

**BODY AND HEALTH IN THE CONTEXT OF CULTURAL
AND SOCIAL MEANINGS**

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Biopolitics behind the impact of menstruation-related symptoms on the neoliberal notion of productivity

Abstract

Menstruation is traditionally perceived as a sign of belonging to womanhood, yet it is often related to negative feelings such as shame and discomfort. Although feminists worked towards emphasizing the social dimension of menstruation, it is still unquestionably experienced as a bodily process.

This qualitative research is focused on the community of international menstruators who reside in Budapest and their perception of menstrual experience in relation to the notion of productivity, including menstrual shame, sexual decision-making, menstrual suppression, birth control, and hygiene management. This work is genuinely interested in discussing and analyzing the paradox of vaginal bleeding coming out of the closet alongside the rise of efforts to conceal it.

Through utilizing the theory of intersectionality and biopolitics, this thesis represents the attempt of identifying mechanisms of cultural and societal forces in the construction of menstrual experience. Each informant is at the intersection of her social structure identities which implies that menstrual experience and its connection to menstruators productivity are interconnected with myriad axes of difference and sameness.

The findings show the connection between the menstrual cycle and changing feelings in terms of women's perspective towards their daily tasks, sexuality, and participation in societal settings.

Keywords: menstruation, productivity, menstrual experience, intersectionality, biopolitics

Introduction

Menstruation is traditionally perceived as a sign of belonging to womanhood, yet it is often related to negative feelings, such as shame and discomfort (Kissling 1996), which leads to assessing menstruation as a phenomenon strongly situated within modern societies. From institutional blindness to the biological needs of women in the workplace, school, or halls of government buildings, to social attitudes held by peers and family members, menstruation is treated not as a basic biological function that needs to be accommodated, but as a burden for women to bare alone and in private. This results in women learning that their menstrual cycle is something that should be carefully hidden from the eyes of others, especially men (Hensel, Fortenberry, & Orr 2007).

Due to the fact that every human being is affected in a certain way by social, and scientific values of bodily processes, the intention of my research is to examine how women from different cultural and economic conditions encounter social consequences, specifically the notion of productivity, in relation to their menstrual cycle. The intention is not to present menstruators as a weaker link of humanity, but to highlight compound dynamics behind the shame brought upon their bodily process and the lack of questions on this matter directed to a system, in which the needs of at least half of the world's population are dismissed as irrelevant to the public.

My year-long work depicts menstruation to be a multidimensional phenomenon whose secrets have the potential to cast light onto compound constructs developed by cultural and societal forces. Analysing the examples introduced by informants when discussing menstrual hygiene management, pain mitigation, work ethic, and birth control, a common topic of discussion revolved around how choice is a privilege. Diversity of informants' socioeconomic, ethnic, cultural and religious backgrounds was necessary to reach the research goal of this thesis, which is to identify power dynamics that shape menstrual experience. This further led to the realization that menstruation is not just a feminist topic, but a topic of race, gender, class, and other characteristics that are in relation with the intersectionality of identity that distributes privilege, and therefore an opportunity of making choices.

The menstrual cup, tampons, reusable pads, hormonal IUDs, and pain medications present exclusively a narrow spectrum of examples of what pharmaceutical companies and ordinary 10 consumption have to offer to menstruators in order for them to be fit in obtained social roles of a mother, sexual partner, employee, student, or a friend, including

countless others. Searching for a balance between accepting their bodily process and meeting their daily obligations and expectations led women menstruators to either listening to, or completely silencing their menstrual bodies.

Literature review

The collision of biopolitics and intersectionality

"Polymorphous techniques of power" (Foucault, 1978(1):11) or "deployments of power and knowledge" (ibid 73) which diffuse through contemporary society, are pointed at by the notion of biopolitics according to Foucault (1978(1)). As Liesen and Walsh (2012) claim, Foucault identifies power and knowledge as the most influential forces, which simultaneously and correspondingly form societies.

It should be noted that biopower does not imply exclusively the power of government. Schools, families, hospitals, workplaces, and also social media are considered to be a multitude of power channels through which biopolitics is invoked (Downing 2008). Foucault (1978(1)) culminates with the conclusion that there is "no escaping from power" (ibid 82). The connection between Foucault's notion of biopolitics and intersectionality seems quite clear. Both paradigms tend to focus their attention on a myriad of power relationships that are important for the elaboration of the topic of menstruation and social experience connected to it.

Thus, intersectionality is inevitably intertwined with an analysis of power even though objection to intersectionality is its purported tendency to highlight categories of identity in contrast to structures of inequality (Cho, Crenshaw, & McCall 2013). The research conducted for the thesis shows that categories of identity are, indeed, structures of inequality, which explains the choice of Foucault's theory of biopolitics and intersectionality as main theoretical frameworks. The intersectional theory has the potential to depict "multilayered and routinized forms of domination" (Crenshaw 1991) in certain contexts, such as control over menstruators' bodies. Current definitions bolster the perception of intersectionality including diverse ways of categorizing human populations like age, attractiveness, body type, citizenship, education, ethnicity, nationality, physical ability, sexual orientation, religion, and socioeconomic status. This happens due to the placement of every individual at the intersection of polymorphic social identity structures that subject the menstruator to the set of social advantages and disadvantages characteristic for their junction (Gopaldas 2013).

Most of the population are forced into physical and mental discipline within their workplaces, which Foucault identifies as the “micro-physics of power” in the process of producing “docile bodies” (Foucault, 1979(2):139). As Martin (2001) highlighted, many women report that during PMS, they are less motivated and able to tolerate such discipline. Still, some menstruators do have more choices when it comes to managing their menstruation freely at the workplace than others, and it depends on their socioeconomic, cultural, and religious background.

