

## **Menstruation Workshop 2004/2005**

In October 2004, volunteers at the VWHC began designing a workshop on menstruation. This is a topic that is silenced by society and we felt that that it was important to create a forum for women to discuss their experiences, ask question and share advice. We also wanted to stimulate discussion about society's discourse on menstruation and on why this topic is not openly talked about.

We each selected a topic that we would research and present at the workshop. While the goal was to stimulate discussion, we felt that short presentations would be a good place to start and carrying out the research would help us to be able to answer questions that women may have. The topics we chose to research were:

- history and culture
- the biology of the menstrual cycle
- PMS symptoms and relief
- risks of certain menstrual products
- alternative menstrual products

Apart from our individual research, we collected historical and modern advertisements for menstrual products and created a collage. The purpose of this was to show how media has changed (or not!) over time and to illustrate how these representations of women and menstruation instill shame and perpetuate silence on the subject. It was created for women to look at during breaks and was used for discussion during the workshop. Also, for the biology section, a volunteer made a beautiful poster showing the appropriate anatomy and illustrating the changes in hormones during the menstrual cycle. This visual was very useful for understanding the biology section. We considered showing part of a video entitled "What They're Calling PMS" but decided that time was better spent on discussion.

Once we had developed our individual presentations, we held a preliminary evening workshop for volunteers only. This was a very enjoyable evening and was great practice. It brought up some specific questions, which we were able to research and be prepared for in case they were raised in the subsequent workshop.

Following the practice round, we chose a date and began advertising. We set the time of the workshop to be 7pm – 9:30pm as the preliminary workshop lasted at least that long. We created a poster and distributed it. One thing that we should have done, was signed up for different areas so we were sure to cover the key parts of the city. As it turned out we had duplication of areas and missed some important streets. We also advertised via e-mail and newspaper.

### **Feedback on the Workshop...**

The most evident comment to be made is that only 1 woman attended. This was obviously disappointing as we thought the advertising was sufficient and the topic exciting! The workshop was still a success however. We adapted our plan to suit the lack of attendance and discussed our attendee's concerns. As is usually the case, this led to further discussion on other related topics. We also discussed our findings from research we had done since we last met. For the one woman, the workshop was helpful, so we were successful. Also, for all of us to spent time putting the workshop together, regardless of attendance, we learned a lot in the process and will be better prepared for future workshop design and delivery.

### **Speculation on the lack of attendance:**

- Timing: the date was during mid-terms so perhaps students who may have attended didn't have time. Also 2.5 hours is a big time commitment, so perhaps that turned women off.
- Topic: menstruation is something that all women do and unless they are having a specific problem, may not feel it necessary to discuss the topic for hours on end with other women. (although the two evening that we did this it was great, we learned a lot and had a fun time...). Perhaps most women feel that they have enough support on this issue by talking with friends. This is not to say the topic is not important. It is true that societal discourse still focuses on instilling shame about menstruation and many women hide and will not discuss their period. However, perhaps this workshop was not the best way to address this issue.
- Advertising: perhaps our advertising wasn't comprehensive enough. Had we organized our poster efforts better and put ads in more newspapers, e-mail lists etc., perhaps we would have had a better turnout.

So, for future work, the topic of menstruation doesn't necessarily need to be discarded. Perhaps the style simply needs to be modified. For example, a booth on this topic, where women can stop and talk just for a few minutes may attract more women and be more focussed on their needs.

**Workshop contents:** the following are summaries of what we talked about for each of our sections

### **Introduction to Workshop:**

- 1) **Forum for discussion**
  - An opportunity to break the silence
  - An opportunity to share and discuss our experiences
  - A chance to ask questions and learn
- 2) **Discuss societies discourse on menstruation**
  - how does this affects women
  - how does this help explain the silence

### 3) **Topics we will cover**

- Some history and culture
- biology of the menstrual cycle
- PMS and strategies for dealing with discomfort
- Possible health hazards of menstrual products
- Alternative products

### 4) **This workshop is:**

- A **starting point** for discussion
  - **Not rigid**
  - Designed to create **Discussion**, we have created discussion questions
  - **For you**, please **ask** questions
  - Created by non-experts...we **don't have all answers**
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## **History...**

is important because it tells us where we have come from, and gives us hints about why things are the way they are today...

