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Executive Summary

This report highlights the importance of menstrual education and explores the impacts this absence can have on a menstruator's future. It investigates how the menstrual cycle affects a person and uses different forms of available literature to research into the history of period stigma. This report identifies how this stigma is still a current issue today and displays how it can be seen in through the teachings of education, healthcare treatment and in physical, social and online environments. It discusses the positives and negatives of all environments and examines the different ways in which social media is used to share information and the issues that this causes.

From this a primary research investigation is conducted using qualitative research methods. These methods gathered important and unique insights from menstruators who shared their opinions and experiences in relation to this topic. These findings highlighted how the stigma affects them when seeking healthcare advice and how this negative treatment has unintentionally rebranded social media as a research tool that allows individuals to privately investigate their symptoms, giving them the power to manage their own health by finding answers fast, watch relatable content, find support through various online platforms.

These findings identified a current need for support towards menstruators, revealing an educational gap that impacts their lives. This allowed for recommendations to be made that a physical space dedicated to the health, well-being, and education of menstruators would offer a welcoming environment where individuals can receive support and learn about their bodies. This initiative would allow for open conversations about periods to be had, providing a positive alternative to online environments. This slowly corrects misinformation and helps to break the persistent stigma surrounding menstruation.

This report recognises that not all who menstruate identify as female, therefore it will use inclusive language throughout when discussing this topic.

Introduction

Menstruation is often considered a taboo topic, shrouded in shame and embarrassment. [1] Even though it is basic biology, the degrading stigma runs deep in history and is still embedded in today's society. Period stigma refers to the negative attitudes, beliefs, and misconceptions surrounding menstruation. This leads to shame, secrecy, and discrimination aimed towards those who menstruate. [2] Up to two weeks before a menstrual period, hormone-driven changes in the body trigger a collection of premenstrual symptoms (PMS). These changes can cause cramps, breast pain, fatigue, mood swings, and an upset stomach. Individual symptoms may vary as everyone's menstrual cycle is unique. [3] A person's cycle impacts them dramatically as their appearance can differ and they can experience physical pain as well as emotional changes. Educational environments often lack in teaching these important changes and additional information, only providing menstruators with minimal information and little support. This report will use different forms of literature and podcasts that discuss this topic, using it to form a contextual review that addresses the research question:

“Exploring if insufficient education about menstruation has hindered menstruating individuals from confidently identifying abnormalities in their body? and the effects this causes when seeking healthcare and distinguishing myth from medicine in the media.”

Additionally, qualitative research methods are employed to gather personal experiences and opinions from menstruators regarding this topic. This will help to produce in-depth findings and allow for different opportunities and recommendations to be made surrounding this topic and discussion. This research is beneficial as it contributes a first-hand opinion and utilises them to find possible solutions.

The importance of the menstruation cycle & its impact on the body

Menstruation is more commonly referred to as a period, it is the monthly shedding of the lining of the uterus. Menstrual blood consists of both blood and tissue from the lining of the uterus, this blood flows down from the uterus through the cervix and then exits the body through the vagina. The term “menstrual cycle” refers to the series of changes that the body goes through to prepare for a potential pregnancy each month. It spans from the first day of one menstrual period to the first day of the next. While the length of the cycle can vary from person to person, the overall process remains consistent. [4] The average length of the menstrual cycle is 28 days, however it is normal for regular cycles to also range from 21 to 35 days. [5] Having a period is just one part of the menstruation cycle. The menstruation cycle has four defining phases that are referred to as the Menstrual, Follicular, Ovulation and Luteal Phase. [6] Each of these phases impact the body in different ways and in this order:

1

The menstrual phase - the first stage begins on the first day of the period and typically lasts for about 5-7 days. Before your period begins, rising levels of the hormone progesterone cause the milk ducts in the breasts to expand and prepare the uterus for a potential pregnancy. If implantation does not occur, progesterone levels drop rapidly, causing the endometrium (the lining of the uterus) to shed, which marks the beginning of your period.[7]

2

The follicular phase - the second stage begins on the first day of your period and concluding around day 14 with ovulation. During this phase, the anterior pituitary gland boosts the production of the follicle-stimulating hormone (FSH), which promotes the maturation of ovarian follicles. Typically, one follicle will fully mature into an egg between days 10 and 14. As progesterone levels drop and estrogen peaks, the endometrium thickens in preparation for ovulation and potential pregnancy. [8]

3

The ovulation phase - the third stage occurs around day 14 in the 28-day cycle. During this phase, a surge in luteinizing hormone (LH) triggers ovulation within 24 to 48 hours. Estrogen levels decrease while progesterone begins to rise. Ovulation happens when the dominant ovarian follicle releases a mature egg into the fallopian tube, where it can be fertilized. Sperm can survive for about three to five days, but the egg is viable for only one day. [9]

4

The luteal phase- The fourth stage, also known as the premenstrual phase, begins around day 15 of the menstrual cycle and lasts roughly 14 days, ending with the start of your next period. [11] During this phase, the follicle that released the egg transforms into the corpus luteum, which produces progesterone and estrogen. These hormones help thicken the endometrium. If fertilization does not occur, the corpus luteum dissolves, hormone levels drop, and the endometrium prepares to shed, marking the end of the luteal phase and the beginning of a new menstrual cycle. [10]