In the case of menstruation, the core problem is simply its existence (Bobel 2010). The answer is to conceal the process by controlling the menstruating body with the help of commodities such as tampons, pads, menstrual cups, or, to conceal menstruation by rendering the process invisible by containing the menstruating body or, continuously more common, suppressing menstruation through hormonal contraception. In other words, not every menstruator is free to freely manage and experience their menstrual body mostly due to lack of access to specific resources, or the privilege of making a choice. Rethinking our bodies leads us to transforming ontological, embodied experiences of being in our bodies, no matter how we choose to handle our periods (Mamo & Fosket 2009).

What does the notion of productivity mean for menstruators?

Productivity, in a wide sense of the word, can be considered as the efficiency with which goods are produced by the resources utilized. It is measured as a ratio between input, such as materials, energy and labour, and output reflected in commodities, and services (Rastogi, 1986:148). This definition may be interpreted within the case of menstruation as well. Menstruation is connected to the image of the productive system that has failed to produce, alongside the notion of production gone faulty of which outcome are wasted and unusable products (Martin 2001). On the other side, scholars like biologist Margie Profet (1993), offer a new theory of menstruation as a significant component of a woman’s flexible immune system, which argues that the female body goes through various adjustments each month including ovulation, the late luteal phase, and pregnancy.

Productivity, in a neoliberal sense of the word, is a type of mindset that seeks to explore, create, and seize new opportunities for improvement (Rastogi 1986). How “inconvenient” and “unproductive” it is to have a period is shown by UNICEF (2019) which claims that around 10 percent of African girls are not able to attend school due to an

inability to control and manage their menstruation. This includes a lack of menstrual care products, clean toilets, and running water. Even within developed countries, the fact is that most students who menstruate are frequently affected by endocrinological and physiological changes connected to the cyclical process of ovulation and menstruation. Even though most menstruators experience some menstruation-related symptoms, approximately 50 percent of them experience serious menstrual pain known as dysmenorrhea (Richardson 1991).

Not only menstruators affected by period poverty report changes in their daily work routine during menstruation, but women all around the world report symptoms related to emotions and mood, and a considerable number of them, but still a minority, report deteriorated academic and work performance (Richardson 1991). Nevertheless, it should be mentioned that Gordon and Lee's (1993) study showed no difference in cognitive performance between the phases of menstruation.

But in menstruator's case productivity seems more complex than just simple reflection of vaginal bleeding on their work routine. Many informants confessed that menstruation affects their sexual lives. This happens due to wide spectrum of reasons, however majority of them explained how they believe that tradition and religion within which they were brought up play an important role when forming an attitude towards menstrual sex. Even though sexual intercourse during menses is explicitly prohibited by Islamic, Talmudic, and biblical texts, alongside hygienic and ideological reasons, both individual and relationship factors provide enough influence to decide on sexual unavailability due to menstruating (Hensel, Fortenberry, & Orr 2007).

Another example that argues the expansion of the menstruators' notion of productivity could be presented through their engagement in sport. Most of the ideas forming the "menstrual politics of sports" (Delaney, Lupton, & Toth 1988) are rooted in assumed negative effects of menses on athletic performance and the effect of athletic performance on menstruation, reproduction and fertility (Apter & Vihko 1983; Arena, Maffulli, & Morleo 1995; Constantini & Warren 1995; Dowling 2000). But, when asking athlete menstruators about this topic they would emphasize the pressure of "public gaze" and concealing menstruation when interacting with teammates and coaches. Their biggest concern is hiding menstruation from others when performing specific sport activities (Moreno-Black & Vallianatos 2005).

A study by de Jonge (2003) suggests that regular menstruators who compete in strength specific sports and intense aerobic sports, do not need to adapt to their menstrual cycle phases in order to maximise their physical performance.

Expanding the concept of productivity is necessary in order to understand the mechanisms behind menstrual experience from various perspectives. The intention of this thesis is not to present menstruators as passive, and weak, but to bring attention to their menstrual reality and its connection to their productivity levels.

Methodology

Data were collected through interviews and a focus group with twenty women within the international community who reside in Budapest. They come from 18 different countries: Ecuador, Turkey, Philippines, Morocco, Zimbabwe, the USA, Syria, Norway, Hungary, Tunisia, Mongolia, Iran, Jordan, Mexico, China, Ukraine, Montenegro, and Serbia. There were no rules for selecting whom to include in my research besides trying to make it as culturally diverse as possible. The cultural diversity among informants implies differences in their religious, ethnic, socioeconomic, and sexual backgrounds. This was important for the research's intention to apply the theory of intersectionality in a clearer way when gathering and analysing data.

Alongside the topic of my research and their attitude towards its position within society, women were willing to participate in interviews due to miscellaneous reasons. Some of them offered help as a friend, others enjoyed being part of academic work, but all of them saw it as an appropriate chance to share, think, and discuss their feelings, struggles, and perspectives on the menstrual experience.

The random sampling method was based on the transparent presentation of interest and intentions of researching menstrual experience in terms of productivity to acquaintances who have different cultural backgrounds but currently live in Budapest. Later, they would have decided to be participants themselves, or they would let me know about people close to them who expressed the wish to be a part of the research.

Due to the ongoing Covid-19 pandemic and regulations placed to control it, informants could choose if they preferred meeting in person or via online platforms. The three of my informants chose to participate together and form a focus group due to their closeness to each other, while with others I conducted individual unstructured interviews. I used both prepared and throw/away questions depending on where the conversation

was going. The questions were about their first encounter with menstruation and vaginal bleeding; how it affects them in everyday life activities related to school, work, family, sex; what is their attitude towards menstrual products, and their opinion on birth control with an emphasis on oral hormonal contraceptives.

