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Giving up the “cotton life” for the “#cuplife”: A reflexive thematic analysis of asynchronous online discussions among menstrual cup users in ‘developed’ nations

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Abstract

The menstrual cup is an “alternative” reusable menstrual product offering a cost-effective, safe, and environmentally conscious means of menstrual management. Despite these benefits, menstrual cups are widely associated with negative discourses surrounding female bodies, reproduction, and sexuality. Little existing research considers how those who use menstrual cups negotiate these negative discourses and potentially challenge the menstrual stigma that acts as a barrier to reusable menstrual product (RMP) use, particularly women residing in higher income settings. The emergence of online forums as a source of information and community for menstrual cup users offers a unique opportunity to investigate how menstrual cup users negotiate discourses that promote stigma and taboo associated with the menstruating body.

Drawing on data generated in online focus group discussions with 17 women recruited from online communities, I explore how women construct their experiences with menstrual cups and potentially resist stigmatising discourses. Using reflexive thematic analysis, and adopting a critical, social constructionist orientation, my analysis shows how participants draw on alternative discourses (neo-liberalism, environmentalism, and healthism) to negotiate spaces to perform menstrual behaviours with RMPs. The active resistance of restrictive menstrual discourses, and the emergence of new, positive constructions of menstrual cup use are shown as central to encouraging others to transition to ‘waste-free menstrual management’ practices. These findings contribute to the emerging area of Critical Menstruation Studies and hold important implications for initiatives to mitigate the social and economic effects of menstrual inequity.

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Chapter one: Introduction

“The shame is universal and the silence a global rule”
(Dahlqvist, 2018, p. 1).

A pivotal conversation spurred my motivation to study menstrual cups. In a casual and brief conversation with a friend, she asked whether I used pads or tampons. I replied with “menstrual cups” and a brief explanation of how they are used. I was met with a distinct and memorable look of disgust. While this reaction was not new to me, we later discussed the merits of reusable nappies and her support for them as important tools for minimising the infamous waste and monetary costs of early parenthood. How could menstrual cups lack the same social desirability of reusable nappies? This experience highlighted for me the limitations women experience in relation to the “management” of their menstruating bodies. These restraints are even evident in the language available to women when discussing menstruation and menstrual management; ambiguous metaphors asserting the need for concealing the explicit details in conversation (Kissling, 1996).

My research focuses on menstrual cup use in a western socio-cultural context in which women routinely engage with negative constructions of menstruation. Most of the research of menstrual cup use is conducted in “developing” countries, focusing on poorer women’s perceptions and experiences. Work in wealthier, western contexts tends to focus on the acceptability of reusable menstrual products among women (e.g., van Eijk et al., 2019), often from a marketing perspective. Consequently, there is little consideration of women living in ‘developed’ countries with respect to their understandings and practices related to reusable menstrual products. Responding to this gap, my research investigates how these women construct their experiences of menstrual cup use, particularly in the face of persistent stigma associated with menstruating bodies.

As will be discussed in the following chapters, the use of menstrual cups is impacted by the dominant discourses surrounding menstruation. Using thematic analysis through a social constructionist lens, the means to which women account for their menstrual cup use is explored. The emergence of online communities as a source of information and support for menstrual cup users offers a unique opportunity to investigate how women may negotiate stigma and taboo associated with the menstruating body in general and the use of “alternative” products in particular. Drawing on data generated by participants recruited from online communities, I consider how participants construct their use of menstrual cups and navigate negative social discourses. Understanding how socio-cultural factors shape menstrual cup use is important if women are to possess greater autonomy and control in their reproductive health. This is part of a broader discipline of Critical Menstruation Studies, to which my work contributes. As Bobel and Kissling (2011, p. 123) assert, research with “a focus on menstruation is part of a complex and enduring feminist project of loosening the social control of women’s bodies”.

In this chapter, I provide the context and background relevant to the exploration of experiences among menstrual cup users. Contextualising this research also requires a discussion of my position as a researcher, so as to align with the philosophy of critical health psychology; acknowledging the role of researchers in negotiating and influencing the eventual findings being an important step in reflexive practise (Finlay, 2012). This chapter will conclude by describing the primary aims of my research.

Background

Menstrual cups serve as a means for managing the menstrual flow. According to Bobel (2008), commercially produced menstrual cups as they are recognised today emerged in the 1980s. A number of brand names have become synonymous for the term ‘menstrual cup’, with academic literature regularly referring to the ‘*Diva cup*’ and ‘*Mooncup*’ (e.g. Stewart et al., 2009). Broadly speaking, menstrual cups are soft, funnel shaped devices that are inserted into the vagina during menstruation. Menstrual cups are most commonly made of silicone, with some brands manufacturing with

thermoplastic elastomer (Hello Cup, 2020). When removed, the menstrual cup is emptied and rinsed/sterilised before reuse (Put a Cup In It, 2020).

In contrast to traditional sanitary pads and tampons, menstrual cups are reusable, offering unique environmental and health benefits. Menstrual cup advertising regularly cites the waste associated with the use of pads and tampons across the menstruating years of a woman's life, emphasising the significant reduction in personal waste production in the shift to reusable menstrual products (RMPs) (OrganiCup, 2018). While unsubstantiated scientifically, menstrual cups are also routinely advertised as a safer alternative to tampons through their lower Toxic Shock Syndrome (TSS) risk. The collection of menstrual fluid, rather than its absorption in the case of tampons is credited to this lowered risk (Mitchell et al., 2015). In addition to these benefits, the internal application of menstrual products into the vagina fits existing western norms of menstrual concealment (discussed further in chapter 2). Described as the menstrual concealment imperative by Wood (2020), menstrual management is bound by the assertion that it must be invisible and contained at all times. The use of internal devices for menstrual management, such as menstrual cups and tampons reduces the likelihood that menstruation becomes evident to others.

Yet, research shows that women are less likely to adopt menstrual cups due to discomfort with touching blood or reproductive organs during a time this is deemed to be especially unsanitary (Grose & Grabe, 2014). The construction of menstruation as a contaminating event has promoted the manufacture and uptake of disposable, individually wrapped menstrual products that ostensibly promote hygiene and concealment (Borunda, 2019). In the following chapter (chapter 2), I explore the constructions of menstruation that have signalled the growth in popularity and importance of single-use menstrual products.

Online menstrual cup communities

Given the social barriers to the adoption of reusable menstrual products, many women have turned to online forums to seek support and knowledge from fellow users. My research focuses on individuals who have adopted "alternative" menstrual products and

have continued to use them with success; these individuals are a part of a fast-growing membership of online communities to support their transition to RMPs. The *Reddit* forum entitled *Menstrual Cups: You Put What, Where?* has 29,000 members, while Facebook groups *Put a Cup in It Community* and *Saalt Cup Academy* host a combined 93,000 members. Troubleshooting the learning curve associated with menstrual cups, particularly their insertion, and advice for choosing an appropriate shape and sized cup are among the most popular topics posted in these communities.

These communities have emerged in response to a considerable lack of public knowledge and support of alternative menstrual products. Indeed, menstrual cups suffer from a distinct lack of visibility in the public sphere, including sexual health education in schools. A review by van Eijk et al. (2018) indicated of a group of 69 internet websites providing educational menstruation resources, only 30% of them promoted menstrual cups as a means of management. This was compared to 77% of the same group of websites promoting the use of disposable pads (van Eijk et al., 2018).

It is no surprise, then, that women who are interested in adopting menstrual cups have established online communities. These communities are set-up and hosted by both individuals passionate about menstrual cups and manufacturers. For example, the *Saalt Cup Academy* is hosted by menstrual cup brand *Saalt* as an avenue for providing real-time customer service. In this model, *Saalt* customers are able to provide detailed advice and support, above and beyond what could be provided by *Saalt* customer service representatives.

While there has been no research conducted on menstrual cup forums, there is extensive literature showing how online communities provide an environment to share experiences related to issues where taboo or stigma may prevent open discussion. This includes HIV-positive diagnoses (Ho et al., 2017), suicide (Schotanus-Dijkstra et al., 2014), infertility (Steuber et al., 2008) and cancer (Demjen, 2014). Considering reproductive decision-making, Morison et al., (2016), maintain that online communities allow for information-sharing, solidarity, and the legitimization of stigmatised identities, as well as the creation of strategies for negotiating and challenging stigma.

The culture established in these groups are particularly interesting from a health psychology perspective. The use of gender-neutral language in the Facebook groups, and acknowledgement of menstruation among individuals who do not identify as female is strongly asserted. Persistent use of gendered language can lead to a loss of membership in the *Put a Cup in It Community* and *Saalt Cup Academy* groups:

We want all of our members to feel included and safe. We can make this place safer and more inclusive simply by not using exclusionary terms. We encourage our members to educate themselves on why using inclusive pronouns when discussing menstruation is good practice and why inclusive language is important when discussing menstrual health. We will remind folks to use inclusive language — no ladies/guys/etc when addressing the group and no flippant commentary on this topic will be tolerated. (Put a Cup In It, 2017, para. 7)

These groups also assume a strong stance on abortion and matters of reproductive health, banning individuals who employ pro-life rhetoric or support the restriction of reproductive health services such as Planned Parenthood in the United States of America (Put a Cup In It, 2017). It can be seen that these online groups are distinctly progressive spaces with a strong drive to promote equity in reproductive health.

My research was made possible by *Saalt* who endorsed my project in their *Saalt Cup Academy* group to recruit participants. The data of these participants was then gathered using online focus groups. To mitigate confusion between online menstrual cup groups and the method of my data collection, the groups that have been described in this section will, from here on, be described as menstrual cup forums. Conversely, my method of data collection will be referred to as online focus groups.

Language in this thesis

Menstrual products

At the outset, it is important to acknowledge that there are many terms for menstrual products and the specific properties that qualify them as suitable for menstrual management. What is to be referred to as “menstrual products” are traditional sanitary pads and tampons. Typically made of treated cotton fibre, pads and tampons are

designed to absorb menses and are to be disposed of after each use of four-to-eight hours. Most commonly, the terms “sanitary products”, “menstrual hygiene products” and “feminine hygiene products” are employed interchangeably to describe disposable pads and tampons. In a bid to avoid value-laden terminology in this thesis, I will employ the term “menstrual products” to refer to traditional pads and tampons.

In writing this thesis I am bound by the limitations of language used to refer to menstruation and the products used to manage it. Stein and Kim (2009) comedically describe the language of menstruation as stripped from any context as if it is a “code known only to CIA operatives” (p.4). I have made the active decision to attempt to use terms, of which there are few, that possess the least amount of power in reproducing negative constructions of menstruation. This exclusion means avoiding language that alludes to the need for ‘hygienic’ or ‘sanitary’ products to conceal the contaminating potential of menstrual blood. I remain mildly uncomfortable with the language I am left with; particularly ‘menstrual management’. The expectation that menstruation requires management implies that its unpredictable nature requires active practices to counteract its threat. Additionally, ‘menstrual management’ outlines very particular guidelines that judges the adequacy of women’s menstrual behaviours. As one of my study participants described, managing menstrual flow made her “feel like [she] was fighting against [herself]”.

Woman or “menstruator”?

This thesis seeks to understand menstrual cup use by locating the embodied experience of menstruation in the social world. I acknowledge that not all women menstruate, and menstruation is experienced, or not, across the gender spectrum. Research in Critical Menstruation Studies refutes the perception of menstruation as an exclusively female experience and an increasing number of scholars in this field use the term menstruator. This functions to be inclusive of trans and intersex people as well as to acknowledge that not all women menstruate (e.g., trans women, postmenopausal women, pregnant women, and those experiencing amenorrhea) (Rydström, 2020). My focus in this project, however, is on the experiences of cis-women using menstrual cups. I therefore

employ the terms “woman”, “women”, “her” and “she” to refer to menstruating individuals as these are the terms by which the participants of my research identify.

The decision to focus on cis-women in this research is largely pragmatic. This group comprises the largest and most visible group of menstruators and users of menstrual products. Further, given the size of this research project, it would be inappropriate to attempt to understand the experiences of menstrual cup use in individuals who do not identify with their birth-assigned sex or the binary definition of gender. I recognise that gender diverse and transgender individuals possess unique experiences that are outside of the scope of this research; herein lies future research opportunities. (See e.g., Rydström, 2020.)

Attending to menstruation in the academic space

The opportunity to explore menstrual stigma in my thesis is a privilege; I am aware that I come to this topic with the benefit of being associated with an academic institution. The authority to validate taboo topics possessed by academia is one that I gain from, and rely on, when discussing menstruation in social spaces. I view my decision to research menstrual cups as actively rejecting the taboo of menstruation and its management. Larsen et al. (2018) highlight the importance of bringing hidden topics to light; this being particularly important where the lack of publicly shared knowledge of menstrual cup use leads to the emergence of private online menstrual cup forums.

Feedback from my participants indicated great delight that menstrual cups have emerging recognition in academic research. The authority that academia, particularly critical psychology, holds to legitimise experiences and lifestyles holds incredible potential for reducing menstrual stigma and even menstrual inequity. Validating the experiences of my participants, who have utilised alternative products in the face of stigma, provides opportunities to attend to and dismantle menstrual inequity with new tools in the metaphorical toolkit. Academically documenting the efficacious and sustainable menstrual management that menstrual cups provide, sparks new innovations for health initiatives, some of which will be explored in chapter two.

Researcher position

As a young, menstruating cup-user, I deeply relate to the experiences detailed by the participants of my research. I relate to the difficulties of managing menstruation in a social context that actively regulates your embodied experiences. The research described in this thesis has been developed from personal experiences with menstrual cups and the adverse reactions that I have faced when discussing with fellow menstruators my choice to use one. Consequently, I will benefit from the findings produced; by existing in the space that is validated by the academic legitimacy that presides over this research.

Even after completing a year's worth of research on the topic, I still struggle to discuss menstruation with others. The momentary pause that I offer after being asked what my topic of research is, is the product of growing up in a society that continually seeks to maximise the invisibility of menstruation. This sentiment is echoed by Braun (1999) who also expressed hesitancy and omitted information when asked about her PhD research on vaginas.

My identity as a menstrual cup user positions me as an insider researcher. Brannick and Coghlan (2007) indicate that while insider research seemingly impacts an objective researcher-participant relationship, having an existing understanding of a community's specific protocols and language is beneficial. I believe it is particularly significant to be an insider researcher in the context of online menstrual cup forums, given the sensitivity of menstruation and female reproductive anatomy. As an insider, I represent a growing number of women who, having negotiated a positive construction of menstruation for themselves, are able to actively and publicly tackle social stigma to promote the wellbeing of menstruators around the world. The academic documentation of the experiences of my participants, in which I see incredible value, is one way in which positive constructions of menstruation can be shared.

Thesis outline

In this chapter, I have provided context and background for conducting research on menstrual cups. In chapter two, I provide further context for this research by reviewing

all relevant and existing literature on the topic. Menstruation and its prevailing social constructions that limit women's ability to freely choose means of menstrual management will be explored. The chapter concludes with a summary of the existing research on menstrual cups, which provides clear rationale for conducting my study.

The methodology that has facilitated my research is explored in chapter three. Specifically, the use of social constructionism as the research epistemology and theory is outlined. Braun and Clarke's (2013) reflexive thematic analysis is also described, as the analytical approach employed in this thesis.

Chapter four presents the findings of my research, exploring three key themes as the unit of analysis. The aims of the research, as described above, are responded to in these themes; the ways in which menstrual cup users construct their experiences, in response to wider social discourses, are explored. These findings are also contextualised and compared to knowledge in the existing literature.

The implications of my research and avenues of future research are considered in chapter five. My research provides a foundation for further research as a new era of menstrual management emerges. In this final chapter, I reflect on my research, and the role it plays as part of a greater academic acknowledgement of menstruation and its management.

Chapter two: Literature review

“Responsibilized individuals are required to provide for themselves in the context of powers and contingencies that radically limit their ability to do so”

(Brown, 2016, p. 10).

Exploring the existing menstruation literature highlights the degree to which a physical, bodily process adopts social meaning. Johnston-Robledo and Chrisler (2013) indicate that a blood stain on clothing has the capacity to stain one’s social identity given the stigma of menstruation that is to be described in this chapter. While there is an emerging body of literature on menstrual cup use, as mentioned in the introductory chapter, the large majority of it is located in low-to-medium income nations where reusable products offer an opportunity for sustainable menstrual management that can serve to empower women to access education and employment. What is markedly missing, then, is the experience of menstrual cups when used in a western, socio-cultural context.

