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MENSTRUATION
Sociocultural perspectives

Elisha P. Renne

Introduction

The English word “menstruation” derives from the Latin word “mensis,” month. Although it is known by several idioms such as one’s “period” in the US, it also has more pejorative names, such as “the curse.” Elsewhere, it has names such as “moon” (karo) in Guinea (Levin 2001: 163), “habit, custom” (adet) in rural Turkey (Delaney 1988: 81), and “Miss P.” in Japanese popular literature (Koyama 2019). Just as menstruation has many names with diverse connotations globally, its association with women’s reproductive health varies in space and time. Indeed, menstruation and its absence may be characterized by its ambiguity. It may be welcomed as a sign of fertility and as a source of renewal and future childbearing or as the polluting and uncontrollable loss of blood (Buckley and Gottlieb 1988; Hoskins 2002). Menstrual blood may also be seen as an obsolete nuisance, at odds with the modern woman’s body (Sanabria 2016). Alternately, amenorrhea, the absence of menstruation, can be interpreted either as an incapacity to conceive or as the result of conception (Renne and van de Walle 2001). Some women may welcome the return of their menses because it signals the possibility of pregnancy, while others welcome them because they are a sign that they have not conceived. Similarly, women may rejoice at (or lament, if they did not want to become pregnant) the absence of their periods, because it foretells a future birth, or they may worry because pathological menstrual retention means that they cannot achieve motherhood. How women interpret and react to menstruation and its lack reflects individual desires as well as the cultural, socioeconomic, and political context in which they live.

Menstruation has long been of interest to sociocultural anthropologists. This chapter underscores the ambiguity surrounding diverse interpretations of menstrual blood and menstruation. It also considers how its qualities and absence reflect different reproductive strategies as well as changing ideas about childbirth, women’s health, and the ways that menstruation has come to be discussed in public. For, as Delaney has noted (1988: 77), “Rather than an insignificant outpost on the cultural map, menstruation may well lead directly into some of its main arteries.” These arteries will be examined through a consideration of menstruation in relation to power and pollution; social change and fertility transition; gender, feminism, and sexuality; race and class; menstrual regulation and abortion; contraception, menstrual suppression, and menopause; and menstruation depicted in films, popular literature, and material culture. While connections between regular menstruation, menstrual-related practices, and reproductive health
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have significantly changed in many parts of the world in the last century, these changes do not represent a uniform march toward Western biomedical understandings of menstruation and modernity but rather reflect sociocultural, economic, historical, and political changes in the lives of women. Indeed, the underlying assumptions of European American feminists and menstrual activist groups tend to reflect a sense of moral dominance, which does not take the perspectives of women with different backgrounds and origins into account.

Sociocultural perspectives on menstruation and reproductive health

Much of the earlier anthropological literature on menstruation has focused on the association of menstruation with pollution, with dirt, and with the related restrictions that have existed in many societies (e.g., Langness 1974; Meggitt 1964). As Mary Douglas (1966) has famously noted, “Dirt is matter out of place,” and menstrual blood has surely been described as such by some. Yet this assessment of menstruation was documented primarily by male European American anthropologists whose interactions with women on the topic of menstruation were somewhat limited. However, as more women anthropologists associated with the women’s movement in the 1970s began conducting fieldwork, more detailed and varied sociocultural understandings of menstruation began to appear in the literature. In *The Woman in the Body* (1987), Emily Martin examines the depiction of menstruation as “failed production,” perpetuated in scientific texts, which she relates to the ways that industrial capitalism serves as a model for the valuation of women and their bodies in US society. Such a depiction, she argues, accounts for many American women’s views of menstruation as a debilitating and shameful disease-like phenomenon that should be hidden and not discussed. She also notes, however, that race and class affect American women’s agency in countering this model of menstruation as well as affecting their general positive acceptance of menstruation for “it defines them as women” (Martin 1987: 101).

In a related way, Buckley and Gottlieb (1988) have argued, in the edited volume, *Blood Magic: The Anthropology of Menstruation*, that negative depictions of menstruation as dirt and disease fail to explain cases in which menstruation is positively regarded and that menstruating women’s restricted movement may be viewed as an opportunity. They suggest that menstrual pollution and taboos must be considered within particular cultural contexts, as their meanings “are ambiguous and often multivalent” (Buckley and Gottlieb 1988: 7). Thus, the use of the terms “pollution” and “taboo” has been subsequently questioned in studies of menstrual practices in many parts of the world (Hoskins 2002). Nonetheless, other recent studies provide detailed ethnographic accounts of continued menstrual taboos where they persist. In a study of Kwaio menstrual taboos in the Solomon Islands, David Akin examines what he refers to as “a modern taboo system in flux,” where more strictly enforced menstrual taboos associated with traditional religion have been indirectly undermined by widespread conversion to Christianity. In addition, a new type of medicine used to “cool down” ancestral spirits’ anger has altered views on menstrual violations (Akin 2003: 397–398). This case, as do others such as the Air Tuareg of Niger (Rasmussen 1991), underscores the continual changing and multivalent meanings of menstruation.