Intersectional research, such as this one, uses primary data, such as on-site interviews and participant observation, and secondary data, such as historical texts, so that multiple perspectives can be collected within a specific context. While interviews serve the function of getting in touch with lived experiences of social (dis)advantages, the function of genealogical analysis is to distinguish the historical and structural dimensions behind them. This means that intersectionality as a methodological framework serves to deconstruct the how and why of the (dis)advantages present in the past and their transformations in the present (Gopaldas 2013).

What makes an analysis intersectional is, in fact, its adoption of an intersectional pattern of perceiving the problem of sameness and difference and its relation to power (Cho, Crenshaw, & McCall 2013). This is one of the reasons the fieldwork has been conducted at the international level since diversity of sameness and difference within menstrual reality of informants who are part of different economic, social, ethnic, and religious settings is appropriate ground for utilizing the theory of intersectionality.

Transcripts of the conducted interviews were analysed using interpretive feminist critical methods (DeVault 1990; Langellier & Hall 1989; Nelson), which implies listening to women as individuals who have power over their own experiences and depicting their words in a written text, rather than just psychologically interpreting and not allowing the reader to question them (Rogers 1996).

Due to analysed literature, the hypothesis was acquired that there is a direct connection between biological, social, and cultural aspects of menstruation that play a huge role in the menstruator's perspective of productivity.

Findings and Discussion

Menarche as the Birth of Menstrual Body

"It's like the first sex, you know? It's your first experience and you can never forget it."

(Petra, Ukraine)

Nalebuff (2009) explains how "every woman remembers her first period - where and when it happened, who, if anyone, she told, even what she was wearing"; still, "almost no one talks about it. Even fewer people write about it" (ibid:1). Accounts of menarche as a milestone characteristic for every menstruator's life showed how informants tend to normalize their first menstrual experience through comparing it between peers and accepting the universality of menstruation. Women explained how they were usually congratulated on their first blood and how it made them feel more connected to womanhood.

"Then, I felt more equal to my mom." (Eylul, Turkey)

"My friends and sister started laughing at me. »Welcome to womanhood!« they said."

(Salima, Zimbabwe)

Even though going through a normal life transition called menarche presents the link between interviewees, their first menstrual experience differs due to the cultures within which they are brought up, religions whose rules they obey, and dynamics of their interfamilial relationships. Each informant is positioned at their intersection of social structure identities, which resulted in the construction of individual unique menstrual experiences. From assuming how their parents were melancholic because of it; to explaining the reason behind the decision not to tell their mother about it; and claiming that their experience was negative since their parents had an adverse approach to menstruation, it may be concluded that the focal point of the menarcheal episode is the content of child-parent interaction. Literature analysis shows how neglected the topic of child-parent relation is in terms of menarcheal experience when it is, indeed, one of the factors that had the biggest influence of informants' perception of the first blood.

Most informants considered that their menarche could alter their social status among peers. These women, back then girls, depended on the affirmation of their

classmates and friends, as Emily (USA) confirmed by explaining how she wanted to be “cool” because everyone else got their period before her. She justified the statement by explaining the excitement and expectations all girls in school went through regarding menstruation. All of a sudden, to be “cool” and to be part of menarcheal girls was conditioned by your menstrual status, as Emily recalls.

The literature lacks narratives that would assist in the further examination of the connection between pressures of one’s surroundings and menarche. Inquiry of these phenomena is important due to the accounts of most informants, which argue the notion of menstruation as not only a private phenomenon but also as an occurrence that constantly interacts with a variety of social factors. It seems that the menstrual experience is found in a state of constant change affected by transforming cultural and societal forces. Understanding the link between the private and public regarding menarche could be of great help when casting light on compound societal and cultural mechanisms of power and their domains.

Menstruation as (In)visible Bleeding

Distress caused by menstruation itself, and negativity attached to it, shows how various products shape menstruators’ consumer attitude in relation to their menstrual bodies.

Eylul (Turkey) recalls her struggles and worries about leaking for the first few years since menarche, while Andrea (Ecuador) claims how she still hates when that happens. Houppert (1999) coined the phrase “the culture of concealment” with intention to illustrate how menstrual taboos and stigma mold menstruators’ experience of menstruation by manipulating them into menstrual shame, often via socially acceptable menstrual hygiene products. As it was highlighted in the previous chapter, cultural and societal forces reach the domain of the private – menstruator’s reproductive system – which is reflected in obedience towards patriarchally structured notions of cleanliness and beauty.

Data collected during interviews supports Houppert’s (1999) theory. Consumption of a variety of menstrual products is one way of transforming menstrual hygiene management into “the culture of concealment”. For Mina (Syria) “*all of the menstrual products are missing something*” while Andrea (Ecuador) expressed her feelings that “*just industry profits from them, not women*”.

"If you are a virgin you can't use tampons because you will lose your virginity." (Serena, Mexico)

"I grew up using pads, and I still do because tampons are considered a 'taboo' thing. I never used them and I was never kind of brave enough." (Mina, Syria)

"In Turkey, they told us if we use tampons we will lose our virginity." (Eylul, Turkey)

"Girls mostly use pads. Tampons are also popular but not among unmarried ladies." (Salima, Zimbabwe)

Data collected during interviews supports Houppert's (1999) theory to the point where socio-cultural influences construct menstruation not just as invisible, but also as the subject of the panoptical gaze that is focused on internalization of the patriarchal notions to the point where menstrual bodies purely act to adhere to cultural norms. Narrative of a tampon being a competitive factor towards males when it comes to 'taking' women's virginity argues that culture shapes the attitude of menstruators' towards their own body. Their accounts support the hypotheses of menstrual dimension and its intersectionality. In other words, depending on informants' socioeconomic, cultural, religious, class, and even sexual orientation background, they have more or less agency when it comes to decision-making about their menstrual bodies.