Social constructionist research considers the discourses that shape and inform women’s understanding of reproductive processes and the behaviours perceived to be appropriate during such processes, including that of menstruation. Consequently, this literature review provides a background for my social constructionist research. I begin by detailing the discursive backdrop against which menstrual management and cup use occur, highlighting some of the common constructions of menstruation and menstrual management behaviours that are informed by these constructions. I then discuss the small existing base of literature on menstrual cup use to locate and establish a rationale for my study. Finally, I review existing literature on the role of online support groups in health outcomes, providing a context for the consideration of the role of online spaces in the uptake and continued use of menstrual cups.

PART 1: DISCURSIVE BACKDROP

Menstruation and social constructions of gender

Many modern constructions of menstruation rely on a binary understanding of gender that demarcates clear anatomical differences between the sexes, while privileging the masculine (Shildrick & Price 1994). In demarcating difference, two key biological differences are commonly emphasised: the experience of pregnancy and menstruation in the female body (Braun & Wilkinson, 2001; Courts, 1993; Sitar, 2018). These processes are constructed as vulnerabilities that render women's bodies inferior to those of their male counterparts (Sitar, 2018). The characterisation of menstruation as debilitating positions women as disorderly or inferior, requiring control and containment (Ussher & Perz, 2020). The absence of these vulnerabilities in the male body positions it as the favourable and neutral human form. As Ussher and Perz (2020) puts it: "The female reproductive body is positioned as abject, as other, as site of deficiency and disease, the epitome of the 'monstrous feminine'" (p.215).

The binary division of gender is therefore constructed and maintained through appeals to gendered biological processes. Moreover, the social understanding of womanhood is constructed in relation to the male body. The binary division of gender, based on these processes, underpins many of the constructions of menstruation that are to be discussed and will be regularly referred to throughout the proceeding discussion.

Western constructions of menstruation

Braun and Wilkinson (2001) indicate that social constructions of menstruation operate alongside the material, biological process. In this chapter I explore the various constructions of menstruation that circulate widely in western contexts and shape people's experiences of menstruation.

Religious constructions of menstruation. Menstruating women experience restrictions under the scriptures of all religions throughout the world, with the exception of Sikhism (Bhartiya, 2013). It is important to consider religious constructions of menstruation as these inform many modern, western discourses of menstruation. In this

regard, attending to the religious understandings of female reproductivity provides a historical context for the social taboos that we witness today (Bhartiya, 2013). Importantly, as Cohen (2020) notes, “the intersection of menstruation and religion engages not only contested classifications of the impure and the pure but urgent issues related to gender equality, hierarchies, delineations of communities, and boundaries of power” (p.115).

The predominant religious construction of menstruation is one of impurity and uncleanness (Phipps, 1980). The inability to access sacred spaces, partake in daily household tasks and a ban on sexual intercourse during this time constructs menstruation as a curse that can be transferred between people and objects (Delaney et al., 1988). While significant restrictions on menstruating women, such as the use of secluded and isolated huts, are less common in present day western nations, the legacy is that secrecy and concealment of menstruation drives separation between the genders with distinct disparities in power. These prescriptions may operate to reinforce the inferiority of women, as exclusively possessing a threat to the sanctity of religious places and practices (Buckley & Gottlieb, 1988).

The uncleanness that underpins religious constructions of menstruation is symbolic. The spiritual pollution of cyclical bleeding is of significance in this discourse, rather than a material threat such as the possibility of biological contamination. As Buckley and Gottlieb (1988) assert, the religious construction of menstruation as impurity is reinforced by the provision of spiritual sanctions.

Accounts of religiously prescribed behaviours during menstruation were found in qualitative research by Dunnavant and Roberts (2013). However, these findings revealed a small proportion of women who found the construction of menstruation as impure to be a positive aspect to their identity; challenging the negative framing of menstruation that operates to place femininity as inferior. Sanctions placed on menstruating women were seen as an opportunity to find community, share experiences and gain an understanding of reproductive anatomy and processes. Additionally, restrictions on sexual practices during menstruation were seen as an

opportunity to regain some control in their relationships, with the ability to refuse sex (Dunnivant & Roberts, 2013). It is, therefore, inappropriate to assume that the broad, social constructions of menstruation are inherently negative to women. This research shows us that while women are routinely exposed to negative discourses, they are not immediately embodied as we might assume.

Sexist constructions of menstruation. As evident in the preceding discussion, religious constructions of menstruation are based upon the blood's spiritual threat to sacred spaces. When viewing menstruation through a sexist lens, however, the prevailing discourse is one of physical pollution. A modern sexist construction of menstruation frames blood as a biological hazard, and as such, requires specific practices to minimise its polluting capacity.

As previously mentioned, the male body is typically central to the construction of the human body. The regular expulsion of blood, which is normally contained within the body, is notably distinct from the heroic and unpredictable bloodshed that men are typically associated with; particularly when this occurs during hunting or combat (McCracken, 2010). In this respect, Buckley and Gottlieb (1988) indicate that the primary notion underpinning the sexist construction of menstruation is the analysis of a pollutant being a "matter out of place" (p.26). If the male body is the ideological norm of the human body, then the routine discharge of blood from a woman's reproductive system can be seen as an anomaly that possesses the capacity to contaminate and pollute.

The sexist construction of menstruation, as being a contaminating event, can be seen most clearly in advertisements of 'sanitary protection' (Luke, 1997). Constructing products associated with menstruation as *sanitary* products, such as pads and tampons, implies that menstrual blood in the absence of these products is unsanitary (Sitar, 2018). Additionally, the term *unfresh* routinely emerges in the literature (Braun & Wilkinson, 2001b; Johnston-Robledo & Chrisler, 2013; Newton, 2012, 2016). The prevailing sexist construction of menstruation as unhygienic has significant implications for menstrual management shaping women's views of menstruation and the behaviours considered

appropriate during this time (I discuss these behaviours further in section three of this chapter).

The effects of this construction can be seen in women's reports of fear, anxiety, and shame around leaking menstrual blood. The framing of menstrual blood as a public health threat and menstruation as an uncontrollable and problematic process has implications for how women are perceived by others (Diorio & Munro, 2000). For example, a study of New Zealand schoolgirls' talk about menstruation demonstrated how "failed" menstrual management, in which menstruation became visible to others, resulted in stigma and compromised "respectable femininity" (Wootton & Morison, 2020).

Biomedical constructions of menstruation. Bransen (1992) indicates that the biomedical constructions of menstruation enforce an objective dichotomy between the superiority of medical knowledge and the subjectivity of women's own lived experiences. In this way, the biomedical constructions of menstruation possess great power, given the superiority of scientific and medical expertise. Feminist literature shows how bodily processes such as menstruation become medicalised and pathologised as the socio-cultural context permeates the medical field (Gunson, 2010). The medicalisation of menstruation has a long history during which, with the growing power of medical knowledge, "women's bodies came to be viewed as a medical malady or a feminine handicap, which required constant medical supervision and surveillance in order to ensure proper menstrual socialization" (Patterson, 2014, p. 100). Indeed, the unruly and unpredictable female body has become medicalised to the extent that medical professionals are portrayed as having greater knowledge and control over such bodies than the ones who inhabit them. The administration of pills and other medical therapies offers the opportunity to rein in the threat that women inherently possess, neutralising womanhood (Ussher, 2006).

The primary biomedical construction of relevance is the notion that menstruation is a biologically natural process (Cosgrove & Riddle, 2003). Under a biomedical model, menstruation and pregnancy are mutually exclusive, with monthly bleeding excluding

the presence of a pregnancy. In this regard, it can be inferred that the presence of menstrual blood can be biomedically constructed as a failure to conceive; The incompatibility of menstruation and pregnancy can lead to the notion that the expulsion of menstrual blood is a failed opportunity to support a pregnancy (Newton, 2016). The primary characterisation of women as child bearers positions pregnancy as the more natural and favourable process (Forsythe, 2009).

The capacity to control or eliminate monthly bleeding with the use of the contraceptive pill has redefined this embodied experience (Hasson, 2016). It is now acknowledged that the inclusion of placebo pills in a regular 28-day contraceptive pill pack is not medically necessary, owing itself to the social perception that a monthly bleed is healthier than continued menstrual suppression (Gunson, 2010). This regime also improved the pill's likelihood of approval in cultural contexts where ovulation suppression and birth control may be religiously contentious (Hasson, 2016). The resulting impact on the biomedical construction of menstruation is that it is only relevant where bleeding occurs in the absence of contraceptive use. Hasson (2016) indicates that bleeding on the contraceptive pill and other long-acting, reversible contraceptives (LARCs) is not considered to be a 'real' period. It can be inferred from these findings that the important feature of menstruation in the biomedical construction is the occurrence of ovulation, release of an egg, as part of a wider reproductive process.

The presence of menstrual blood, as has been emphasised, is the physical manifestation of a failed conception attempt. Martin (1991) supports this construction by attending to the way menstrual blood is framed as the by-product of cell death and inefficient processes that lead to the manufacture of waste. This waste is socially constructed as far less superior than sperm produced during male reproductive processes (Martin, 1991).

Biomedicine possesses significant power in the hierarchal positioning of bodies; the superiority of scientific knowledge as objective and value-free legitimises biomedical constructions of women's health (Ussher, 2003). Biomedical value of women's bodies are seen to exist in their childbearing capability, with the medicalisation of conditions

that indicate an absence of pregnancy (Newton, 2016). This construction of menstruation is, therefore, no more objective than the other constructions mentioned previously in this chapter when considering the influence of an extensive history of female oppression, positioning of women's bodies and feminine gender roles.

From a biomedical perspective, through medicalisation, menstruation is constructed as a health issue or medical condition and the focus became that of *hygienic* menstrual management. This discourse on menstruation centres on bodily regulation through sanitation and feminine hygiene and is a powerful discourse in western understandings of menstruation (Patterson, 2014; Wood, 2020).

Experiences of menstrual management

The preceding constructions of menstruation have significant implications for the way in which women care for themselves during this time. These social discourses dictate which behaviours, products and practices are suitable for menstrual management. In a discussion of the routine behaviours that women adopt to manage their menstruation, Oxley (1998) refers to the concept of *mastery* of techniques that enable women to assume 'control' of their cycles and a mastery of behaviours that conceal the visibility of menstruation in the social world. The pressures for women to enact the specificities of menstrual management leads to competency, acquired across the decades of child-bearing years. This concept is central to the following discussion of menstrual management.

Menstrual etiquette

Menstruating women are subject to very particular rules under which adequate menstrual management is achieved. Described by Laws (1991) as menstrual etiquette, these rules constitute a social contract that women enact to minimise the visibility of menstruation and survey the adequacy of their own menstrual management. Young (2005) details the specificities of menstrual etiquette as:

an intricate set of rules governing interactions between men and women, and between women and women, negotiating the material manifestations and cultural meanings of menstruation. Menstrual etiquette concerns who can say

what to whom about menstruation, what sort of language is appropriate, and what should not be spoken. The rules of menstrual etiquette recommend the use of certain equipment and products, how they should be acquired, carried, stored, disposed of, and referred to in conversation. (p.111)

Upholding appropriate menstrual etiquette allows women to comply to the “menstrual concealment imperative” (Wood, 2020, p. 320) that results from the convergence of various negative discourses of menstruation (discussed above).

In the existing literature on menstrual management and menstrual etiquette two themes are most apparent, namely: freshness and invisibility. These two themes are crucial features to successfully managing menstruation and prescribe the products and behaviours that are deemed appropriate by the sexist construction of menstruation described above. Freshness and invisibility are discussed in turn, before I return to the idea of mastery and how the prerequisites of successful menstrual management play into the wider discourses that have been explored.

Freshness in menstrual management

Extending from the sexist construction of menstrual blood as one of pollutant material, there is a push for women to adopt behaviours and products that promote freshness. This push begins with the advertisement of sanitary products that aid women in maintaining freshness as a means for securing and maintaining a desirable social image. Kane (1990) indicates that the female body is seen and constructed as more self-polluting, given its routine discharge of bodily fluids. It can be inferred, then, that sanitary practices in the reproductive domain possess masculine properties. From this perspective, it can be seen that any assertion that women must utilise menstrual products is a bid to neutralise the negative attributes of the female body (Kane, 1990).

The “fresh” properties of menstrual products are seen in two distinct ways. First and foremost, the disposable nature of traditional products enables the user to discard “contaminated” products. If blood is considered a pollutant, any object that comes into contact with it is then seen as equally polluting. It is, therefore, easy to achieve freshness if a clean sanitary pad or tampon regularly replaces a contaminated one (Sitar, 2018).

The disposable nature of these products also complements the practices of public health systems who routinely use single-use technologies for items that come into contact with blood or other bodily fluids (Wigglesworth, 2019). It can be seen, then, that the systematic practices that ensure safety in a public setting is replicated in private spaces and inside the home (Kane, 1990); a space where the risk of interpersonal blood transmission is far less likely, particularly menstrual blood. The ability to remove the used, disposable product with little to no contact with menstrual blood and discard it quickly prevents further contamination of one's self or other objects.

The second property of traditional menstrual products that serves to contribute to the need for freshness is the use of fragrances. Scented menstrual products aim to counteract any odour related to menstrual blood and minimise anxiety around public detection of menstruation (Luke, 1997). Kissling (2006) recalls an advertisement from menstrual product manufacturer *Proctor & Gamble* promoting the release of a new scented tampon with the slogan "Beguile your senses. Succumb to the freshness" (p.20). Herein describes the explicit association of fragrance and freshness, with the deodorising of menstrual blood, allowing women to feel fresh and confident. The mere existence of scented tampons and sanitary pads implies that the natural odour of menstruation is unpleasant. Again, it can be seen that women fail to naturally possess the qualities that enable them to be fresh and hygienic, requiring additional material tools (such as scented tampons) to align themselves with the superiority of the male form (Kane, 1990; Kissling, 2006).

Manufacturers of menstrual products do, of course, hold vested interest in the perpetuation of menstruation constructed in this way. The marketing of menstrual products relies on the perception that blood is a contamination threat requiring refined technologies, not naturally possessed by women, to limit its exposure (Malefyt & McCabe, 2016). Simes and Berg (2001) caution that menstrual product advertising accounts for a substantial proportion of informal education that girls receive at menarche; particularly in social contexts where menstruation is otherwise silenced. Messages employed in such advertising aid to further perpetuate social discourse

relating to the unpredictable nature, and pervasive threat of the female body upon puberty and menarche (Simes & Berg, 2001).

The menstrual concealment imperative and invisibility in menstrual management

A second integral aspect of prescribed menstrual management intimated above is ‘the menstrual concealment imperative’, which arises from constructions of menstruation as diseased, taboo, and stigmatising (Wood, 2020). As Oxley (1998) found, menstruation is best managed by women who were able to eliminate its visibility or its effects from daily experience as far as possible by way of oral contraceptives, pain killers and tampons. Sitar (2018) summarises this situation well, by referring to women who successfully achieve such invisibility as the “non-menstrual” menstruators (p.782).

The ability to conceal menstruation is most readily achieved through use of tampons. The internal nature of tampons, as opposed to the external protection offered by pads, minimises the likelihood that others will be alerted to menstruation (Courts, 1993). The threat of externally worn menstrual products, including pads, can be seen in accounts from women who are concerned that the size and thickness of cotton pads makes them visible through underwear and outer clothing (Ginsburg, 1996).

Size is also important in the disposal of single-use menstrual products. Ginsburg (1996) alludes to pads being more difficult to hide in household waste bins, with teenage girls describing tactics to hide used menstrual products by placing them at the bottom of the bin or well wrapped in toilet tissue. In this regard, tampons may be easier to conceal given their smaller size. While far from being recommended, women also report flushing their used menstrual products down the toilet, to avoid these concealing techniques. Hawkins et al. (2019) found tampons were more likely to be flushed as a means of disposal given their compact size and the very nature of their mechanical use; with the ability to instantly remove and dispose of the tampon without touching any menstrual blood.