- 1) **Disclaimer:** not full history, western perspective, most is quite negative (because that is what I found...), cultural = incomplete, dated, snippets
- 2) **In general, menstruation discussed, represented as bad**, unhealthy, shame instilled, blame
- 3) **Not always like that. In Pagan times** = goddess worshipped, cycles celebrated...lost with spread of patriarchy, Christianity
- 4) **Writings = by men**, explanations by men, lack of understanding, negative connotations
- 5) **Medical writings**
  - emotions of women stressed
  - menstruation = handicap, unclean, unhealthy
  - misunderstood, reasons = too much blood, body inferior, cursed by god, not enough exercise

### 6) **Roman times – Pliny the Elder quote**

Contact with it turns new wine sour, crops touched by it become barren, grafts die, seed in gardens are dried up, the fruit of trees fall off, the edge of steel and the gleam of ivory are dulled, hives of bees die, even bronze and iron are at once seized by rust, and a horrible smell fills the air; to taste it drives dogs mad and infects their bites with an incurable poison." ~ Pliny the Elder, Roman historian

- 7) **Misunderstanding**, Misrepresentation = shame, hiding, silence
- 8) Ads: invite **women to come and look**
  - a. **1920's-1940's** – silent purchase
    - female odour – blame, humiliation, shame

- b. 1970's – nobody can know (dropped tampon), freedom
- c. **modern** – sleek, small, nobody will know...shows shame still there.

### **Culture:**

- 1) **Exclusion from Religious Practices:**
  - Islamic women
  - Hindu women
- 2) **Exclusion from Society**
  - Menstrual hut, India
  - First Nations, Native Americans – mood-lodge, waiting house
    - powerful, spiritual time, no distraction
    - women would menstruate at the same time
- 3) Celebrations – generally more celebrations for first time than western culture.

### **Discussion Questions:**

- 1) **First time stories**
- 2) **Learning about menstruation**
- 3) **How have things changed within our lifetimes, and what do we see as being the ideal?**

**Do we feel comfortable talking about it or do we hide it and why?**

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## **PMS**

What is it?

- Also called PMT and now in the DSM as “late luteal phase dysphoric disorder” in DSM
- Debate: women want validation of their experience but at the same time we are referring to a natural condition and not a disease
- For our purposes PMS “a cyclical occurrence of symptoms of sufficient severity which appear in relation to the menses”
- Important to note that because women all have unique chemical make-up and are affected differently by the cyclical changes in hormones each women may experience different symptoms so...

The best way to understand and help ourselves when it comes to PMS is to keep a diary and write down all your symptoms in reference to where you are in your cycle and from there choose from a variety of options, what works best for you.

When?

- 2 weeks before your period- lots of variation

Why look at PMS?

- 60% of women experience symptoms, 5-10% serious and incapacitating in nature and the obvious lack of education and awareness out there means a need to help ourselves
- Unique to all women a list of the most commonly reported symptoms: irritability, anxiety, depression, cravings, headache, tension, fatigue, weight gain, bloating, skin

problems, breast swelling and soreness, and of course the dreaded cramps which greatly range in severity from women to women

What causes cramps?

- PROSTAGLANDIN a chemical that is released during the late luteal phase when the uterus starts to thin. The chemical causes the uterus to contract and “draw in” on itself. Some women naturally have higher levels of prostaglandin and experience more severe cramps. Unique chemical make-up.

TREATMENTS What can be done?

- Only medical options include birth-control pill (moderate hormone release) and anti-depressants
- Other options:
  - Eat well, exercise, sleep well and avoid stress
  - B6 does help with mood but to be absorbed needs to be taken with E and C and preferably Calcium and Iron- natural sources include fish, chicken whole grains and nuts
  - Omega 3, 6 and 9 also known as the “fatty acids” help in mood function
  - For fluid retention avoid salt, sugar, caffeine, alcohol, tobacco, and processed foods and drink lots of water (counter-intuitive) and a natural diuretic like celery or watercress
  - Headache, tension and nerves: 2 teas- Raspberry tea -handful and steep for 20 minutes: tone up the uterus, regulate hormones and ginger tea 30 mins. Nerves
  - Bath: lavender, camomile and mint oils- meditation, deep breathing, fresh air, sleep, YOGA- any pelvic stretching and strengthening exercises
  - Other ideas: relaxants, smoke a joint, have orgasm, heat pad, some say fasting ...and pads instead of tampons...next topic products

PRODUCTS:

Why? 986.5 billion tampons and 13.5 million pads in U.S. land fill and sewage systems in 1998

Sites on poster

PADS:

Bloodsisters- cut and sew pads, washable, reusable, economical, environment friendly fun and interactive make great gifts- workshop sign-up sheet

To buy in town: many health food stores, women’s ware, lunapads and goddess moon sites and we sell

SPONGE:

All natural sea- sponge can tie dental floss leaks- good with a back-up pad

TAMPONS: natural untreated available at health food stores in town

CUPS:

The Keeper and The Diva Cup

Inserted and collects the blood. We lose 3-4 ounces and it hold 1. Can be worn for 12 hours and doesn’t disturb the natural environment, natural bacteria and moisture balance.