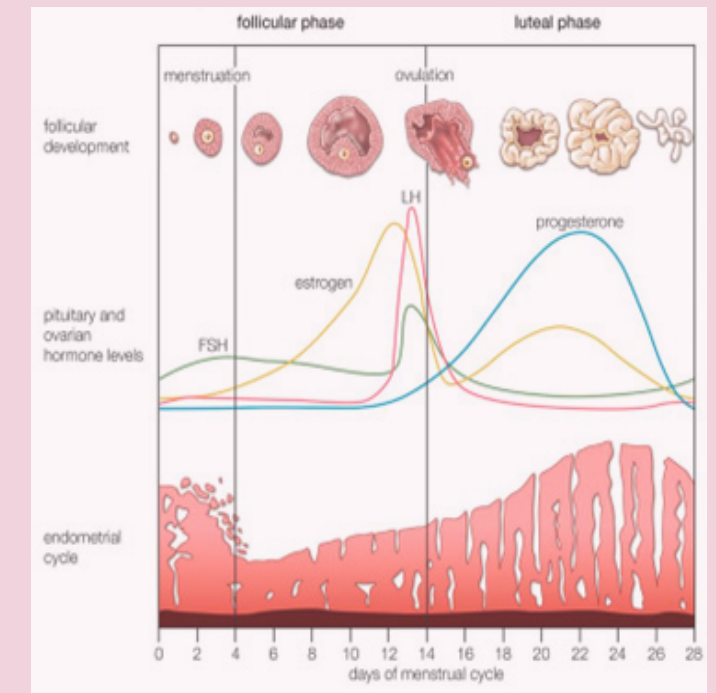


Figure 2

The Education Gap: The Lack of Education taught to those who menstruate.

The menstrual cycle dictates how we feel mentally, physically and emotionally, yet very little of this is taught to menstruators. A study conducted by Census wide revealed that 44% of menstruators did not know what was happening to them the first time they took their period. Additionally 60% of women felt scared and 58% embarrassed. Half of the surveyors admitted that they did not feel confident to share that they had started their period with anyone. [11] This highlights the large gap in education and the lack of openness surrounding the discussion of menstruation. Due to the lack of knowledge given to menstruators, their first period can be scary and confusing. The absence of information fuels the fear and creates a negative first experience.

The education received in schools may add to the knowledge gap. Frontiers launched a research study that concluded of 789 teachers across the UK, from all stages of education, in order to explore the quality and the barriers of menstrual cycle education. This study found that the majority of school boards “didn’t find it important” and also blamed not having enough time in the school year to teach pupils about this topic. The same study highlighted that teachers are aware that the menstrual cycle impacts the students performance and attendance in school. [12] This displays that the UK education system does not see the education of the menstruation cycle a crucial topic for students to learn. Not allocating a substantial amount of time for it to be taught to students reinforces the ideology that it is not an essential topic, even though teachers are aware that a student’s menstrual cycle directly impacts a students school experience. Studies reveal that a lack of education is a significant factor in maintaining the stigma. [13]

In the UK, people who menstruate still face high levels of period stigma. A You Gov poll, commissioned by Action Aid, found that 37% of UK woman have experienced stigmatising behaviour around periods, such as bullying, isolation and jokes. Of these women, 77% reported that this behaviour happened whilst in school. [14] This displays that the education gap can cause negative social and phycological repercussions in a menstruators life.

The embarrassment and shame is not only a problem in the UK but rather a universal phenomenon. The menstruation taboo is deeply rooted in history, spreading across all cultures and religions. [15] From Bangladesh to Greece, stories vary but the Taboo remains, periods are dirty and disgusting. Myths have been passed down through centuries creating the misleading stigma that periods are dangerous, impure and unholy. [16] This still negatively impacts menstruating individuals today. In India women are excluded from all social and religious events as well as being denied entry into temples and even kitchens as it is thought that those who are menstruating will rot the food if they touch it. [17] The intense restriction and segregation of those who are menstruating conveys a negative image that they are impure and toxic, and therefore not worthy of God. Stripping away social aspects of one’s life due to their natural biology can lead to negative psychological impacts. Psychologically, humans link repetition with fact. [18] The universal reinforcement that periods are gross and unhygienic leads to menstruators thinking that they are too.

This negative treatment towards menstruators demonizes a natural process. Educating the new generation about menstrual well-being encourages the stigma to end, Reframing it as a positive and open conversation allows girls to share what is happing with their bodies, rather than feeling ashamed into hiding it.

The gap in education combined with a lack of accurate accessible information given to those who menstruate has a knock on effect with their understanding of what a typical period experience is. This combination contributes to why so many women undermine their period pain, most women see their pain/symptoms to be “normal” resulting in them suffering in silence [19]. Conditions such as Polycystic ovary syndrome (PCOS) and Endometriosis can cause chronic pain on the body as well as mental stress to those who suffer from it. However, late diagnoses are common as menstruators often don’t realise when something is abnormal.