Emmenagogues and the regulation of menstruation

Similarly, studies that focus on examples of women’s means for maintaining regular menstruation through the use of emmenagogues—substances taken to bring on menstruation—clarify the agency of women in a variety of circumstances. For example, enslaved African American women in the antebellum southern US used cotton plant roots (as tea or chewed) for remedying
delayed menstruation in order to regulate birth spacing (Schwartz 2006: 96; see also Siedlecky 2001: 103).

The multiple meanings of the phrase “menstruation regulation” suggest other aspects of women’s reproductive health. For until the ready availability of pregnancy tests, at least in some communities, the ambiguity surrounding conception led women to use emmenagogues both to treat delayed menstruation and, in some cases, to abort a mistimed or unwanted pregnancy. Indeed, the introduction of a particular biomedical method of menstrual regulation (also known as emergency contraception using RU-486, a combination of mifepristone and misoprostol tablets; Singh et al. 2017) for addressing delayed menstruation played upon this ambiguity, although it is widely referred to as an abortifacient. However, a range of oral contraceptives introduced in the 1960s enabled women to prevent pregnancies, while also reducing uncomfortable cramps and headaches. As will be discussed, the medicalization of menstruation through the use of hormonal pills as well as combined hormonal patches and rings, intramuscular injection, and IUDs (intrauterine devices) to prevent ovulation has led to the suppression of menstruation for several months or even years. Various menstrual health problems—such as heavy bleeding, bloating, endometriosis, pelvic pain, and premenstrual syndrome (PMS) may be addressed through the use of hormone-based therapies that induce amenorrhea (Hilliard 2014: 632). With regard to PMS, however, the assumption that it is entirely a result of an abnormal hormonal cycle without taking into account time-related stress associated with the social and economic aspects of women’s lives in Western societies has been questioned (Johnson 1987; Martin 1988; Sanabria 2016).

Thus, while the medicalization of menstruation may be associated by many women with the modern management of menstruation, e.g., in the US (Freidenfelds 2009) and in Brazil (Sanabria 2016), others question the extensive use of medication for a condition that is not seen as a disease. Women may pick and choose methods and materials to manage their menstruation, some of which refer to earlier practices that have continuing cultural significance such as restrictions on the eating and preparation of certain foods, while also using several packets of oral contraceptives, but omitting the placebo pills, in order to prevent menstruation during an important social event. Yet modernity may be “an aspirational process, perceived as always being incomplete: ‘The modern is not quite now, but rather a goal that is continuously receding’” (Edmonds 2010: 66, cited in Sanabria 2016: 6). Indeed, postmodern critics, as David Harvey (1989: 52) has noted, argue that the world should be pictured “as perpetually shifting fragments,” rather than a global progression toward modernization.

Menstruation as indication of health, of illness

As Etienne van de Walle (Renne and van de Walle 2001: xxxi) has observed: “In societies strongly influenced by the Hippocratic model, an absence of menstruation is considered to be the cause of disease, whereas in several contemporary non-Western societies … its absence is viewed as a symptom of ill health.” This absence, referred to as amenorrhea, in Western societies or Latin American societies influenced by the Hippocratic model, was believed to cause illness. Thus, in rural Guatemala, the illness, detención (delayed menstruation), is treated with a massage and an herbal tea with honey (Cosminsky 2001: 263). In the US in the mid-1960s, the use of hormones to suppress menstruation has been found to address menstrual-related complaints such as headaches, heavy bleeding, bloating, cramps, and back pain. Referred to as “therapeutic amenorrhea,” this practice was used to counter these more common menstrual complaints as well as premenstrual syndrome, heavy menstrual bleeding (menorrhagia), and endometriosis (Hilliard 2014: 632).
Yet it is precisely the regular flow of bright, red menstrual blood that has been considered a sign of good health and future fertility, particularly essential in societies in which childbearing is a critically important aspect of one’s social identity. In the West African country of Guinea, failure to menstruate is viewed as a symptom of a physiological problem (Levin 2001: 162). Thus, blocked blood (nyama) may prevent the regular, monthly flow of menstrual blood, which may be remedied by herbal teas prescribed by a traditional healer. Similarly, in rural Yoruba villages in southwestern Nigeria, menstrual blood of a certain consistency and color is a sign of good health. Indeed, two types of menstrual blood are associated with menstrual disorders, which, unless treated, may lead to infertility (Renne 2001: 189–190; see also Levin 2001: 162). They include black blood (ase idoti) attributed to dirt in the womb and white, watery menstrual blood (ase olomi) associated with sexually transmitted diseases. The absence of menstrual blood altogether, possibly a result of virginity and a thickened hymen, is another explanation for delayed menstruation. In blood-related cases, herbal cures are prescribed while in the case of a thickened hymen, sexual intercourse is seen as the appropriate remedy.