The packaging of menstrual products also serves to reinforce the need for menstrual concealment. Many disposable pads and tampons are marketed in discreet packaging

where plain and subtle colours are utilised in an attempt to draw attention away from their use (Ginsburg, 1996). More recently, menstrual product brand *Libra* has introduced sanitary pad wrapping that is resealable for the discreet sealing and disposal of used products (Libra, 2018). It can be seen, then, that many of the characteristics and feature of disposable pads and tampons serve to aid women in concealing their menstruation.

Successful concealment of menstruation relies on specific behaviours employed by women in public spaces. Ginsburg (1996) reports that many school girls routinely hide their unused tampons in sleeves of clothing or school books on their way to a bathroom. Both Costos et al. (2002) and Newton (2012) suggest that these behaviours are communicated to young girls at the point of menarche, from their mothers or other older female figures. Efforts of mothers to hide the presence of menstrual products, in the house and in public, were routinely reported and believed to have significant effect on their daughters' menstrual management behaviours (Costos et al., 2002).

The detrimental effect on women's social image in the event where an unused sanitary product may become visible was captured by Roberts et al. (2002) who assessed participants' perspective of a confederate, having witnessed her dropping a wrapped tampon. The results show that the confederate received lower ratings of perceived competence among the group who witnessed the dropping of the tampon. Thus, it can be seen that women's behaviour is not unfounded; unsuccessfully concealing menstrual products holds a significant threat for the social image of a menstruating woman, given the aforementioned negative constructions of menstruation.

Hasson (2016) theorises that the behaviours that encourage successful menstrual management emerge from self-surveillance. It is proposed that as women increased their activity outside of the home, self-surveillance was increasingly needed to ensure evidence of their menstruation was contained (Hasson, 2016). If success is to be deemed on the extent that blood is contained, and invisible to others, self-surveillance allows women to be confident in their methods of management. It can be seen that this notion of surveillance relates well to the idea of mastery by Oxley (1998). Self-surveillance allows women to gain an apt understanding of effective methods of managing their

menstruation which, in turn, supports mastery in concealing their monthly bleed (Courts, 1993).

There is a marked absence of literature relating to the ways in which more modern methods of menstrual management, such as reusable menstrual products, attend to the social requirements described above. Of most relevance to my thesis is, of course, the way in which menstrual cups can provide for women in their efforts to conceal the pollutant that is menstruation. It is well established that disposable menstrual products are well equipped to respond to the current social discourse around adequate management, though their presence has likely informed such discourses. My research will seek to address this gap, by attending to the ways that menstrual cups are able to cater to the requirements of successful menstrual management. The particular features of menstrual cups, and how these reflect social discourses are to be discussed in the following section.

PART 2: EMPIRICAL RESEARCH

There is a shortage of menstrual cup literature. Existing research studies in this area can be broadly characterised by either their cognitive orientation or their origins in international health initiatives; these are to be discussed in turn. For the purpose of this section of the literature review, menstrual cups were defined as any silicone-based reusable device designed for internal use to collect menstrual flow (Pena, 1962).

Research arising from international menstrual interventions in “menstrual poverty”

Much of the existing literature on menstrual cups has emerged from international initiatives to mitigate the social and economic effects of menstrual poverty in low-to-middle income nations (Phillips-Howard et al., 2016). Sommer and Sahin (2013) highlight the significant global issue of inadequate menstrual management, preventing female participation in education, employment and the community. Menstrual cups present a sustainable solution to this challenge, given their ability to be reused for up to ten years (Madziyire et al., 2018).

Menstrual cups were seen as a suitable and culturally acceptable form of menstrual management in a number of international interventions. Acceptability research found menstrual cups effective in Western Kenya (Mason et al., 2015), India (Shah, 2017), Nepal (Oster & Thornton, 2012) and Zimbabwe (Madziyire et al., 2018). The primary concern in low-to-middle income nations is the capacity for women to effectively sanitise menstrual cups, which can be done in boiling water or through use of a chemical sterilisation process (Madziyire et al., 2018). It was found, however, that menstrual cups require considerably less water to clean when compared to the fabric pads most of the research participants were used to; the near-instant drying time of silicone was also favourable as it was less visible than pads which are usually hung outside the home to dry (Oster & Thornton, 2012).

Across all the mentioned studies, there is a noticeable learning curve to adopting a menstrual cup, particularly during insertion; with the potential for eventual rejection of the product if this learning curve is not overcome (Mason et al., 2015). It is possible that this learning curve is more pronounced in these nations given the lower use of internal menstrual products such as tampons (Sivakami et al., 2019). It is, therefore, important to consider the specific factors that influence menstrual cup uptake in high income nations where the socio-cultural context is significantly different. Higher rates of tampon use, improved access to sanitation facilities and greater perceived control in menstrual management practices within western nations, while still immensely restrictive and prescriptive, may be apt to accepting menstrual cups more readily (Madziyire et al., 2018).

Research drawing on self-objectification theory

The prevailing theory in the existing literature concerning menstrual cup use in the western context is the self-objectification theory (Lamont et al., 2019). Self-objectification, in the context of menstruation, is the distancing employed by women from their own physical and biological body (Grose & Grabe, 2014). It can be seen that self-objectification is likely to have arisen from the significantly negative constructions of menstruation that permeate the western social world. The resulting impact is that embodiment is disrupted in an attempt to isolate the biological process of menstruation

from the social identity of a women. Self-objectification is used to employ self-surveillance; distancing from one's own menstruation allows for an evaluation of menstrual management behaviours from the perspective of the other to ensure effective containment and concealment of menstrual blood. Quantitative research by Grose and Grabe (2014), Milne and Barnack-Tavlaris (2019) and Lamont et al. (2019) each found slight association between high self-objectification and low uptake of menstrual cups.

It is hypothesised by Grose and Grabe (2014) that as self-objectification is increasingly employed, women are less likely to adopt reusable menstrual products (RMPs). If women are to internalise the wider social discourses of menstrual management as requiring effective concealment, the menstrual cup is less likely to appeal given its challenge to these hegemonic constructions (Grose & Grabe, 2014).

The research using self-objectification theory provides valuable insights into the ways in which menstrual cups directly challenge some of the fundamental characteristics of successful menstrual management. Most notably, menstrual cups require greater physical contact with one's own reproductive anatomy and menstrual blood given the absence of an applicator that accompanies many disposable tampons. The insertion of fingers into the vaginal canal during the insertion and removal of menstrual cups undermines the internalised façade of "mess-free" menstrual management provided by tampons. Additionally, the requirement to clean and sanitise the cup increases the likelihood that the menstrual status of a women becomes known to others or the blood becomes visible to other co-inhabitants; an upsetting and confrontational experience for European women interviewed by Campo-Woytuk et al. (2020). It can be seen, then, that the mere use of menstrual cups requires a confident sense of self to directly challenge pervasive and negative social discourses.

There are some limitations to the use of self-objectification theory, in that the wider social context that drives the internalisation of menstrual stigma is sometimes neglected as its focus centres on cognitive processes. Consequently, research drawing on this

theory may not explain how self- surveilling behaviours may serve to reproduce menstrual stigma in the social context (Lupton, 2015).

Gaps in menstrual cup literature

As has been described, there are two prominent branches within the existing literature concerning menstrual cup use. While menstrual cups provide an effective and culturally-appropriate response to the inaccessibility of menstrual products in low-to-middle income nations, the social and cultural context of research in this area provides only minimal knowledge for how cups are constructed and utilised in high income nations. The present research seeks to begin the narrowing of this gap by situating menstrual cup use in a western socio-cultural context with the intricacies of western constructions of menstruation. By integrating the established knowledge of menstrual constructions, the present research will be embedded in the social discourses that underpin women's knowledge of menstruation.

Across all the existing literature pertaining to menstrual cup use, there is a noticeable absence of research relating to the experiences of women who have adopted and utilised RMPs for some time. The reviewed literature only considers the initial adoption and acceptability of menstrual cups, given their origins in health interventions. Many of these interventions also provide participants with ongoing support and education to ensure the learning curve of menstrual cup use is not discouraging (van Eijk et al., 2018). When considering menstrual cup use in a western context, this support must be sought from women's own intrinsic motivation. I believe that the absence of academic literature in this area is likely to mirror an absence of information in the informal and public domain, particularly in sex education and conversations between mothers and daughters. It can be seen, then, that the women who use menstrual cups are likely to have utilised their own motivations to seek information and guidance. The ability to continue to use menstrual cups, in the face of stigma and negative discourses from society and perhaps even friends and family, is of value to the academic community. Understanding menstrual cup use through a reflexive qualitative methodology will be particularly significant, in light of the on-going oppression of menstruating women that has been documented in this chapter. By adopting a qualitative approach, I will honour

the expertise offered by my participants and ensure that they possess the power to frame their experiences in a way appropriate to them (Karnieli-Miller et al., 2009). It is important to hear from the women who have researched menstrual cups, overcome the learning curve and challenged the social stigma that surrounds RMPs.

PART 3: (SEXUAL) HEALTH AND ONLINE COMMUNITIES

The internet is a growing domain of health and wellness information (Idriss et al. 2009). Given the large membership to online menstrual cup forums, as explained in chapter one, we can expect that they help to shape the ways in which women understand and experience menstrual cup use. Online health forums have been studied for their benefit across a wide range of health and wellness matters, including weight loss, smoking cessation and mental illness recovery (Eysenbach et al., 2004). Online forums are also important spaces for seeking information and support for sensitive issues like sexual health due to the ease and anonymity of online interaction (Cohn & Richters, 2013). The following discussion considers relevant literature as means to contextualise my research on online health forums and promote further academic attention to this area as the internet increases in its reach and influence.

Characteristics of online health forums

Zhang et al. (2017) define online health forums as discussion forums held in online spaces that centre around a particular issue of health or wellness, with members who “share information, experiences and feelings with each other, as well as provide support or encouragement” (p.797). A crucial and unique characteristic of online health forums, when compared to face-to-face communication, is the capacity for members to remain anonymous or private. Mo and Coulson (2008) suggest that online health forums are particularly important spaces for individuals whose experiences are stigmatised, such as those diagnosed with HIV. The social isolation felt by members of online HIV forums in research by Mo et al. (2008) was echoed by those who participated in online spaces for young, single mothers (Dunham et al., 1998). Participants across a number of studies indicated a lower perception of judgement from members in online health forums and

felt they could take greater risks in disclosing the details of potentially stigmatised experiences.

Additionally, the relationships that develop between members in online health forums are also believed to contribute to their popularity. Turner et al. (2001) suggest that the degree of anonymity and privacy offered by online health forums facilitates relationships built on a single shared or common experience and disclosures here are perceived to be less risky than with close friends or family (Turner et al., 2001). Instead, participants report feeling more comfortable communicating online where they feel understood (Mo & Coulson, 2008; Pfeil & Zaphiris, 2010). The feeling that members are able to be understood by those who share similar experiences is credited to the importance and significance of online health forums (Zhang et al., 2017).

Online health forums and self-care

Given the growing role that online health forums play in the experience of health and wellness, there are now several avenues in which patients are able to access information, beyond that provided by healthcare professionals. Irrespective of the degree of active participation of a particular member, online health forums are shown to lead to the empowerment of the individual (Johnston et al. 2013) and numerous associated health benefits (Audrain-Pontevia & Menvielle, 2018). While there are notable, and positive, effects of empowering patients with the internet as an accessible source of information, the emergence of online health forums is also related to wider changes in the health system related to neo-liberalism that encourage increasing individual health responsibility (McGregor, 2001).

In this respect, Ward (2015) describes the term 'self-care' as an important tool to promote the responsibilities of individuals and mitigate public cost. Self-care promotes the acquisition of knowledge and resources, by the individual and from authoritative social bodies, to fulfil the requirements of an individual's physical and emotional wellbeing (Bella, 2010). The social desirability of appropriately performed neo-liberal ideals through self-care practices such as following public health advice for a healthy diet, dictates the conditions in which an individual is seen as a 'good' citizen (Brown &

Baker, 2012). Thus, online health forums play an important role in patients gathering the information and successfully performing good citizenship by assuming a degree of responsibility for their health.

Online forums for RMP users

My research is the first of its kind to consider the role of online health forums in the experience of menstrual cup use. The members of the menstrual cup forums that I have focused on, actively choose to concern themselves with their reproductive anatomy to find an alternative means of menstrual management outside that provided by mainstream products. The online forums that I attend to exist solely for the troubleshooting and advice related to menstrual cup use, with the sharing of health advice, and possible diagnoses firmly advised against in the rules of some like the *Put a Cup In It* group (Put a Cup In It, 2017). In this way, they may resist medicalisation and draw on alternative discourses of menstruation. Indeed, research has found that North American girls use chat rooms, message boards, websites, and individual homepages to talk openly and candidly about menstruation and to challenge dominant negative discourses (Polak, 2006). Such work suggests that online spaces can play a central role in how women construct and experience menstruation. Focusing on a space not only dedicated to menstruation, but to “alternative” menstrual practices can, therefore, provide insight into how these spaces help shape women’s understandings of menstrual management, including the negotiation and resistance of dominant discourses of menstruation.

Conclusion

In this chapter, I have provided the discursive backdrop to my topic, discussing the social constructions of menstruation and menstrual management that can shape menstrual management practices. I have also traced the research relevant to this topic, showing that there is a considerable gap in the literature concerning menstrual cup use in western nations. This gap echoes social discussion of menstrual cups that can limit women’s awareness and use of alternative menstrual management products. Attending to this gap, my research focuses on menstrual cup users from western nations who interact on online menstrual cup forums. It explores how these women construct their

experiences of menstrual cup use, including how they may negotiate negative social discourses about menstruation in their talk and potentially challenge menstrual stigma that acts as a barrier to menstrual cup use. In addition, it illuminates the role of online menstrual cup forums in this resistance and support of menstrual cup use.

Consideration of the discourses that shape women's understanding of menstruation provide context for the practices that underpin successful menstrual management. While the emerging menstrual cup literature integrates self-objectification theory, the socio-cultural context of long-term menstrual cup use is neglected. Herein lies an opportunity to give voice to women who have, under their own volition, adopted RMPs as routine menstrual management tools. It has been emphasised that the process of adopting menstrual cups requires a level of activism that has likely emerged through membership to menstrual cup forums that foster a common identity. The following chapter will describe the methodological approach of my research in an endeavour to document the experiences of women who use menstrual cups.

Chapter three: Methodology

“We need the power of modern critical theories of how meanings and bodies get made, not in order to deny meanings and bodies, but in order to build meanings and bodies that have a chance for life”

(Haraway, 1988, p. 580).

The social constructionist epistemology that I adopt allows for the consideration of the biological process of menstruation as deeply embedded in, and informed by, social discourse. This lens allows for the exploration of how menstruating women’s agency to make their own reproductive health choices are constrained by the range of negative social discourses discussed in the previous chapter. I adopt a critical, constructionist version of thematic analysis. In this chapter, I begin by discussing my theoretical orientation and the methodological underpinnings of the research, I introduce the reflexive approach to thematic analysis presented by Braun and Clarke (2012), and describe my research procedures.

I write this chapter with consideration of the power that comes with my role as a researcher, aligned with an academic institution, while relating to my participants as a woman in her reproductive years who uses menstrual cups. I also state from the outset that validating the experiences of women who use menstrual cups, and the negative discourses they have likely faced in their transition to waste-free menstruation, is of utmost importance to me in conducting this research.

Social Constructionism

My research is founded upon social constructionist epistemology and therefore based upon the view of reality, including menstruation, as actively negotiated by individuals through language and conversation (Edley, 2001). This orientation is notably distinct from positivist approaches that see language simply as reflecting reality, rather than creating it (Terry et al., 2017), and so consider a single reality existing in the absence of, and beyond, interpersonal communication (Burr, 2015). Rather than a single reality and ultimate truth searched for in positivist approaches, social constructionism recognises

multiple realities and experiences produced as people and societies make meaning of the world around them (Gergen, 2015). What we know of the world, including ourselves and other objects in the world, “is constructed (produced) through various discourses and systems of meaning we all reside within” (Braun and Clarke, 2013, p. 29). Thus, “objects and events come into existence for us as meaningful entities through their representation in discourse” (Derrida in Burr, 2015, p. 78). As Gergen (2015) explains, knowledge is the product of language, and is actively shaped when a discourse is employed.