These conditions effect millions of UK residents. Polycystic ovary syndrome is one of the most common reproductive endocrine disorders in women [20]. This condition effects roughly one in ten women in the UK, with most not showing any symptoms at all. Polycystic ovaries contain numerous small follicles called cysts that form along the edge of the ovaries. These cysts are undeveloped sacks where the egg develops. In PCOS these sacks are unable to release the egg, stopping ovulation from taking place.[21] The University of Pennsylvania conducted an online anonymous survey of 1,385 women, aged 18-35, from North America, Europe and other regions worldwide, all diagnosed with PCOS. The survey revealed that 33.6% of participants waited over 2 years to be diagnosed and nearly half had to visit 3 or more health care professionals to receive their diagnosis. Additionally, 35% of participants expressed dissatisfaction with their diagnosis experience, feeling they had not received adequate information.[22]

How a lack of accurate information leads to the spread of misinformation

Endometriosis is the second most common gynaecological condition in the UK, it is estimated that the condition effects roughly 2 million people in the UK alone. [23] Endometriosis causes cells similar to those in the lining of the womb to grow in other parts of the body. These cells react naturally to the monthly menstrual cycle and bleed, however there is no outlet for this blood, leading to inflammation and pain as well as the formation of scar tissue. [24] Even though this condition effects so many, it still takes on average 8 years and 10 moths from the first visit to the GP to achieve a diagnosis. A 2023 survey conducted by Endometriosis UK, focused on individuals who had been given a diagnosis of Endometriosis in order to understand the experiences of people seeking a diagnosis in the UK. This study collected data from 4,371 participants. Their responses revealed that 78% had experienced one or more doctors directly made undermining comments about the “fuss” they made. In addition, respondents also had the severity of their pain questioned by health care practitioners in the process of attaining their diagnosis. [25]

Each of these studies show a reoccurring theme of disbelief and humiliation directed to the individual in question. This creates an unsupportive environment and negative experience, ultimately discouraging them from seeking medical help. The lack of knowledge health professionals have regarding these conditions contributes to delays and inconsistencies in a diagnoses. [26,27] The significant length of time that this diagnosis takes often leads the individual feeling vulnerable and confused about their own body. The lack of evidence-based information available to these individuals drives them into seeking help from unreliable online sources that are often commercially driven, inaccurate and sometimes not reliable. This displays the direct correlation of how a lack of accurate information given to menstruators about their bodies leads to the spread of misinformation.

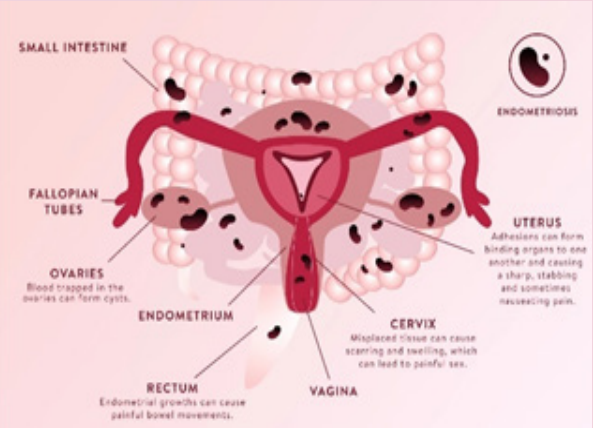


Figure 4

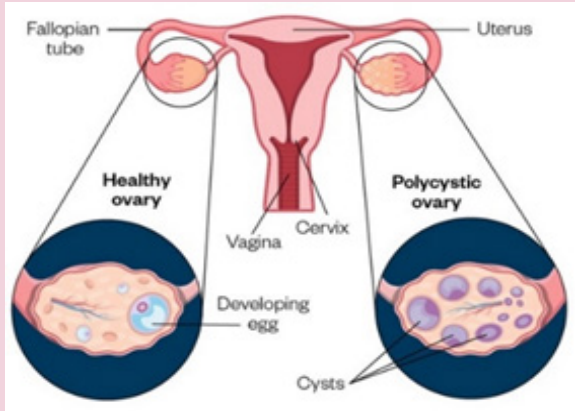


Figure 3

How Different environments affect information sharing

In 2024, access to information has never been easier. People can obtain news and updates through various channels such as phones, radio, billboards, newspapers, and TVs, both publicly and privately. This constant flow of information has become a normal part of everyday life. [28] However, the environments in which we receive information can sometimes lack important factors such as accuracy and comfort. Sources of information can be broadly categorized into three types: physical, online and social.

Physical medical environments such as a doctor’s office’, clinics and hospitals are private and confidential spaces where patients can share their concerns and symptoms with a doctor. Their primary goal is to understand what is wrong and find a solution to the patient’s problem, ultimately providing relief from mental or physical pain. [29] This environment allows patients to talk face to face with a healthcare professional, giving a deeper understanding into the patients personality, their physical problem and how this is effecting them emotionally. Doctors carry a significant responsibility as they impact numerous lives. However, In the UK, there is a increasing lack of trust and discomfort among menstruators when seeking help from healthcare professionals for concerns regarding period-related pain and symptoms. [30]

A study conducted by Nurofen surveyed 5,100 UK women and men. This study revealed that over half of women participants (56%) felt that their pain is ignored or dismissed by healthcare professionals. Additionally, 48% of all respondents agree that there is a gap in the identification and treatment of pain between genders. This underlines the common disregard for women’s pain and highlights the inequalities in how women’s pain is addressed compared to men’s within the healthcare sector. [31] This physical environment is a primary information resource for all menstruators who have general questions or abnormal symptoms they want checked. However, due to the common dismissal and disbelief of pain there is a lack of trust and resilience to visit medical professionals due to the fear of being embarrassed and undermined.



