any chance the participants may make assumptions about my class or socioeconomic status based on initial appearance and I was very cautious to avoid the use of language that may have positioned myself as in a place of higher power. However, participants were made aware I was a psychology student through Massey University and this may have impacted how some girls chose to respond during the interviews.

My personal position as a single, millennial, feminist woman influenced my decision to dedicate a year worth of research to this topic, which in turn has influenced my research position. While I have never experienced menstrual poverty, I grew up in a context where there was discomfort in asking for sanitary items as menstruation was not a discussed topic. I feel that this allowed me both to build rapport with my participants based on commonalities, and create a research relationship. Still, the nature of the topic is that it is sensitive to discuss and generally many things go unsaid. Some participants may have experienced initial intimidation by entering conversation with someone so openly prepared to discuss periods. As I conducted interviews, the more my own barriers towards menstruation talk were broken down.

All of the research participants aligned with Māori culture in some ways and throughout the research I kept in mind how differences in our cultures may be influencing the research. Cultural supervision was readily available at all times; however, I did not get the impression

that the ethnic differences between myself and participants created significant power differentials or misunderstandings. Being a female who shared many of the negative experiences participants divulged, I found it was occasionally a challenge to distance myself and not overly agree or encourage the girls when they answered in, what I would consider as, a body positive manner.

4.5 Data analysis

The narratives that participants volunteer show how the girls position themselves in their contexts, offering different and subjective creations of social reality. This project follows Bamberg's (1997) three levels of narrative positioning; namely, the story world (i.e. the story of perpetrators and victims, and personal qualities characters have), the interactional context in which the story is told, and the wider social context which is beyond the local conversational situation (which also links the narratives to broader relations of power, as explained earlier). This analysis method examines the participants in relation to how they present themselves in the stories they divulge; how they interact with or position others (including the researcher) when telling their story; and the societal positions they identify with throughout the story. All of these aspects link to identity construction (Archakis & Tzanne, 2014).

In order to identify the subjectivities presented in the girl's narratives, interviews were initially colour coded into reoccurring discourses and positions taken by the interviewees. The discourses were then mind-mapped to highlight where positions were drawn upon or resisted and also where there was tension or intersection between dominant positions. Through doing this I was not only immersing myself in the data but also iteratively following the first two levels of Bamberg's narrative positioning.

The initial phase involved looking at the interviewee's character construction and context dynamics. Meanwhile simultaneously considering in what way the speaker is signalling how

they wish to be understood and what this contributes to the identity they wish to portray – phase two of Bamberg’s narrative positioning. Phase three involved considering how the girls used their stories to create identity portrayals of themselves and inferring what these revealed on wider identity dynamics (Bamberg, 1997). These steps were taken while concurrently rereading through relevant academic literature to ensure a good understanding of the concepts being used.

5. THE RESEARCHER’S ROLE IN DATA COLLECTION AND ANALYSIS

Research such as this is intensely personal and researcher reflexivity needs to be accounted for. As such, I have used a diary and supervision as tools to continuously reflect on my contribution to the research. In many ways, I write this thesis this from the perspective of an insider who shares similarities to the participants. I am multiply situated in the research as I am a young woman, I menstruate, I have been influenced by media’s representations of the ideal female and I have previously felt betrayed by my body. My personal subjectivity has inevitably shaped the narratives and my interpretation of the data. Interviews were treated as a co-construction of data. Stories the participants have chosen to tell, were done so as answers to the questions I posed in the interviews. Thus, the transcripts reflect the participants’ reality (Finlay, 2014); yet become data through co-construction with myself as the researcher. There is an inevitable dynamic between a person conducting an interview and a person participating; meaning that many of my subjectivities will have shaped the interviews and my analysis of the transcripts. Upon reflection, I entered the interviews under the scope of a feminist academic, situating myself as a psychologist student from Massey University. This may have caused participants to feel negatively (or positively) towards me based on their individual histories with psychologists or people in positions of power. Alongside this, my motivation for conducting the interviews were based on adding to my research. Reflexively, I understand I will have perceived the transcripts through a social constructionist view that serves the interests of

my research (Bolam & Chamberlain, 2003). however smaller stories in the transcripts were pulled from the data and analysed.

6. ETHICS AND QUALITY ASSURANCE

All data collection methods and research materials were approved by the Massey University Human Ethics Committee, prior to contact being made with schools. Research was conducted in an ethically sound manner with consideration towards the sensitivity of the subject. Written permission to recruit participants and conduct interviews on school premises was obtained from the school principals and also from the assigned medium staff member (Appendices A and B). Each participant read over an information sheet in front of the researcher and then signed a consent form (Appendix D), giving consent to be interviewed, and for the interview to be audio-recorded. Information such as participants' ethical rights to information and confidentiality, and their right to withdraw from the study were also discussed verbally to ensure participants were aware of the steps taken to ensure privacy. All documentation, which may identify schools or individuals involved, was either locked away or password stored electronically to ensure no breaches to autonomy.

Biscuits were supplied during each interview. After the interview, each participant was given a gift card as a way of thanking them for their time. Sanitary item sample packages donated by local health nurses were gifted to the participants and reusable menstruation cups donated by *MyCup* were offered to those interested. Aside from a brief indication on the information sheet, participants did not know about the gift voucher or sample packages before the end of the interviews to ensure that participation was entirely voluntary, and that there was no monetary incentive to take part.

Using Finlay's (2006) criteria for evaluating qualitative research, I argue that this research has shown a high standard of conduct. Ethical integrity and researcher reflexivity has been

considered deeply, as commented on above and in previous sections. Researcher transparency and research replicability has remained of utmost importance throughout all aspects of the investigative process (Finlay, 2006). With respect to the needs of the participants, cultural supervision was utilised and referral to other helpful agencies was made available to participants who felt they might need it- although this was not taken up by any participants. To ensure research credibility, participants were offered the opportunity to look over the written transcriptions of the interviews to check they were happy that transcription was accurate and also that they had been correctly understood in their explanations – attuning to the co-construction of the data.

In terms of contribution to the field and the larger community of knowledge, this research is addressing a social justice issue and adding to knowledge in how structural systems of oppression are influencing our younger generations. I believe menstrual poverty is a topic not many people have needed to consider previously; certainly, the majority of people have been confused when I discuss my thesis with them and therefore I expect these findings will unsettle some, while challenging complacency in others. For the larger society, it is my hope that the findings from this research facilitate empowerment and positive change in New Zealand.

7. CONCLUSION

In this chapter I have outlined the basic premises of social constructionism, narrative inquiry and Goffman's theory of stigma. To reiterate how they fit into this research, social constructionism is the theoretical foundation whereby knowledge is understood to be created through language and shared discourse by the individual, based on cultural and social means available to the society (Burr, 1995). Narrative inquiry is the analysis technique and involves looking at the stories people tell as the research data. Through using Bamberg's levels of narrative inquiry to identify what the speaker is seeking to achieve through their narrative – links to identity can be made (Bamberg, 1997). Goffman's theory of stigma is used to

understand how discourse is utilised to resist or reinforce socially dominant expectations of menstruating women.

The second half of this chapter included a description of the data collection and analysis processes used in the research. Interviews were conducted with high school aged girls, touching on experiences of menstruating at school, menstrual poverty and common menstruation stereotypes. Steps of narrative analysis were taken to extract repetitive discourses and reoccurring themes that may indicate subjective identity positions. The following chapter will go into greater detail of the data analysis and the major research findings.

CHAPTER 4: ANALYSIS AND DISCUSSION

1. INTRODUCTION

Throughout the interviews, specific societal influenced menstruation discourses were repeated: menstruation as a hygiene discourse, menstruation as a natural bodily function and menstruation as a women's only issue. These discourses construct a conflicting subject position of taking pride in being a woman, yet remaining discrete about naturally occurring womanly bodily processes, in order to successfully comply with patriarchal definitions of femininity (Nicolson & Ussher, 1992). Menstrual poverty was lightly touched on by a small number of participants (5), however most declined sharing their own direct or prolonged self-experience. Due to the relative silence around menstrual poverty, I can only speculate as to why the girls did not share their experiences of a phenomenon that is most certainly occurring. However, I can be certain menstrual poverty is occurring as the girls often referred to situations whereby they went without sanitary items through issues of inaccessibility. All subject positions discussed throughout this chapter share a commonality; they are driven by gender inequality, as the female body and place in society is constrained by oppressive gender systems (Cosgrove & Riddle, 2003).

2. DOMINANT DISCOURSES

Dominant discourses presented by participants were often intersecting and conflicting; the contradicting nature illustrating the competing discourses related to female embodiment that women regularly have to negotiate. As Johnston-Robledo and Chrisler (2013, p. 15) state, girls in the West "learn simultaneously that menstruation is important and natural and that they should hide and ignore it", a conflict demonstrated by all of the participants. I identified a tension between two main discourses: 1. Menstruation as a hygiene crisis and 2. Menstruation as natural; on one hand, the participants attempted to portray that they are comfortable with

their cycle, deflecting menstrual discontent by shifting focus onto others who are ashamed of periods. On the other hand, however, also stated that they are uncomfortable discussing periods with others and experience feelings of uncleanliness when having their period. This tension may be a result of the mixed messages girls are receiving from their homes, schools and peers about the 'correct' way to behave when confronted with an unavoidable bodily function, one which they acknowledge not being adequately educated about. This indicates that there is no comfortable position for menstruating girls in society. They are constantly caught in a conflicting, double blind between positive and negative constructions of femininity.

2.1. Discourse of disgust

Previous research has found that there are four primary inter-related discourses used to describe menstruation throughout Western conversation: (1) as a hygiene crisis, (2) a shameful secret, (3) a medical and biological problem, and (4) as making a real woman (Agnew & Sandretto, 2016). These correspond with the discourses identified throughout my data, while most common of the discourses seen was that of menstruation being an unclean and dirty process. Bobel and Kissling (2011) argue that women internalise destructive messages surrounding menstruation, considering a woman's body to be a place of mess that requires constant surveillance and taming. The intense negativity linked to menstruation causes girls to disengage from their bodies, influencing their attitudes and experiences of menstruation to reflect society's messages (Bobel, 2010; Newton, 2016). The quote from Kate's narrative below illustrates how participants commonly drew on a similar discourse of disgust, reinforcing the construction of menstruation as a problem, seen in research by Kelland et al (2017).