Discourse

Research such as mine employs a social constructionist lens to attend to the “socially shared ways of thinking and speaking about certain topics or objects (including people)” (Donahue, 2018, p. 131), in this instance menstrual cup use. These common social understandings, or *discourses*, produce specific versions of reality. A discourse, according to Burr (2015), refers to spoken or written language use in a particular context (i.e., geographical, historical) that represents an object, person, or event in a specific way. Accordingly, she argues:

a multitude of alternative versions of events are potentially available through language, this means that, surrounding any one object, event, person, etc. there may be a variety of different discourses, each with a different story to tell about the object in question, a different way of representing it to the world. (Burr, 2015, p. 75)

Given that there are multiple versions of reality shared within societies, various constructions may be employed, simultaneously, depending on the historical and cultural context or the particular purpose that may be served (e.g., justification, persuasion). For instance, as I showed in the previous chapter, many different discourses can be drawn on to account for and explain menstruation. The construction of tampons as ‘sanitary products’, for example, draws on a biomedical discourse that emphasises hygiene and works to frame menstrual blood as unclean and contaminating. This discourse is rooted in sexist views of women’s bodies and serves to justify the patriarchal status quo. Furthermore, as I described in the literature review, the biomedical discourse also serves the manufacturers of products by reinforcing the necessity of

appropriate menstrual management to keep oneself hygienic and to contain the unsightly sights and smells of menstruation.

Discourses are characterised and recognised by their distinctive use of metaphors, imagery, and stories that shape meaning in a particular way and produce a particular version of reality (Burr, 2015). For example, a western religious discourse of menstruation uses the metaphor of “the curse” relating menstruation to impurity (spiritual and physical) and to women’s sinful nature as recounted in the story of Eve’s original sin in the Garden of Eden. A discourse therefore demarcates “a set of meanings...that in some way together produce a particular version of events” (Burr, 2015, pp. 74 – 75).

Subject positions

Discourses offer individuals particular roles or positions within them. Language creates a space for roles and identities that speakers can position themselves and others in; referred to as subject positions. When accepted, these roles and identities prescribe behaviours, obligations and specific ways of speaking that are to be adopted by the individual (Coyle, 2011). Subject positions are internalised to ultimately build a sense of identity in a range of different social contexts (Burr, 2015). The capacity for discourses to position individuals in particular roles attests to their power; it is from social interaction that social identities become available for individuals to adopt. While some choice may exist in which subject positions one may align with, discourses create and dictate the choices that are available (Anton & Peterson, 2003).

Moreover, as Burr (2015) explains, a subject position inserts us into a system of rights and obligations that is carried with it (i.e., what is sayable and doable)—we cannot avoid this, we can only take up or resist a subject position. For example, a religious discourse that constructs menstruation as impure might necessitate women’s temporary isolation and preclude her from certain roles. Women could resist this by rejecting the subject position of “impure woman” and potentially taking up an alternative positive subject

position offered by another discourse such as a “natural woman” or a “potential mother” in a biological discourse.

One of the central subject positions relevant to my research is that of the unhygienic or unladylike menstruating woman within a menstrual hygiene management discourse. Its construction of menstrual blood as contaminating and unhygienic prescribes very specific behaviours that menstruating women must adopt to maintain a desirable social image as hygienic and ladylike (Bobel, 2019; Laverty, 2017). The plural nature of subject positions means that one individual can possess multiple, varying roles in different contexts. Accordingly, I aim to consider how women may redefine menstruation, and draw on different discourses to potentially challenge oppressive constructions of menstruation and potentially negotiate positive subject positions. I anticipated that from this subject position, menstrual cups are constructed by users in a way that positively supports these more positive identities in the face of opposing social discourse. A social constructionist approach is apt for considering how individuals may, themselves, resist discourses and construct alternative meanings.

Resistance

Discourses are not unchangeable, however, but transform over time or become more or less powerful. One way in which discourses evolve and change over time is through speakers’ resistance to a specific discourse and use of alternative ways of speaking. For instance, medical professionals rejected religious discourses of menstruation in favour of biological and scientific discourses, which then became dominant western ways of understanding menstruation. As Burr (2015, p. 80) asserts “the dominant or prevailing discourse, or common sense, is continually subject to contestation and resistance ... this opens up for people at least the possibility of change through resistance”.

It is impossible, from the perspective of social constructionism, to exist outside some form of discourse. Therefore, resistance is difficult if one actively embodies the behaviours or subject position that a discourse enforces: “we exist in and simultaneously produce menstrual norms so that it is hard to operate outside the boundaries of this power” (Wood, 2020, p. 331). For example, in addressing period inequity, proponents

of reusable menstrual products often draw on period positive discourse, but may at the same time speak about dignity and hygiene, thus citing discourses that centre hygiene and un/cleanliness. Instead, change can be incited through small incremental moments of resistance as individuals create new spaces and linguistic tools to practise different subject positions. Period positive discourse is one example of such a shift. Later I show that resistance functions through activism, enabling women to navigate restrictive discourses of menstruation to permit the use of new menstrual management products and evade social stigma.

Research Aims

Attending to the lack of research concerning menstrual cup use in western societies, my research sought to investigate how menstrual cup users from western nations who interact on online menstrual cup forums:

- a) construct their experiences of menstrual cup use,
- b) negotiate negative social discourses about menstruation in their talk and potentially resist menstrual stigma, and
- c) understand the role of online menstrual cup forums in supporting their use of menstrual cups.

Method

The data for this study were generated in online focus groups. The online nature of my research allowed an international sample of participants and aligned with restrictions in social interaction during COVID-19 national lockdowns. As emphasised in the literature review, there is a significant gap in the existing menstrual cup literature relating to reusable menstrual product use in Western nations and I therefore sought to recruit participants from these countries in an effort to attend to this gap. The following discussion outlines the recruitment and selection process.

Recruitment and selection of participants

With each online focus group able to accommodate four-to-six members, I aimed to recruit between 16 and 24 participants in total and conduct up to four groups. Eligible

participants were required to reside in New Zealand, Australia, North America, or the United Kingdom. Additionally, participants needed to have used a menstrual cup for at least one year to ensure they were “successful” cup users: familiar with menstrual cups and were largely confident with their ability to use one. As identified by Howard et al. (2011), there is a learning curve associated with the insertion and removal of menstrual cups; those who persevered through the first three menstrual cycles with a cup were found to have higher satisfaction with it as a menstrual management tool. I anticipated that women who have overcome this initial learning curve will have had a chance to form an understanding of cups from their own experiences and negotiated existing discourses related to menstrual cups.

Participants were recruited from *Saalt Cup Academy*, a private *Facebook* page designed for menstrual cup user support. *Saalt Cup Academy* is hosted by *Saalt*, a USA-based manufacturer of menstrual cups. *Saalt* uses its private *Facebook* group as a means for supporting customers; the space offers the ability to troubleshoot many of the issues that women encounter when learning to use menstrual cups. I emailed *Saalt*, seeking permission to post information about my research and recruit potential participants from the page (see appendix A). Permission was granted, and it was agreed that *Saalt* would advertise the research using the business’s own *Facebook* account to ensure members were aware that the research was endorsed and supported by *Saalt* (see appendix B).

Members of the *Saalt Cup Academy* group who were interested in my research were directed to a *Qualtrics* form that screened their eligibility criteria. Those who met the eligibility criteria were then automatically directed to a consent form. Throughout this process, interested individuals were reminded that participation was voluntary.

The post on the *Saalt Cup Academy* was unexpectedly met with a high level of interest, which required me to close the *Qualtrics* form shortly after it was advertised. The selection process, therefore, was conducted on a “first come, first served” basis. A total of 31 individuals referred from the *Saalt Cup Academy* group met the eligibility criteria

and voluntarily consented to partake in the research. Upon closure of each focus group, participants were gifted a koha in appreciation for their contributions and participation.

Participants

I sent an invitation to join one of the four focus groups to the group of 31 individuals who consented to participate (see appendix C). The final sample came to 17 women, who accepted their invitation and contributed in their assigned group. At the time of the data collection, the age range of the women was 22- 47 years, with the average age being 28 years. All participants were, as per the selection criteria, from western nations and internationally based, residing in the United States of America (n= 15), United Kingdom (n= 1) and Canada (n= 1). See below for a summary of the participants' demographics.

Table 1

Participant Demographics

Alias	Age	Country of residence
Abby	23	United States of America
Sarah	33	United States of America
Julia	27	United States of America
Louisa	26	United Kingdom
Colette	47	United States of America
Francesca	25	United States of America
Catherine	28	United States of America
Carly	26	United States of America
Esther	22	United States of America
Sacha	22	United States of America
Ella	34	United States of America

Table 1 (continued)

Paige	25	United States of America
Molly	25	United States of America
Eleanor	23	United States of America
Belle	32	Canada
Lucy	37	United States of America
Jaimie	32	United States of America

Online focus group procedure

The use of online spaces to host qualitative focus groups is a relatively new approach to research (Williams et al., 2012). Consequently, I found it difficult to identify an academically suitable platform through which I could host the focus groups. Existing research that draws on data from online focus groups has regularly used *Facebook* to host research, though concerns over privacy and confidentiality precluded the use of *Facebook* for my study. *FocusGroupIt* was eventually chosen as the host software, which fulfilled the ethical and practical requirements of my research.

Asynchronous discussion held across a fourteen-day period was used to accommodate differences in time zones. Asynchrony also offers research participants time to construct their answers, which supports deeper levels of insight offered during data collection (Williams et al., 2012). The format of these groups complemented the format of social media groups that the participants were accustomed to, particularly those on *Facebook*. This familiarity was anticipated to be beneficial for participants to feel comfortable sharing experiences that are impacted by stigma and taboo.

The participants were aware that I am a menstrual cup user and a fellow member of the *Saalt Cup Academy* group prior to expressing interest in my research, as this was explained by *Saalt* when advertising the research to establish a level of rapport. Participants were excited to share their experiences and feedback indicated that

participants were happy to see growing academic acknowledgement of RMPs. As participants were already comfortable discussing their menstrual status and means of management with strangers on the *Facebook* group, developing rapport beyond that established by my introduction as an insider researcher was not as critical as I anticipated.

Across the fourteen-day period, I posted five topics for participants to reply to using a “comment” feature. Every two to three days, I posted a new topic to stimulate discussion, each building on the existing information shared. (Appendix D provides the focus group guide and the topics posed to participants). Participants were encouraged to reply to the responses of others in order to develop a conversation as in traditional face-to-face focus groups. Across the four focus groups, however, participants were less inclined to reply to others than I had hoped. I attempted to promote conversation between participants by responding to participants myself and asking further questions, but I believe the features of the focus group that were implemented to promote confidentiality (i.e., usernames, no profile photos) hindered communication between participants.

Data analysis: Reflexive thematic analysis

My research adopts reflexive thematic analysis for its flexible nature in producing data-driven findings and its patterned-based approach (Braun & Clarke, 2020a; Terry & Hayfield, 2020). Braun and Clarke (2006) outline the process of conducting thematic analysis in a reflexive and critical fashion. Their *reflexive* approach acknowledges “the researcher’s reflective and thoughtful engagement with their data and their reflexive and thoughtful engagement with the analytic process” (Braun & Clarke, 2019, p. 594). Following, Braun and Clarke’s approach, I used a deductive approach to thematic analysis where I considered how existing discourses and constructions of menstruation relate to my participants’ talk. Analysis, in this way, draws on latent meanings within the data, and focuses on how the data reflects or resists the current constructions. The purpose of the analysis is to generate themes based on “patterns of shared meaning underpinned or united by a core concept [or] ‘central organizing concept’” (Braun & Clarke, 2019, p. 593)

Familiarisation with the data

Braun and Clarke (2013) assert the importance of becoming intimately familiar with the data set as a critical aspect of successfully conducting thematic analysis. Repeated active reading facilitates the development of a critical view of the data and initial thoughts that can eventually become codes and themes (Braun & Clarke, 2013). In my research, I gained an intimate understanding of my data during the collection process and continued to review the data set as a whole once the collection process was complete. I employed my research diary most often at this stage of analysis, where I was able to note my initial thoughts related to the data.

Generating initial codes

Given the significant familiarity with my data set, the analysis began with the initial thoughts that I recorded in my diary. Consequently, I developed researcher-derived codes that encapsulated the beginnings of the analysis process. The initial codes, therefore, included my own interpretation and insight. NVivo analysis software was used to facilitate this stage of analysis which, importantly, allows the application of one piece of data to two or more codes.

Searching for candidate themes

Braun and Clarke (2013) indicate that themes are constituted by codes that share a “central organising concept” (p. 226). The constant comparison method was employed to identify themes between the codes; the extent to which codes could be similar or different were considered, and unified to develop themes. The constant comparison method encourages a deep level of analysis from the data by requiring the researcher to routinely review codes and the various ways in which they can be organised (Glaser, 1965). Braun and Clarke (2013) indicate that an iterative approach to analysis, as is offered by constant comparison, is important for a quality qualitative analysis. To engage with the constant comparison method, I employed the manual process outlined by Dye et al. (2000). This involves the use of small strips of paper, each labelled with a code, to iteratively build themes in a physical way.

Involved reviewing of themes

The revision that is necessary for constant comparison method is important for the active reviewing of candidate themes. Braun and Clarke (2013) indicate that at this stage of analysis, effort should be made to ensure the candidate themes accurately represent the codes as well as the overall *story* of the dataset as a whole. Employing the constant comparison facilitated the involved reviewing of my themes, as well as collaboration with my supervisor. While it is important that this collaboration is not done for purposes of quality or inter-rater reliability, the different perspectives and life experiences that researchers bring to analysis holds an impact on the way data is interpreted (Braun & Clarke, 2013). Teasing apart my data with my supervisor allowed me to consider alternative interpretations and ways in which themes could be built. This coheres with Braun and Clarke's (2019) assertion that collaborative and reflexive analysis in reflexive thematic analysis can help develop a richer, more nuanced reading of the data.

Defining and naming themes

Defining the characteristics and boundaries of each theme occurs at this stage. Braun and Clarke (2013) indicate the need for themes to be mutually exclusive, in their central organising concept, while coherently representing the data's story. This, again, was an iterative process that required regular review and revision to develop themes with strong focus and boundaries. This stage also involves consideration of the names of the themes that further aids in a strong analysis. The naming of my themes, as ways in which constructions of menstrual cups allow different subject positions, was done to reflect the sense that all participants employed cups as a means to a certain ends (or objective), to construct an unspoiled or positive identity as a cup user. In this way, participants largely spoke of how menstrual cups were a tool that integrated with their established ways of life, rather than describing particular experiences.

Ethical considerations

My research was developed and conducted with regular reference to the ethical code of Massey University (2017). A low-risk notification was submitted to the Massey University Human Ethics Committee, following peer-review.

Permission to advertise my research in the *Saalt Cup Academy* was first sought from the moderators and administrators of the group. Establishing a relationship with the moderating team was an important step in developing rapport among my participants, as the *Saalt* brand is highly regarded among members of the group as a reputable source of reliable and accurate menstrual cup information. The research was advertised by *Saalt* in a post to the group from the moderators' account, to ensure members understood that I held *Saalt's* permission and endorsement to recruit in their online space. See appendix B for the advertising post. In this way, *Saalt* was able to introduce me to the group as an insider researcher and detailed my research intentions.

Individuals who expressed interest in my research were given a detailed information sheet to read in their own time, and then given the option to consent to their participation or withdraw their expression of interest. Participants were regularly reminded of the voluntary nature of my research and my contact details were provided should they have had questions or concerns. While menstruation can be a sensitive topic to discuss in a research setting, the recruitment of participants from an online forum dedicated to discussing menstrual cup use was believed to form a participant pool of individuals who were comfortable and open to discussing menstruation with strangers online.

The decision to facilitate the research on a closed platform, distinctly separate from the Facebook group was in an effort to promote greater privacy and anonymity. Roberts (2015) indicates that conducting research online requires an important demarcation of public and private online spaces' participants in online research should be well informed of the audience of their online discussions and how such contributions will be used in research. Employing the *FocusGroupIt* software to host my research was an intentional ethical decision to create distinction from the menstrual cup groups on Facebook and my research. Hosting my focus groups on a separate platform ensured my participants were familiar with all those who held access to each focus group; such access being only possible with a direct URL link sent individually to participants via email.