While views of the importance of bright red menstrual blood for some Bamana women living in the Malian capital, Bamako, have changed (Brett-Smith 2014: 203), its absence was a cause for concern for Malian village women who attempt to remedy this condition by consulting older women or traditional healers (Madhavan and Diarra 2001: 181). The former are knowledgeable about herbal remedies which will bring on menstruation or regularize menstrual cycles, while the latter are sought out when a spiritual source is thought to be the problem. Alternately, in cases of prolonged amenorrhea, women may seek biomedical advice and treatments from the local clinic midwife. If the problem is attributed to a hormonal imbalance, a three-month blister pack of contraceptive pills is prescribed. If the problem is believed to be caused by an infection, antibiotics may be prescribed—although such treatments are often too expensive for village women (Madhavan and Diarra 2001: 183). While not averse to utilizing Western biomedical treatments, rural Bamana continue to prefer traditional and/or spiritual treatments.

Rural and urban differences in the experience of menstruation have also been discussed. In Fitzgerald’s 1990 study of Samoan women and men, she examined the treatment of menstrual disorders among rural, semi-urban, and urban women. While the word for menstruation (ma’imasina, monthly illness) refers to illness, it is not seen as such but rather as a normal aspect of life, although some believe that a woman who has never menstruated may become sick and even die, while those with irregular menstruation may not easily get pregnant. Yet while most “Samoans express a fatalistic acceptance of menstruation and a stoic attitude towards all it entails” (Fitzgerald 1990: 151), urban Samoan women reported having somewhat more menstrual problems. Fitzgerald suggests that their exposure to modern ideas about menstruation does not explain the increased symptoms but that urban women felt more comfortable talking about them: “Rather than being socialized to experience menstrual symptoms as some researchers have suggested, people are socialized to recognize and express them” (Fitzgerald 1990: 159–160).

These different views of menstruation underscore these distinctive interpretations of menstrual blood, its appearance, and its absence.

Menopause

Menopause, the ending of menstruation, has also been variously interpreted and attended to in different places and times (see also Sievert and Roy in this volume). In her comparative study of menopause in Greek and Mayan (Yucatan) villages, Yewoubdar Beyene (1989) found that while Greek women noted some complaints associated with menopause, Mayan women merely observed the cessation of menstruation. However, neither group saw menopause as a disease
that required a cure. In Japan, menopause is generally accepted as a normal process of aging and is not associated with physical complaints, other than headaches, shoulder pains, and tiredness noted by some (Lock 1986: 31). Thus, despite the increased “modernization” of Japanese society, there is no word for “hot flashes” and nor are replacement hormone therapies used. This view of menopause is similar to that of Japanese-speaking Japanese Americans in a study conducted by Marjorie Kagawa-Singer et al. (2002). For these women who had grown up in Japan before moving to the US, they experienced menopause as a new phase in which they saw themselves as people who had achieved a balanced physical, emotional, and spiritual life (Kagawa-Singer et al. 2002: 81). This sense of themselves differed somewhat from European American women, many of whom saw themselves as old and invisible, even if they were in good physical health (Kagawa-Singer et al. 2002: 83–84).

This view of menopause by European American women differs from Emily Martin’s findings regarding US women’s experiences of menopause; most of the older women with whom she spoke saw menopause in a positive light. Rather, it was younger women who saw these women as “out of control,” perhaps because they had internalized a more medical (and negative) view of menopause (Martin 1987: 174–175).

Agee’s comparative study of the experiences of menopause by African Americans and European Americans in one southern state suggests a somewhat different picture. Specifically, she was interested in the impact of mother–daughter discussions about menopause and how “their notions about the intergenerational transfer of knowledge shape their attitudes toward menopause and the health-care technologies surrounding it, particularly hormone replacement therapy” (Agee 2000: 74). She found that many middle-class European American women had neither been told by their mothers about possible physical difficulties of menopause nor about how to address discrimination against older women. These women were more likely to use hormonal replacement therapies, particularly when they feared it would interfere with work and their appearance. Alternately, working-class European American women had discussed menopause with their mothers but had been told to consult a doctor; some but not all were amenable to using hormone replacement therapy. However, African American women of all backgrounds “stated that lessons learned from their mothers while they were growing up helped them deal with difficulties they encountered during their menopausal process” (Agee 2000: 79). Furthermore, while many African American women consulted their doctors about menopausal symptoms and were advised to use hormonal replacement therapies, few availed themselves of them, preferring to rely on lessons learned from their mothers about perseverance and survival.