Quote 1: *I feel obligated to have a shower every five minutes [laugh]. 'Cos of the smell... you can smell it and no matter how much perfume you use, it's always going to come back, the smell is always going to come back. [Pause] So I like to keep my distance from people and when I'm on my period, I like to have a shower yeah. – Kate, 16, School B*

As shown in quote 1 above, participants often spoke about the particular odours of menstruation and the increased need to shower, using descriptive words such as ‘disgusting’, ‘gross’ and ‘offensive’ [to others] when relaying their experiences. Here Kate talks about the smell of menstruation, which is presumed to be unpleasant, as she discusses the need to eliminate odours through cleaning more often than when not menstruating and disguising odours with perfume. Kate could be argued to be expressing concern that the odour may draw attention to her menstruating, thus requiring active concealment. The actions Kate is engaging in are bodily management techniques that comply with normative ideals around femininity; by keeping clean and removing signs of menstruation Kate is performing successful femininity as ‘good women’ are taught to do (see section 3.1). Fahs (2017 pp. 84) argues that as women struggle with bodily discourses they learn to categorize between good bodies and repulsive bodies, employing “emotions like disgust and dread to serve as regulatory devices for women to think about, and ‘contain’, their unruly bodies”. This extract from Kate’s interview shows how, for her, body policing took the form of activities designed to conceal menstruation from others, with underlying tones of distaste.

The pre-given position of menstruation as unhygienic, requiring constant efforts of cleanliness is culturally embedded and reinforced across many mediums (Agnew & Sandretto, 2016; Johnston-Robledo & Chrisler, 2013). Descriptions of menstruation as a “hygiene crisis” are employed throughout literature to refer to the subjective experiences girls face when navigating menstruation in public settings (Agnew & Sandretto, 2016; Diorio & Munro, 2000; & Sayers & Jones, 2015). Use of this term implies that even in feminist research the language used to describe menstruation is negatively charged. This taboo around women’s bodies’ leads to girls being inadequately taught about relevant reproductive health issues, instead being taught how to deal with menstruation discretely (Newton, 2016). This was confirmed throughout this research as girls indicated they did not receive sufficient health education from schooling and subsequently asked me, as the researcher, to explain the fundamental

details of menses. This lack of knowledge leads to further unique gendered health risks and inequalities through supporting ideas that menstruation is a type of pollution that requires 'sanitizing' (Lee, 2009).

The language of disgust has been shown to censor girls, causing them to feel humiliated and isolate themselves when they are bleeding (Lee, 2009). Ussher (2006, p. 1) has argued that the female body "is a body deemed dangerous and defiled [...] Central to this positioning [...] is ambivalence associated with the power and danger perceived to be inherent in woman's fecund flesh, her seeping, leaking, bleeding womb standing as site of pollution and source of dread". Jamie, who began menses at the age of nine, states she "didn't go to school for the whole week [each month when she had her period]", due to confusion and disgust at her menstruating body. Jamie's school attendance was effected due to her fear over unsuccessfully enacting concealment, thus she isolated herself from other non-menstruating girls.

The elements of secrecy and shame surrounding menstruation are seen repeatedly throughout the girl's descriptions of menstruation, despite their verbalisation that periods are natural events that should not be treated in such degrading ways. For instance, as introduced above, the girls spoke about fear of boys detecting period-related odours and labelling them 'fishy', fears of bleeding through clothing and being caught on one's period, and also about boys having unrealistic expectations of a girls menstruating experience. Similar findings were reflected in Lee's (2009) study where participants were found to link menstrual blood with other bodily excrements such as urine and faeces, and feelings of shame and guilt over not being able to control bleeding were expressed. Jamie reiterates this position by saying "boys feel disgusted [by girls who are menstruating], and then talk about girls and make them [girls] feel insecure... they say 'oh she smells, did you see that mark she left'". Despite this narrative link to disgust, immediately after when asked "what does getting your period mean to you?"

Jamie replies “[it is] refreshing my body”. In Lee’s (2009) study girls were seen to describe their bodies as ‘defective’ and ‘frightening’, despite responding that menarche is an ‘unavoidable’ ‘fact of life’ – findings that, when coupled with my New Zealand based study, provide evidence of a larger Western conflict over menstruation.

Advertisements often serve as a highly sanitised information source to those who view them (Chrisler, 2011). While participants were of the shared opinion that advertisements do not portray the direct experiences relating to pain or give an accurate representation of activities engaged in when on one’s period, participants were not critical of what these messages meant for them as women. The girls linked words like “happy” and “pretty” to media advertisements and indicated that boys cannot know the true experience from menses due to the misleading messages portrayed by the advertisements. Only one participant further elaborated on this thought, as seen in quote 2.

Quote 2: *No [media do not accurately display menstruation] ‘cos not all of us are the same size as them [actors], like got the nice figures doing sports and things. What if we just want to kick back at home, be fat slob on our couch with our periods? And we want comfy pads, even night time ones when you go to bed, ‘cos it tends to go in your undies and then you have to get a new pair of undies because you don’t want to say [that you have bled into your underwear]. It’s just a whole process, and watching those adds is like, gosh, have the decency to actually know what you’re talking about before you put those adds on TV. – Kate, 16, School B*

Here Kate is resisting the media’s display of menstruation, alluding to the narrative of menstruation as natural. She claims it is indecent of sanitary item advertisements to portray an image of women actively participating in sports when women may, in fact, wish to spend time resting. While most girls did discuss advertisements displaying overtly sporty women, Kate was the only participant who commented on the physical appearances of women actors. Successfully feminine women are to look a certain way and partake in particular life styles, as

displayed through the adverts. This was not something any other participant was critical of. Despite her resistance, Kate continues to fall into the discourse of disgust and discretion. Bleeding into her underwear, even at night in her own bed, suggests a risk of having to tell someone and signalled failed femininity. This suggests a docile gender position as touched on by Bobel (2010), where cultural messages are reinforced through unseen, and therefore unchallenged, power structures. Chrisler (2011, p. 203) argues that these advertisements...

...contribute to the communication taboo by promoting secrecy and by their use of allegorical images (e.g., flowers, hearts), and they contribute to stigmatizing the menses by their emphasis on being clean and fresh and avoiding embarrassment. Advertisements emphasize women's worry about shameful leaks and their fear that they will be "outed" as menstruating—because discovery means stigma.

The requirement of discretion surrounding menstruation was something all participants had in common; each individual in her own way brought up the issue of concealment whether that be avoiding blood leaking through clothing, not being seen with sanitary items or hiding emotional changes that occur through the cycle. As stated by Chrisler (2011, p-204) 'besides the threat of discovery, the menstrual cycle is connected to another, more modern threat: the erratic, out-of-control premenstrual woman'. Stereotypical behaviours of menstruating women have become a method by which one can identify someone on their period and subsequently use these behaviours to dismiss them. In quote 3 from Olivia below, comments made by boys can be seen to position girls as unable to manage both their emotional and physical selves while menstruating.

Quote 3: *Say I was arguing with someone and they are like "Oh, are you on your period?" that's their way to, well that's their go-to response when you're mad or you're angry or you're hungry and it's really annoying. Like they [boys] learn to associate us having our period when we're feeling down or anything like that – Olivia, 16, School A*

These discourses of irrational emotions linked with menstruation is an indicator that periods are, as Chrisler (2011, p. 208) believes, a method of degrading women; she states 'when both

women and men feel threatened, their tendency to objectify women increases'. The claim, such as the one made by Olivia, that women are treated badly when menstruating justifies concealment behaviours women engage in as they struggle to be seen as equal to their male counterparts (Johnston-Robledo & Chrisler, 2013; Roberts & Waters, 2004). At the risk of being labelled as a moody - regardless of the actuality of being on period or not - Olivia identifies a need for emotional concealment alongside behavioural hyper vigilance. Where she discusses emotional associations with periods when not menstruating as annoying, she infers a positive identification would mean one has been unsuccessful in their expected roles of femininity.

As such, it can be argued that this discourse of menstruation as dirty, links to an identity position that is sought to be avoided or negotiated, in order to avoid stigma and positioning self as potentially offensive to others. The discourse of disgust is informed by cultural ideas of women's bodies being mysterious, leaky and unreliable (Chrisler, 2011). These kinds of constructions were notable in the participant's descriptions of their own bodies. For instance, one participant, Jamie, discussed how she often felt confused and lost confidence in her own body in times of menstrual irregularities. Kim spoke about menstruation causing her to feel insecure about her body, feeding into this highly dominant discourse: that unexpected bleeding leads to participants being caught in what they consider to be compromising positions. As seen in work by Cosgrove and Riddle (2003), levels of cleanliness relate directly to femininity and what it means to be a female; menstrual leakages are taught to be failures to this standard, and therefore when faced with menstrual irregularities or menstrual poverty, the participants began to question the reliability of their own bodies. Roberts and Waters (2008) elaborate further on this notion of super-femininity by arguing that Western culture idealises an impossible standard of female embodiment. Such an impossible standard results in women compromising their mental and physical health, in order to conceal menstruation to the point of self-objectification. Nicolson and Ussher (1992) indicate that women are required to show 'feminine qualities' such as being quiet and passive, in order to avoid being

pathologised, a view that corresponds with the wider implications of Olivia's quote. I return to this idea as I explore the identity positions related to the discourse of disgust further below (see section 3.).

2.2. Menstruation as natural

In contrast to the previous discourses, participants also commonly drew on a more positive discourse of menstruation as a natural phenomenon. When asked questions surrounding shame and stigma associated with menstruation, many of the girls were quick to respond that they believe one should *not* experience shame because menstruation is something all girls go through. For example, in quote 4 below.

Quote 4: *It's not disgusting its natural; it's your body's way of cleaning itself (.) So I don't like the way they [boys] talk about it (.) so it's just like, 'don't bother me with that kind of talk. - Kate, 16, School B*

Here, Kate challenges the discourse of disgust by associating menstruating with cleanliness, in order to suggest that menstruation is not dirty but natural. Again, we see that concealment is linked to stigmatising responses from males. However, through challenging this discourse Kate can retain a position of feminine cleanliness.

Despite differences regarding the shamefulness of menstruation, the menstruating body is constructed in this sense as part of a shared natural experience. Girls identify with others in a shared experience, emphasising commonalities and positioning themselves as like other women (Lee, 2009). A positive aspect of this commonality is being considered a 'normal' adult female, much like other women of the same or older age groups (Newton, 2016), as discussed further below. Unlike the previous discourses, in which the menstruating body is depicted as disconnected from others, in this talk, a sense of shared experience was constructed (Newton, 2016). Fahs (2017) explains that most often menstruation is constructed as singular, individualistic, and as something individuals alone needed to regulate and control in order to

conform to societal expectations and evade possibility of being 'othered' (see section 3.2). Invoking a collective female experience challenges these individualised constructions of menstruation.