Figure 5

Online environments have become an increasingly popular source of information for many who menstruate, helping them to understand and manage period pain and period related issues. This shift is caused by individuals who feel their concerns are not fully addressed by traditional methods. An investigation by the BBC found that teenagers were using online sources and social media platform such as Tik Tok to educate themselves on menstruation as they felt they weren’t taught enough about it in school. One interviewee mentioned “I’ve got most of my information about periods from TikTok” [32] This highlights the lack of education provided to menstruators and the resulting impact. Many are compelled to seek online content shared by others with similar symptoms and experiences in hopes of a better understanding of their own issues. The accessibility of information and the sense of community found in online forums and social media platforms creates a positive, accepting and supportive space for those desiring help. [33,34] This helps to reduce the stigma surrounding periods by normalizing conversations. [35]

Social environments like workplaces and schools create an emotionally and physicaly safe space where individuals attend daily. These settings foster interaction that can lead to the development of supportive relationships and a sense of community. [36] These relationships develop over time as people get to know each other through regular interactions, small talk and common interests. [37] Some people use these supportive relationships to discuss personal issues, seeking reassurance and insights from others with similar experiences to find solutions to their problems. [38,39] In these environments, both accurate and inaccurate information is shared. Phrases like “Did you see that TikTok?” are commonly heard in such social settings. The ease of sharing these videos sparks new conversations but also risks spreading false information. These environments can be positive, as they encourage discussions that some may not feel comfortable having at home or with their partners/parents. However, they also facilitate the spread of misinformation, as not all shared sources are reliable. This can lead to the belief and dissemination of inaccurate information.

The knowledge and knock Backs of tackling the taboo

Social media has recently been praised for its role in destigmatisation of menstruation. [40] Social media platforms like TikTok, Instagram, and YouTube create online environments where anyone can be educated from the comfort of their own home. [41] These platforms have started to open up conversations and share knowledge about menstruation through various forms of content. [42] This endless accessibility allows individuals to learn and search for information on issues they may be dealing with or elements they don't understand. This is particularly beneficial for younger menstruators who may be too embarrassed to ask questions or feel uncomfortable discussing menstruation with their parents or peers. Information has never been more accessible and versatile. Information seekers no longer need to read lengthy reports to find answers. With a quick search, they can access a vast selection of media like podcasts and audio books, that are written/ hosted by medical professionals discussing essential topics related to menstruation, from hygiene to basic health. However, although menstruation is becoming more mainstream in the media, not every source online is accurate.

The ease of sharing online has also paved the way for anyone to share their knowledge and experiences. These short media platforms have become so easy to share, speeding up the spread of misinformation. [43] False information has been demonstrated to spread more rapidly and extensively than truthful content. [44] Dr Jennifer Gunter is a Canadian OB/GYN, pain medicine physician and author. [45] Dr Gunter has become a fierce online advocate for women's health, using her online platforms and books to separate the myths from the medicine and call out those who spread misinformation. Dr Gunter recently appeared on a podcast called "The Proof" hosted by Simon Hill. Here they discussed the dangers of misinformation and disinformation for those who consume it. Dr Gunter emphasised how we psychologically mistake repetition for accuracy, a tactic often used by algorithms that repeatedly show us similar videos. This repetition tricks us into believing that what we constantly see must be true. Dr Gunter also spoke about the influence these videos have on society and the significant trust we place in influencers, leading us to believe and buy into what they say. [46] their condition and found online communities that helped them to feel supported when the doctors didn't. [47,48]

In contrast, social media can also be used to educate those who have a chronic gynaecological condition. Two different studies focused on how people used social media to find information on Endometriosis. Both studies showed that due to a long diagnosis delays and a lack of information given to them by a health care professional, patients turned to social media to gain a better understanding of their condition and get emotional support for others who also suffer with the condition. As a result, patients learned new facts about their condition and found online communities that helped them to feel supported when the doctors didn't. [47,48]

This highlights both the positives and negatives of social media. It is an unlimited tool that can educate anyone, providing access to all types of information and breaking it down into quick videos and relatable content. It also builds new communities that allow people to feel less alone and confused about their body. However, this information is not always truthful or reliable, leading to the spread of false information that can harm those who read and implement it.