These different perspectives on menopause reflect the ways that distinctive cultural, economic, and historical experiences have affected women’s perceptions of themselves and their bodies. As Agee notes, how American women in her study related to biomedical authority regarding menopause reflected their own situation within US society. The following section considers American women’s experiences of menstruation more generally in relation to ethnic and racial histories of discrimination—both overt and sometimes inadvertent—in the US.

**Menstruation: Race, ethnicity, and class**

In the US, menstruation has had many different meanings, which reflects its history and the many different ethnic groups that constitute the country’s population. For example, beliefs about the relationship between health and menstruation among Native American people vary, which is reflected in changing practices by some and the maintenance of earlier practices by others. For example, women of the Yurok people of northern California historically observed the “moontime” by staying in separate menstrual huts, which had spiritual implications. By the
late 1970s, this separation is infrequently practiced as such, yet menstruation has an ambiguous cast—as both polluting but also empowering women in Yurok society (Buckley 1988). Menstruation also has particular multiple meanings for Navaho women and men in Arizona. While it is associated with specific illnesses—rheumatism and arthritis—which may affect men who come in contact with menstrual blood, it is also believed to purify menstruating women (Schwarz 2001).

The historical experience of menstruation of African American women reflects a somewhat different situation, as the practice of slavery in many southern states (until the Emancipation Proclamation of 1863) meant that these women, as well as their owners, were concerned about maintaining regular menstruation. For enslaved women with menstrual disorders, owners consulted doctors and had rules for the menstruating women’s work and health in order to enable them to bear children (Schwartz 2006: 80). Furthermore, women themselves attended to their own menstrual health, through the use of emmenagogues and the ambiguity about why menses had ceased and when life began (Schwartz 2006: 96). By bringing on regular menstruation with intervals between births, they protected their health and future conception.

Older African Americans living in Green County, Virginia, in the 1980s noted the changing material and symbolic shifts regarding childbirth in their lifetimes as well as some beliefs and practices relating to menstruation. Nonetheless, the idea of supporting regular menstruation as a way of “both safeguarding her health and maintaining her body’s sanctity and moral equilibrium” persists (Fraser 1998: 248). Their thinking about the need to expel contaminated blood through regular menstruation was that it was “a sign of well-being” (Fraser 1998: 250–251).

Similarly, this idea of expelling “bad blood” was prevalent among older Chinese American immigrant women: “Immigrants from China also shared similar concerns about regular menstruation and worried about contact with cold water during menstruation … menstruation was considered part of the necessary regular flows of the body, which would endanger health” (Freidenfelds 2009: 33). While their American-born daughters and granddaughters who were exposed to health education classes in school and more general ideas about menstruation came to disentangle menstruation and health, older Chinese American women were inclined to maintain some older ways of thinking. Thus:

Young Chinese American women found, however, that unlike their peers with American-born parents, they were frequently in conflict with their mothers about their choices. Their mothers, immigrants from Taiwan, Hong Kong, and mainland China, had grown up believing that exercise and contact with cold water during menstruation could be dangerous. They encountered “modern” American menstrual management when they immigrated as young women, and while they enthusiastically adopted American ideas about menstrual education, they were less persuaded by the late twentieth-century American ideas about menstruation and health.

Yet for a majority of younger women in the US by the 1990s, their “occasional concerns about reproductive health were completely overshadowed by the new way of thinking about menstruation in terms of managing blood and discomfort so that they did not interfere with everyday life” (Freidenfelds 2009: 74). Along with this shift in thinking about menstruation as a time of vulnerability for women came changes in the material and pharmaceutical ways that the menstrual flow could be managed and contained.
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Managing menstruation: Material means

Menstrual cloths, menstrual pads, tampons

The association of menstruation with the flow of blood and its management has been observed in many societies although it has been distinctively interpreted in different times and places. Early references to the use of old cloths, sometimes referred to as menstrual clouts (Read 2013: 106), described their being used to absorb menstrual blood. It is also likely that women without a heavy flow and insufficient linen cloth simply used their shifts (slip-like undergarments) to absorb menstrual blood (Read 2013: 111–113). However, this practice declined as more women sought to use old cloths to staunch the flow of blood, which were washed, dried, and subsequently reused. This use of cloth—sometimes folded, sometimes sewn into several layers—has continued well into the early twentieth century in many parts of the world. However, when paper products became available, rolls of toilet paper, large wadded-up pieces of toilet paper, and sanitary napkins were substituted for cloth. Yet even when toilet paper tissue was preferred, it was not always easily available, as Xiao Ling Ma explained from her experience in China in 1967:

During the Cultural Revolution, toilet paper—the kind that comes in rolls—was tightly rationed … My family—with three girls—used to cope by taking the coarser brown paper towels, which were more readily available, and cutting them up in strips for everyday bathroom use, so as to save the toilet paper for us when we had our periods.

(Nalebuff 2009: 56)

In mainland China, particularly during the 1960s, women in rural areas did not have access to the many brands of sanitary napkin pads now available on the Made-in-China website.