Many of the girls positively linked feelings of womanhood and being more grown up due to having their period. For instance, Kylie comments "when I got it [period] and it wasn't painful I felt a bit like... ((holds body up higher to resemble pride)) [laughs]. I was like yeah "shame" [to others who have not begun their period], "I'm grown". This is similar to findings by Lee (2009) in which an association was found between commencing menarche and entering adult femininity. The uniform response of menstruation being a natural part of growth as a woman indicates that this may be a commonly employed discourse girls use tactically to resist any social constraints of menstrual stigma. For instance, the participants in this research were unable to conceal their identity as menstruating women due to the very subject of the interview, and therefore they resorted to defending the organic nature of periods. Being that menstruation is something experienced by all women, there is a sense of camaraderie; anticipation towards starting ones' period and sharing a likeness with other girls (Lee, 2009), alongside a shared responsibility to inform others of the 'reality' of periods and to help others avoid stigmatizing situations such as leakages.

The discourse of menstruation as natural was also drawn on in ways that confirmed other, more negative discourses. Commonly the girls constructed menstruation as a necessary evil. Implying that menses is an inevitable burden held by women, particularly since it signals future motherhood. Female commonality was seen again as participants took it upon themselves to warn younger girls about the burden of menstruation. This is seen when participants noticed younger girls held desire towards getting their periods. Participants discussed younger sisters and cousins desperately wanting to get their periods in order to be like other, older girls,

despite warnings given by participants that in fact, they should not want to get their periods. For example, Shannon recounted the following story about her younger sister.

Quote 5: *[My sister] hasn't had her period yet and she really wants to get it (.) all of her friends have it, she's eleven and she just wants to hurry up and get it and I'm like, "no, you don't" [pause] 'cos their school keeps giving her, um, like, packs of pads and tampons and all that and she can't use any of them, so we use them instead and then she's like 'I want to use them, I want to get my period now' and I was like "you don't [laugh] you don't want to get it honestly"... 'cos all of her friend are so proud they have it and I was like "no you guys won't be later on" [laughter] - Shannon, 17, School B*

Shannon's warnings to her sister imply that periods are not something to look forward to (i.e. something negative or unpleasant). That the pride expressed by younger girls newly on their periods, is a form of naïveté. Shannon's negative perspective clashes with the evaluations that have been described by her younger sibling's friends, indicating perhaps a generational difference in menstrual experiences. Through advising the younger girls that they will not enjoy menstruating once the initial novelty has worn off, Shannon places herself as more knowledgeable about such topics given her older age and experience. This excerpt expresses not only the role that older generations have in passing down information, but also the role generations have in perpetuating stigma; the discussion of menstruation as something unwanted and unpleasant in this case seek to diminish the alternate perspective of menarche being something exciting to look forward to. Interestingly, the girls participating in this research did not indicate sharing this initial desire to begin their period – perhaps as to avoid association with the considered ignorant views of the younger girls.

Some of the participants discussed menstruation as a necessary evil they were prepared to endure in order to be mothers one day. As discussed in Section 3.4, this was done in relation to the gendered position of self-sacrificing women. Menstruation as a biological event that signals fertility and future motherhood is presented as a socially desirable position in health

education and is reinforced by medical discourse (Bobel & Kissling, 2011). Despite this positioning and one of the participants, Sam, being pregnant at the time of the interview, there was little discussion around what menstruation signalled for the girls in terms of sexual or reproductive maturation. Generally, the girls failed to link sexual intercourse to menstruation, perhaps because a majority of the participants began menarche at a young age, the youngest being Jamie who had her first period at nine years old. Where sex *was* linked to menstruation it was either in the context of pregnancy, where Kim describes her friends as being proud of getting their period as it meant being successfully not pregnant, or in the context of menstrual sex, where distaste was used to position girls who engaged in period sex as inferior (see section 3.2). Contemporary media situates menstruation as symbol of sexuality; marketing the ideal woman as one who is always available (Bobel, 2010; Lee, 2009). Media continue to send the message of a hypersexualised woman, ensuring that menstruating woman keep their sexual unavailability hidden from men (Newton, 2016). However, participants did not identify themselves as sexual beings. Rather they preferred to present themselves with a clean, pure and feminine identity – while failing to link this femininity back to the sexual objectification of women.

In addition to the two somewhat competing discourses of menstruation as dirty, yet normal and healthy, participants also spoke about feeling grownup and more adult when successfully overcoming menstruation-related challenges. Menstruation as a natural, womanly function was the position girls most idealised, while simultaneously attempting to distance themselves from other negative identity positions such as unsuccessful concealment. I identified a normative discourse of menstruation as a women's only issue, which reinforced the discourse of menstruation as a dirty, shameful secret. The negative discourse of disgust, supported by the discourse of menstruation as a gender exclusive phenomenon, preceded over that of menstruation has a natural function.

2.3. Menstruation as a women-only issue

Discourse surrounding the secrecy of menstruation lead to the unveiling of another important, implied rather than directly acknowledged, discourse: that of menstruation being a women's-only issue. This discourse ties together with the dominant discourse of menstruation being dirty and requiring concealment. The participants described receiving menstruation-related health information from a variety of sources, while mostly agreeing that they would not talk to paternal figures, boys or other girls who may gossip. Kim states when it comes to the topic of menstruation "you pick and choose who you tell". Similar to Lee's (2009) findings, menstruation was described as something that needed to be kept from men, as well as women who may disclose to others that one has her period. The performance of a feminine identity was portrayed as being especially compromised if a man were to witness any aspect of menstruation. This suggests that sources of menstrual information are highly gendered as girls chose to talk only to trusted friends and female family members, if anyone at all. Men were described as rarely being actively involved in the discussion of menstruation, and when they were, the implications were that menstruation made men uncomfortable. This is illustrated in the following quotes.

Quote 6: *I talk to my dad about it just to gross him out because like he is a mature man but I'm like dad guess what and he's like what and I'll say I got my period today and he'll say Kylie I don't want to talk about it – Kylie, 17, School A.*

Quote 7: *I won't talk to my dad about it 'cos he gets weird (.) he's like "eugh babe I don't want to hear about that, go and tell your mum". I'm like but you gotta buy me some pads dad... but he doesn't like going down to buy the things [sanitary items] 'cos he says "no, it's for girls to go buy that stuff" [laugh] but I don't want to buy them either – Shannon, 17, School B.*

Both of these quotes foreground masculine embarrassment and disgust. In quote 6, Kylie describes how she would joke about menstruation to her dad with the intention of making him feel uncomfortable, however wouldn't openly discuss the details of her cycle in a serious

conversation with him. These men's reactions are explained by their distaste regarding menses. In quote 6, potentially "grossing out" one's father is the outcome of talking about one's period and in quote 7 the father's reaction ("eugh") also draws on a discourse of disgust.

In both the extracts above not only were girls reluctant to discuss personal details but, as introduced previously, they were also very aware that period talk makes others – especially men – uncomfortable and so more appropriately deemed a woman's issue. In quote 7, Shannon's request in the story for her father to buy her pads occurs in the context of her parents living in separate dwellings and not having the financial resources to buy her own menstrual products. The father's reaction is attributed to the construction of menstruation as a "women only" topic, one that is more appropriately discussed or dealt with by women. Shannon's father is reported as saying "go tell your mum" and "it's for girls". Shannon explains that she did not feel she could openly ask her father to buy her sanitary items because he believes it is not a man's job to do so.

Noticeably different positions were constructed for male figures throughout the girl's interviews; in section 2.2 Kate discusses boys' reactions to menstruation as being immature, insinuating that keeping menstruation hidden from male peers is to avoid teasing or insult, while quotes 6 and 7 above from Kylie and Shannon's interviews distinctively illustrate that men, even 'mature' paternal figures, react adversely to period conversations. Kylie's father's dismissive reaction towards discussing her period constructs segregation between menstruating women and men; while Kylie is resisting the position of concealment through humour, by bringing menstruation into passing conversation, her father is opposing her decision to do so. Much like the findings from Lee (2009), menstruation signifies a break down in the relationship between father and daughter as girls learn to dissemble their new sexual identities. In what I argue to be the most important aspect of the excerpt, Kylie feels required to express that her father is a mature man. By constructing her father as an exception to the

norm, Kylie thereby distances him from other men or boys who may tease or make derogatory remarks about menses and positions him in a more favourable light in this story. Even though Kylie's dad is supposedly a "mature man", he still refuses to talk about periods.

Shannon's excerpt illustrates the discomfort both men and women have with discussing sanitary items. Shannon's father's reluctance to be identified when at the store purchasing sanitary items for her, validates how important social identity is in society. Men are not exempt from menstrual stigma and may be considered to be failing their standards of masculinity when caught with sanitary items. This works to further evoke associations men make with menstruation, embarrassment and disgust (Kissling, 2006). In her story, Shannon's father constructs purchasing menstrual products as a woman's job, something to be done by "mum" or "girls". Both of these stories revolve around avoiding offense to others. The anticipated responses of the fathers reinforce and justify the element of secrecy, similar to research findings from Agnew and Sandretto (2016) and Sayers and Jones (2015). The language and positioning in both quotes, reinforces the view that good women demonstrate menstrual secrecy while good men avoid dirtying themselves with such topics; that menstruation is a gendered issue.

3. AVOIDING A SPOILED IDENTITY

As introduced in the previous chapter, stigmatised identities can be a place of crisis for those who are characterised by socially unfavourable stereotypes (Ikizer, Ramírez-Esparza & Quinn, 2017). When one fails to successfully comply with social norms and expectations, one risks spoiling one's social identity. Due to the social stigma surrounding menstruation, women are repeatedly put in positions where they must manage and negotiate potential stigmatizing situations, through methods of avoidance and concealment, in order to prevent spoiling their identity (Morison, et al, 2016). The participants of this research were found to achieve this through performing gender norms of femininity in and through their narratives. They salvaged

potentially 'spoiled' female identities by positioning the self as sacrificing for the sake of reproduction, employing tactics of 'othering' to situate nonconforming girls as inferior, and denying persistent involvement in situations where they may face compounded stigma. In this section I discuss the ways women are expected to perform femininity, and elaborate on methods undertaken to avoid performances that would spoil femininity.

3.1. Successful femininity: performing acceptable gender norms

Dominant stereotypes of femininity involve women being overly "emotional, sensitive... quiet... co-operative, interdependent... and focused on the home and family" (Nicolson & Ussher, 1992, p. 12). Culturally learned and expected behaviours of each gender identity are socialised from birth and continue throughout the lifetime as a mark of gender successful (Babatunde & Durowaiye, 2014), therein legitimizing learned constructions of femininity and the standards through which society evaluates a 'successfully feminine' women (Cosgrove & Riddle, 2003).