To acknowledge the time and effort my participants contributed to the focus groups, each were gifted an Amazon.com voucher to the value of \$30NZD. As they already hold access to an online space that allows free discussion of menstrual cups, it was expected that the participants would not gain any significant benefit from discussing menstrual cup use in my focus groups. Feedback from participants contradicted this, however, indicating that they enjoyed discussing menstrual cups in a space that would ultimately lead to greater academic and social recognition of alternative menstrual products.

Quality Assurance

While qualitative research has been subject to critique regarding its capacity to produce quality findings, there are a growing number of resources designed to ensure qualitative methodologies are reputable without the need to rely on quantitative criteria. As prominent researchers and authors in the area of reflexive thematic analysis, I have employed the criteria outlined by Braun and Clarke (2020b) to produce quality research.

Reflexive thematic analysis has been utilised for analysis of the collected data, requiring explicit disclosure of the researchers' assumptions (Hansen, 2006). As Braun and Clarke (2012) emphasise, the mere analysis of data hinders the possibility for findings to be value-free, given the interpretation needed to locate themes. To document my reflections in my role as a researcher, I have kept a research diary during the course of the data collection and analysis, which has allowed me to reflect on my position as a researcher (Frost & Kinmond, 2014).

Keeping a diary allowed me to engage critically with my focus groups and conduct analysis reflexively. I acknowledge that through association with an academic institution, I possess power and freedom in researching topics that may be deemed 'taboo' in other contexts. Consequently, my participants and I may have differing interpretations of, and perspectives of, the research aims (Willig, 2013). Using the diary, I also became aware of the importance of minimising my enthusiastic responses to participants. As an insider researcher, I deeply related to many of the sentiments shared in the focus group and it was important to give my participants space to describe their

experiences in their own way. Acknowledging the assumptions and decisions that I bring to the research is central to the development of quality findings.

The quality of findings is also assured through the critical integration of theory. Social constructionism has provided a framework and a lens through which to make sense of my data. Explicit disclosure of the epistemological positioning of the research, and regular reference to the utilised theory, further contextualises findings and compliments reflexivity (Hansen, 2006). The integration of theory links the contributions of my research to the wider health psychology discipline; and the social constructionist orientation allows me to consider the wider social discourses that inform the topic, linking my work to broader social justice issues related to women's reproductive choices and wellbeing.

Conclusion

In this first half of this chapter, I have outlined the epistemological and methodological background of my research. As part of quality research, I have sought to explicitly report my assumptions and justify the methodological decisions that ultimately impact the findings I report in the next chapter. Social constructionism, as it is applied here, has been described as a epistemology that focuses on the potential and significance of language as offering the opportunity to position individuals into limiting discourses.

Secondly, I have outlined the procedural aspects of conducting my research and described the participants whose discussions have provided the data corpus. In the next chapter, the analysis and outcomes of these research procedures will be discussed; contextualising the specific decisions that have been described here.

Chapter four: Results

“Women’s own voices and positive experiences of menstruation can be seen as a form of resistance”

(Wood, 2020, p. 331).

The data, and resulting analysis, that is outlined in this chapter paints a largely positive picture of menstrual cup use and menstrual management in 2020. The overall positive tone of the data was strikingly different from the tone I anticipated when setting out on this research. As evidenced in my literature review, the restrictive and sexist discourses that surround menstruation prescribe a very limited view of monthly bleeding and the way in which it is managed. It is natural to assume, from the existing literature, that my participants embody these dominant discourses when talking about their own menstruation management practices. However, as this chapter will discuss, my participants report menstruation as a largely positive experience and one that contributes to their social identity as women and active members of a modern society. The three themes I will explore in the proceeding discussion are, at face value, seemingly free from the menstrual stigma that is described in my literature review. While I can assume that my methodological decisions and recruiting sources have led to the progressive and liberated nature of my findings, I more optimistically hope that I have captured the emergence of a new era of menstruation. It is with great pride that I describe these findings that fashion menstruation as an experience that encompasses a positive sense of femininity and self.

Themes

In the analysis process, I developed three themes that each capture the prevailing constructions and experiences of menstrual cup use among my participants. Each theme is characterised by the extent to which women are bound by the restrictive stigma of menstrual hygiene, control and concealment. In each of these themes, menstrual cups were constructed in differing ways, namely as: an object of modern femininity, a symbol of sacrifice and activism, and a tool for trailblazers.

Theme one: The modern (neo-liberal) woman

As expected, evidence of the prevailing and restrictive discourses of menstruation was apparent in the data. My participants employed language that lends itself to the construction of menstruation as a contaminating event, with menstrual cups allowing women to achieve established standards of menstrual management. This was particularly evident in Sarah's narrative who describes menstrual cups as an invaluable tool in her ability to participate in society as a woman:

The cup has been a game changer! Honestly life changer! I can do yoga, walks, shopping without feeling gross or worrying. Even on my heaviest days I go 8+ hours before having to empty my cup. (Sarah, Age 33, USA)

The description of "feeling gross" as Sarah describes, draws on a traditional construction of menstruation as being unhygienic and unruly (Bobel & Kissling, 2011). She draws on what Fahs (2017, p. 93) refers to as "the language of 'gross bodies'". The routine discharge of "contaminating" bodily fluids by the female body presents a significant threat to Sarah's social image if a leak occurs. Research by Fahs (2017) indicates that constructing menstruation and menstrual blood as "gross" asserts a challenge for women to contain its threat. The effect of constructing menstruation in this way, Fahs (2017) asserts, compels women to uphold menstrual etiquette by enacting body-monitoring and sanctioned forms of menstrual management for the benefit of others within a neo-liberal society that emphasises personal responsibility for health and hygiene. The reference to "worrying" alludes to the self-surveillance behaviours employed by women under these stigmatising discourses. The social assertion that women employ tactics to ensure their menstruation remains invisible in the public and private space requires the menstruator to objectively observe herself from the perspective of others to ensure her menstrual status is concealed (Hasson, 2016).

Interestingly, in Sarah's description it is traditional menstrual products (i.e., disposable pads and tampons) that cause Sarah to "feel gross" and to "worry". In contrast, the cup is constructed as allowing better menstrual management. This sentiment was echoed by others, including Julia (Age 27, USA) who described her cup as helping her to "feel

more clean". Similarly, Sarah (Age 33, USA) shared that she "was always worried about leaving the house on my heavy days. Worried about soaking my tampon or pad." Catherine (Age 28, USA) said that, for her, "changing a soaked pad multiple times a day was humiliating", making her teenage years "a living hell" and terrified of gym class. Contrasted with these descriptions, the menstrual cup is constructed as a more acceptable means to achieve traditional expectations of cleanliness and invisibility. In my data, menstrual cups can gain validity by aligning them with traditional discourses of menstruation and highlighting the properties they share with disposable menstrual products.

While this validation benefits menstrual cup users, it does little to challenge the regulation and policing of women's leaky and dangerous bodies (Fahs, 2017). Indeed, in Sarah's talk a tension is evident when she represents herself as free of "feeling gross", while continuing to practise the menstrual management behaviours that align with the construction of menstruation that portrays the event as disgusting and unhygienic. Sarah describes the menstrual cup as 'game changing', yet the narratives around menstruation remain the same. This illustrates Bobel and Fahs's (2020a) argument that without challenging current narratives of menstruation, by resisting the language that frames it, menstrual management as it stands continues to "accommodate existing power structures" (p. 963).

It is not just adequate menstrual management that renders RMPs in a positive light, however. As Sarah's quote shows, her cup is described as the reason she is able to freely partake in her normal daily activities without body-monitoring or self-surveillance. She describes the freedom of "not worrying" as alleviating her from the burden of self-surveillance and worry. The cup, therefore, also supports personal freedom and under neo-liberalism, upholds ideals of personal responsibility. The growth in the popularity of menstrual cups echoes a shift in the healthcare space, spurred by neoliberal discourses, that has ultimately changed the way in which women speak of their own menstruation and understand menstrual management practices (Numerato et al., 2020).

Neoliberal discourse of personal freedom reinforces the restrictive and traditional discourses of menstruation allowing menstrual management practices to be framed positively as related to a greater awareness of the body and its natural processes. Rather than transforming the way in which women enact menstrual management practices and 'changing the game' of menstrual etiquette, these practices are re-presented as assuming control over one's body and greater responsibility for one's own health, ultimately positioning them as responsible citizens (Brown & Baker, 2012; Fahs, 2017). The influence of neo-liberal ideologies is evident in the way that many of the women spoke of an increased understanding of their bodies catalysed by menstrual cup use and constructed this in a positive way. For instance:

Because of my menstrual cup, I have a better understanding of how my body works, and I'm far more comfortable with myself. This has even improved my sex life with my partner. A menstrual cup has taught me far more about my body than other period products, and even a gynaecologist, ever has. (Eleanor, age 23, USA)

Prior to using a cup I wouldn't ever discuss my period with anyone and I would ignore changes to my cycle. Tampon in, tampon out, never stopping to check in with my body. (Louisa, age 26, United Kingdom)

Prior to using a menstrual cup, I didn't really know what was happening in my body during menstruation. I also had a somewhat limited knowledge of my own anatomy, which had to change in order to use the cup properly! I've become so much more comfortable with my body and aware of what's happening. (Julia, age 27, USA)

These descriptions of the benefits of RMP use illustrate how participants commonly constructed menstrual cups as facilitating the sort of bodily knowledge acquisition that is favoured in a neo-liberal society (Brown & Baker, 2012). In these quotes, menstrual cups are depicted positively because they generate greater bodily knowledge than their disposable counterparts through the very nature of their use. The experiential

knowledge afforded by using RMPs is constructed as better than expert provided information (Eleanor) and as having benefits, such as body acceptance (Julia), less embarrassment (Louisa), and even better sex (Eleanor). Participants enact the neoliberal ideals of individual bodily 'agency', self-management, and self-care through research and self-education (Johnson, 2014). In this way, in the face of potentially stigmatising menstrual cup experiences, participants are able to draw on the ideals of neo-liberal health practices to provide a socially desirable rationale for her choice of "alternative" menstrual management.

The extent to which neo-liberalism has impacted menstrual management behaviours is evident in Louisa's talk:

I think it's also good for your mental health and self-awareness to research your body and your choices and invest in your own comfort. I'm almost inclined to say it's self-care to explore re-usables. I wish there was more education about reusable options. (Age 26, United Kingdom)

Employing neo-liberal discourse actively constructs the setting for a modern menstrual discourse, where women are able to reclaim existing practices (such as menstrual management) that were traditionally handed down by a heteropatriarchal society. Louisa's reference to "self-awareness" echoes the surveillance practices that other participants describe; the benefits of which are emphasised by Louisa. The idea of investing in one's self also appears in Louisa's talk, another feature of neo-liberal ideologies around health and femininity. Investing time, energy and money into one's health, bodily care, and wellbeing is, as Rottenburg (2019) explains, characteristic of a neo-liberal era of femininity in which the body is commodified as valuable capital. Women actively invest in themselves—in Louise's case to promote "mental health" and "self-awareness"—to fulfil the modern image of femininity and success.

Despite the strain of self-surveillance and self-investment, the neo-liberal discourse constructs such activities as a positive act of "self-care" and an immensely socially desirable act. This serves a purpose of avoiding potentially stigmatised subject positions

associated with “alternative”, lesser-known menstrual products. By drawing on neo-liberal discourse, using the terms it coins, my participants justify their use of menstrual cups and alternative menstrual products under the appearance of empowered knowledge seeking.

As part of this empowered knowledge seeking, online menstrual cup communities hosted on Facebook were described as important sources of support and education. The discussions held in these communities served to construct bodily awareness as a positive phenomenon and reassured women, such as Julia, when their confidence faltered:

I've become so much more comfortable with my body and aware of what's happening. I've also joined a few cup Facebook groups, and I've learned that a lot of women - no matter their age - have dealt with similar things, so that's been encouraging. (Age 27, USA)

In undertaking a new, seemingly less restrictive, construction of menstruation, online communities were described as critical in developing self-assurance. However, there is a prevailing tension when adopting this construction of menstrual cup use. While women are seemingly more empowered to assume control over their health decisions and to explore alternative means of menstrual management, there remains a very set prescription of menstrual management behaviours. Women who draw on this construction present conflicting talk around femininity, painting a picture of freedom while remaining bound by the constraints of the imperative of menstrual concealment.

While traditional and sexist discourses encourage body monitoring to ensure women uphold particular gendered body ideals and maintain a desirable social identity, neo-liberal discourse renders body monitoring a positive practise benefiting one's own health by gaining knowledge capital and fulfilling an individual's responsibilities. Women are now able to justify self-surveillance by drawing on the neo-liberal discourse given its interpretation of female empowerment; this ultimately serves as a means to adhere to the menstrual concealment imperative and so to negotiate a positive subject position of a knowledgeable and appreciative woman who respects menstruation for its

importance in reproductivity and overall wellbeing. As Wood (2020) highlights, the “neoliberal rhetoric of ‘choice’ ... cleverly posits menstrual concealment as ‘freedom’ and thereby facilitates women’s complicity in their own subjugation.” (p.320).

Theme two: The self-sacrificing activist

This theme contains talk in which participants draw on discourses that have become increasingly stronger as menstrual activism has grown, namely, discourses of healthism and environmentalism. In the face of widespread menstrual stigma, including stigma associated with RMPs (Grose & Grabe, 2014), these powerful discourses offer alternative socially desirable social identities that are commonly seen as enlightened and virtuous. I discuss how each of these discourses were drawn on in participants’ talk about the decision to utilise menstrual cups, which resulted in two common subject positions: (a) the environmentally mindful menstruator and (b) the health-conscious menstruator. These subject positions both allow participants to present themselves as self-sacrificing and morally virtuous and thereby to negotiate socially desirable identities.

2a) The environmentally mindful menstruator

My participants indicated significant concern for the environment as an integral part of menstrual cup use; menstrual cups were depicted as complementing an existing lifestyle influenced by concern for environmental degradation. This finding echoed existing literature where Stewart et al. (2009) found the environmental benefits of menstrual cups to be the most commonly cited reason for their use. The imminent threat of continued environmental degradation on humanity has resulted in the growing social desirability and morality of pro-environmental behaviours, like menstrual cup use. As Beckmann (2005) asserts, very few would actually “dare to admit disinterest or even anti-environment attitudes” (p.281). Consequently, attributing their use of menstrual cups as related to low-waste menstruation provides a space for women to adopt an alternative socially desirable subject position as an environmentally conscious individual that may allow them to resist menstrual stigma. Highlighting the social desirability of

pro-environmental behaviour, allows participants to legitimise menstrual cup use, as shown in talk by Abby and Louisa:

I have been working towards living a lower waste lifestyle, and reusable menstrual products were one step in that direction. For my longer periods, I went through at least one full box each of pads and tampons, so to be able to switch to something I could reuse made me feel better about creating less plastic waste.” (Abby, age 23, USA)

After I found out more about the construction of tampons, it just felt hypocritical to shun plastic bags and straws but accept single use menstrual products which have disposable plastic applicators and don't necessarily biodegrade (Louisa, age 26, United Kingdom)

These extracts illustrate how participants are able to negotiate socially desirable and morally superior subject positions (Rezvani et al., 2017). Linguistically expressing feelings of satisfaction and feeling good about pro-environmental behaviours, as Abby describes, is a common finding in existing literature. The positive affect that Abby describes implies that these pro-environmental behaviours are virtuous and morally right. The description of menstrual cups use as helping to avoid feeling hypocritical implicitly positions non-users as potential hypocrites who may profess to care about the environment but contribute to environmental decline by using disposable menstrual products.

Alongside this positive self-positioning, participants described several sacrifices they felt they had made to uphold the behaviours that this subject position prescribes. Physical comfort was the most common sacrifice the women felt they had made:

Plastic applicators were the only tampons which I found comfortable to insert but I felt a certain amount of shame about that because it felt selfish to fill a bin with plastic every month just for a marginal increase in my own comfort. (Louisa, age 26, United Kingdom)

Louisa implies that pro-environmental behaviours, such as menstrual cup use, is one way in which women can avoid the guilt that comes with single-use products. Associating the use of disposable products with shame and selfishness positions individuals who use disposables as morally inferior. Louisa's description of herself as sacrificing her personal comfort emphasises her genuine concern for and commitment to the environment and so secures a socially desirable subject position. The position of self-sacrifice was sustained by the notable silence around the cost of menstrual products. Only one participant disclosed that she "saw owning a cup as a great way to save money over time" (Eleanor, age 23, USA). While this might highlight the advantages of menstrual cup use, it would also undermine the common position of self-sacrifice that participants negotiated.