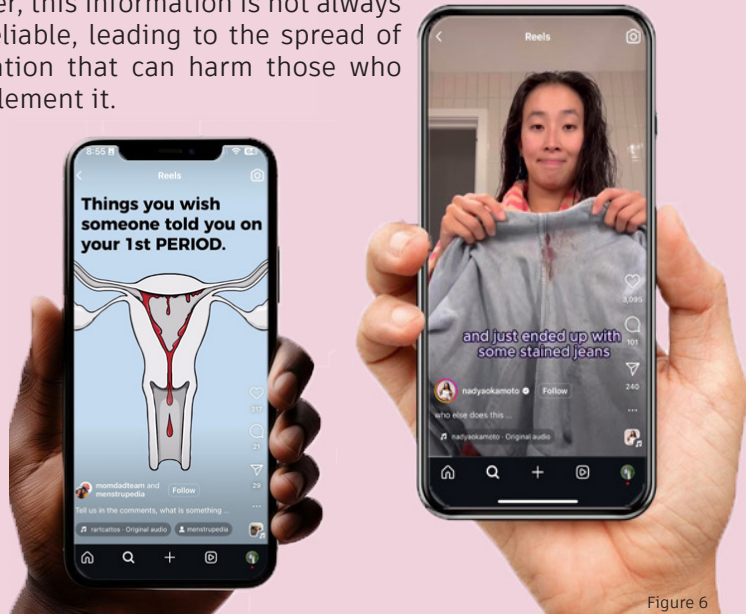


Figure 6

“Exploring if insufficient education about menstruation has hindered menstruating individuals from confidently identifying abnormalities in their body? and the effects this causes when seeking healthcare and distinguishing myth from medicine in the media.”

Methodology

This study aims to engage and collect data from individuals aged 18-35 who identify as menstruating and have participated in an educational system. Each participant will have their own personal experience with the menstrual cycle within their educational journey. The identified group possesses first-hand knowledge and experiences directly related to the research question, making their viewpoints crucial for a detailed comprehension of the situation. Qualitative research methods were chosen in order to gather data. This approach provides an insight to a diverse range of unique experiences and opinions. [49] Enabling the analysis of whether the education system helped them understand their bodies or if it exacerbated embarrassment and issues due to the stigma surrounding periods. A mixture of qualitative research methods such as focus groups, an online survey and semi-structured interviews will be conducted in order to collect qualitative data.

An online survey is a digital method of gathering qualitative information from or about people to describe, compare or explain their knowledge, attitudes and behaviour. The primary objective of a survey is to gather data that accurately represents the surveyed group, enabling researchers to make informed decisions or draw conclusions. [50]. There are several benefits to using online surveys for gathering information. One key advantage is their ease of distribution via social media, which can significantly increase the number of participants. Additionally, online surveys allow participants to complete them at their convenience, which can lead to higher response rates. Another important benefit is the ability for participants to respond anonymously, which can enhance their comfort level and encourage more honest and open feedback by reducing any social pressure they might feel.[51] The survey was published on Monday, 21st of October, 2024, and remained accessible online until October 27th, providing a week for data collection. I distributed the survey online, utilizing social media platforms such as Instagram, Facebook, and X. To attract suitable participants, I included a statement above the survey link highlighting the ideal candidate. Additionally, I shared the survey with friends, family, and colleagues, encouraging them to pass it along to increase participation. The survey consisted of questions about participants' knowledge of the menstrual cycle, their opinions on the education they received on it, and their positive and negative experiences related to this education.

Semi-structured interviews offer open-ended data and vast insights. This method allows the interviewer to deeply explore into the respondents' thoughts and feelings on a specific topic. While questions are prepared in advance, they can be adjusted, or new ones created if the original questions prove irrelevant or unhelpful. Conducting interviews in real-time enables the interviewer to observe the participants' verbal and non-verbal cues, allowing them to adjust their approach as needed. The aim is to maintain a conversational flow that encourages open discussion while staying focused on the primary research topics. After the interview, the researcher analyses the data by categorising it to identify patterns and trends. This approach ensures a comprehensive understanding of the respondents' perspectives. [52] Semi-structured interviews were conducted from Monday the 21st-27th of October 2024 to gather data for this report. These interviews took place in a private library room at Edinburgh Napier University, Merchiston Campus. Each session lasted between 20 and 30 minutes and was voice recorded to facilitate detailed analysis. After all interviews were complete, the recordings were reviewed, and the data was categorised to identify common themes and similarities in participants' responses. I invited each individual in person or by email for their consent to be interviewed, from there a date and time that best suited was chosen for when the interview would take place.

Primary Research

I used qualitative research methods to gather data for my primary research. I started by conducting an anonymous online survey using Google Forms. I asked that anyone who identifies as a menstruating individual to participate in order to collect first-hand experiences and opinions. Participants were asked a series of questions that examined their education and treatment in relation to menstruation. I shared the survey link with friends & family and used Instagram and Facebook to promote it on my personal and business platforms. This approach allowed me to gather a broader audience, collecting responses from people who I don't know personally. This survey collected responses from 60 individuals, aged 18-36. The majority were Scottish, however, it also received engagement from other nationalities including English, Welsh, Polish, Bulgarian and Spanish. Overall, the majority of responses expressed similar experiences, feelings and opinions in how menstruation is viewed, taught and treated in today's society.