By positioning themselves as discreet, self-regulating individuals who are in control of their cycles, the girls often attempted to locate themselves as what society has taught them to be the successfully feminine identity. In order to manage this, I noticed the girls downplaying in their narratives moments where they were unsuccessful in maintaining concealment, or brushing off instances where they failed to meet expected standards of hygiene. This gender position, of the clean female, was expected and may have been the possible reason for some of the girls remaining silent on their own experiences of menstrual poverty, while others minimised their experiences by labelling them 'one offs'. They also told stories in which challenges with menstrual hygiene management happened to other girls.

As seen below in quote 8, possibly as a way of saving face, Amy tells about other girl's experiences of shame and fear related to menstruation.

Quote 8: *I think a lot of girls feel shame when they get their periods especially when they have to come to school with it like they are scared that somebody might see or*

something or like smell it or something yeah that's (.) and when they have to change they go to the sick bay bathroom, because it's far away from everyone... younger girls might feel shame when they get their period, depends on where they are so yes and no. But it's just a normal thing. – Amy, 16, School B.

In this quote, Amy positions younger or less experienced girls (who are menstruating for the first time) as ashamed and vigilant. She implicitly positions herself as mature and therefore more experienced and more knowledgeable than these girls, as linked to Section 3.2 where the tactic of 'othering' is discussed, and importantly as not necessarily experiencing these responses (shame, fear) herself. This position allows Amy to present herself in a more desirable way to me, an older female interviewer, possibly because of my own openness and invitation to discuss the topic signalling that menstruation ought to be seen in a more positive light. She is therefore able to avoid shameful identity positioning, yet still present herself as sympathetic to those who experience embarrassment – this position is important as it is seen again when participants discuss the topic of menstrual poverty. In the quote Amy elaborates on where shame intersects with concealment; the discomfort she discusses is directly linked to being identified as menstruating – consequently unsuccessfully feminine - and seeks to validate the measures girls take to ensure concealment. From Amy's quote, even the changing of sanitary items is an act requiring strict privacy, despite the act itself being a behaviour of hygiene or 'freshening' – other participants discussed turning taps on in the bathrooms to cover the tearing of tampon packaging.

The majority of the participants were using hormonal contraception methods to avoid getting their period, which they considered to be a position of successful femininity, as through doing so they would not have to deal with any of the unfavourable indications of menstruation. For example, Alice stated, *"if a girl has a problem [with irregularities' in her menstrual cycle] then they should go on the jab or something"*, implying that it is considered much more acceptable to artificially alter the body's natural cycle than to compromise one's identity through risking

unexpected bleeding. By doing so the girls were positioned as having control and authority over their body and were able to present the social identity they desired for themselves (Bobel & Kissling, 2011). Analysed further below (in section 3.4) on the identity of self-sacrificing woman, medical changes to ovulation in order to suppress either menstrual bleeding or pregnancy, is yet another societal expectation imposed on the female body (Lowe, 2016). Information passed through generations, with aid from people in positions of power, such as doctors, teaches girls that in order to successfully embody the ideals of femininity, they must medicate, clean and maintain the parts of their body that are disgraceful (Bartkey, 1975); something the participants were managing through hormonal contraception.

3.2. When others fail: positioning the inferior Other

Often throughout the interviews a tactic of 'othering' was employed, whereby the girls rejected sharing commonalities with other females who were considered to be unsuccessful or noncompliant with expected feminine roles (Hudson, 2016). Fahs (2017, p. 84) argues, "disgust can increase the severity of moral judgements directed toward others, as it detaches people from the 'morally inferior' other. Disgust also connects to social processes that stigmatise less powerful groups and regulate social behaviour and hierarchies." Positions of distinct separation were constructed between the participants and the female peers that they referred to in discussion. For instance, where the girls would deny experiencing shame themselves, they would place an element of distaste on others who were caught leaking or not successfully concealing that they were menstruating, seen below in quote 9.

Quote 9: *When I was at [a sport based education facility] there was girls who had no shame down there. So, there was girls that would have no tampons or pads and they would have their period and they would walk around in their undies when they had their period. The boys were just out there [window] so they could just see or whatever but they didn't care. Or you could see the pad when they were in their undies. 'Cos it's a*

sports school and you have got to have a shower, they [some girls] would put the tampon in in front of you. It was weird [laugh]. – Sam, 17, School A.

This quote shows how the language used to discuss these situations was one of aversion, implying that evidence of menstruation jeopardises a women's social identity. Here Sam discusses attending an educational facility where girls would walk around changing rooms in underwear while menstruating. For Sam, this was not considered an appropriate display of femininity, as the girl's pads were visible and therefore it was very clear to others that the girls were bleeding. By not showing the appropriate levels of concealment, due to a rejection of shame, the 'other' girls were also unfavourably characterised.

Through the discursive use of 'othering', Sam is identifying girls who are overly open about having their period as less feminine and therefore less deserving of respect (Bartky, 1975). Alongside this, the use of 'othering' denies allegiance with noncompliant girls; this may be used as a position where participants can shift blame or uneasiness of a conversation off of themselves and onto others as a method of self-preservation. The tactic of girls 'othering' girls echoes men 'othering' women, whereby women are "portrayed as 'other' creatures... awesome and strange... yet not subject to the same social laws as men" (Nicolson & Ussher, 1992, p. 15).

What this occurrence of 'othering' also indicates is it is not only males who put pressure on women to conceal their periods. Women are also seen to perpetuate the message that menstruation should be regulated. This finding is similar to Newton (2016) where mothers were found to hush the topic, imposing terms of discretion when talking about periods to their children; suggesting the learned discourses surrounding menstruation effect more than just how girls characterise their own bodies, but also how girls treat other girls' bodies.

3.3. Double the stigma: menstrual poverty

As discussed throughout this chapter, the shame and stigma associated with menstruation weighs so heavily on women, albeit sometimes not consciously, that they will take considerable measures to avoid being identified as menstruating. Alongside this potential shame, there is added stigma associated with poverty; in Western societies, individuals are often condemned for their socioeconomic status and are 'othered' (see section 3.2) by higher social classes through social rejection (Hudson, 2016). This compounded risk of social rejection makes it rather unsurprising that many of the participants in this research refrained from aligning themselves with prolonged experiences of menstrual poverty, despite teachers reporting the opposite.

From previous research (Hennegan & Montgomery, 2016; Secor-Turner, et al. 2016), news articles (Nine to Noon, 2017; Roy, 2016), and discussions with teachers from participating schools, it appears that menstrual poverty is commonly occurring in New Zealand. While there is no research conducted in New Zealand to quantify the occurrence of menstrual poverty a substantial number of households live in financial hardship and poverty, as discussed in chapter 1. It is likely that sanitary items are often unaffordable for these households. The lack of discussion throughout the interviews is therefore not due to lack of occurrences. Rather, it can be speculated that due to the increased risk of shame and stigmatisation, admitting to menstrual poverty would be considered even more detrimental to the individual's identity than simply being 'outed' as either menstruating, or as a person of a low socioeconomic position. Particularly in a situation where the interviewer is not known to the participants.

Inability to access sanitary items and the use of alternative materials to catch blood flow was disclosed by five of the twelve participants. Portrayed as sporadic or onetime events, going without specifically designed products for menstrual "hygiene" was very clearly considered to be failing the prerequisites of the female identity. For example, Kylie indicated there was only

one occasion she ever personally struggled to access sanitary items. However later she revealed that she had occasionally approached the guidance office at school for sanitary items. She also relayed an in-depth account of staying with a friend who directly experienced menstrual poverty. The quote below is drawn from this account.

Quote 10: *I had to ask her [friend's] mum if she had any [money for sanitary items] and she opened her purse... and she was like "I've got three dollars" ... so I brought her some [sanitary items] and she managed to make them last for a whole seven days, day and night, and I was like "how?" ...That made me cry but I kept buying her them because I thought her mum would go and buy some but nah.... and I asked her "are you still using the same ones [that were purchased previously]?" and she said "nah" but she was. – Kylie, 17, school A.*

In the excerpt above, we encounter the successfully feminine subject positioned as superior again. Kylie constructs herself as the superior of the two girls as she mitigates her friend's unfavourable circumstances. From this story Kylie has purchased sanitary items for her friend, who has then used the items presumably beyond what is considered an acceptable time frame for such disposable products, resulting in judgement from Kylie. The pity ("made me cry") and implicit judgement underlying Kylie's story can be linked to both the stigma associated with poverty and also to the construction of menstrual blood as dirty (Crichton et al, 2012). As the excerpt shows, it can be assumed that menstrual poverty is highly unfavourable as it compromises one's ability to conceal menstruation and requires the use/reuse of unclean materials to contain bleeding.

3.4. Self-sacrificing women

An intriguing position the girls took up is that of a self-sacrificing woman, in terms of connecting to the discourses of future motherhood. Kate explains "I'm like, wow, I wish I never got my period, but that's the only way we can have kids so it's like, yeah I can tolerate it". By conveying this, Kate positions herself as long-suffering and bearing pain for the sake of a future

child – a shared disposition among several of the participants. Lowe (2016) explains there is an expected ideal of maternal sacrifice, whereby the latest technologies give women the ability to have reproductive autonomy, and yet normative ideas of what constitutes a ‘women’s role’ signal the socially correct way women should behave as future child bearers.

Reproduction is a significant feature of female development. Morison et al (2016, p.185) clarifies that “having children is seen as natural and fundamentally located in human instincts and biology... and thus parenting is seen as personally fulfilling, and as essential for a happy and meaningful life”. This position of unquestioned future motherhood is based upon the discourse of menstruation as a natural phenomenon (see section 2.2). Motherhood is the key characteristic of femininity, with Nicolson and Ussher (1992) arguing that a women’s social value is both prescribed and constrained by her biological ability to bear children, regardless of her desires to conceive. What this means for girls is that in order to comply with the presupposition of ‘proper’ or ‘good’ femininity, from the beginning of menses they must prioritize the welfare of any potential future children before their own (Lowe, 2016). This entails both regulating conception through birth control and quietly enduring discomfort or challenges associated with menstruation, until reaching acceptable age and circumstance to conceive. All of the participants were aware of this pressure, either previously or currently regulating menstruation.

This requirement signifies a conflict of body ownership. A rhetoric of choice is employed to position women as freely able to make independent decisions regarding reproduction, while in reality notions of successful femininity constrain these choices. Normative womanhood requires that a woman’s maternal instinct is to put reproduction before any individual desires, thus influencing their understanding of body ownership (Bobel, 2010; Lowe, 2016). In terms of menstruation, girls are taught to conceal the bleeding element of their cycle, yet to consider its overall purpose as sacred and divine due to its reproductive abilities; causing them to

rationalize any irritation or discomfort, for fear of being condemned as an ineffective woman (Bobel & Kissling, 2011).