As it was already argued, panoptical gaze can be identified as the access to different menstrual products. From the range of choices to the range of prices, pads, tampons, and cups are not available to everyone. Yasmin (Morocco) recalls how limited she felt back in her home country, alongside Salim (Zimbabwe) and Serena (Mexico) who says:

"Not every girl in Mexico has access to it because it's expensive. It is considered a luxury product. Menstrual pads and tampons are not like those basic products, you can buy without tax. . . . Now I feel I have more options than when I was a teenager. . . . But still in Mexico, there are no supermarkets where you can buy a cup. So if you want it you need to research and order it online. Here it's so easy and you have different options."

Findings show how menstrual shame is encountered as an intense sense of inefficiency. This particular occurrence may be analyzed through Foucault's (1975) concept of the docile body created through surveillance and organization of individuals within a particular space, such as prison, or in this case, the menstrual body (Rabinow, 1982). Not being able to control their menstrual bodies according to social expectations due to their

intersectionality of social identity structures may result in women averting social contact, feeling isolated and agentless. This is related to access/lack of access to menstrual products and pain mitigation but it may be expanded into menstruator's overall perception of vaginal bleeding and its social consequences as a holistic approach. Emily (USA) acknowledged this issue by claiming that she, "can't imagine not being able to afford menstrual products or have access to it", which could result in having to, "be home for a week just because you have no pad." In other words, limiting supplies for women was found not to be only financial but is strongly related to the power and ideology of biopolitics as well (Bozelko 2020).

Menstrual products and their accessibility turned out to be a significant factor in menstruator's changing attitude towards their body. Informants who switched to using the menstrual cup or reusable cloth pads instead of commercial disposable products reported an increasingly positive experience managing vaginal bleeding. *"I think I've become more comfortable with my menstrual blood since using the cup. And that's one thing I really appreciate about the cup"*, as Emily (USA) pointed out. Interviews with Serena (Mexico), Ida (Norway) and Emily (USA) highlighted earlier findings that argue how different hygienic products affect menstruator's perception of themselves in distinct aspects. Informants from Mexico, the USA, and Norway have been using the menstrual cup for awhile, while Salim from Zimbabwe tends to manage her bleeding with reusable cloth pads. A quite interesting finding is this transformation of menstrual reality over the course of time.

Menstruation as (Dis)advantage

Martin (2001) argued that menstruators do not recognize menstruation as a phenomenon that solely belongs to the sphere of private space, but an inevitable part of their social lives at work and school as well. While arguing against the notion that menstruation is limiting for most menstruator, there is still the obligation to attend to problems that may exist (Bobel 2010). Rather than focusing on human behaviour as a result of rational, psychological, or cultural dimensions, the notion of biopolitics may be utilized for further examination of how biological factors shape or produce human behaviour (Liesen & Walsh 2012).

Similar to Richardson (1991), one of the findings of this research is that most menstruators tend to experience various physical, psychological and behavioral changes

not just during menstruation but throughout the whole menstrual cycle, especially ovulation and the late luteal phase. For example, during pre-ovulation and ovulation, menstruators tend to feel more energetic and social due to spikes in estrogen and progesterone, which contrasts with the experiences regarding paramenstruum when the body stops producing these hormones. Due to this, most informants claim that they schedule their lives around their period.

"I always control when I am about to have my period so I can plan a trip or I can decide when to do more of this or that." (Andrea, Ecuador)

"My boyfriend told me that he schedules his life around my periods. Even though he was joking I think he meant it for real." (Eylul, Turkey)

"I have this application on my phone so I know when my period is going to come. I plan my month around the date, because if I'm going to travel too much. I should avoid the first and second dates. Also, I teach so If I got my period one day before the class I have to cancel it." (Fatma, Tunisia)

Findings show that women who experience painful menstruation tend to organize their lives around it more frequently. This supports Ylikorkala and Dawood's (1978) suggestion that dysmenorrhea is one of the main causes of lost working hours and school days among young women due to incapacitating them for up to three days in each menstrual cycle. One possible explanation for the silence surrounding menstrual pain is either ignorance or fear. Interviews lead me to the conclusion that informants' tendencies to ignore period pain in order to keep up with everyday tasks testifies to how society not only alienates menstruators from their bodily functions but also that their distress is either justified as an excuse for their subordination, or it is trivialized. Utilizing the theory of biopolitics argues how the decision-making process is inevitably affected by menstruation, even irrelevant to the case when a menstruator's behaviour is not impacted by vaginal bleeding since the effects of their decisions are culturally normed to abide by patriarchal expectations.

Other informants with different experiences with menstrual pain have differing perspectives on this phenomenon. Emily (USA) explains how she has *"cramps the first day but they're not bad at all, I can still live a completely normal life"*, while Serena (Mexico) believes that her period does not change the fact that menstruators still have deadlines to meet, things to complete, and people to see. However, she reported how she is becoming more conscious about her menstrual body and even though she does not organize life

around it, she is more aware of how it affects her. This allowed her to be released from the pressure she used to feel that she needed to keep up with everything. When discussing menstruation-related symptoms, she explained how PMS for her happens more on a psychological level, while menstruation is physical.