However, in the 1920s, women in the US began to see advertisements by the Kimberly Clark Corporation for the sanitary napkin known as “Kotex” (Heinrich and Batchelor 2004: 50–52; Figure 12.1). While initially expensive and bulky—consisting of a rectangular cellucotton pad covered with gauze—they were streamlined with adhesive tabs and made in different sizes. By the end of the twentieth century, many women across the globe came to use similar locally made sanitary napkins, which became associated with modern feminine hygiene (McMahon et al. 2011; Virmani 2013). In Japan, for example, the development of Japanese sanitary napkins, known as “Anne’s Napkins,” is depicted in the graphic short story, “Grandma and Little Miss P” (Koyama 2019).7

As the name sanitary napkin suggests, these products, made to absorb monthly menstrual blood, were advertised as hygienic and comfortable and were particularly suitable for active women (Mandziuk 2010).8 They were also promoted as comfortable and safe for one’s health, as compared with old cloths that were reused and depicted as unhealthy. While cellucotton Kotex pads protected women from embarrassing menstrual leaks and could hide a woman’s “time of the month,” they could not be worn with bathing suits and other tight-fitting garments. Thus in 1934, another feminine hygiene product, the tampon marketed as “Tampax,” was introduced by the Tampax Sales Corporation, founded by the Denver businesswoman, Gertrude Tenderich (Heinrich and Batchelor 2004: 95). For some women, tampons were a better solution for managing one’s menses as they were available in different sizes and absorbencies and completely hidden within the vagina. However, this vaginal insertion also alarmed some users—with its sexual overtones and possible health problems.

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Indeed, in the early 1980s, cases of toxic shock syndrome (caused by toxins released from the growth of *Staphylococcus aureus* bacteria; Centers for Disease Control n.d.) experienced by some women using highly absorbent tampons led to the removal of one brand from the market. Nonetheless, Tampax, initially popular among women with a college education, came to be associated with “modern” menstrual control in the US and elsewhere in the

![Figure 12.1](https://example.com/figure12.1) Early advertisements for Kotex pads emphasized their hygienic use and inexpensive availability. **Source:** Courtesy of the Wisconsin Historical Society, WHS–7001.
Western world. Yet this view has changed for some and sanitary napkins continue to predominate as the main means of managing menstruation globally.

However, cost and access have been a primary problem for women who have sought to use sanitary napkins in low-income countries and communities. This problem is dramatically presented in the documentary film, *Menstrual Man* (Virmani 2013), in which Arunachalam Muruganantham (aka Padman), an inventor and social entrepreneur from Coimbatore, Tamil Nadu, describes his crusade to develop a process for the production of locally made and inexpensive sanitary napkins in India. The impetus for his efforts was the need for safe menstrual products—according to him, the used cloth and rags used for absorbing menstrual blood were unsanitary and led to reproductive tract infections. These cloth pads were also likely to leak, leading menstruating girls to miss or drop out of school because of their periods. He sought to provide women with sanitary napkins that could be made by village women—which would be effective, available, and affordable. The film ends with Muruganantham proclaiming, “I want to make India a 100% sanitary pad country” (Virmani 2013).

A recent article, however, suggests a major drawback to the use of sanitary napkins in India, namely their disposal. While many women living in a low-income slum area of central Delhi continue to make do with used cloth for pads, which they bury or throw away, as one woman explained: “Amongst us, we usually bury the cloth but here there are so many hutments around [in our neighborhood] and if I bury it, everybody would come to know. It does not look nice, so we throw it away” (Garg et al. 2001: 22). While the women in this study were the type of women whom Arunachalam Muruganantham sought to help with locally made sanitary pads, for the few women in the study who could afford sanitary pads, they also had no means for pad disposal.

The problem of disposal was also raised by Cinthya Anand (2016) in an opinion piece in the newspaper, *The Hindu* (see also Chaudhuri 2019). She, along with the group called Sustainable Menstruation India, suggests that women use menstrual cups to collect menstrual blood as well as the older method of using reusable cloth pads. While these solutions may be practical for middle- and upper-class women in Delhi, they are not practical for the low-income women interviewed by Garg et al. unless some means to protect their privacy when washing cloths or cups is provided (see also Scorgie et al. 2016).