As Morison (2013) argues, the rhetoric of 'choice' is problematic because it overlooks inequalities such as poverty, sexism and inadequate access to information and resources. Some participants discussed hormonal contraception as an effective way of regulating menstruation, linking this to a successful form of self-surveillance, benefitting primarily from being able to manage or avoid monthly bleeding, and also from evading pregnancy. For some girls, contraception may be considered a way to negotiate aspects such as menstrual poverty, through providing autonomy over the stigmatizing situation (see Section 3.1). Alongside this, access to contraceptives is free for adolescence, while menstrual products are not. Despite most of the girls stating that the hormonal change made by the contraception felt unnatural, the ability to cease bleeding was presented as a highly preferred choice. For instance, Jamie recalled, "for a few years I got off my period so that was good, but it wasn't healthy". The discourse of menstruation as natural and associated with making "healthy" choices could be inferred as related to managing fertility with future motherhood in mind. Despite enjoying respite from her period, Jamie implies it is abnormal to avoid bleeding regardless of the inconvenience experienced due to periods. Through being on contraception the girls comply with the standards of successful femininity, sharing a traditional commonality with other girls their age wishing to deter motherhood and submitting to sacrifices to their health to achieve this (Bobel & Kissling, 2011; Lowe, 2016).

Due to the participants' lower socioeconomic positions, often the girls were unable to stay on contraception consecutively, leading to further cycle irregularities and, in Sam's case, pregnancy. As Morison (2013, p. 2) states "choice is clearly a luxury for those able to afford it...social inequities undermine women's health outcomes and decision making... with very real health implications". The range of choices ostensibly available to women create the illusion

that we are in a day and age where individuals are free to determine what they want to do with their bodies, without standards of society imposing on the decision-making process, however this is not always the case (Cooks & Dickens, 2014). To achieve the preferred social identity of a 'good', feminine and maternal woman, girls must use discursive resources to project themselves as successfully balancing pride in her prospects of future motherhood and also disdain at their bodies' shameful excretions (Bobel & Kissling, 2011). Rebelling against this normative positioning risks being judged as different from others (Lowe, 2016; Morison, et al, 2016).

4. POSITIONING IMPLICATIONS

The findings of my research echo those of Fahs (2017) U.S. study. She concluded by saying: "in general, women in this study did not direct a critical eye toward menstrual shaming or menstrual negativity in our culture, instead describing their hatred of their periods as something they, too, felt (and, in some ways, they implied that all women should feel this way)" (Fahs, 2017, p. 93). Despite geographical, generational and contextual differences in the research, Fahs (2017) findings resonate with mine. Participants were scarcely aware of the derogatory ways they condemned their natural bodies or the influence of society on their body perception. The discourses of secrecy and concealment used in every day conversations to discuss women's bodies, may be seen to sustain emotions like disgust, therefore naturalizing these feelings and the behaviours associated with concealment in ways that make body management techniques either appear as voluntary and become taken for granted (Fahs, 2017; Lee, 2009). These gender performances support the perpetuation of gender inequalities. While the female body continues to be regulated through feelings of disgust and shame, and constructed as leaky and problematic, women will continue to be conceptualised as lesser than men (Bobel, 2010). The oppression of women in relation to men is "ensured through the interrelation of science and popular knowledge, where knowledge claims are upheld by a social structure dominated by men" (Nicolson & Ussher, 1992, p. 8). This implies that in

societies following patriarchal norms, women are held in a subordinate position to men's authority based on the mythology of 'femininity' and the sociological model of an expected family structure (Nicolson & Ussher, 1992).

A lack of positive discourses and guidance surrounding menstruation has been linked to downfalls in girl's physical and mental health (Diorio & Munro, 2000; Roberts & Waters, 2004). In Lee's (2009, p. 621) U.S. study, she notes, "the presence of so many specific stories of concealment indicate that secrecy surrounding menstruation is still a feature of many young women's experience of their first period. This reflects messages about the taboos and secrets surrounding menarche and the necessity for women to shield others (especially boys and men) from this contamination". The fear of shame and humiliation experienced by girls influences the way we think about and discuss women's bodies. In turn, this influences the larger picture of how boys and girls are educated about women's health. Guilt over bleeding, founded in discourses of disgust, means that women often feel repelled by themselves and are more likely to allow others to objectify their bodies (Roberts & Waters, 2004). Moreover, girls also continuously engage in self-surveillance and self-objectification throughout puberty and adulthood (Roberts & Waters, 2004), as discussed in this chapter. This self-surveillance has widespread emotional and behavioural consequences: increased preoccupation with physical presentation can result in unhealthy concealment methods, whereby outward appearance is prioritised over one's health and bodily functioning; while associated negative emotions have been found to lead to a disruption in cognitive performance (Fredrickson et al., 1998) and decreased self-esteem (Roberts & Waters, 2004). I argue also that menstrual stigma works towards the gender inequality gap as girls unconsciously assimilate their position in society as subsidiary to men due to feeling unable to exert control over their own bodies.

Beausang and Razor (2000, p. 519) recognise menstrual stigma as "an important component of a broad range of women's' health issues as well as a defining characteristic of the female

experience". In what can be considered an ensnaring circular trap, women assess themselves based on popular knowledge claims (explained in chapter 3). Consequently, women believe they are behaving with agency by fulfilling their own desires and 'rights' when engaging in feminine behaviours (Nicolson & Ussher, 1992). Thus, the normative nature of menstrual concealment makes resisting and challenging cultural norms and stigma related to menses difficult as girls fail to recognise and dispute the contradictory positions society puts them in (Lee, 2009).

In order for girls to resist or challenge menstrual stigma they must understand the method through which shame influences their behaviour and the complicit role they play in maintaining menstrual taboos. However, this would require a change in the way educational systems teach both girls and boys about bodies, alongside a change in the ideal 'feminine' traits (Roberts & Waters, 2004). The implications for educational systems and health professionals complying with menstrual secrecy, is that girls frequently feel the desire to discuss and learn about their menstruating bodies, yet are too embarrassed and self-conscious to do so openly (Kissling, 1996). In response to this embarrassment, girls develop code words and euphemisms to refer to their periods, such as 'mate' (Māori translation for period) or 'bitch', which only confirm the non-discussion of menstruation, alongside the predominantly negative view. As Peggy Orenstein says in her Ted talk on what young women believe about their own sexual rights, "There is no better way to make something unspeakable than to not name it" (Orenstein, 2017).

Bartky (1975, p. 33) argues that "the project of femininity is a 'setup': it requires such radical and extensive measures of bodily transformation that virtually every woman... is destined in some degree to fail". The implications for women who cannot regulate their bodies to conform to societies' ideals of femininity (e.g. those who cannot afford the correct products to conceal menstruation) are that they have limited positive feminine subjectivities to enact as they cannot be successfully feminine without adequate menstrual concealment, and they cannot

conceal menstruation due to a lack of resources. In this they are continuously faced with highly conflicting and highly oppressing situations – to admit unsuccessful concealment is to spoil the identity, and so is to admit menstrual poverty. Women are caught in a no-win situation if they are to maintain idealised feminine subjectivity. Both options render the self as both unhygienic and undesirable. Due to the intense taboo relating to talking about both menstruation and poverty I infer that the taciturnity seen in the data is related to the discursive circumstances, where we are taught not to discuss periods or poverty and in this menstrual poverty is much too of an unspeakable issue to risk compromising identity. This implies there may be an increasing number of teenage girls who are not speaking out to ask for menstruation related resources, rather avoiding social contexts such as school each time they have their period and enduring in silence.

5. CONCLUSION

As outlined in the beginning of this chapter, the picture emerging from the data is that dominant discourses employed by participants maintain the concealment procedures surrounding menstruation, regulating girl's behaviour to conform to standards of femininity. Femininity may be considered as something that all women and girls are required to participate in. Despite the many milestones being reached under the umbrella of equality the women's body is still a space that reflects society's preoccupation with women's subservience to men (Edley & Wetherell, 2001). Women often encounter the paradoxical situation whereby they are taught they should love their bodies and take pride in entering womanhood when menses occurs, while tailoring their physical attributes and hiding the very elements that distinguish them as women (Bobel, 2010; Johnston-Robledo & Stubbs, 2013). Women are taught they are less competent and valuable than men, but are also idealized in their roles as wives and mothers.

As illustrated in the second half of this chapter, not to participate in societies laws of femininity is to spoil one's identity and risk being denounced as unclean and undesirable (Bobel, 2010). In order to avoid spoiling their identities, the participants employed a range of positioning techniques to deflect unfeminine characterisations of their bodies and 'othered' non-conforming girls to take the focus off of their own shortcomings. The implication of these gender identity performances is that women's bodies continue to be thought of as a sight of contamination, judgement and oppression as this message is complacently reproduced by both men and women. Empowerment therefore requires challenging the negative portrayals of menstruating bodies that support aversion to one's own body and distaste towards a natural bodily function.

CHAPTER 5: CONCLUDING DISCUSSIONS

1. INTRODUCTION

The aim of this research was to evaluate the effect that girl's understandings of menstruation and menstrual poverty has on identity construction of adolescent high school girls, with wider consideration to how women make sense of and construct their gendered identities and learned social positions. In doing so, I also aimed to bring to light the prevailing discursive constructs that situate menstruation as a taboo and bring menstrual poverty in New Zealand into public discussion. It is my hope, as the researcher, that this thesis will facilitate meaningful discussion and work towards women's empowerment.

As a relatively privileged, educated, young Western woman, I acknowledge that I am very fortunate. As menstrual poverty is not a position I have been in myself, I accept that my findings have been viewed through the eyes of a position of privilege. I have attempted to bring a critical perspective to the topic and present the findings as additions to academic knowledge. Through this research, I have developed a strong opinion on the injustices placed on women's bodies. I have felt many emotions when immersing myself in this research: angry, frustrated, helpless and sad. There were many times when I struggled to speak impartially about women's health as my mind widened daily to the many ways we unknowingly abide by unequal social constructions. This contemplation may be reflected throughout my writing style, which I argue to be an unavoidable nature of health research with marginalized groups. Murray and Poland (2006 p. 381) situate critical health psychology as connecting experience with social and material context, with the purpose of "participating in the process of human emancipation". As such, the health psychologist should not be neutral and dispassionate observers. Rather they should be scholarly activists who are pragmatic in reducing injustice and inequality (Estacio, 2006). Thus, in this final chapter I turn to some of the wider, political questions raised by this work and offer some ideas for intervention.