The PMS experiences are usually based on common dismissals such as "it's all in your mind," "grin and bear it," or "pull yourself together" (Martin 2001). Similar to Richardson (1991), informants ascribed their irritability, tension or depression to the late luteal phase, or PMS. This finding argues how difficult and, perhaps, inaccurate it is to extract and research exclusively specific menstrual cycle phases. In other words, causes of abnormal menstrual pain, or extreme mood changes, could be explored as a part of other menstrual cycle phases such as the absence of ovulation due to hormonal imbalances. Namely, the menstrual cycle including all its stages should be approached holistically for inquiry and better comprehension of the phenomenon.

When it comes to the correlation between vaginal bleeding and productivity, informants reported a variety of experiences.

"Even though it's short it's quite painful so I can't do much physically. I am in pain and I can't concentrate and I have a lack of energy. I cannot think straight. . . . Before, when I used to work 8 hours a day every day in an office, and I was dying, I didn't have any choice, so you somehow find a force when you are pulled in these responsibilities but if you had a choice then you are able to freely manage this pain." (Andrea, Ecuador)

Most women explained how menstrual pain does not make them less productive since they are aware of their everyday obligations and fulfilling them but they claim how menstrual pain made academic deadlines, workplace duties, or household chores, harder to complete. When asked if women got comfortable with pain because of the imperative of productivity Eylul (Turkey) affirmatively responded by adding how she thinks "we would get bullied more" if we showed the discomfort that is occasionally felt and dealt with.

Elizabeth Kissling explains how "the social construction of menstruation as a woman's curse is explicitly implicated in the evolution of woman as Other." Although "menstruation does not make a woman the Other; it is because she is Other that menstruation is the curse." (Bobel 2010:28)

The dominant menstrual narrative affects menstruators by alienating them from their bodily process. For example, Petra (Ukraine) used to faint whenever she was on her

period back in high school and still has painful menstruation, but she refuses to do or be considered less.

“When I’m at the workplace or university, I pull my shit together and no one ever knows.”

(Petra, Ukraine)

Andrea (Ecuador) elaborated how it happens that there are days when she feels like she cannot think straight but scheduling helps her to keep up with academic tasks she has to complete.

“There are times when I just don’t feel like doing anything and I feel the pain that I can’t control it and it makes me less able to concentrate. . . . But period doesn’t affect my grades. When I have to push myself to do something I do it.”

Time management and body literacy turned out to be the main tools for maintaining their usual levels of productivity. Results showed that menstruation does not make women less capable but it can be used as an argument for their developed skills of time management.

“I usually work more afterwards because most of the time the first two days are quite painful, but there are periods when they aren’t so then I can function normally on those days. . . . It’s not really the mental capability. It’s just that I can’t bear the pain I can’t be at my desk. So it does affect my productivity during menstruation.” (Mina, Syria)

Ida (Norway), as the only informant who does not menstruate regularly due to her oral contraceptives, showed empathy for difficulties experienced by menstruators surrounding her. She believes that menstrual pain is being normalized and “seen as something women have to deal with”. “[The] problem is that there is not enough research on female reproductive health”, she adds after commenting how sometimes it happens that her friend has to “lay on the floor” because of the menstrual pain. Still, Ida (Norway) continues by explaining that the effects of period pain on the productivity of women can happen to even non-menstruators if they get the flu or have a hangover and are not able to think or act the way they are supposed to. The only thing is that people who do not have menstruation are not aware when they will get sick like women with painful menstruation are.

Most menstruators tend to experience a wide spectrum of physical, psychological, and behavioral changes during the period between ovulation and menstruation, and later during menstruation itself, such as irritability, depression, anxiety, breast swelling and pain, headaches, abdominal bloating, poor concentration, poor coordination, food

cravings, weight gain, and change in libido (Brush & Goudsmit 1988). Similar to Ida's (Norway), one of the informants, Serena (Mexico), had the same opinion on this matter. She illustrated how "*a bad day*" can always happen without any correlation to menstruating, which could also affect the level of productivity. The interviews conducted for the thesis showed how even biology became the subject of analysis and calculation for the sake of maximizing the human "abilities-machine" (Foucault 2008(3):296).

"The very first day at work it would normally take me longer to do a specific task because I don't feel motivated and I am completely exhausted. . . . Still, I wouldn't say it affects the quality of my work, but It just takes longer because I feel extremely tired and uncomfortable." (Dani, Ecuador)

Testimonies of a significant number of informants argue that menstruators are often brought to the point where they need to ignore, trivialize and pathologize their menstrual pain in order to abide by the notion of productivity and work ethic. Milena (Montenegro) explained how she believed at first that managing her period will be challenging because of the pain but she ended up knowing her body and how her menstrual pain works. This led to the mindset that if her menstrual pain affected her daily responsibility she would think: "*Okay it hurts. I will take a pill and I will be okay.*"

Results of the fieldwork indicate that menstruation does not affect the productivity of menstruators *per se*. Similar to Sommer's (1983:57) conclusion that "intellectual function in normal healthy women is stable and independent of the fluctuation of the menstrual cycle", most informants reported a similar notion. Still, menstruators with diagnosed hormonal imbalances and other health issues like PCOS and endometriosis find it harder to comply with the "culture of productivity" during the first couple of days when menstruating. For example, Dorci (Hungary), who was diagnosed with PCOS, explained how once she "had such bad cramps" that she had to stop her class presentation. However, she elaborated how this did not impact her grade and her education as a whole. In other words, menstruation did not affect her overall academic performance at the end of the semester.