I also carried out interviews as a method to collect primary data. I used my online survey as a tool to gather interviewee subjects. I gave the option to participants to leave their name and contact details if they would be comfortable being interviewed on this topic. From this I reached out to some and organised a date and time that would suit. One individual reached out to me on the back of my recent Instagram post that shared some insight into what my dissertation will be focusing on. They completed the survey and then messaged me, expressing their interest in being interviewed as they are a primary school teacher who had witnessed first-hand how this was currently being taught in schools. Overall, I conducted four interviews with four individuals who all identify as menstruating. These participants varied in age, location, jobs, and backgrounds. These interviews provided valuable insights into various aspects, including the personal impact of menstruation on the participants and how the current learning environment discusses the topic. The aim of this was to identify any similarities in their experiences despite their diverse backgrounds.



Figure 7

Survey Findings

First, I examined surveyors opinions of the level of menstrual education they received in school. 78% felt that it was inadequately covered, noting that the education given was often very generalised and brief. Participants emphasised the need for more detailed information, suggesting that topics should include the different menstrual products available and how to use them, the effects of hormones, and potential abnormalities such as missing periods or PCOS symptoms. They believe that providing this level of detail would empower menstruators, helping them to recognise abnormalities in their own bodies and manage their health confidently. The majority also felt that this information should be taught to both genders, so boys understand what girls experience and do not assume that periods are painless. This approach would help reduce the stigma surrounding periods by fostering mutual understanding.

“In high school I often remember struggling to do PE with my really sore cramps at the time. Also the blood flow being very heavy and having to run around was extremely uncomfortable but we were made to as it was “ the same for all girls” and everyone had to get on with it sadly.”

“I still hear the occasional joke, working in a male dominated industry, of not to mess with me on certain weeks. It’s demoralising.”

“Just saying the word period makes me feel like I’m making everyone uncomfortable”

I then investigated surveyor’s opinions about the stigma, asking them if they felt it still exists, 55/60 respondents agreed that it does. Participants shared personal experiences where stigma affected them, ranging from having their pain dismissed to feeling unable to discuss it openly. Menstruators often feel they are perceived as being overly dramatic about their pain or that any expression of emotion is attributed to their period, as if they cannot control themselves. This highlights the challenges some face in both work and daily life.

I wanted to see if this negative treatment continued into a professional healthcare setting. I questioned participants on their medical experiences, focusing on how they felt when discussing menstruation. Embarrassed, judged, uncomfortable and a lack of belief in pain/ symptoms where the highest voted answers. Additionally, people said they felt like they were uneducated and made to feel like they were overreacting.

A voter commented that they were asked questions about their sex life when they went to see about possibly having endometriosis, this left her feeling uncomfortable and she didn’t want to return. Menstration impacts lives in many ways. Participants voted pain management, physical changes, mental stress and a lack of information as the biggest factors that affect them. This displays the high number of ways in which a period can affect a menstruating individual and highlights the common disregard of sensitivity when treating a patient suffering from menstruation related problems.

“As someone who has been diagnosed with both PCOS and endometriosis, who took their first period at age 9 and suffered horrifically with pain, heavy bleeding and clotting for years to be told I was being dramatic and it was just ‘what menstruation is’, there is a significant lack of education within schools and within healthcare professionals. Women should not be suffering or expected to just suffer when they know their own bodies. Education regarding what is normal and what is beyond this should be implemented to help prevent future generations from suffering for so long the way myself and countless other have had to without proper answers or help and support”

“There is a significant gap in education regarding menstruation, leading many menstruators to be unaware of what is normal and what is not. This lack of knowledge often results in fear of seeking medical advice due to concerns about judgment and disbelief in the severity of their pain”

99% agreed with the above statement, the 1% said that there is good education about this issue however there needs to be more of a focus on abnormalities so that people can identify when something is wrong, so they can seek help. The responses show that menstruators admit that they are not taught enough about their bodies, this makes them feel clueless as to what is abnormal. Many of the participants undermined their sever pain as they believed it was a normal part of the period experience. These same participants commented that they did not feel supported and that their pain was undermined by a healthcare professional who simply prescribed them contraceptives or other medication. Many of these responders have come forward to say that they actually had PCOS/ Endometriosis and that they were in -fact not being “dramatic”.

“My friend was given treatment for kidney infections for over a year when it turned out to actually be PCOS, just makes me not trust the doctors as she was clearly in so much pain but they dismissed it and gave her antibiotics for a kidney infection”

“You are always told side effects will “wear off as you get older” to then get older and still have the same problems to just be told to go on a form of hormonal contraception.”

“I have never been supported when seeking help. I feel women do not believe, or healthcare professionals. I have been on birth control from a super early age because it is the ‘easiest’ method of suppressing pain, without having to diagnose the core problem.”

I wanted to see if a lack of menstrual education given in schools forced menstruators to source information elsewhere. 86% of the voters admitted to using a form of social media as a way to learn about their body. Tik Tok, Instagram and YouTube were the highest listed. Responses show that people used these platforms as it is a quick, convenient and private way to hear real experiences from real people. Commenting that they felt more seen though videos like this instead of talking to a doctor who makes them feel dramatic. There was a divide within the responders regarding the use of social media spreading misinformation about menstruation/woman’s health. Just over half agreed that it did, with the others being unsure or voting no. Surveyors commented that they are aware that not every source will be true, but they tend to believe the video if it has lots of likes and comments. There was a clear ideology that it can be very useful to break down the barriers and reduce the negative stigma however because anyone can share anything online this can cause a large amount of misinformation and fearmongering. This shows how a lack of education can cause unhealthy habits in the future as menstruators seek information from strangers that should be common knowledge.