Before doing so, I review the overall findings, outlining the process taken and where that led in terms of practical implications and additions to knowledge. I then reflect on the study limitations and knowledge gaps that present future research opportunities attend to the importance of further research on menstrual poverty in New Zealand and discuss means of intervention.

2. RESEARCH OVERVIEW

Menstruation is a socially acknowledged transition from childhood to womanhood, whereby the body takes on new social physiognomies and girls begin to enact and embody the symbolic meanings, and subsequent stigmas, that are associated with womanhood (Kelland, Paphitis & Macleod, 2017). Menstruation therefore has an important symbolic role in constructing femininity and it thus plays an important shaping identity construction, and informing gender roles and power relations. In line with this view, I sought to investigate the construction of social identities and associated gender power relations in the context of menstrual poverty in New Zealand. This context of scarce resources potentially disrupts the usual practices of 'menstrual hygiene' that are central to constructions of successful womanhood. The interest then was on young women's gendered identity work in the face of a potentially identity tarnishing circumstances.

To achieve this, I interviewed eleven adolescent girls from two schools in Tairāwhiti, using a semi-structured interview structure in which I pursued personal understandings of the participant's experiences, while exploring how each participant perceived such experiences in relation to broader sociocultural norms associated with menstruation. Analysis of the participants' narratives of menstrual stigma pointed to conflicting messages surrounding menstrual bleeding. Participants expressed powerlessness over their bodies and constructed a dualism between the self and the physical entity. The body is considered a place of both enabling and limiting freedom, as it provides the ability to express ourselves, but also

constricts us through requiring constant management of bodily functions – functions which may hold alternatively empowering or disabling associations (Kelland, Paphitis & Macleod, 2017). As discussed in Chapter 4, by asking participants to talk about their body at the same time as their experiences, I attempted to understand how girls construct and perform personal agency, in the matrix of society's constraints on that agency.

Data were analysed following Bamberg's (2004) and Riesman's (2012) discursive approaches to narrative analysis, which involved identifying reoccurring discourses and positions presented by the interviewees in their talk, and then breaking down how the girls used these discourses and positions to create subjective identity portrayals of themselves. Participants had to negotiate these contradictory discourses in order to position themselves as supporting femininity ideals. Relevant literature highlights social norms of femininity as a key site for troubled identities in women, as failure to comply with the strict regimes of femininity results in stigmatisation (Bobel & Kissling, 2011; Bobel, 2010; Chrisler, 2011; & Fingerson, 2005). Data from this study reflected this consideration; participants were found to negotiate their identities by drawing on dominant discourses to create the self as an ideal and hygienic woman who successfully manages menstruation discreetly, while 'othering' those who fail to share the same 'morality' towards menstruation. Participants in my study maintained positive positions by naturalising menstruation, using similar discursive resources to those in Morison, et al.'s (2016) research, by reframing menstruation as a natural process.

At the broader societal level, the data indicate that dominant discourses and menstruation-associated stigma continue to support social and gender inequalities. I found the girl's narratives demonstrated hostility towards their bodies, situating the women's natural body as a place of fear and exclusion. Under the imminent threat of marginalisation, the girls portrayed their bodies as defective and in need of control – an expected position given the dominant norms projected onto the body (Kelland et al., 2017). Participants were largely unaware of the

social norms that restrict their agency, or of the methods through which they themselves reinforce menstrual oppression. However, when they did try to resist the menstrual oppression—by being more assertive, challenging, or speaking up about menses—they risked being positioned as uncooperative and angry, thus contravening norms of femininity. The participants therefore avoided displaying unfeminine traits to prevent being ‘called out’ as menstruating and jeopardize their identity. Likewise, they specifically ‘othered’ girls who were seen to elude menstrual etiquette, therein reinforcing public perceptions of menstruation. Further indicating that agency is severely constrained.

The data were not without contradictions or tensions. Girls simultaneously described menses as natural and intermittently feeling more adult when menstruating. Yet at the same time, they expressed concerns about hiding menstrual odours and sanitary items from public sight – an action that reflects a construction of menstrual blood as unnatural and invoking disgust. This double bind (natural and desirable vs. unnatural and undesirable) can be understood as an ideological dilemma, which was not necessarily resolved in any of the accounts, but rather glossed over (Edley & Wetherell, 2001).

Other unresolved contradictions also occurred in the narratives. For instance, girls positioned themselves as more knowledgeable than both younger girls and boys—who were positioned as naïve and immature respectively— on the topic of menses, despite also admitting to being inadequately educated on the biological process and experiencing increased discomfort at their own bleeding. Participants also rejected occurrences of menstrual poverty, however discussed distress at asking for sanitary resources and using alternative means to conceal bleeding - actions that infer participants have, in fact, experienced menstrual poverty.

The failure to resolve ideological dilemmas and inconsistencies suggests that the contradictions in menstruation discourse are precisely the method through which oppressive

power relations are maintained. Girls are confronted with many discrepancies in the messages they receive around acceptable ways to behave and they must navigate these through the most important times of their lives in terms of identity construction. The implications this has on girls' everyday lives is that active choices must be made to self-present a successfully feminine identity.

3. RESEARCH REFLECTIONS

The objective of the research, as outlined in the introduction, was to gain a deeper understanding of the effect of menstrual stigma, as an understanding of how this stigma affects gender construction and gender power relations. This research achieved a greater understanding of the impact social representations of the women's bodies on girls' gender performances within their narratives. Not a single participant's account was unaffected by dominant discourse on menstruation. In fact, it seemed the most 'tom-boy' of the participating girls (i.e., those who challenge stereotypical gender norms) were the most influenced by the required concealment of their period. Thus, this research achieved its aims by demonstrating the wider implications for gender power relations suggested by the particular discourses drawn on and the positions taken up by participants in their personal narratives.

On the other hand, however, the study also had its limitations in terms of the knowledge that was generated on the topic of menstrual poverty itself. I was unable to draw conclusions on the many intersecting ways that culture and social class may build gendered subjectivities in the context of menstrual poverty. Rather, the data provided a basic grasp on the important link between socio-economic factors and a girls' ability to menstruate in a 'successful, feminine' manner. I discuss this limitation further below in the context of researching a sensitive and stigmatised topic and reflect on how these might be addressed in future research on the topic. I include some recommendations as to how researchers may prompt girls to discuss menstrual poverty in future studies.

3.1. The need for a broader view of the issue

Given the qualitative design of this study, we cannot be sure of the extent to which menstrual poverty is an issue in New Zealand. Nor can we know the frequency of its occurrence. This is a task that could be taken up in other kinds of research, which my findings may inform. The methodology I used allowed girls to describe their experiences with menstruation, which permitted participants to choose whether they disclosed menstrual poverty status or not, thus many chose not to and the findings were somewhat limited by their silence.

Given the complex nature of studying associations between menstrual poverty and educational outcomes, future research could seek to increase knowledge and evidence on consistently linking the two. Demographic data of menstrual health, inclusive of menstrual poverty across all ages, would help formulate arguments for structural strategy changes. Scoping the extent of the menstrual poverty in New Zealand is therefore an important future prospect. Menstrual poverty should also be monitored as sanitary items hopefully become more available through schools. Menstrual poverty statistics would be invaluable to understanding the prevalence of the issue and would generate a base point to extend future research. Alongside this, a basic statistical reference would allow future interventions to assess whether reductions have been made in menstrual poverty over time, currently this is unavailable. Any intervention needs to be aware of the difficulty young woman may have seeking help, and should not rely on the women to initiate contact.

3.2. Stigma and silences in the research

What we are able to conclude, however, is the extent to which taboo and social stigma still have an effect on this issue, even in a developed context like New Zealand. Given the extent to which menstrual taboo and stigma shaped these accounts, it is not surprising that I unfortunately was not able to generate an in-depth understanding of menstrual poverty. An expected challenge faced throughout this research was getting people to discuss menstrual

poverty. There is a difficulty in researching menstruation as a topic; it holds such high sensitivity that I was not able to dig deeper into experiences of menstrual poverty without risking distressing the participants. I found that asking for assistance with menstrual poverty is risky. It requires admitting to failed femininity and spoiling one's identity.

If research is to be continued in this field, there needs to be more effective ways of encouraging participants to express their menstrual poverty experiences and the effects of this. Future researchers may consider taking alternative approaches that are less direct, such as questionnaires or qualitative surveying (Braun & Clarke, 2013). Other methods through which participants remain anonymous may also increase participant comfort in discussing sensitive experiences. Alternative qualitative methods such as photo-elicitation or spending more time with participants to build closer connections should also be considered.

3.3. Participant diversity

This research also sought to include diverse understandings of menstrual poverty. Through accessing the participants within the high schools, it was envisaged that a diverse range of individuals would partake in the study. However, participants did not represent a wide range of cultures and therefore this element of the research was limited. Future research may consider participants across wider population groups.

The scope of this thesis was confined to high school girls aged 16 and above, as parental consent would have been required for any potential participants under the age of 16. The decision was made to avoid parental consent concerns, as it was perceived that this would hinder girls' desire to participate in the research; taking the time to talk about a stranger about menstrual poverty was considered enough of a challenge without bringing parents into the equation. However, this age bracket is a limitation to the study, as it cannot speak to the experiences of alternative ages. Menstrual experience is something that evolves across the

lifespan and how an adolescent negotiates their menstrual identity differs to women outside of that age range. Also as participants touched on, pre-menarche girls seem to hold a different opinion, even perhaps excitement, towards beginning their period. Older women may have differing ways of understanding menses again. Due to this, future research may seek to understand where along the way this opinion changes, and the role of menstrual poverty in this negative affect.

Further to this, this particular study was projected at women only and has excluded men's perspectives and the experiences of people who are gender fluid; these are further avenues for future work. It is not only cisgender women who menstruate and trans men are not exempt from experiencing menstrual poverty. The challenges and menstruation related issues for menstruating men may be compounded, and will certainly differ in degree from those discussed in this research. While it was beyond the scope of this research to address these challenges, it may be a possible future research avenue as the experiences of transgender people, who should not be excluded or overlooked.

4. IMPLICATIONS OF FINDINGS

Despite the silence on menstrual poverty, the girls narrated particular representations of themselves that displayed how they wished to be seen within the interview. This process illuminated wider menstrual taboo and gender inequalities, and thus even the silent data was rich with meaning. My study therefore provides valuable information for future research that wishes to approach the topic as well as interventions in this area.

