



Exploring a sample of university students' perceptions of menstruation

Kulthum Ismail, Athena Pedro and Michelle Andipatin

Abstract

This study aimed to explore how a sample of young South African women constructed their perceptions of menstruation. The sample comprised 16 racially/ethnically diverse female university students (blacks = 4, whites = 2, coloured = 8; Christians = 11; Muslims = 5; aged 18 to 23 years). They participated in one of three focus group discussions on their constructions of menstruation. Findings from the discourse analysis indicated that the women perceive social control experiences of their menstruation—even in the context of medical understandings.

Introduction

Menstruation is a quintessential biological female process, by which the body prepares for reproductive functioning. Simultaneously, menstruation is viewed through a reverent and fearful eye, and shrouded in language of concealment and ambivalence (McMahon et al., 2011; Jackson & Falmagne, 2013). For instance, the experience of menstruation may be tied to the social control of women's bodies by patriarchal and pronatalist society (Burrows & Johnson, 2005; Rembeck, Möller & Gunnarsson, 2006; McMahon et al., 2011). For instance, women in menstruation are socialised to feel fear that they may be perceived as unclean, and require intensive self-surveillance to avoid social embarrassment from any publicly visible evidence of it (Northrup, 2010). As a consequence of this gendered ideology, women may believe the occurrence of menstruation as evidence of their naturally programmed susceptibility to disease infection and transmission (O'Sullivan, et al., 2007). A South African study conducted by Cronjé and Kritzinger (1991) reported women to perceive menstruation as a privilege in that it enabled childbearing. Cultural practices have a great impact on the general views of menstruation (Marvan & Trujillo, 2010), although the specific mechanism by which they impact social constructions of menstruation by women in developing country settings is yet to be understood.

The medicalisation of menstruation results in healthcare providers perceiving menstruation in terms of symptoms (Fingerson, 2006), and locates pathology within the body, resulting in their bodies being depicted as 'accidents waiting to happen' (Northrup, 2010, p. 13). These perceptions invariably strip women of the power and control over their own bodies. With women's attitudes toward menstruation significantly connected with the

general level of comfort with their bodies (Remple & Baumgartner, 2003), women may perceive menstruation as socially unpleasant and inconvenient, requiring constant surveillance to keep fresh and clean (Fingerson, 2006; Northrup, 2010). Women therefore aspire to a sociocultural agenda disciplining their bodies with menstruation and internalising social control mechanisms. Although menstruation is a quintessential phenomenon unique to females and which prepares the body for reproductive functioning, its social meanings may be more significant to women than the experience of its physical occurrence. The aim of this study was to explore the salience of social control perceptions of menstruation among a sample of young South African women.

Method

Research design

A constructionist qualitative approach (Willig, 2001) was utilised to explore social perceptions of experiences with menstruation by young South African women. A constructionist qualitative approach allows for the capture and explication of subjective experiences of phenomenon. It was appropriate for this study, with the goal to understand the body mensuration process as a social product rather than a purely biological phenomenon.

Participants and setting

A total of 16 female university students between the ages of 18 and 23 years participated in the study. In terms of race, four of the participants identified themselves as black, two identified themselves as white, two as Indian and the remaining eight identified themselves as coloured. With regard to religion, five participants identified themselves as Muslim, and 11 of the participants identified themselves as Christian.

Procedure

Permission for the study was granted by the Senate Research Ethics Committee at the University of Western Cape. Participants consented to the study and to the audio recording of the focus group discussion. Participants were recruited from class lectures. They were informed of the goals of the study, that their participation was entirely voluntary and that information shared would be treated confidentially. The participants were also ensured of anonymity with no names used in the data reporting. They were also informed of their right to withdraw from the study at any time if they elected to, without being prejudiced in any way. Three focus groups were held at the university as this was convenient for the participants. Of the three focus group discussions that were hosted, one comprised of six participants, while the remaining two consisted of five participants each. All discussions were audio recorded. The focus groups were all conducted in English and the participants with a different mother tongue expressed that they were comfortable with the focus group discussions being conducted in English.

Data collection

Open-ended questions were presented to probe participants on their individual perceptions of menstruation, how they feel about it and what has influenced them to feel this way. A preliminary interview guide for the focus group discussions was developed, based on the relevant literature and the aims of the study. The trustworthiness of the data was ensured through transcribing the data verbatim, checking the transcriptions against the audio recordings, and cross-checking the coding the data among the research team.