Interview Findings

The information gathered from the interviews reflects a shared sentiment that aligns with the survey findings. All interviewees agreed that the menstrual education they received was basic and unhelpful in preparing them for their first period experience. Additionally, important topics are not adequately covered for both genders. They believe this lack of education contributes to sustaining the stigma, as there is a lack of understanding on the severity of menstrual pain. When asked how this stigma has impacted them.

one interviewee described suffering from crippling period pain that left her unable to work. She informed her workplace about the severity of her condition and that doctors suspected PCOS. However, her workplace was unsympathetic, responding with, “Well, everyone here has to go through that too; you’re not special.” This response mentally impacted her, making her feel guilty. This particular workplace, a large retailer brand that focuses on women’s health and well-being, lacked support and sympathy for its staff. This contrast highlights how stigma still stands in the workplace and how positively period problems are discussed in the media versus the harsh reality and its implications.

When asked about their experiences with healthcare professionals, all participants reported negative encounters. Each sought help for different issues, such as period loss, large blood clots, PCOS, and abnormal bleeding. However, they all received the same treatment: being offered a contraceptive pill. The dismissal of their pain and the lack of seriousness given to their cases left them feeling embarrassed and disregarded, leading them to avoid visiting doctors in the future. One participant noted a dramatic change in her treatment once the doctors learned she was studying dentistry, describing the care she received as significantly better. This participant believes this is because they realised

“she’s not just a stupid wee lassie that she could just fob off”.

This shows that there is a common disregard for menstrual well-being and a highlighted use of the pill given to girls as young as 13 as a short term solution instead of investigating to solve the problem.

As a result of this $\frac{3}{4}$ interviewees admitted to using social media as tool to research their period issues and find similar experiences shared online before consulting a doctor. Interviewers explained that they would use this information to form their own opinion whether or not they should seek a medical professional. This reduces the waiting time and helps individuals to identify what’s wrong independently and quicker.



The accessibility to information without having to physically meet with a doctor or tell someone their symptoms was beneficial and it allowed them to understand their body better in doing so removed their embarrassment. Each participant concurred that Social media has played a positive role in reducing the stigma surrounding periods by normalising conversations about menstruation and exposing boys and men to these discussions.

By seeing these posts, they can better understand the basics and the mental and physical effects periods have. Additionally, social media has created a safe space where people can anonymously ask questions or join groups for support and have a better understanding of their bodies. This is particularly beneficial for those who may not feel comfortable talking to someone in person or visiting a doctor. However, social media is not always a reliable source of information. Anyone can share content, and it can be difficult to understand what is true and what is false. The ease of sharing opinions and experiences, especially through short video platforms like Tik Tok and Instagram has led to a surge of misinformation and fearmongering, which is continuously spread through algorithms, reposts, and tags. Overall, there are positives and negatives to using social media to stop the stigma. It may pave the way for positivity, but it also creates obstacles to get the right answers.

Clusters

These findings highlight a knock on effect which is a common theme in both the survey and interview participants. The lack of detailed menstrual education given at an early age negatively impacts the future of those who menstruate. Due to the stigma and minimal understanding of their bodies, menstruators often feel embarrassed and lost when dealing with period issues. When discussing these issues with a healthcare professional menstruators are often left feeling dismissed and unheard then are sent away with a short term solution and little answers. These unproductive appointments drive individuals to seek help elsewhere. Using online environments to find support. Social media platforms are used as a tool to educate, share and find answers. A modern day solution to a generational problem.



Figure 9

Discussion

This research discovered a common theme among participants, showing that a minimal education disrupts an individual's understanding of their body. This negatively impacts their future when identifying abnormalities and seeking answers. Through the use of qualitative research methods, participants identified doctor's appointments as unproductive and embarrassing experience. With many explaining that they were given a temporary solution to dismiss them instead of investigating the root of the problem. The lack of support and generalised treatment from healthcare professionals drove participants to online sources to find answers, support and guidance. These sources conveniently give them rapid results, arming individuals with knowledge that doctors did not. This creates a high dependency on these sources to inform individuals on their health, however, not all are accurate.

This is important as a lack of support from healthcare professionals is driving menstruators to find answers elsewhere, and because anyone can share anything online it allows for misinformation to spread, making it harder for menstruators to separate myths from medicine, causing more confusion and fear. These insights present an opportunity to create a safe, accessible physical environment where individuals who lack support can gain a better understanding and education about their bodies. This environment would serve as a positive alternative to online content, enabling individuals to connect with others in similar situations and share helpful recommendations in person. This space prioritises the individual, offering them a place to feel valued, heard, and supported. Enabling them to feel empowered and confident with future health decisions.