The more examples I have been introduced to by my informants, the less it seems that menstruation is a threat to the "culture of productivity" since most of the informants abide by social expectations no matter whether they are menstruating or not. For a better comprehension of social consequences menstruators encounter due to their menses, the

notion of productivity needs to be expanded. Namely, it is not enough to observe menstruation as the factor on which a ratio between input and output in working conditions depends. Menstruators occupy many roles, such as that of mother, student, athlete, consumer, religious believer, etc. Productivity, in this sense, should be identified as the ability of menstruator to lead their lives without being negatively impacted by menstrual pain, shame, or poverty.

Some of the informants accounted for how menstrual bleeding affects physically, socially or psychologically other aspects of their lives. When discussing socializing, various answers were given due to diverse menstrual experiences of the informants' and unforeseen menstrual symptoms depending on cycles.

"It depends on the period. One month it happens I can't get out of the bed, the other I just feel fatigued. . . . But I try to avoid it. Especially when I am in pain." (Andrea, Ecuador)

"In the case, if it's at the beginning, which are the worst days, I usually do cancel. Other times, I would normally be okay with going home like hanging out with friends, unless I am in a bad mood. . . . If I'm PMSing then I would cancel because I'm not in the mood to talk or socialise and also because of the other people they do not to feel awkward. Because when I'm somewhere I like to be present." (Mina, Syria)

The findings did not show any behavioral pattern when it comes to socializing since the same number of menstruators reported that menstruation does not impact their social activities, but still a significant number of informants confirmed they do not feel comfortable being out and surrounded by many people. What is important to highlight is that interviews showed how paramenstruum is the period within the menstrual cycle when some women choose to distance themselves from social occasions.

"My blood pressure is low and I feel cold. . . . Sometimes, I can't participate in physical activities. And I always have a headache, so I can't really concentrate during the period. And during the PMS, I experience the same. So it's half of the month I feel kind of... Yeah, I feel weird." (Sarnai, Mongolia)

As it was claimed above, menstruation-related symptoms can affect women and their 'productivity' on multiple levels. Not only social sphere of menstruators' lives is influenced, but private as well, even though menstruation is a phenomenon that elaborates on the interconnection between them two. The link between menstrual shame, body shame and sexual decision-making was established through informants' narratives of cultural expectations in terms of sexual behavior.

"I mean, there's a lot of stigma behind it so even if you weren't a believer it's not that simple to say »I don't believe so I don't abide«, you know? It becomes cultural as well. And it's a social norm basically, that it is dirty and unhealthy". (Mina, Syria)

"It is pretty stigmatised because there is a belief that it is not healthy for both of them. It is not smart and it is risky." (Salima, Zimbabwe)

"In general, it is considered unclean and if you do this you are thought of as a nymphomaniac or addicted to sex because you can't take a break." (Dorci, Hungary)

As Holland, et al. (1990) argued, sexually assertive women who discuss their own desires, who are prepared with contraception, or who make sexual decisions based on their own needs are often labeled 'sluts'. This statement may be connected with the case of coitus during menstruation where women encounter the higher risk of being perceived as immoral as Dorci (Hungary) elaborated.

Fatma (Tunisia) explained how in her home country is strictly forbidden to have sex while menstruating due to religious reasons. It is considered unhealthy for women. *"In Morocco, they don't have sex during menstruation and it's related to religion."* Yasmin (Morocco) confirmed. She continued on explaining how she does not care about these religious reasons yet she still believes that coitus and vaginal bleeding are not *"a good idea"*.

Coitus in connection with vaginal bleeding reduces quite strong socio-cultural prohibitions, meeting the possible feelings of discomfort or messiness associated with that kind of behaviour (Hensel, Fortenberry, & Orr 2007). Menstruators often see menstruation as 'messy' and the blood as 'gross' (Martin 2001). As Andrea (Ecuador) noted, *"I do not like to look at that part"*, and by 'that part' meaning vagina while bleeding, negative feelings about genitals and menstruation itself may be brought in connection with menstruators' sexuality. Schooler, et al. (2005) presented in their findings how the aforementioned negative feelings affect women's abilities to take pleasure in their bodies and sexual experiences, especially if they are menstruating. Still, as Schooler, et al. (2005) concluded, menstrual shame is directly linked to sexual decision-making. Due to the intimate location on women's bodies that is an object of both menstruation and coitus, a menstrual experience characterised with shame might strongly affect menstruators' general approach to their sexuality.

Considering the fact that all of my informants come from different countries and communities, the results of this research highlight possible differences among women

referring to menstruation and sexual behavior and deeper studies are needed for comprehension of these findings. Results of this research perhaps did not delve deep into the issue of sexuality and menstruation but they certainly raised questions referring to how menstruators embrace sex while bleeding, whom they perform sex with and, of course, why.

All of the informants were asked whether they would have menstrual sexual intercourse with the person they never had sex before gave a negative answer. *"If you have a partner that you trust, and you want to do it, it can be done. . . . I think it's pretty normal"*, Ida (Norway) explained. So, for some menstruators, it seems that feelings of love serve as a reason that justifies socially sanctioned forms of coitus (Hensel, Fortenberry, & Orr 2007). Ida (Norway) continued by comparing her views with the attitudes of others she met in Budapest: *"I spoke to a Hungarian guy here who talked about this girl he had had a relationship with. And he said, »We had this crazy relationship! You know what? We even had sex when she had her period!«"*

For other informants, sexual intercourse while being on their period seemed quite normal. Petra (Ukraine) argues how she feels more sexually aroused during PMS and menstruating, while Israa (Jordan) confessed how her boyfriend once even performed oral sex when she was on her period. Israa also added that being sexually active makes her menstrual cycles more regular. As noted, some adult women report increased sexual interest in menses. This can be explained by individual differences in cyclic hormonal changes connected to increased interest in menstrual sex (Hensel, Fortenberry, & Orr, 2007).