**Menstrual management: Pharmaceutical means**

Another means of managing menstrual flow has been through its suppression, using hormone-based pharmaceutical products which include oral contraceptive “family planning” pills introduced in the 1960s. This development was part of a global effort to help couples to plan for pregnancies in order to have smaller families and to improve their standard of living, along with reducing the world’s increasing population (Demeny 2011). These oral contraceptives were made available in blister packs which included 21 tablets with synthetic hormones, estrogen and progestin, along with seven placebo tablets without hormones which enabled a slight flow of blood which was meant to imitate monthly menses (Potter 2001: 141). However, since the combination of estrogen and progesterone prevented ovulation, the blood lining of the endometrial cavity released during this false menstruation was scanty and only lasted a few days. Nonetheless, those who developed the pill felt that women wanted to have the “naturalness” of menstrual period, which some associated with normal, good health (Renne and van de Walle 2001: xxiv). Indeed, the regular regimen of 24 hormonal pills and seven placebo pills came to be seen as a means of addressing the problem of irregular menstruation—both delayed menstruation and menorrhagia (abnormally heavy or prolonged menstruation; Hilliard 2014).
The pill’s ability to stop ovulation, however, had other uses. For when the hormonal pills (but not the placebo pills) were taken for longer periods of time—e.g., 80 days), women could avoid the release of blood altogether. This use of contraceptive pills came to be called the “extended regime” or “honeymoon regimen” and was used when women sought to preclude bleeding during special events such as marriage and honeymoons. Care needed to be taken, however, to carefully take the pill daily and at the same time of day, particularly when the hormonal dosage of pills was reduced after their initial introduction. Occasional “breakthrough” bleeding during the time outside of the “normal” five-day menstrual flow could be embarrassing or inconvenient for US or European users. However, for some users such as rural women in Nigeria or Guinea in West Africa, the irregular appearance of what was thought to be menstrual blood was viewed as a sign of ill health, which needed to be addressed (Levin 2001; Renne 2001). In such cases, women would abandon oral contraceptives altogether in order to regain regular menstrual cycles, which assured them that they could become pregnant when desired.

The explicit use of hormones to suppress menstruation, nonetheless, has become commonplace in some parts of the world where the loss of menstrual blood was viewed as bothersome, unnecessary, and as contributing to anemia in some women. Many Brazilian women have opted to limit or completely avoid menstruation through the use of various pharmaceutical products. Along with oral contraceptives, they also use intrauterine devices (IUDs), which release small amounts of the hormone, levonorgestrel, into the uterine cavity, as well as the long-lasting contraceptive injection Depo-Provera which contains the hormone progestin. Aside from providing protection from conception, these products such as the IUD, Mirena, are advertised as reducing heavy menstrual bleeding, while Depo-Provera is prescribed for endometriosis. Yet as Emilia Sanabria (2016: 5) observes,

hormones leave the laboratory and are taken up by users and absorbed into everyday understanding of the body … [thus] making visible the social relationships through which sex hormone uses are legitimated and in showing how these relations in turn mediate the lived effects of hormones.

In Brazil, the most common reason for taking hormonal products which suppress menstruation is tensão premenstrual (TPM; premenstrual tension), referred to as premenstrual syndrome in the US (Martin 1988). It is characterized by headaches, a loss of energy, depression, and irrational outbursts, as was described by Ann Maria, a young woman who works for a publicity firm in Salvador and who had been using the IUD known as Mirena in Brazil for nearly three years. For her:

Aside from the feelings of weakness and anemia brought about by menstruation, Ana Maria explains that she would feel depressed during the premenstrual period. She would become mole (soft/frail), without energy or disposição (disposition, desire), finding it difficult to get out of bed, or feel irritated and have a lot of nervosismo. During PMT she would become “pessimistic” and “irrational.” She does not miss anything about menstruating, now that she uses Mirena. “I used to feel sick when I still had my menstruation. It’s not natural. For me, it’s a doença [sickness],” she concludes. Ana Maria’s rationale for suppressing menstruation is quite typical in that it centers on bringing the body back under control.

(Sanabria 2016: 80–81)
1999, published the book, *Is Menstruation Obsolete?* His answer is yes, based on two interrelated ideas. First, he argues that it is only recently that women regularly menstruate because in the past, immediately after menarche, they became pregnant and after childbirth, they breastfeed for several years, after which they became pregnant again. One Brazilian woman supported this way of thinking when describing her grandmother:

> My maternal grandmother was pregnant twenty-three times. She gave birth eighteen times and twelve children lived. Infant mortality was high then. She simply never menstruated. She was pregnant or breastfeeding her entire life.

*(Sanabria 2016: 75)*

According to Coutinho, it was only with fewer births, achieved in Brazil mainly through sterilization and the use of contraceptive pills, supported by education, subsequent white-collar employment, and improved nutrition that women came to experience regular menstruation. However, for those using oral contraceptive pills, the placebo periods—part of the 21/7 cycle of pills taken—were seen by Coutinho as an unnecessary inconvenience and loss of blood. For some Brazilian women then, menstruation was seen as old-fashioned and obsolete.

Yet not all Brazilian women have taken up the hormonal menstrual suppression regime. For although menstrual blood is viewed as unclean, menstruation itself is seen as necessary for cleansing a women’s body. This was the case for one working-class woman who lives in a favela on the outskirts of Salvador:

> Roselene recently heeded her daughter’s suggestion to try Depo-Provera because she was feeling fatigue and during her periods would get dizzy in the crowded and overheated buses.