2b) The health-conscious menstruator

A discourse of healthism was also commonly utilised by my participants when discussing their menstrual cup use. The discourse of healthism, rooted in neoliberalism, supports the idea women have a moral responsibility to make the right choices in the pursuit of good sexual and reproductive health (Brian et al., 2020). Neo-liberal discourses of personal labour for improving and sustaining one's wellbeing also play into the healthism discourse, whereby the responsible citizen actively invests time and money into finding products that are safe for the body and improve wellbeing (Rottenberg, 2019). It can be seen, then, that there is morality, as a responsible citizen, to adhere to the prescriptions of healthism.

My participants rely on the healthism discourse to justify their menstrual cup use in the face of possible stigma. Framing menstrual cups as an active rejection of mainstream menstrual products locates cup users in a subject position that is socially desirable as a health-conscious individual. Labouring for wellbeing aids to position women in a morally superior identity and provides a means to challenge stigma if they encounter it. Concern

for wellbeing, consistent with healthism, was evident among my participants as shown in the following:

It wasn't until I worked for an organic grocery store a year later that I learned about the difference between regular cotton and organic cotton tampons. I made the switch and noticed shorter, easier periods. (Ella, age 34, USA)

I used commercial tampons for decades but have been adjusting my purchases and becoming more conscious of what comes in contact with my body as I've been managing an autoimmune condition. I switched to organic tampons a couple of years ago to good effect but was concerned about the amount of waste and single use plastic involved. (Colette, age 47, USA)

Here Ella and Colette both suggest that finding products free of potentially health-compromising chemicals requires conscious effort and is not something that can be avoided with passive or unconscious consumption. It can be seen, then, that the healthism discourse rejects the status-quo of menstrual products that facilitates passive means of menstrual management. Like the motivation of environmentalism, healthism asserts the importance of awareness and active consumption of products that are used on and in the body. Ella and Colette, therefore, imply that they are more active in their menstrual management than women who use disposable menstrual products; the effort that is required to understand the need for alternative menstrual products constructs pad and tampon use as a thoughtless or taken-for-granted practise. Health conscious consumers are not only more enlightened, but morally superior to other consumers (Gibson et al., 2015)

The discourse of healthism has also traditionally been associated with alternative medicine and self-help (Gibson et al., 2015) and supports the assumption that mainstream products are inherently detrimental to one's wellbeing, typically due to the use of low-cost ingredients and production for the gain of manufacturers rather than an interest in consumers' wellbeing (Di Nicola, 2017). This is evident in Colette's use of the word "commercial" in describing tampons; alluding to the assumption that disposable

products manufactured by large multinational corporations are inherently bad for one's health. It also provides a distinction between these corporations who have held a monopoly on menstrual products for decades, and emerging start-ups who are now occupying the 'alternative' menstrual product space. The framing of disposable products as 'commercial' suggests they largely exist to reinforce the concealment imperative as a way to increase commercial revenue without concern for their customers' wellbeing. With the advent of this social discourse, there is now a growing health and beauty industry that feeds into and validates the healthism discourse and it is likely menstrual cups have benefited from this.

Similar to the subject position of the environmentally mindful menstruator, those who drew on healthism discourses also referred to the sacrifice required to uphold the ideals of this discourse. The purposeful endeavour to find menstrual products that align with healthism requires the sacrifice of time, given their limited visibility in public spaces when compared to disposable pads and tampons (i.e., in supermarkets). My participants also positioned themselves as tolerant of the learning curve associated with menstrual cups, which can cause initial discomfort. The virtuosity of this subject position is reinforced by the sacrifices that my participants describe. For example, Sacha (Age 22, USA) stated that "At first it [using a cup] was difficult and uncomfortable, but I knew there was a learning curve, so I had to keep trying." By highlighting the difficulties and sacrifices of comfort in their talk, my participants are able to affirm their commitment to the healthism and environmentalism discourses.

While my participants *appeared* free of menstrual stigma, the sacrifices they described outline a very particular course of behaviours that must be adhered to in order to uphold socially desirable subject positions. As a result, the socially desirable identity they have managed to secure remains tenuous as it depends on upholding the high standards of the social movements with which they have aligned to maintain a self-sacrificial and dedicated subject position. This was depicted as sometimes challenging in light of the possibility that the failure to conform to specific ideals may lead to social exclusion or rejection. Louisa expresses her reservations about the cup community:

There are members [of online cup communities] who are anti-tampon and anti-pad which is not something I experience in my daily life as generally people are sympathetic to the requirements of others. Cup usage is still fairly niche and many in the group shun more "traditional" products because of how great the cup is whereas most people in my daily life wouldn't explicitly shun these products. Discourse around non-cup products within the group sometimes has a negative impact on people with disabilities or different physical needs. (Louisa, age 26, United Kingdom)

Louisa expresses the strength of health and environmental discourses in their capacity to exclude those who fail to conform to their prescriptions. Her discussion implies that those who align themselves to discourses of healthism and environmentalism are unsympathetic to instances where a cup user may need to use a pad or tampon. If we are to consider that aligning with these movements serves to provide a secure sense of feminine identity that was described earlier, it is clear that there is immense pressure for women to uphold their behavioural intentions at all opportunities and costs. It is evident that while women under this discourse may appear to effectively negotiate and avoid menstrual stigma, their menstrual management practices remain under the influence of a wider social discourse, that simply dictates how to perform gender roles in society.

Theme three: The 'cupverting' trailblazer

The previous two themes capture positive (re)constructions of RMP use, whereby women can form different understandings of traditional menstrual practices to justify their menstrual cup use as well as position themselves as responsible and good citizens. As has been explored, however, within these constructions remain prescriptions of behaviour that operate to dictate how menstrual management is performed, the capacity to do so being influenced by racial and social dynamics of western society.

This final theme offers reference to a growing movement of menstrual activism located in the western world among individuals who are able to develop and sustain new opportunities for menstrual management. The participants whose voices form the

foundation of this theme have carved their own path of menstrual management and are seeking to encourage other women to follow in their footsteps. Many characteristics of this theme relate to a growing movement of menstrual activism, with the aim of increasing the visibility of menstruation in the social setting.

Bobel and Fahs (2020b) describe menstrual activism as “a mobilizing effort that challenges menstrual taboos and insists that menstruators have the support they need to live healthy happy lives, throughout their cycles and throughout their lives” (p.1002). Inherent to menstrual activism is a rejection of the status-quo, the commodification of female bodies and the restrictive prescriptions of menstrual management that enforces the concealment of menstrual blood (Bobel, 2008). Menstrual activism aligns with other social justice issues, as an effort to dismantle white, hetero-patriarchal values in society and emerges in politics, academia and the arts (Bobel & Fahs, 2020b). Among my participants it is the trailblazers, who I describe in this section, who most clearly illustrate and practise the aims of menstrual activism. Bobel (2007) indicates that a distinct characteristic of menstrual activism is the collective action that it encourages; for the trailblazing participants of my research, the online menstrual cup communities was an important tool to meet other fellow trailblazers. Having mastered menstrual cup use themselves, these spaces were not needed for troubleshooting or advice that was seen in the previous themes. Instead, trailblazers like Lucy expressed the importance of building an online community that supported others who may not feel as confident in their menstrual cup use:

I started with a Diva cup, and used it for a year or so, when I was invited to join a focus group for a company inventing a new cup, the Saalt cup. Since I've been in with them from the ground floor up, I have tried a couple Saalt cups now, and stay in their group to offer advice and help with people who have started using cups. (Lucy, age 37, USA)

Lucy's confidence with RMPs meant she felt she didn't need to participate in the online communities for support herself, indicated that she didn't feel it was “anyone's business to support [her] cup use” (Lucy, Age 37, USA).

For the trailblazers of a new era of menstrual management, such as Lucy, menstrual stigma plays a minimal role in their management behaviours and practices. Bobel (2007) suggests that the sense of community that exists among activists is strengthened when risk is involved in social action. These trailblazers are willing to risk negative social interactions, spurred by menstrual stigma, to disclose their own experiences with cups to encourage others to join them. This confidence allows them to position themselves as leaders to encourage others to adopt RMP use:

I also have a group at my workplace which I created because of demand where people can talk about cups (and all aspects of menstrual health) in an environment where they feel supported and can reach out for advice from other people. This started out as a couple of women who were curious about trying a cup for the first time and wanting a space to ask questions about it. (Louisa, age 26, United Kingdom)

I will talk to anyone about menstrual cups, even at work. I tell all my female co-workers about it so that perhaps they will give up the cotton life and make the switch to #cuplife. (Ella, age 34, USA)

The radical acceptance of RMPs, even in the presence of potential stigma or taboo, allows the trailblazers to hold conversations of menstruation in spaces traditionally restricted by taboo for the benefit of others. Louisa and Ella both discuss their willingness to discuss menstruation and RMP use in the professional environment of the workplace, even if this discussion requires self-disclosure of their own menstrual status, management behaviours or anatomy.

A willingness to discuss menstruation publicly among my participants is not a common finding in academia; Winkler (2020) suggests menstruation traditionally drives women to private spaces. As was described in the literature review, menstrual etiquette governs “interactions between men and women, and between women and women” (Young, 2005, p. 111). We can see that these trailblazers actively break the prescriptions of menstrual etiquette when they speak the conversations they hold with others.

Menstrual etiquette and traditional discourses of menstruation discourage women from talking about their monthly flow, with the surveillance of fellow menstruators being the exception. Young (2005) indicates that should women discuss menstruation with one another, it typically occurs in the form of surveilling leaks; protecting “one another from ridicule” (p.111). Instead, the trailblazers actively discuss menstruation with others for the benefit of sharing experience and advice.

In addition to the work of trailblazers in traditionally taboo spaces to increase the visibility of menstruation, these participants also spoke of their discussions with the men in their life:

My favourite interaction [pertaining to menstrual cup use] was in the car with [my partner] and another cis-male friend, where I was discussing my cervical height in relation to my cup comfort that day - a perfectly normal conversation between me and my partner but our friend was surprised to be witness to such a candid conversation. He didn't seem to mind at all and actually became actively involved in the conversation. (Louisa, age 26, United Kingdom)

The spaces in which the trailblazers spoke of their menstrual cup use was intentional and challenged existing social contracts around menstruation. The reporting of these social interactions can be viewed as a form of activism and the resistance of traditional discourses. My participants also expressed gratitude for the opportunity to describe menstrual cup use in research and welcomed greater academic attention to changing menstrual management practices. The willingness to discuss menstruation publicly aligns with the aim of menstrual activism to increase the visibility of menstruation in the public domain. Through this visibility, the hidden mystery of menstruation can be unveiled and a female voice can emerge in more positive discourses of menstruation (Bobel, 2007).

These individuals have created, defined and occupy a space that permits them to menstruate in a way that suits them. For the women who do assume this trailblazing subject position, a new set of vocabulary is emerging that allows them to avoid the

stigma-laden terminology that has historically defined menstruation. The use of hashtags and novel language can be seen as a form of activism that aids to establish a sense of community among the trailblazers. Haymond (2020) explains that these features of language online are “a digital performance of protest and group identity that allows users to subvert hegemonic narratives of the menstruating woman.” (p.84).

I have introduced many of my friends to the cup and made them “cupverts”.
(Lucy, age 37, USA)

I tell all my female co-workers about it so that perhaps they will give up the cotton life and make the switch to #cuplife (Ella, age 34, USA)

I first got a menstrual cup because I wanted to have a zero-waste period.
(Eleanor, age 23, USA)

The action of *cupverting* women to the #cuplife positions these trailblazing women into a group where they can distance themselves from traditional menstrual management. This distance is particularly important when considering the role of healthism and environmentalism in RMP use. The sense of enlightenment that these women allude to, in regard to menstrual management, is critical to menstruating free of stigma. This talk is in distinct contrast to those outside of these online communities who are seen as subject to the social stigma that permeates the world ‘outside’ the Facebook group. This exclusivity was summarised well by Francesca when talking about the difference between her friends and members of the online menstrual cup groups:

I am open about my period and discussing it with my female friends, but I can’t say that they are necessarily as empowered or comfortable to talk about it.
(Francesca, age 25, USA)

Spurred by the long-list of benefits associated with cups, my participants express the desire to introduce others to zero-waste menstrual management methods. It is with this

theme, that we can see cup users themselves are likely partly responsible for the fast growth of menstrual cup use, and changing discourses around menstrual management.

Although there are a number of positive benefits for the trailblazers, by adopting menstrual activism activities, there is critique that these actions do not go far enough for mitigating the social impact of restrictive menstrual discourses. Wood (2020) and Bobel and Fahs (2020a) both suggest that true menstrual activism is free of the imperative to conceal and manage the menstrual flow. Consequently, it is not possible for those who use menstrual cups to truly tackle the restrictive discourses when they are actively containing their menses. Wood (2020) explains that even Foucault “struggled with the possibility of how to transgress the power of discourse while inside discourse” (p.331). Bobel and Fahs (2020a) suggest that menstrual activism has taken a step backwards by focusing on and advocating for greater choice in menstrual management while neglecting to attend to the very discourses that enforce menstrual management. Free-bleeding, the voluntary choice to bleed without the use of any menstrual products to absorb or collect menses, is one way in which it may be possible to truly practise menstrual activism (Wood, 2020). While I agree that menstrual management, in any form, conforms to traditional discourses of menstruation, I believe these critiques fail to acknowledge the positive changes that have been made to date. As a society, we are not yet ready for free-bleeding women to participate in society, assume leadership roles and challenge gender gaps. Critiquing a focus on greater choice in menstrual products does not serve to benefit the women who are, today, socially disadvantaged by their menstrual flow. Mitigating the social impacts of period poverty and inequitable menstrual health outcomes should remain our priority, before any attention is given to entirely eradicating restrictive constructions of menstruation. The trailblazers who have been described in this chapter are among the first to be academically acknowledged for their efforts in challenging the prescriptions of current discourses of menstruation. Much can be learnt from my participants, and many benefits can come from their social action.

Conclusion

The findings outlined in this chapter outline a new era of menstrual management. Between the three themes presented, women describe developing and embracing modern constructions of menstruation that move away from the stigmatising discourses of menstruation that have prevailed to date. Inevitably, tension is evident as new and old constructions of menstruation are navigated but this is seemingly resolved among the trailblazers of the new era of menstrual management. The growing movement to RMP use and efforts for zero-waste periods is driven by passionate women who are prepared to self-disclose their menstrual status, and face potential stigma, for the benefit of others. These findings paint a positive picture for menstruating individuals in 2020 and beyond; the radical acceptance of menstruation by a select few has great potential for all those following in the trailblazers' footsteps.

Chapter five: Reflections and Conclusion

“Through highlighting the impossibility of doing menstruation “correctly” and instead making visible the multiplicity in the menstrual experience we can lessen the pressure on what it is to be menstruator” (Persdotter, 2020, p. 367).

In this thesis I have outlined existing literature on dominant discourses of menstruation and how this has affected menstrual cup users. The role of online menstrual cup communities in navigating these discourses has been explored, with reference to the socio-cultural context in which menstrual management behaviours are performed. This final chapter will critically reflect on my research, considering the implications and limitations of its findings. I also locate my study in the context of Critical Menstruation Studies, offering suggestions for future avenues of research.

Using thematic analysis, my research identified three themes in the participants’ discussion of their use of menstrual cups. Each of these themes can be distinguished by their distinct construction of menstrual cup use and associated subject positions and by the extent to which participants resisted or reinforced the concealment imperative that restricts freedom to menstruate in the ways that they choose. In each of these themes, as I have shown, many participants were able to navigate the negative discourses of menstruation described in chapter two, to construct positive identities and justify their potentially stigmatising practice of menstrual cup use. Yet, the extent to which the concealment imperative was challenged and resisted varied. I focus on this aspect of the findings in the following section and the implications for menstrual politics.

Resisting the concealment imperative?