Young (2005) explains how individuals are in a position to form their own actions as variations on prohibitive norms regarding coitus while menstruating. Interviews showed how informants, indeed, negotiate social norms through culturally shared sexual scripts. Sexual behavior is influenced by ethnicity, race, and socioeconomic status as well, which allows us to perceive menstrual sex as the topic of intersectionality.

Before taking into consideration all informants' testimonies, we must ask whether menstruators have been in a position to use any aspect of menstrual shame for their own interests. Results showed that some of the experiences these women had put menstruators on a pedestal where they are not just passive victims of an ideology, but they are able to use menstruation as a tool of manipulation.

“When I was in college mj (cannabis) was not legal so we used to put the joint in a tampon wrapper because we knew that we will never be in trouble since not a single police officer is going to open up a tampon.” (Emily, the USA)

“We had gym classes in high school... I really hated that. And we had this kind of a bit old weird male teacher and I used to say I was on my period [in] almost every class, and he got so embarrassed. I just used to say I have female issues and he was like, »Okay, well you don't even have to have a class«. It is so stupid that a grown man would be so embarrassed that a 15- year-old girl is saying that she's on her period and he will just let me skip class every day because of that.” (Ida, Norway)

Milena (Montenegro) also confirmed how menstrual shame can be used as an advantage by giving an example of a girl who used to skip her lecture by telling a professor that she was in pain due to her menstruation. Examples introduced by informants argue menstruator, not a passive individual but a person who is in a position of leverage when it comes to specific ways of manipulation. Menstrual shame can be utilized against patriarchal forces that dictate social norms regarding vaginal bleeding.

In conclusion, interviews conducted with informants for this study argued that menstrual experience is situated at the intersection of social structures, ideologies, and a wide spectrum of beliefs. Also, it has been shown that menstruators tend to completely conceal their menstrual status and potential failure of it could lead to negative feelings about their bodies. Findings further report that menstruators' bodies produce use-values by the consumption of specific menstrual products. Managing menstruation is generally narrated either as a hygienic crisis or a health issue through definitions of ideological frameworks constructed by biomedicalization, social norms, and cultural values. The discussions with informants about the topic of menstrual pain led to conclusions that this symptom is either pathologized, trivialized or ignored as part of problematic “it is just in their head” patriarchal narratives of women's frailty and instability (Bobel 2010). Martin (2001) states that menstruators' accounts of how they function differently during certain days, which makes it harder for them to tolerate the discipline of our society, should not be perceived as flaws inside women that we should focus on fixing. Instead, she adds, menstruators' experiential statements should serve as insights into flaws in society that need to be tackled.

“I think it is not the issue with my country but with patriarchy” (Petra, Ukraine).

Conclusion

The menstrual cycle is not just a characteristic of a female's body. It represents a model that the researcher can utilize in order to understand the compound connection between mind and body, and between bodily processes and social meaning of individual experience.

Data collected through interviews resulted in the conclusion that privilege, or Bourdieu's concept of "cultural capital", is necessary to achieve a way of living that may violate sociocultural norms of menstruating. Gender, class, race, sexual orientation, physical ability and myriad other axes of identity mold the privilege and distribution of it (Bobel 2010).

Menstruator, in order to acquire a certain amount of agency, have to come to the understanding that their multiplicity is inherent in their bodily process, and that all of their 'identities' are interconnected with one another. To be Syrian is to contain all nationalities. To be defensive towards biomedicalization of the menstrual cycle is to be engaged in dismissing all misogynistic attitudes against the female body.

Various informants' accounts confirmed that menstruation is not a mere part within the domain of menstruators' privacy, but it is a process that interferes with their social roles as well. Expanding the notion of productivity was crucial for this finding. Social expectations and assumptions of the menstrual body constituted the panoptical gaze menstruators felt when working, having a presentation, buying groceries, drinking a coffee with a friend, or even having sexual intercourse with their partner.

Considering dominating patriarchal narrative, representation of menstruation in much of the existing literature as a problem, and the reality that women rarely get to define the meaning of their bodily processes, I conclude that research on menstruation-related symptoms and their effects on menstruator's productivity makes an important contribution to reducing the existing research gap. However, there are many ways in which this research problem has the potential to be expanded. Examining the connection between hormonal oral contraceptives for suppression of menstruation and its connection to the menstrual shame; the menstrual myth of "tampon – the virginity taker"; contemporary menstrual products, such as reusable cup, and its relationship with consumerism; and biomedicalization of menstruation, are just some of them.

When working with many individuals, it is hard to predict the outcome of the fieldwork. Still, collecting the voices of many constructed the revelation of many truths.

Testimonies of these women elaborate on many versions of life, different for different menstruators and different from reality served.

Bibliography

Apter, D., & Vihko, R. (1983): Early Menarche, a Risk Factor for Breast Cancer Indicates Early Onset of Ovulatory Factors. *Journal of Clinical Endocrinology and Metabolism*, 82-8.

Arena, B., Maffulli, N., & Morleo, M. A. (1995): Reproductive Hormones and Menstrual Changes with Exercise in Female Athletes. *Sports Medicine*, 278-87.

Bobel, C. (2010): *New Blood: Third-Wave Feminism and The Politics of Menstruation*. New Brunswick, New Jersey, and London: Rutgers University Press.

Bozelko, C. (2020): Opinion: Prisons that Withhold Menstrual Pads Humiliate Women and Violate Basic Rights. In C. Bobel, I. T. Winkler, B. Fahs, K. A. Hasson, E. A. Kissling, & T.-A. Roberts, *The Palgrave Handbook of Critical Menstruation Studies* (pp. 49-53). Palgrave Macmillan.