At first, after receiving a Depo-Provera injection, she was pleased to be able to participate in summer events, wearing white clothes. However, this soon brought about a feeling of *incomodo* (discomfort) and *inchaço* (swelling). She started to feel giddy, nauseous.

> This blood has to come out, when it is trapped, you swell and *passa mal* (become giddy). I didn’t like to suppress my menstruation, I think menstruation is the health of women, even if it is dirty and an incomodo, even when it depletes you, that blood has to come out.

*(Sanabria 2016: 90)*

This woman’s idea, that regular menstruation—of a certain consistency and color—is healthy for women, continues to be expressed by women in many societies as several ethnographic accounts suggest (e.g., Davis 1986; Levin 2001). And while there has been a shift toward practices associated with Western societies such as the US, where there are smaller, nuclear families and many women work outside the home, which has led some women to prefer not to menstruate by using hormonal contraceptive methods, there have been various interpretations of menstruation and its management. In many parts of the world, women assert older beliefs and practices related to menstruation as a way of asserting pride in their own cultures and countries. For as Alma Gottlieb (2002: 387) has noted: “Menstrual practices have weakened in some places while, contrary to what modernization theory would have predicted, they have intensified in other regions.” Furthermore, even in the US, where contraceptives and replacement hormonal
therapy and tampons are widely used, there has been a postmodern move in interpreting menstruation, as the work of women’s groups, publications, and films reveal.

**Modernity, postmodernity, and menstruation**

Women around the world have many ways of being modern—learning about female reproduction at school, using sanitary napkins, and at times, taking various types of contraceptives. Yet some older ideas and practices relating to menstruation have been maintained. In Bali, for example, menstrual practices have changed, with some of the more oppressive practices ending, while others have not: “Balinese women do not complain about the remaining menstrual taboos [such as attendance at certain religious rites], perhaps because they do allow for some agency … I heard no voices calling for the declassification of menstruation as pollution” (Pedersen 2002: 312).12 And in modern Taiwan, women draw upon varied menstrual beliefs and practices referencing Chinese medical practices, Buddhist teaching, and Western biomedicine, which provide them with a sense of agency, “self-worth and female identity based on chosen strategies for the care of the body” (Furth and Shu-yueh 1992: 29).

These examples both correspond and differ from the reassessment of menstruation by “third-wave feminists” in the US who, by rejecting corporate menstrual-related products, seek to return to some of the older ways of managing menstruation and to publicly celebrate menstruation and menstrual blood (Bobel 2010) as well as menarche (Nalebuff 2009). Thus, they abhor menstrual taboos and silence surrounding menstruation, a position made clear in books such as *Fruits of Knowledge: The Vulva vs. Patriarchy* (Strömquist 2018) and in zines such as *Femmenstruation* (Firecracker 2000). The latter consists of a collection of menarche and menstruation stories (e.g., “Caught Red-Handed”), topical pieces (such as “What to Eat When U R Bleeding”), and instructions for making reusable cloth pads. Humorous critiques of corporate menstrual productions (“The Crown of Tampons,” “Anatomy of a Tampon”) are also part of this zine. Similarly, members of the US-based group, the Bloodsisters, argue that there are “myriad risks associated with conventional FemCare: dioxin poisoning, microlacerations, yeast infections, endometriosis, toxic shock syndrome, and the prolific waste produced by both the production and the disposal of single-use products” (Bobel 2010: 1). This questioning of conventional modern menstrual management suggests a postmodern perspective that challenges corporate assertions of menstrual care (Harvey 1989: 35).

Social, environmental, and economic concerns are also behind the establishment of the Days for Girls group, which began in 2008 in Nairobi, Kenya, and has grown into an international organization.13 DfG International has programs in Ghana, Guatemala, Nepal, and Uganda, where Days for Girls Kit PODs (“Portable Objects of Dignity”) that include a waterproof shield and two absorbent liners are packaged, along with instruction for making cloth pads (Days for Girls 2019), are made. DfG volunteers also provide classes on menstrual health and hygiene (Figure 12.2). As was shown in the film, *Menstrual Man*, open class discussions of menstruation and its management encourage young women to feel more confidence and less shame (Virmani 2013).

Several films about the universality of women’s menstruation, celebrating menarche, countering menstrual suppression, and promoting open public discussion of menstruation and its management along with men’s participation in such discussions have appeared in recent years. In the film, *Bloodtime, Moontime, Dreamtime: Women Bringing Forth Change* (2008), Roberta Cantow presents poetic interpretations of menstrual blood, menarche, and menstrual rituals. In the documentary film, *Red Moon: Menstruation, Culture and the Politics of Gender* (2014), Diana Fabiánová explores menstrual practices and the actions of women in several parts of the world in order to celebrate menstruation rather than to deny or denigrate it.
Yet menstrual activist groups and films tend to reflect European American feminist women’s preoccupations, which assert a moral dominance that does not take the perspectives of women with different backgrounds and origins into account. For, as Bobel (2010: 11) notes in the US, “The absence of women of color, at least on the surface of the movement activity I encountered, is certainly a feature of the menstrual activism movement.” Elsewhere in the world, women may
have different ideas about changing their lives and the depiction of menstruation for the better, while retaining their own cultural interpretations of menstrual practices.