Data analysis

Discourse analysis (Potter & Wetherell, 1994) was conducted on the transcribed texts. The process of discourse analysis involved reading and re-reading the transcriptions for social representations of menstruation. The credibility of the interpretations was checked against literature control.

Results and discussion

Table 1 presents the main themes and sub-themes that emerged from the discourses analysis. These discourses are discussed next.

Menstruation as a hygiene concern

The majority of the participants perceived social control influences from perceptions of menstruation as something that was dirty and requiring women to self-monitor. Statements by way of examples included:

'...you kind of feel dirty and you feel that something down there is not the way its supposed to be' (Focus group 3, participant 3)

'[with social others you feel like]...why are you looking at me, I'm dirty' (Focus group 1, participant 4)

'[Menstruation is]...gross! All this blood and you have to work with it and you have to keep yourself

clean otherwise you're going to have a stench'

(Focus group 2, participant 1)

This finding is consistent with a previous study (Oche, Umar, Gana & Ango, 2012) which reported women to wish to wash away menstruation with perineum soap and water, and in some cases even antiseptics.

Similarly, the social control discourses of shame, embarrassment and concealment of menstruation emerged as a burden on women. This was expressed in statements such as:

'...you are on your period, it's, you can't help it if you spill, that's your fault' (Focus group 2, participant 4)

'...with red you can't wish that away [and you fear] everyone is going to know...and everyone will be like she didn't protect herself and stupid for her because she wore white' (Focus group 3, participant 3)

'...with my dad...[believing] I'm small...when I even mention the word period then it's like malfunction really...like he short circuits' (Focus group 1, participant 6)
'[with a man]...I don't want him to know about [it when it occurs]...' (Focus group 3, participant 3)

Shame as social control was very prominent in literature. Sommer (2009) reported that the most important finding in her study was the confusion, fear and shame experienced especially at menarche. The findings of this study suggest the feelings of shame carry into adulthood.

Religious discourse

Some of the participants perceived religion-based social control aligned to understandings of menstruation as signifying purity, but also impurity or being blemished. For example, participants with a purist view observed:

'...[I took] Islamic course [which] taught that menstrual blood is the most purest blood that ever comes out of you [and] cleans our womb and things like that so we can live longer' (Focus group 3, participant 2)
'[menstruation is]...more of a blessing...So for me it's like now my periods come, even with the pain and all that junk, it's sort of like a blessing now' (Focus group 1, participant 3)

Religion-based negative social control perceptions of menstruation were apparent from ascriptions of menstruation to 'sin' and 'punishment'. These participants said:

'I hate I don't want it, it's a sin [and if not for the devil]...I would have been like that' (Focus group 3, participant 4)
'its like added punishment because not only do you bleed, then you still get pimples...pain, pimples, heightened libido, what else, don't torture me to the max' (Focus group 3, participant 3)

Discourses of menstruation as signifying sin, a punishment or a curse have been reported among the Akan people of Ghana (Agyekum, 2002), who perceived it as a lost opportunity to conceive.

Table 1: Identified discourses

Discourses	Sub-themes
• Menstruation as a hygiene concern	Shame, secrecy, concealment
• Religious discourse	Purity versus blemishedness
• Medical discourse	Menstrual control The body as machine

Medical discourse

Participants also articulated a medicalised view regarding menstrual suppression. Illustrative statements:

‘...I won’t use the word ashamed, because you cannot be ashamed of menstruating it’s a natural process that all women go through...’ (Focus group 2, participant 4)

‘Because it means things are working [laughs from other participants], it means my body is healthy, ja...’ (Focus group 2, participant 1)

The medicalised view of menstruation refers to the body in ways that position the body as distinct or separate from the rest of the person, with menstruation being a localised entity within the body (Repta & Clarke, 2013). Martin (1992, as cited in Agyekum, 2002, p. 375) makes an analogy between menstruation and a factory. He says ‘menstruation not only carries with it the connotation of a productive system that has failed to produce, it also carries the idea of production gone awry, making products of no use, not to specification, unsalable, wasted, scrap’. With these medicalised constructions there is a sense of erasing the subjectivity of the individual woman and her experience of menstruating. (Repta & Clarke, 2013).

Conclusion

In conclusion, perceived social control aids in menstruation being constructed in a way that displays patriarchal values, forcing women to constantly manage and sanitise their bodies. This is accomplished through various ways where menstruation is surrounded by a sense of shame, creating the need to constantly conceal menstrual blood, and exerting gendered pressure on women. With both social control and medicalised views of menstruation, the female reproductive body becomes an object to be treated and managed quietly, and it is often experienced as separate from the self.

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