My findings related to themes one (*The modern (neo-liberal) woman*) and two (*The self-sacrificing activist*) support existing findings in menstrual research (e.g., Meenakshi, 2020). In these themes an overarching tension is evident between traditional discourses

of menstruation and emerging ones. Meenashki (2020) eloquently summarises this tension:

There is tension when participants want to be faithful to sociocultural norms and legitimize their choice for new menstrual products which is against gendered norms. Their quest for the fulfilment of both socially and personally satisfactory product choice entails a struggle to resolve another tension: between conformance to gendered norms and an independent identity, both of which are embedded in patriarchal relationships (p.253).

As I have shown, participants take up subject positions that allow women to enjoy the benefits that come with the modern liberation of (some) western women, while at the same time continuing to meet the requirements of traditional discourses that reinforce the concealment imperative. It is important to consider, however, that taking up this subject position may not be an intentional action. In research by Fahs (2017), participants did not allude to partaking in efforts to actively dismantle restrictive discourses around female bodies, due to the immense effort it takes to simply adhere to these discourses to begin with. Thus, very few women hold the capacity to reject or resist prevailing negative discourses of menstruation. Nor, should it be the sole responsibility of menstruators to resist such discourses. Indeed, as Joshi et al. (2015) assert, if the concealment imperative is the result of an “old-age patriarchy” that encompasses a multitude of “social and sexual relationships in which women function and live” (p.54), it is the collective responsibility of the players in these relationships to resist restrictive menstrual discourses.

Drawing on neo-liberal discourses of femininity and self-care allowed participants to take up the socially desirable subject position of the empowered “modern women”. While the modern woman may possess new tools in fulfilling the ideals of health practices under neo-liberalism, such as online reproductive health forums, these practices have existed for some time. Early feminist movements enjoined women to “challenge the power of medicalised knowledge of women’s bodies in relation to areas of healthcare such as childbirth, contraception and reproduction” through “coming together in groups to share experience and knowledge” (Ward, 2015). While this ‘coming together’ may look different, particularly through online health communities,

the essence remains the same: they are charged with assuming personal control and independence over their reproductive health.

The portrayal of the body as a project and of body-monitoring as a positive practise of neo-liberal femininity aligns with research on other menstrual health technologies, such as mobile phone applications, as tools for voluntary self-surveillance (Lupton, 2015). Several applications (“apps”) downloadable to smart phones, such as *Flo*, *Clue* and *Moody Month* allow a user to record their menstrual cycle and predict future menstrual cycles. These applications are portrayed and marketed as tools for women to gain a better understanding of their body and its processes but play into sexist constructions of menstruation, such as the need to tame and regulate the unruly female body—in this instance through technology. Self-surveillance is permitted under the guise of choice and empowerment (Lupton, 2015).

For women, there may be great personal power in possessing the knowledge and capacity to understand their bodies; in ways that surpass the information provided by healthcare professionals and social institutions associated with hetero-paternalistic systems of power. Yet, rather than *transforming* the way in which health practices are performed, these same practices are simply rearticulated in new discourses. These contemporary discourses of menstruation still serve to regulate the extent to which these practices are viewed as socially desirable or not according to the concealment imperative. In other words, the traditional norms are simply repackaged.

The socially desirable discourses of healthism and environmentalism also offered women alternative ways of constructing menstrual cup use. These discourses were drawn upon when my participants faced negative responses to their menstrual cup use. Sacrifice for the environment or overall wellbeing was viewed as a positive way of constructing menstrual cup use, while the personal benefits of financial gain through the reuse of a product were glossed over.

However, the discourses of healthism and environmentalism are also underpinned by neo-liberal ideals—articulated as the “cup life”—that promote intensive personal labour

for improving and sustaining one's wellbeing and the awareness and active consumption of products used on and in the body. Accordingly, a "responsible citizen" actively invests time and money into locating safe products that enhance wellbeing (Rottenberg, 2019). Under the influence of neoliberalism, the discourses of environmentalism and healthism work together to construct a lifestyle identity based, ironically, on consumption of the correct products. These discourses are class-based. The capacity to expend money and on maintaining the ideals of these movements and/or to attend to the effects of menstrual products on one's health or natural environment is typically associated with middle-class, white women who are able to make such matters a priority (Bobel, 2010). Moreover, the emphasis on product use plays into the concealment imperative.

In contrast, the third theme, *the 'cupverting' trailblazer*, is a novel construction of RMP use, not identified in other research to date. This theme highlighted how women positioned themselves as publicly discussing menstruation and menstrual cup use with others, including work colleagues. This was made possible by presenting themselves as trailblazers who, in the face of negative menstrual discourses, aim to carve a less restrictive path of menstrual management for others to follow. These women purposely disclose their menstrual status to others, in hopes to convert fellow menstruators to RMPs.

Women who take up the subject position of menstrual trailblazer actively resist stigma and taboo by employing the language that restrictive discourses seek to minimise. The adoption and generation of new vocabulary to support menstrual cup use also aided women in navigating stigmatising menstrual discourses. These trailblazers offer an interesting future avenue of research, as a newly identified group of women who are actively promoting RMPs in their social circles and are actively resisting the restrictions and tensions described above. This finding is particularly important if we are to overcome the material effects of menstrual stigma, such as period inequity.

Some would argue that the trailblazers do not go far enough resisting restrictive menstrual discourses. Wood (2020) and Bobel and Fahs (2020a) suggest that "true" agency entails freedom from the imperative to conceal and manage the menstruation.

Consequently, it is not possible for those who use menstrual cups to truly tackle the restrictive discourses when they are actively containing their menses. Bobel and Fahs (2020a) suggest that menstrual activism has taken a step backwards by focusing on and advocating for greater choice in menstrual management while neglecting to attend to the very discourses that enforce menstrual management. Instead free-bleeding (voluntarily bleeding without the use of any menstrual products) is advocated as 'true' practise menstrual activism (Wood, 2020).

While I agree that menstrual management is fundamentally about concealment and so may easily support traditional discourses of menstruation, it is important to recognise women's agency in navigating these discourses. As Malefyt and McCabe (2016) suggest, while women may not entirely resist or "escape" negative constructions of menstruation, as evident in the continued use of menstrual products for "sanitary protection", they are still able to construct a positive gender identity. This points to the conundrum of "how to transgress the power of discourse while inside discourse" (Wood, 2020, p. 331). My research shows how women are able to construct identities within restrictive, paternalistic social contexts (Dunnivant & Roberts, 2013). The trailblazer subject position that has been described in this thesis facilitates the resistance of prescriptions of current discourses of menstruation, including the concealment imperative. It does so in ways that are less exclusionary than that of the self-sacrificing activist, supported by discourses of healthism and environmentalism, which can stigmatise women who cannot use RMPs. I argue therefore, that menstrual cup use *can* be a means to which women find control and agency in an oppressive social context, particularly when drawing on newer discourses that resist the concealment imperative, as shown in theme three.

Research relevance and implications

My research is conducted at a time where critical menstrual studies is a blossoming area of academic literature. Gharib (2015) suggests 2015 was a critical turning point for menstruating individuals, with greater social attention to the role of stigma. It seems that now, six years on, we are able to see the material impact of these important social shifts in the academic space. Last year, the Palgrave Handbook of Critical Menstruation

Studies was published. The first of its kind and well overdue, this publication establishes and validates menstruation as an important area of research given its social and political implications. Further to understanding the experiences of menstruating individuals, Critical Menstruation Studies aims to embed this bodily process in the social world, considering the ways in which social discourses inform the behaviours of women during menstruation.

Much work remains for Critical Menstruation Studies. One gap is the need for research with women in 'developed' countries on topics that have generally been associated with poorer contexts, such as period inequity (Wootton & Morison, 2020). My findings contribute to this gap by highlighting the importance of understanding how women are able to negotiate negative discourses of menstruation and RMPs and construct menstrual cup use in a way that supports more liberatory gender identities. As I argued in the introduction, an understanding of how menstrual cup use is shaped by the socio-cultural context is important, because it provides insight into how we may intervene so as to give women more choices and ultimately greater agency in their reproductive health.

It is vitally important to understand the beliefs and assumptions relating to menstruation that women bring to menstrual product use, if we are to implement effective and sustainable health initiatives in the context of period inequity. Using menstrual cups is not simply learning the technical processes of their use; a woman may need to reconstruct her understanding of menstruation as a contaminating event to one which more closely aligns and even permits menstrual cup use. Understanding that this reconstruction is critical to any initiative that involves the education about, or distribution of, menstrual cups.

Increasing women's options is, I argue, as important as access in mitigating period inequities. In this, my research on menstrual cup use aligns with the spirit of Critical Menstruation Studies that sees diversity, choice and agency as fundamental to improving the experiences of menstruators around the world (McCarthy & Lahiri-Dutt, 2020). My findings do not endorse educational or intervention programmes that

perpetuate the concealment imperative. I firmly reject the expectation for menstrual cups to aid women in concealing menstruation or fulfil neoliberal norms of femininity. It is deeply problematic for interventions to exist for individuals who appear to be failing to “correctly” manage menstruation through concealment, with success consequently measured by the extent their menstrual flow is then contained. Rather, a social justice approach should be taken, where menstruation, like many other areas of reproductive health, is seen as a potential source of social inequities. The freedom for women to choose how to menstruate is, ultimately, the aim of Critical Menstruation Studies (Winkler, 2020). Enhancing knowledge of, choice of, and reliable access to, menstrual products should be the aim of any initiative or programme within the scope of Critical Menstruation Studies.

Sexual and reproductive health education

Menstrual cups suffer from a distinct lack of visibility when compared to their disposable menstrual product counterparts. Much argument exists for the inadequacy of sexual and reproductive health education, in New Zealand and globally, and knowledge sharing of reusable menstrual products is consequently affected. van Eijk et al. (van Eijk et al., 2019) indicate that educational websites poorly represent menstrual products and the variety that exists for women, particularly menstrual cups and reusable menstrual pads. Schools and community groups may also draw on educational material produced by tampon and sanitary pad manufacturers which, as expected, perpetuate the restrictive constructions of menstruation to affirm the need for disposable products (Johnston-Robledo & Chrisler, 2013).

As has been described, choice in menstrual management is deeply important in improving the freedoms of women from a social justice approach (The Period Place, 2020). My research has implications for educational programmes that inform students of menstrual management practices. Communicating the menstrual cup as an option for girls upon menarche fosters the choice these individuals deserve to manage menstrual flow in a way that best suits them. My research validates menstrual cups as an effective means of menstrual management, with important financial and environmental benefits. It has also been shown that menstrual cups, as part of a larger group of RMPs, are

growing in popularity, asserting the need for educational programmes to keep updated with new trends in menstrual products.

More critically though, my research has shown how the menstrual cup challenges existing constructions of menstruation and the navigation of conflicting discourses that is necessary for many women to adopt RMPs. Informing students of the wide range of menstrual products available should also consider the socio-cultural conditions in which these tools are ultimately used. My research has outlined numerous ways in which women have, to varying extents, resisted stigmatising discourses of menstruation, highlighting discourses of feminist activism as most effectively challenging the concealment imperative. This has implications for how menstruation and RMPs are described in educational settings in ways that can facilitate agency and choice in menstrual management behaviours.

Menstrual health initiatives

A significant proportion of existing menstrual cup literature is the detailing of public health initiatives in low socioeconomic settings to provide women with sustainable solutions to period inequity (see Mason et al., 2015; Oster & Thornton, 2012). We have seen, however, that period inequity also exists in western nations including New Zealand (Wootton & Morison, 2020). My findings outline the unique experiences and perceptions of menstruation held by women who use menstrual cups; documenting this being important for those establishing menstrual cup-based initiatives for mitigating period inequity. In this study I have documented the prevailing discourses of menstruation in a western socio-cultural context and indicated its mismatch for menstrual cup use. It is evident, however, that many women have already undertaken the work that is required to reconstruct menstruation in a way that does validate and permit menstrual cup use, with my participants being more than willing to share these constructions for the benefit of others.

The themes that constitute my findings outline several different subject positions that can be drawn on for constructing menstrual management behaviours in new ways for the recipients of future health initiatives. Considering the socio-cultural context of

menstrual cup use is critical for the efficacy of future initiatives; it can be seen that the action of using a menstrual cup is only one aspect of successfully transitioning to this means of menstrual management. Equipping the recipients of menstrual health initiatives with these subject positions prepares them with the constructions that avoid stigma and taboo.

Limitations

As a qualitative researcher, it was never my intention to develop representative and generalisable findings. Rather, my findings represent a snapshot in time among my 17 participants who each hold unique experiences in a diverse range of social, cultural and political contexts. The methodological limitations, and critical reflections, of my findings are explored here.

Online Focus Groups

As a relatively new data collection method, online focus groups presented several methodological limitations to my research. The most prominent limitation to my data collection was an apparent lack of interpersonal relationships established in online focus groups where participants are anonymised with usernames and generic user photos.

I found a sense of community difficult to establish in the online setting. Some of the social conventions that are well established on other platforms like *Facebook* are less prescribed on software that participants are unfamiliar with, such as the platform I used. As explained in chapter one, my participants were recruited from *Facebook* communities that have very explicit rules and guidelines as to how to communicate. I felt participants were hesitant how to approach the group and the fellow participants, due to their unfamiliarity of the platform I used for the focus groups. This hesitancy was compounded by the fact that confidentiality and anonymity is so firmly asserted in the recruitment process, I feel this hindered my participants from contributing freely. The absence of realistic alias names, where participants were instead identified and visible by computer generated numbers impacted the potential for a genuine and personal experience within the focus group. Upon reflection, I believe a sense of community may have been fostered through use of an induction session where participants could

become acquainted with each other in a casual and open online space. Providing this time for rapport between participants to develop is, as suggested by Watson et al. (2006), important for encouraging conversation and interaction within the focus group.

Data collection from my focus groups was also impacted by fatigue across the two weeks in which the four groups were run. While my participants were enthusiastic to share their experiences in the initial first days, attendance and contribution to the group reduced after the first week. I identified this after the first group, and for the following three groups the schedule of discussion prompts was changed to ensure that each prompt received attention from the participants. The low retention rate across all of my focus groups was not comparable to the experiences of other researchers in methodologically similar studies; Im and Chee (2006) reported a high level of engagement in their focus groups across the data collection period. I continue to reflect on why this may be the case in my research, and how certain methodological decisions may have impacted the retention rate that I saw in my research. Im and Chee (2006) suggest it is not uncommon or inappropriate for asynchronous online focus groups to run over a course of several weeks. I now recognise, however, that a two-week period was likely too long for my participants to be expected to contribute, with a one-week period likely being more appropriate.

With this fatigue came a marked reduction in communication between participants, which meant my focus groups were led by me to a greater extent than I had anticipated or hoped. It is likely that based on the recruitment source of my participants, the opportunity to talk with other menstrual cup users was not an important aspect of their participation. The limited communication between participants suggest that the Facebook communities are adequate in facilitating interpersonal relationships and community needs among menstrual cup users.

Recruiting source

The source from which my participants were recruited holds implications for my findings. Menstrual cup communities on *Facebook* are distinctly progressive places, where the autonomy of menstruators is upheld through the assertion of inclusive

language and pro-choice rhetoric. The activist tones that underpin these online communities, I believe, have provided a space that validates the efforts of trailblazers while minimising the visibility of menstrual stigma in these individuals' day-to-day lives. Nevertheless, this is an important observation in itself regarding the sorts of spaces that can support and/or foster progressive discourses and the construction of agentic subject positions.

I am conscious that while it is important to identify these individuals, their attitudes towards menstrual cups and willingness to self-disclose their RMP use to others does not apply to all menstruators. Indeed, as I have asserted, the freedom to openly discuss menstrual cup use and partake in menstrual activism is largely a privilege enjoyed by white, middle-class, cis-gender women. While some work to date has verified menstrual cups' acceptability in a range of socio-cultural contexts (see van Eijk et al., 2018), further work is needed to understand attitudes towards, and experiences of, menstrual cups within populations whom aren't connected with these online communities.

Critical reflections

My research highlights a number of critically orientated issues that emerge from growing academic attention to menstruation. Reflecting on these issues is a matter of social justice and inclusivity; honouring the many simultaneous ways in which menstruation is understood and experienced.