Conclusion

The ambiguity surrounding menstruation and menstrual meanings as well as changing menstrual practices in relation to perceptions of reproductive health may be seen in this discussion of the beginnings, appearances, and endings of menstrual blood flow. While several recent sociocultural anthropological articles on menstruation, menstrual-related syndrome, and menstrual suppression have focused on US, Brazilian, and European women and modern menstrual practices, researchers in Cyprus (Christoforou 2018), India (Garg et al. 2001), and South Africa (Scorgie et al. 2016) have also written about menstruation and menstrual practices from an anthropological perspective. These changing sociocultural perspectives on menstruation are paralleled by distinctive phases of sociocultural/anthropological research on menstruation, which have emerged in relation to the women’s movement and women’s participation in research, writing, and film on women’s menstrual health practices. From the early ethnographic research which considered menstrual blood as a polluting taboo, to women anthropologists (mostly European American) who documented the diversity of multivalent menstruation meanings and practices, to the multiple perspectives of anthropologists and other researchers focusing on menstruation in relation to issues in their own countries—this broadening of sociocultural perspectives on menstruation reflects changes in the discipline itself. This brings us back to Carol Delaney’s insightful observation concerning menstruation, that “Rather than an insignificant outpost on the cultural map, menstruation may well lead directly into some of its main arteries,” including within the field of sociocultural anthropology.

Notes

1 “The curse” refers to Eve’s ejection from the Garden of Eden and the subsequent subjection of women to menstruation and the pain of childbirth (Read 2013: 33; see Isaiah 64:6). The underlying story of the film, Carrie (de Palma 2008), which begins with Carrie’s experience of menarche, reflects this understanding of menstruation as a symbol of women’s sin. However, the name “the curse” has taken on a more general meaning of affliction and torment. In a related way, the South Korean horror film, A Tale of Two Sisters (Kim 2003), takes up the theme of blood, which includes menstrual blood.

2 Aysegul Altintas, along with her urban Turkish friends, came up with the name “Barbie” for their periods (Nalebuff 2009: 98).

3 In Bangladesh, induced abortion is illegal (except when required to save a woman’s life). However, menstrual regulation was legalized in 1979 and is widely practiced (Singh et al. 2017).

4 Canadian women in one Newfoundland fishing village also pay close attention to the color and density of blood, although the association of black blood or red blood with good health depends on the woman asked (Davis 1986: 80).

5 Bamana village women may attribute missed menstruation to a “female rival” (Madhavan and Diarra 2001: 179). Similarly, one young Dogon women in central Mali attributed her temporary infertility to supernatural powers and sorcery: “The guerisseur [healer] said … that my bleeding was caused by maladie de brousse [illness of the bush]; that is, there are persons who do bad things to another” (Slobin 1998: 364).

6 Similarly, African American women interviewed in Virginia in the 1980s said that menstruating women should be protected from drafts (Fraser 1998: 250).

7 Koyama (2019: 211) notes, “This was a fictionalized story based on the real life of Yashiko Sakai, developer of Japan’s first disposable sanitary napkins.” He also notes that in the 1960s and 1970s, the Japanese euphemism for menstruation was “Anne’s Day,” referring to the passage in The Diary of Anne Frank in which she calls her period her “sweet secret” (Frank 1954: 116).

The film, *Period. End of Story* (Zehtabchi 2018), documents one such menstrual pad project conducted in Hapur, India.

Endometriosis is a painful disorder that occurs when endometrial tissue—the blood lining of the uterus which collects prior to the implantation of an egg—grows outside the uterus, commonly in the ovaries, fallopian tubes, and tissue lining the pelvis (Mayo Clinic 2019).

Sanabria (2016: 74) has questioned this assertion: “Although it is possible that the contemporary period of declining fertility is one in which menstrual periods have become more frequent, the historical and anthropological records on the frequency of menstruation is anything but clear.”

In Nepal, for example, the practice of women staying in menstrual huts continues, although the recent death of a young woman from frigid weather conditions was reported in the Western press (Preuss 2016).

Interventions such as Days for Girls and those depicted in the film, *Menstrual Man*, are not only important for providing reusable menstrual pads and jobs but also for enabling young women to attend school. When such means of managing menstruation are unavailable, many young girls have been unable to attend school (Jewitt and Ryley 2014; McMahon et al. 2011).

## References

### Primary sources


### Films


### Secondary sources


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