My research speaks to the nature of the paradoxical phenomenon that is menstruation; illustrating the circular system of agency women experience due to their natural physiology. Kelland, et al. (2017, p. 39) express this eloquently, saying "the very need to *manage* menstruation discretely and in private, is underpinned by the symbolic construction of

menstruation as *a problem*... as something to be concealed and kept secret". The reduction of menstruation to a secretive, gendered issue means menstruation is not legitimized in everyday conversation, media or literature (Fingerson, 2005). Instinctively, women draw on available resources to neutralize menstrual talk; whether it be through euphemisms, abstract terms or stigma resisting discourse, women are constantly attempting to avoid spoiled identity.

Negative constructions of menstruation cannot be separated from the patriarchal conditions that such conceptualizations manifest in. The argument that women are habituated into second-class citizenship has been formulated throughout this thesis, and was seen throughout the data in participants' voiced understandings of themselves. The data implied that girls learn from a multitude of (female and male, public and private) sources that their bodies are a place of social objectification and that their subjectivities are not to be considered seriously. Due to this, I reject the notion that menstruation is a woman's only issue, furthermore I believe any positioning of menstruation as such only adds to the restriction of women.

4.1. Education

This research provides insight into the dynamic ways girls are influenced in their gender identity constructions. Furthermore, it informs of the need for feminist and women-empowering body education. Women continue to be expected to engage in day-to-day activities while menstruating, however one's menstruating status is concealed and thus social presence is somewhat denied (Newton, 2016).

As this research confirmed, upon menarche girls begin to perceive their bodies in a different manner, identifying themselves either in compliance or in resistance with expected gender roles, in a context that continuously undervalues women (Jackson & Falmange, 2013). Girls are taught that if they are knowledgeable on the social propriety of menstruation, it is not essential to know about the function it has in your body. This creates a space where girls

report unease at their flows and are prioritise appearances over health and education.

There is a lack of knowledge on how taboos influence menstrual hygiene management in New Zealand and this research adds to knowledge of gender-specific barriers to education. The results of this research suggest that reproductive education needs to be provided before the beginning of menarche and to both boys and girls in order to reduce stigma. A possible way future research could do this is to seek to investigate girls' understandings of menarche before and after education sessions; sessions that provide both biological information, inclusive of reproductive illness and issues such as menstrual poverty, but also introduces girls to self-objectification theory and illustrates the ways women hold negative beliefs of their bodies due to social influence. Research like this may shed light on where education needs to change in order to reduce menstrual stigma. Furthermore, this could be researched across boys and girls of different age, culture and social class, as discussed earlier.

4.2. Access to menstrual products: a short-term intervention

This research verifies the elevated need for improved accessibility to menstrual products for school attending young women whose education suffers due to menstrual poverty. Recently Kelland, Paphitis and Macleod (2017, p. 38) argued that

...in order to manage menstruation, a number of factors need to be in place—women need access to reliable and safe menstrual products, as well as adequate sanitation facilities, in order to lessen the potential for experiences of shame and humiliation... In other words, the material environment in which women live often does not adequately allow for the management of menstruation, which means that the freedom of menstruating women in relation to managing the menstruating body is restricted.

Practical changes in the public health sector in New Zealand have progressed throughout this year. Substantial moves have been made to provide and subsidise sanitary items for school girls. My research raises important points for such interventions. Practitioners need to be aware of the intense stigma and risk of admitting that one needs help accessing menstrual products. This means ensuring that services do not rely solely on girls seeking them out on the

most immediate level and, in the long term, contributing to challenging menstrual taboo and stigma at community and societal levels, as discussed below.

Still, I seek to take Kellan et al.'s (2017) argument a step further. It is not enough only to create 'safe spaces' to lessen humiliation. This only increases segregation between menstruating and non-menstruating people and complies with dominant menstrual affiliations with contamination. Rather, it is this very discourse that needs to be changed; this research, in combination with previous literature, has found the negative associations between menstruation, social stigmatization and hygiene management play a powerful role in relation to women's constructions of what it is to be a woman (Kelland, Paphitis & Macleod, 2017).

4.3. Stigma resistance and challenging negative discourses

From my findings, I believe the next step for research and intervention is to address the dominant discourses used to speak about menstruation, as it is through this that stigma is preserved. Challenging current stigmatizing menstrual discourse is paramount. The practical implications of this research are that we may begin to critique both 'infrastructural and institutional neglect of women's needs in the public domain' (Young, 2006, p. 113). Equal access to sanitary products and facilities is an integral short-term step, however cannot be considered the end result for wider gender inequalities.

Methods of challenging dominant discourses could draw on alternative positive discourses that already exist, as well as alternative cultural discourses. For instance, traditional Māori theories and ceremonies are potentially more positive as they connect with elements such as fire, water, the sky and the earth, thus doing the opposite of Western views that largely associate bodily processes with hygiene and aesthetics and create body duality (Smith & Reynolds, 2006). Alongside this elemental connection, Māori culture has traditionally discussed matters related to sexuality and reproduction quite openly. Haka, carving and other Māori traditions

are rich in sexual and reproductive symbolism (Le Grice & Braun, 2018). Māori theories and practices pertaining to reproduction were traditionally celebrated, as they were conceptualised in broader spiritual social domains of understanding (Le Grice & Braun, 2016). Missionaries brought Christianity to New Zealand, and with that a much more conservative position on sexuality and reproduction. Māori understandings of sexuality were previously fluid, with spiritual and metaphysical connections (Murphy, 2011). Māori were forced to relinquish their sexual and reproductive ontologies as Christianity favoured a binary notion of gender which allow for only heteronormative relationships (Le Grice & Braun, 2018). Therefore, I argue that returning to a traditionally Māori way of conceptualising menstruation could be a method to challenge dominant discourses that support menstrual taboo.

In order to improve women's autonomy and alleviate restrictions in public spaces, such as educational institutions and work places, there must be a collective move towards subverting the negative stereotypes of vaginal bleeding. A move to understand menstruation from a non-western perspective may facilitate the change in stereotype. I also posit that to resist menstrual stigma and taboo requires discursive reframing: replaced with more neutral terms (e.g., *mate* - the Māori word for period) or even positive terminology. This may help to alleviate negative connotations of the process.

Finally, by using available cultural spaces such as social media, there has been a change in the way some women represent the reproductive body. Media may provide a way for women to voice resistance while not spoiling identity in day-to-day life. This may empower women and push the limits of menstrual discussion (Newton, 2016). However, as this research shows, there is a long way to go before online empowerment translates into wider woman's social empowerment.

5. CONCLUDING STATEMENTS

Since women menstruate for a substantial period of their lives, Kelland, et al. (2017, p. 33) argue that menses should be seen as a “universal physiological phenomenon that women must manage, no matter their geographical, material or socio-political location”. Despite this truth, women across different social and cultural locations often hold differing understandings and experiences. One ubiquitous conviction is that menarche is thought of as a “hygienic crisis”. This distasteful view of menstrual blood, I argue, is symbolic of the wider regard for women in society.

Currently women in New Zealand are experiencing menstrual poverty. The struggle to access menstrual products affects an individual’s ability to comfortably interact with their society; impacting women’s lived experiences of their physiological selves and their understanding of where they fit in the world. I argue throughout this research that dominant social discourses on menstruation negatively position women, causing them to experience body alienation when menstruating and enforcing period concealment, which subsequently works to perpetuate negative stereotypes and informs the mistreatment, or ‘othering’, of menstruating women and women in general.

A social constructionist perspective was employed, using participants’ voiced narratives to create a picture of how menstrual poverty and stigma is shaping girls’ identities. The findings of this research imply that gender inequities are introduced into collective New Zealand thinking from an early age and become solidified in individual embodiment throughout puberty and menarche. The power behind this system is that reproductive inequalities are taken for granted and go largely unquestioned as they are so complexly intertwined in everyday normality’s that gendered identities are shaped around them without much conscious thought.

To date menstrual poverty has received little attention due to its confinement as a lower socioeconomic women's problem, much like other minority health disparities. The recent publicity has been due to school teachers speaking out for the need to increase resources, which speaks to the silence and shame around menses related issues, rather than to menstrual poverty as a non-issue. Where groups are unable to speak out about issues, for a multitude of reasons, qualitative data seeks to give them voice, as this research has attempted to do. Throughout this thesis I have located menstrual poverty as a social justice issue and a public health issue, meaning that it is a cross-sectional problem that requires acknowledgement across government, education and wider organizational levels. However, I have also tried to demonstrate how these physical menstrual hygiene barriers, such as inadequate access to resources and uncensored education, is often connected to social barriers, such as social stigma caused by wider notions of women inferiority. The contemporary view of menstrual blood in New Zealand is a highly political statement; it is a modern-day subjugation of women. This thesis has spoken to the need to engage in more feminist interpretations of menstruation. Interpretations that take a deliberate stance on reasserting women's power and equality.

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APPENDICIES

1. Appendix A - School Information Sheet

SCHOOL INFORMATION SHEET

Menstruation and gender identity: A study of New Zealand girl's experiences in the context of financial hardship

Dear Principal,

REQUESTING PERMISSION TO ACCESS YOUR SCHOOL FOR RESEARCH PURPOSES

My name is Sheralee Wootton, a Masters student in the School of Psychology at *Massey University*. I am requesting permission to recruit participants from your school (school name) for my research project. I would need to be at the school during the months of May and June of 2017.

ABOUT THE STUDY

The project is about ***gender identity and menstrual poverty in New Zealand***. I would like to talk to girls aged of 16 or over who have at some point been affected by menstrual poverty: i.e., faced challenges at school or missed school due to having their period or not having access to sanitary items, measures girls are taking to conceal menstruation from peers, classmates and others. I would like to explore what this experience is like for each individual, and how this experience might shape them as women.

RESEARCH PROCEDURES

1. I would be grateful if I could work with **school nurses and/or guidance counsellors** to understand the extent of the issue and to find eligible participants. There will be no publically advertising due to the sensitive nature of this project.
2. Eligible participants will be required to read an information sheet and sign a consent form before the interview commences.
3. No students under the age of 16 will be included as participants.
4. Those who agree to take part will be asked to take part in a one-on-one interview outside of school hours at a time and venue that is private and mutually convenient. Transportation can be organized for this via taxi services, at the expense of the researcher.
5. I expect interviews to take about an hour, and if there is more to talk about then I will request another interview.
6. The interview will focus on participant's ideas and experiences of menstruating, including whether they have struggled to access or gone without sanitary items and what these challenges may have meant.
7. As a token of appreciation for giving their time, participants will receive a \$25 visa prezzy card at each interview attended.

PRIVACY

The participants' privacy and school's will be protected as per the Massey University Human Ethics Committee guidelines.

1. As the focus of the research is on the participants' experiences with menstrual poverty, it is not expected that identifiable details of the school will arise. However, I

will ensure that neither the school nor any of its staff members will be named throughout the project write up. All identifying information will be changed such as names, places, people and so on.