It should be emphasised that while my thesis and this research has centred around the Western context of menstrual management, there are many different experiences of this context. No demographic details were collected from my participants, particularly around their possible identification with populations such as the LGBTQ+ community or ethnic minority groups. While the prominent constructions of menstruation in the western context have been outlined, the extent to which my participants identify with or utilise these constructions is unclear.

It is inappropriate to assume that all menstruators in western settings experience the same opportunities that are represented by my findings. Demographic factors, including

ethnicity, may impact the capacity for individuals to embody the freedom of choice that have been described by my participants.

Additionally, the western context of menstruation is undergoing immense change, creating differences between the nations that constitute western societies. The removal of taxation on menstrual products in the likes of United Kingdom, Australia, and Canada, as well as the provision of free menstrual products in New Zealand and Scottish schools is changing the landscape of menstrual management for women in western and developed nations (Russon, 2021). While these changes will make a material difference in the acquisition of menstrual products, they also signal a governmental acknowledgement of menstruation as a social justice and gender equality issue. Fostering choice for all menstruators, through policy change, goes some length to inciting a culture change in western societies. Prioritising menstrual issues in policy decisions emphasises its importance to women and their participation in society. The opportunity to freely choose menstrual management practices is a cornerstone to closing the gender gap in its many facets.

It is important to acknowledge, however, that the capacity to campaign for a greater choice in menstrual products is not a priority or appropriate for all. In a New Zealand context, the endeavour to ultimately improve menstruating women's participation in society is sentiment of a Pākehā worldview. Māori designations of menstruating and pregnant women as *tapu*, sacred, determines the activities permitted during such events, founded on the concept of life and death. Menstruating wāhine are prevented from preparing food or visiting food sources, so as not to contaminate sustenance from the absence of new life that is inherent with menstruation (Murphy, 2011). From a western worldview, these cultural practices may seem restrictive and even 'non-western' in principle (August, 2005). Conversely, Māori women report feeling special during this time of tapu and enjoy the cultural restrictions that come with menstruation and pregnancy (August, 2005). Efforts to increase the participation of menstruating women in society, through greater choice in menstrual management, may not always be culturally appropriate in western nations. Continuing the work of Critical

Menstruation Studies while remaining culturally responsive is important for the discipline moving forward, with more culturally-focused research needed in the future.

Finally, I consider the privilege that I possess in having the space to advocate for greater choice in managing menstruation. While I have argued for Critical Menstruation Studies as an important discipline when considering social justice, my research is published at a time when the global population is under the strain of pressing matters of life and death. The COVID-19 pandemic and social discussions of racial inequities, such as the Black Lives Matter protests, have defined the western social justice and activism landscape for the last twelve months. While it is important to continue to contribute to critical menstruation literature, particularly during the growth of attention the discipline has received in recent years, advocating for menstrual equity is beyond the capacity for many at this time in history.

The capacity to expend money and time for the environmental or health cause of menstrual management is one that can be located in social class systems. The capacity to attend to the effects of menstrual products on one's health or natural environment is one that is typically located in middle-class, white populations where such matters can be a priority. Contextualising menstrual activism, and the resistance of sexist and limiting constructions of menstruation, as a matter of wider social justice issues, including colonisation, is an important step for Critical Menstruation Studies moving forward. Bobel (2010) suggests "this approach more appropriately sets the stage for discussions of, and resistance to, the commodification of the menstruating body than those conceived by white women, who, due to their skin privilege, see primarily (or exclusively) the pain and struggle of their marginalized gender status" (p.142). I acknowledge the privilege I hold, in possessing the emotional and mental capacity to advocate for equitable menstrual outcomes, at a time when the world is seeing unprecedented change. As a white, young New Zealand woman, I research and exist in a space that is materially unaffected by these global events, meaning I have the emotional capacity to dedicate to Critical Menstruation Studies.

Conclusion

The menstrual cup is a tool for menstrual management, sought after for its benefits in reducing the financial and environmental impact of monthly bleeding. In the process of choosing the method in which a woman may manage menstruation, she is subject to a variety of sociocultural discourses that have shaped her experience of femininity since birth. Ultimately, these discourses endeavour to neutralise and minimise the aspects of female experience that fundamentally define it. The result is that menstrual management is defined, and measured, by the extent to which it can be hidden and concealed. Those who successfully contain their menstrual flow hold the burden of self-surveillance during menstruation to ensure a blood stain doesn't stain their social image. The absence of menstrual visibility in society, as Dahlqvist (2018) explains, "prevents us from demanding more knowledge, better care, more effective menstrual hygiene products, lower prices and more research. The silence strips us of our power" (p.1).

Despite the odds stacked against them, my participants represent a growing group of women who have begun to demand more. On their own, menstrual cups still face considerable stigma, that have prevented them from becoming more mainstream. My research has shown, however, that new menstrual products, including the menstrual cup, can be aligned with socially desirable discourses to permit their use under the provision of acceptable menstrual management. For some participants, it was neoliberal ideas of personal responsibility and the value of an empowered patient that served to justify the use of menstrual cups. For other participants, drawing on socially desirable discourses of environmentalism and healthism was beneficial in feeling self-assured in their menstrual cup use.

Whatever the avenue for understanding, constructing, and enacting menstrual cup use, my participants were able to negotiate the negative stigma associated with reusable menstrual management products, in a way that best suited them. The extent to which the above discourses were socially desirable made it possible for some to navigate spaces that are particularly associated with taboo, such as the workplace, to express their passion for reusable menstrual products.

Ultimately, it is the aim of Critical Menstruation Studies to increase the visibility of menstruation; for through this visibility it becomes possible to mitigate the social effects of period inequity, negotiate new social constructions of menstruation and challenge the current ideals of menstrual management. What I hope is clear, at the conclusion of this thesis, is that women perform menstrual management behaviours in a multitude of ways; each of them being valid in their own way. For as it was seen in my findings, there were aspects within themes that my participants felt pressured to conform to, however modern or liberalised they may seem; failure to conform to these constructions risked exclusion. Each of the menstrual cup constructions that constitute my findings works for the individuals they are relevant to. It is in this diversity, that true transformative capacity exists. It is inappropriate to expect all menstruators to assume the trailblazing role of unashamed activism, but it is with the unconditional embrace of menstruation, with the aid of choice and access, that we can work towards the aim of Critical Menstruation Studies.

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Appendices

Appendix A: Administrator Information Sheet

REQUESTING PERMISSION TO ADVERTISE IN YOUR FACEBOOK GROUP FOR RESEARCH PURPOSES

About the study

My study seeks to understand women's experiences of menstrual cup use. Menstrual cups are growing in popularity but are still subject to stigma and negativity. Online communities such as your own can, however, provide support and information where it is lacking in mainstream media and sexual health education. My aim is to understand the role played by online communities in helping women to adopt alternative menstrual products. The project is supervised by Dr Tracy Morison.

Eligibility to take part

The eligibility criteria for participation in this research is as follows:

- ✓ Reside in New Zealand, Australia, North America or United Kingdom
- ✓ Identify as cis-woman (i.e., do not identify as transgender)
- ✓ Have primarily used a menstrual cup for the collection of menstrual fluid in the last year
- ✓ Hold access to the *Put a Cup in it Community/ Saalt Cup Academy* Facebook group
- ✓ Be able to clearly communicate in English

Research procedures

- Individuals expressing interest will be given an information sheet and consent form outlining the benefits and risks of participation and their rights. The research will not commence without their explicit and informed consent.

- Eligible participants will then be invited to one of three/four private, online focus groups where I will post prompts and facilitate a discussion. This discussion will be primarily focused on the members' experiences of menstrual cup use and how RMPs may have influenced their perception of menstruation and their menstruating body.
- These focus groups will each contain four to six members and be open for 14 days in which they can routinely contribute at a time convenient to them. It is anticipated that across these 14 days, participation will take a total of one to two hours.
- At the conclusion of each focus group, participants will be given an e-Giftcard for amazon.com to the value of \$30NZD as a token of appreciation.

Privacy

To ensure privacy, participants will be anonymous. Their responses, all research materials, and any publications (in academic journals) will be linked/stored to an alias only and responses will not be traceable to their real identity.

Completed discussions will be downloaded to a secure drive on the University network, password protected along with any other files (e.g. consent forms), and accessible only to myself and Dr Morison. It is a legal obligation to retain this information within the University network for five years, after which the data will be securely disposed of.

Risks and Participant rights

While we do not anticipate this, as with all anonymous interactions, there is a small risk that a lack of visual cues and body language in the online space may cause miscommunication or offence. To minimise this risk, participants will be asked to be respectful, avoid language that may cause distress, and to maintain the privacy of other participants. The researchers will monitor the discussion to ensure constructive discussion takes place.

Participation in this research is voluntary and members of your Facebook group are under no obligation to accept this invitation. Participants have the right to:

- Decline to answer any question
- Withdraw from the study at any time and/or withdraw their responses until the closure of the focus group
- Ask any questions about the study at any time during their participation
- Be given access to a summary of the project findings when they are available

Thank you for considering this request, any further concerns or questions can be directed to myself or Dr Tracy Morison.

Yours sincerely,

Ellie Roberts

MSc student

Massey University

ellie.roberts.3@uni.massey.ac.nz

Dr Tracy Morison

Lecturer, School of Psychology

Massey University

+64 (06) 356 9099 ext. 86216

T.Morison@massey.ac.nz

This project has been evaluated by peer review and judged to be low risk.

Consequently it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named in this document are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact Professor Craig Johnson, Director (Research Ethics), email humanethics@massey.ac.nz

Appendix B: Research advertisement on Facebook



Saaltco shared a link.

4 August 2020 · 🌐



****Thank you all so much for your interest in this research! Ellie has already reached the quota she needed for this project and the sign up is now closed.****

Hi Saalt Cup Academy members! We have an exciting opportunity for you! We are so grateful that Ellie Roberts (a fellow cup user and Saalt Cup Academy member) reached out to us directly and expressed interest in facilitating more research surrounding menstrual cup use.

As a Saalt Cup Academy member, you are invited to participate in a Master's research project led by Ellie relating to the experiences of menstruators who use menstrual cups. She is interested in how membership in social media groups and communities support menstruators in choosing reusable menstrual products. Participation will involve contributing to an online focus group discussion facilitated by Ellie, in a format similar to this Facebook group. This particular format limits the capacity of the research so please don't be disappointed if the participant quota is reached.

To find out more information, and express your interest, click this link:

https://massey.au1.qualtrics.com/jfe/form/SV_6r6JOzkka7MABsp

We hope you'll consider participating! 😊

MASSEY.AU1.QUALTRICS.COM

Online Survey Software | Qualtrics Survey Solutions



15

14 comments

Appendix C: Participant information sheet and consent form

PARTICIPANT INFORMATION SHEET

Women's experiences of menstrual cup use

My name is Ellie Roberts, I am an MSc student seeking volunteers for my research on menstrual cup use. My project is being supervised by Dr Tracy Morison; we are located at Massey University, New Zealand. We invite you to participate in a research study investigating the experiences of women who use menstrual cups. Participation in the study is entirely private and voluntary. Volunteers may withdraw involvement at any time without explanation. Should you wish to partake in this study, you will be asked to sign a consent form. Please read the following information carefully to ensure you understand the purpose of the study, its procedures and the role of participants, and contact the researchers if you have any questions.

Project Description

Menstrual cups and other reusable menstrual products (RMPs) are becoming more popular but may still be subject to negative social responses that may influence the decision to use them. In order to understand some of the social challenges faced by RMP-users and how they have responded to these, we would like to speak to women who are currently using menstrual cups. We are also interested in what role online spaces and communities may have played in RMP uptake.

Participation

We are inviting users to take part in a private online focus group; a format like the online forums of which you are a member (see more details below). Rather than responding in an instant, live, messaging format, the discussions will not be in real time (asynchronous discussion) so that participants can take part at a convenient time. The online focus group will be open for 14 days, in which you will be invited to regularly log-in to the focus group to respond to new prompts from the researchers and to reply to posts from

other participants, in order to generate a discussion in the group. We expect participation in this study will take between one and two hours in total.

Eligibility

In order to participate in this study, you will need to meet all the following eligibility criteria. You must:

- ✓ Reside in New Zealand, Australia, North America or United Kingdom
- ✓ Identify as cis-female (i.e., do not identify as transgender)
- ✓ Have primarily used a menstrual cup for the collection of menstrual fluid in the last year
- ✓ Hold access to the “Saalt Cup Academy” Facebook group
- ✓ Be able to clearly communicate in English

Benefits and Risks

This study will provide an opportunity to share experiences of menstrual cup use in a private, safe and supportive environment. As a token of appreciation, you will receive an amazon.com eGift Card to the value of \$30NZD (or the equivalent in US\$) upon completion of the study. While we do not anticipate this, as with all anonymous interactions, there is a small risk that a lack of visual cues and body language in the online space may cause miscommunication or offence. To minimise this risk, participants will be asked to be respectful, avoid language that may cause distress, and to maintain the privacy of other participants. The researchers will monitor the discussion to ensure constructive discussion takes place.

Data Management

To ensure privacy, participants will be anonymous. You will be asked to assign yourself an alias/pseudonym for the online focus group. Your responses, all research materials, and any publications (in academic journals) will be linked/stored to this alias only and your responses will not be traceable to your real identity.

Completed discussions will be downloaded to a secure drive on the University network, password protected along with any other files (e.g. consent forms), and accessible only to myself and Dr Morison. It is a legal obligation to retain this information within the University network for five years, after which the data will be securely disposed of.

Participant's Rights

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

- Decline to answer any question
- Withdraw from the study at any time and/or withdraw your responses until the closure of the focus group
- Ask any questions about the study at any time during your participation
- Be given access to a summary of the project findings when they are available

Project Contacts

Questions or concerns relating to this study are welcomed and can be directed to either of the below contacts:

Dr Tracy Morison
Lecturer, School of Psychology
Massey University
+64 (06) 356 9099 ext. 86216

Ellie Roberts
MSc student, School of Psychology
Massey University
ellie.roberts.3@uni.massey.ac.nz

T.Morison@massey.ac.nz

This project has been evaluated by peer review and judged to be low risk.

Consequently it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named in this document are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact Professor Craig Johnson, Director (Research Ethics), email humanethics@massey.ac.nz.

**WOMEN'S EXPERIENCES OF MENSTRUAL CUP USE- FOCUS GROUP PARTICIPANT
CONSENT FORM**

I have read, or have had read to me in my first language, and I understand the Information Sheet attached as Appendix I.

I 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 have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

I understand that I have an obligation to respect the privacy of the other members of the group by not disclosing any personal information that they share during our discussion.

I understand that all the information I provide will be kept confidential to the extent permitted by law, and the names of all people in the study will be kept confidential by the researcher.

Note: There are limits on confidentiality as there are no formal sanctions on other group participants from disclosing your involvement, identity or what you say to others in the focus group. There are risks in taking part in focus group research and taking part assumes that you are willing to assume those risks.

I agree to participate in the focus group under the conditions set out in the Information Sheet attached as Appendix I.

Declaration by Participant:

I, _____ hereby consent to take part in this study.

Signature: _____ Date: _____

Appendix D: Focus group guide

Introduction

- Introduce myself as the moderator and researcher. Reiterate the importance of having respectful discussion
1. Please tell us about a little about your experiences using a menstrual cup.
 - a. Prompt: How did you find out about them? Sources of information etc.

Menstruation

1. How do you feel about menstruation? How do your routines and behaviours change during menstruation?

Menstrual Cups

1. How, if at all, have menstrual cups changed your perceptions of menstruation?
2. Who, if anyone, in your daily life have you spoken to about menstrual cups? How do they feel about them?
3. Do any particular social interactions related to cup use, positive or negative, stand out?

Online Forum Groups

1. What were you hoping to get from these groups? (i.e., shared experiences/ knowledge/ support)
2. How, if at all, do the members of the groups differ to the people in your daily life in their attitude toward menstrual cups?
3. What discussions, if any, held within the group do you feel you could not have in your daily life?
4. How has this group influenced your perceptions of menstrual cups? How has participation encouraged or discouraged your menstrual cup use?

Conclusion

1. Is there anything else you would like to discuss or feel as though we have missed?
 - Thank participants for their discussions and responses
 - Give participants instructions if they would like to receive a copy of the findings once analysed
 - Inform participants that they will receive a gift voucher via email