Brush, M. G., & Goudsmit, E. M. (1988): "General and Social Considerations in Research on Menstrual Cycle Disorders with Particular Reference to PMS. In M. G. Brush, & E. M. . Goud-smit (Eds.), *Functional Disorders of the Menstrual Cycle*. Chichester: Wiley.

Cho, S., Crenshaw, K. W., & McCall, L. (2013, Summer): Toward a Field of Intersectionality Studies: Theory, Applications, and Praxis. *Signs*, 38(4), 758-810.

Constantini, N. W., & Warren, M. P. (1995): Menstrual Dysfunction in Swimmers: A Distinct Entity. *Journal of Clinical Endocrinology and Metabolism*, 80, 2740-4.

Crenshaw, K. W. (1991): Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 1241-99.

Delaney, J., Lupton, M. J., & Toth, E. (1988): *The curse*. Chicago: University of Illinois Press.

- de Jonge, X. (2003): Effects of the Menstrual Cycle on Exercise Performance. *Sports Med*, 33, 833-851.
- DeVault, M. (1990): Talking and listening from women's standpoint: Feminist strategies for inter-viewing and analysis. *Social Problems*, 37, 96-116.
- Dowling, C. (2000): *The Frailty Myth*. New York: Random House.
- Downing, L. (2008): *The Cambridge Introduction to Michel Foucault*. Cambridge, New York: Cambridge University Press.
- Foucault, M. (1978(1)): *The History of Sexuality (Vol. 1)*. (R. Hurley, Trans.) New York: Vintage Books.
- Foucault, M. (1979(2)): *Discipline and Punish: The Birth of the Prison*. New York: Vintage.
- Foucault, M. (2008(3)): *The Birth of Biopolitics: LECTURES AT THE COLLÈGE DE FRANCE, 1978-79*. (M. Senellart, Ed.) New York: Palgrave Macmillan.
- Gopaldas, A. (2013): Intersectionality 101. *Journal of Public Policy & Marketing*, 32(SPECIAL ISSUE), 90-94
- Harold W. Gordon, P. A. (1993): No difference in cognitive performance between phases of the menstrual cycle. *Psychoneuroendocrinology*, 18(7), 521-531.
- Hensel, D. J., Fortenberry, J. D., & Orr, D. P. (2007, August): Situational and Relational Factors Associated with Coitus during Vaginal Bleeding among Adolescent Women. *The Journal of Sex Research*, 44(3), 269-277.
- Holland, J., Ramazanoglu, C., Scott, S., S. S., & Thompson, R. (1990): Sex, gender, and power: Young women's sexuality in the shadow of AIDS. *Sociology of Health and Illness*, 3, 336-350.
- Houppert, K. (1999): *The curse: Confronting the last unmentionable taboo: Menstruation*. Macmillan.
- Kissling, E. A. (1996): Bleeding out loud: Communication and menstruation. *Feminism and Psychology*, 6(4), 481-504.

Langellier, K., & Hall, D. (1989): Interviewing Women: A Phenomenological Approach to Feminist Communication. In K. Carter, & C. Spitzack (Eds.), *Doing Research on Feminist Communication* (pp. 193-220). Norwood, NJ: Ablex.

Liesen, L. T., & Walsh, M. B. (2012, Spring/Fall): The competing meanings of "biopolitics" in political science: Biological and postmodern approaches to politics. *Politics and the Life Sciences*, 31(1/2), 2-15.

Mamo, L., & Fosket, J. R. (2009, Summer): Scripting the Body: Pharmaceuticals and the (Re)Making of Menstruation. *Signs*, 34(4), 925-949.

Martin, E. (2001): *The Woman In the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press.

Moreno-Black, G., & Vallianatos, H. (2005, Spring - Summer): Young Women's Experiences of Menstruation and Athletics. *Women's Studies Quarterly*, 33(1/2), 50-67.

Nalebuff, R. K. (2009): *My Little Red Book* . Twelve.

Nelson, J. (n.d.): Phenomenology as Feminist Methodology: Explicating Interviews. In K. Carter, & C. Spitzack (Eds.), *Doing Research on Feminist Communication* (pp. 221- 41). Norwood, NJ: Ablex.

Profet, M. (1993): Menstruation As a Defense Against Pathogens Transported by Sperm. *The Quarterly Review of Biology*, 68(3), 335-86.

Rabinow, P. (1982): Ordonnance, discipline, regulation: Some reflections on urbanism. *Humanities in Society*, 5(3-4), 267-278.

Rastogi, P. N. (1986, October): The Culture of Productivity. *Indian Journal of Industrial Relations*, 22(2), 148-167.

Richardson, J. T. (1991, May - Jun): The Menstrual Cycle and Student Learning. *The Journal of Higher Education*, 62(3), 317-340.

Rogers, A. G. (1996): Voice, play and a practice of ordinary courage in girls' and women's lives. Marymount Equity Institute.

Schooler, D., Ward, L. M., Merriwether, A., & Allison, S. (2005, November): Cycles of Shame: Menstrual Shame, Body Shame, and Sexual Decision-Making. *The Journal of Sex Research*, 42(4), 324-334.

Sommer, B. (1983): How Does Menstruation Affect Cognitive Competence and Psychophysiological Response. (S. Golub, Ed.) *Women and Health*, 8, 53-90.

UNICEF. (2019): *Guidance on Menstrual Health and Hygiene*. New York.

Ylikorkala, O., & Dawood, M. Y. (1978): New Concepts in Dysmenorrhea. *American Journal of Obstetrics and Gynecology*, 130, 833-47.

Young, I. M. (2005): *On female body experience: "Throwing Like A Girl" and other essays*. New York: Oxford University Press.