2. All research material will be stored securely and any information provided will only be used for the purpose of the study and will be available only to my supervisor, Dr Morison, and to me. Anonymized data will be held for three years in the Massey University School of Psychology archive and then destroyed.

PARTICIPANTS' RIGHTS

Participants will be informed that they are under no obligation to accept the project invitations well as their rights to:

- decline to answer any particular question;
- withdraw from the study;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded.
- ask for the recorder to be turned off at any time during the interview.

After the interview is complete, participants are allowed to change their mind about taking part up to a week afterwards.

RISKS AND BENEFITS

1. This project will help to provide information on an emerging issue in New Zealand, and one that may be affecting your students. The school may benefit in learning how suitable their school environment is for students' facing menstrual poverty.
2. Participants may find it beneficial to talk about their experiences with someone who is non-judgmental and there to listen; to read the findings, and learn what other people in similar positions are experiencing; and to engage in reflective thinking about their menstruation practices.
3. While I expect there to be no harm or risks associated with participation in the study, the topic is of a sensitive nature. Therefore, I will be routinely checking for discomfort throughout the interview, and offering support such as referrals to the school nurse or services available in Tairāwhiti
4. district should participants wish to discuss further any concerns that might have been raised during the interviews.

Yours sincerely

Sheralee Wootton

Project Contact

Email: shelee@windowslive.com | Telephone: 0278210194

Supervisor

Dr Tracy Morison

School of Psychology, Massey University, Palmerston North

Email: T.Morison@massey.ac.nz | Telephone: (06) 356 9099 ext. 86216

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 17/01. If you have any concerns about the conduct of this research, please contact Dr Rochelle Stewart-Withers, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83657, email humanethicsouthb@massey.ac.nz

2. Appendix B – Staff Information Sheet

Menstruation and gender identity: A study of New Zealand girl's experiences in the context of financial hardship

INFORMATION SHEET FOR NOMINATED STAFF MEMBER (NURSE/GUIDANCE COUNSELLOR)

Researcher Introduction

I am Sheralee Wootton, studying towards a Master of Science in the School of Psychology at *Massey University*. My research is concerned with how girls are affected by menstrual poverty, i.e., struggling to access/going without sanitary items when they have their periods. The project will explore

- what this experience is like for each individual, particularly in the school context
- how this experience might shape them as young women

Your principal has provided permission for me to conduct this study at your school and identified you as a member of staff who provides personal and/or medical assistance to learners at your school. You will find further information about the project and how you would be asked to assist below.

Research description

I would like to talk to girls aged of 16 or over who have at some point faced challenges at school due to having their period or have experienced going without sanitary items. I would ask them to engage in a one-on-one interview with me, outside of class hours, where we would discuss what menstruating means to them and what their experiences are as a high school student who is menstruating, especially if they are unable to access necessary menstrual products. Potential participants will be required to read an information sheet and sign a consent form before the interview commences. No students under the age of 16 will be included as participants. Identified participants will also be asked to refer the researcher to others they know may qualify and like to participate in the project.

Your role

1. I would like to speak with you to understand the extent of the above issue within your school and any measures in place to deal with it.
2. In order to locate potential participants in a discreet and sensitive way, I would also appreciate your assistance in identifying students who are eligible to take part in the study and to facilitate initial contact by passing on relevant information and researcher contact details. Once individual students and I have been in contact, there will be nothing further asked of you.

Privacy

All research material will be stored securely on a password-protected computer and any paper copies will be kept in a locked cabinet. Any information provided to the researcher will only be used for the purpose of the study and will be kept in confidence with access available only to my supervisor, Tracy Morison, and to me. In accordance with Massey University policy, after the completion of the research your information will be held for three years in the Massey University School of Psychology archive and then it will be destroyed.

Risks and benefits

I expect there to be no harm or risks associated with participation in the study. However, participants will likely be asked to talk about issues that are often considered personal and so:

3. If a question makes the participant feel embarrassed or upset, they do not have to answer it.
3. If at any time participants are uncomfortable with the direction of the interview, they can ask to take a break or stop the interview.
3. The researcher can also refer participants to services (inside and outside of the school) available in Tairāwhiti district should they wish to discuss further any concerns that might have been raised during the interviews.

On the other hand, some people may find it beneficial to talk about their experiences with someone who is non-judgmental and there to listen. Participants may also find it helpful to read the findings, and learn what other people in similar positions are experiencing.

If you would like further information about this project, please do not hesitate to contact me or my supervisor.

Thank you for taking the time to consider participating and helping with this research.

Project Contact

Sheralee Wootton

**Supervisor**

Dr Tracy Morison
School of Psychology
Massey University, Palmerston North
Email: T.Morison@massey.ac.nz
Telephone: (06) 356 9099 ext. 86216

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 17/01. If you have any concerns about the conduct of this research, please contact Dr Rochelle Stewart-Withers, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83657, email humanethicsouthb@massey.ac.nz

3. Appendix C – Participant Information Sheet

Menstruation and gender identity – a discursive study of NZ girl’s challenges related to menstrual health

INFORMATION SHEET FOR PARTICIPANTS

My research project seeks to understand how girls are affected by menstruating in school (i.e., getting their period unexpectedly at school/accessing sanitary items when they have their periods). This research would ask what this experience is like for each individual, and how this experience might shape them as women.

Research description

I would like to talk to girls aged of 16 or over who have at some point faced challenges at school due to having their period. I will ask about what menstruating means to you and what your experiences are as a high school student who is menstruating.

What will participants be asked to do

5. Those who agree to take part will be asked to take part in a one-on-one interview.
5. We will talk about what your ideas and experiences of menstruating.
5. I expect interviews to take about an hour, and if there is more to talk about then we can organize another interview.
5. As a token of appreciation for giving your time, you will receive a \$25 visa prezy card at each interview attended.

Your privacy

With your permission, I would like to voice record the interview so that I can accurately record what you are saying. The recording will then be typed up and used alongside others interviews in a report. All identifying information will be changed such as names, places, people and so on. The audio recording will be erased once moved to a written format. A copy of the interview transcript will be returned to you for you to read and to confirm you are happy that the transcript accurately displays what you may have said, or to make any changes to it if you think it is incorrect.

Your rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study;
- ask any questions about the study at any time during participation;
- ask for the recorder to be turned off at any time during the interview.

Project Contact

Sheralee Wootton



4. Appendix D – Participant Consent Form

Menstruation and gender identity – a discursive study of NZ girl’s challenges related to menstrual health

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I AGREE | DO NOT AGREE [circle appropriate response] to the interview being sound recorded.

I AGREE to participate in this study under the conditions set out in the Information Sheet.

Signature: **Date:**

Full Name - printed

5. Appendix E – Interview Schedule

Menstruation and gender identity – a discursive study of NZ girl’s experiences [in the context of financial hardship]

INTERVIEW SCHEDULE

Opening	
(Establish Rapport) [shake hands]	My name is Sheralee Wootton and I am studying towards a Master of Science in the School of Psychology at <i>Massey University</i> .
(Purpose)	I would like to ask you some questions about your background, your education, some experiences you have had, and how these have moulded who you are as a person. Would it be ok if I start audio recording?
(Motivation)	I hope to use this information to help better understand the effects of menstrual poverty in schools on gender identity construction.
(Time Line)	The interview should take about one hour. Are you available to respond to some questions at this time?
Privacy	Privacy is very important so we can speak openly during this discussion, and can choose a pseudonym, a name to use instead of your real name, for when I write up this project.
General demographic information:	
Can you tell me a bit about yourself?	<ul style="list-style-type: none"> • How old are you? • Which high school do you attend? • How long have you been living in Gisborne? • How many years have you been menstruating?
Main questions	
I’m going to ask you some questions about your unique experiences as a menstruating women. These questions are to prompt the direction of our interview only, so if at any time you do not wish to answer a particular question, just let me know and we can move on. Likewise, if you have a story to tell on the subject, even if it doesn’t answer the exact question, feel free to share it.	
Meanings about menstruation	<i>Probes</i>
Can you tell me the things you’ve heard about menstruation? (from home, from school, from friends). Do you dis/agree with these ideas?	Where do you get most of your information on menstruating? Do you think there is shame associated with menstruating? Can you tell me more about that?
How do you think menstruation is	How has having your period changed or shaped you as a

related to being a woman?	woman? How do you think that menstruation affects the way that men/others see women?
Menstruation experiences	
What does menstruating mean to you?	--
Can you tell me about your experiences of menstruating?	How do you feel about menstruating? Likes? Dislikes? How do you feel about your body? Do you talk to others about periods? Or avoid talking to any particular people/person? Do you talk about sanitary items? Tampons and pads etc. can be called either sanitary items or feminine products. What does this mean to you?
Can you tell me about any positive/negative experiences you've had in relation to your period?	Have you ever experienced a leakage when having your period? How did you feel/how would you feel? How did others treat you?
What challenges do/have you experienced in relation to your period?	Have you ever struggled to access sanitary items? Have you ever had to ask someone, such as school nurse, for sanitary items? Have you ever gone without sanitary items? Why did you have to go without? (Cost, travel distance, embarrassed to ask) Have your ever used an alternative item to conceal bleeding?
Menstruation & school	
What is it like to be menstruating at school?	Are there any challenges you face when having your period at school? Does having your period disrupt any aspects of your life inside or outside of school? Have you ever had to leave school, or take a day off school because of having your period?

(**Transition:** Well, it has been a pleasure finding out more about you. Let me briefly summarize the information that I have recorded during our interview.)

Closing

Do you have any questions or queries regarding this interview or any of the topics discussed throughout? Is there anything else you think would be helpful for me to know?

I appreciate the time you took for this interview. I should have all the information I need. Would it be alright to contact you if I have any more questions? Thanks again for your participation, I will send you a transcribed copy of this interview to check accuracy.

6. Appendix F – Transcription Conventions

Symbol	Meaning
end of line =	Shows that the next person started talking over the first speaker/or interjected a comment
(.)	in middle of speaking indicates a speaker's brief space between spoken words
[pause]	Indicates a space longer than the brief space of a (.)
[laugh]	a short burst of laughter from the speaker
[laughter]	general laughter
(word?)	Indicates that the word or phrase in parentheses sounds like what was heard, but not certain
...	At end of line means the person trailed off
[]	Indicate editing –clarification (what the speaker probably meant)
((text))	Additional comments from transcriber, e.g., context or intonation
CAPITALS	Capitals mark speech that is obviously louder than surrounding speech (contrastive emphasis)
Jo: end line [Sam:] begin line	Indicates overlapping speech

Source: Morison (2011)