Both come in 2 styles one for before and 1 for after childbirth

Cost Diva is \$25-\$35, Keeper is \$45-50 order from sites or women's ware. Should last for 10 years if no harsh chemicals  
Diva=silicone (can boil no allergies keeper=rubber)

#### SPOTTING

- Also called intermenstrual bleeding not blood not during your period

I looked at most common causes:

- Abortion, hormonal fluctuations, beginning/stopping oral contraception/estrogen therapy
- Low thyroid level
- Fibroids, cysts
- Injury from objects, I.U.D.'s,
- Vaginal dryness
- Anti-coagulants
- Cancers, tumors or infections

WHEN to get checked out:

- Always over than 50 or younger than 11
- Not obviously explained by another cause
- Accompanied by pain or any other symptoms i.e. sudden weight change (could be thyroid)
- Personal note: STD is not a major cause

## **Biology, and Risks of products still to come...**

### **The Female Reproductive Cycle- Physiology (30 minutes)**

-Reasons we included this section.

#### **-Overview:**

Every month our bodies go through a cycle that prepares a woman for a potential pregnancy. Every woman is born with hundreds of thousands of immature eggs (called ova) in her ovaries. These are all of the eggs she will ever have. From puberty on, each month, an egg (ovum) egg matures in one of the ovaries. During this time, the lining of the uterus (called the endometrium) thickens with blood and tissue needed if a pregnancy occurs. About two weeks prior to a woman's period, the mature ovum is released from the ovary and enters the fallopian tube. This is called ovulation.

The mature egg is capable of being fertilized for up to 24 hours after it is released. If the egg joins with a sperm during this time and becomes fertilized, the fertilized egg will continue its journey to the uterus where it will implant into the lining of the uterus

(pregnancy). Many people believe that fertilization occurs in the uterus. However it actually occurs in the fallopian tube.

If the mature ova is not fertilized within 24 hours, it disintegrates in the fallopian tube, and the lining of the uterus is shed approximately 2 weeks later gradually through the cervix and the vagina. This is called menstruation.

**-Phases of the cycle:** (refer to poster)

The female reproductive cycle can be broken down into three phases. Hormones play a key role because they are what actually drives the events that occur during your cycle. These hormones are estrogen, progesterone, luteinizing hormone and follicle-stimulating hormone. (GnRH?)

**\* These phases are based on a 28-day prototype cycle.** By no means is this the exact case for all women. Only about 15% of women have a 28-day cycle. The average length of a woman's cycle ranges from 23-35 days, and in each woman, this can vary from month to month, sometimes even skipping months. There is also great variation of the length of phases from woman to woman.

A woman's cycle begins on the first day of her period, known as Day 1, and it ends the day before the start of her next period. The first phase of the menstrual cycle is known as the follicular phase.

The follicular phase generally lasts for the first 2 weeks of your cycle, up until when you ovulate. On Day 1, menstruation occurs, and the endometrial lining is shed. This is due to low levels of estrogen and progesterone. As menstruation ends (at about the midpoint of the follicular phase), preparation for ovulation begins. 2 things are happening: estrogen levels begin to rise. The main effect estrogen has is rebuilding up the endometrial wall. Also, levels of FSH rise. The effect that this hormone has is development and growth of follicles in the ovaries. These follicles are what contain the ova.

After about 2 weeks, we enter the ovulatory phase which is essentially the event of ovulation. LH levels surge to a peak. This causes one fully mature ovum to literally burst out of its follicle and into the abdominal cavity. At this point the endometrial lining is prepared for implantation to occur. If fertilization doesn't occur, the ovum will disintegrate in the following 24 hours.

The luteal phase follows for approximately the final 2 weeks for a woman's cycle. It begins immediately following ovulation until the end of that cycle. The leftover follicle in the ovary after the release of an ovum is called the corpus luteum. This mass begins to release high levels of progesterone for the remainder of the cycle. The primary role of progesterone is to prevent the release of any more eggs for that cycle. By the end of the cycle, the endometrial lining is at its greatest thickness. Progesterone and estrogen decline, and your body is prepared to enter its next menstruation, its next cycle.

## **Questions/ Discussion**