From the primary research findings and existing literature cited in this report, recommendations can be made to prioritise menstruators overall health and wellbeing as well as their level of comfort. They would benefit from a non-judgemental, relaxed environment which would fill the gap in their knowledge, help them to understand their own body and most importantly make them feel seen, heard and prioritised. This can be achieved by creating a calming space that contrasts with the typical medical environment. That provides options like workshops, support groups, and wellness classes. It would motivate menstruators in various ways, catering to a wide range of needs.

Time restrictions also impacted my survey results. I could have extended the survey period and contacted groups on Facebook or other platforms that support those who menstruate and suffer from conditions like PCOS and Endometriosis. This would have allowed me to gather further insights from a wider range of individuals, exploring how their education impacted their understanding of their bodies and menstrual cycles, and whether this had any effects on delaying their diagnosis.

Several limitations must be acknowledged in these findings, such as the lack of diversity among participants. This study primarily focuses on the experiences and opinions of menstruating individuals from Scotland, resulting in the majority of responses coming from Scottish individuals. This reflects how menstrual education is taught and how healthcare is provided in Scotland, limiting the accuracy of the findings as they only represent a small group. The topic might be addressed differently in other regions, and the results could vary if the study included participants from diverse locations and genders. Time constraints also prevented me from interviewing more people, such as healthcare professionals or international students. This limited the scope of my work, as I was only able to conduct four interviews with menstruators of a similar age. Additional interviews would have broadened the research by providing more diverse opinions and valuable insights into issues like how social media impacts doctors' appointments and how menstruation is taught and perceived internationally.

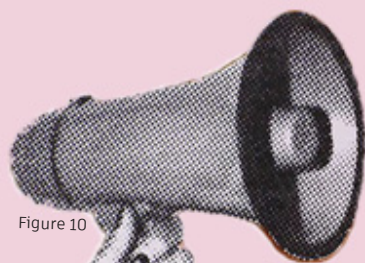


Figure 10

Real People...Real stories

Survey participants were invited to share their feedback or personal stories on this topic. Here are a few highlights the importance of this topic:

"I find your research fascinating and really empowering. I hope you can take that further after uni and make it come through. If our kids have the opportunity to go places like that and know their bodies it would be life changing"

"Thank you for highlighting and looking into such an important issue. Every time someone opens this discussion it helps spread awareness and promotes education on these topics"

"I used to dance classical ballet professionally. One of the rules we had to follow was not to wear underwear while performing. So The only available option for me was wearing tampons unfortunately my family was not very comfortable at the time regarding money. A pack of tampons was 3 meals for us so I had to opt out and make my own from cotton and clothes (very old school I know) .Few years later after coming to Glasgow I found that there actually were different options that are not single use but for Many uses like menstruation cups and discs. Not a nice story but a little more information could have saved me many days sewing tampons. And it would have been cheaper in the long term."

"you don't realise how vital it is to have open conversations about periods until you do, for example being a woman in sport talking with teammates so openly and hearing everyone's tips and tricks is very uplifting"

"This was a really enjoyable survey. I felt seen"

"When I was 16 I still hadn't gotten my period and didn't understand why however I was still having "cramps" for around 2 years which doctors just kept saying was my period coming. One day I went to the doctors as I kept fainting from how severe the pain had gotten and they referred me to the hospital and assumed it was appendicitis, it turns out that whole time I had an ovarian cyst which affected my menstrual cycle impacting my body and mood every single day.

It then took over a year for my ovarian cystectomy to get it removed, which affected my fertility and changed the way my body looked so much. I think for any girl that goes through something like that they should be offered some form of support or information guidance as after surgery I just went home and was expected to go on with my life as normal, however I hadn't ever had my period before and had no clue what to do or who to talk to"

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Image References

Figure 1. Period Collage - Juliana Dias Capricho- Pintrest - Page 4 - Capricho (2022). Menstruação: guia completo de como funciona o ciclo menstrual. [online] Capricho. Available at: <https://capricho.abril.com.br/vida-real/menstruacao-guia-completo/>

Figure 2. Menstrual Cycle Phases - Rujirat Boonyong-Getty Images - Page 7

Figure 3. PCOS Uterus Diagram- Google Images - Page 9

Figure 4. Endometriosis Uterus Diagram- Google Images- Page 9

Figure 5. Blah Blah Poster - Blank Poster- Page 10 - Blankposter (2023). Blah - Blank Poster. [online] Blank Poster. Available at: https://blankposter.com/portfolio_category/blah/

Figure 6. Hands holding Phones- Made on Photoshop - Page 12

Figure 7. Microphones - Made on Photoshop - Page 15

Figure 8. Napkin Illustration- Lourdes Maccagni Osés - Osés, L.M. (2024). Napkin Illustration. [online] Pinterest. Available at: <https://uk.pinterest.com/pin/658440408050038803/>

Figure 9. Women standing Illustration- Instagram @agathesorlet - Page 20

Figure 10. Speech Bubbles- Made on Photoshop - Page 22/23

I declare that I used Copilot AI tool by Microsoft, to help me generate ideas for interview and Survey questions. To help me find inclusive terminology and to help me paraphrase my recommendations.Please see further details attached in the appendix.