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# The Flow: Educate. Empower. Change

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The Flow: Educate. Empower. Change.

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## Abstract

Menstruation is often misrepresented, stigmatized, and ignored. A lack of education and distorted view of periods in society greatly impacts young menstruators as they begin to have periods and can have long-term negative effects on their physical, mental, and emotional well-being. In order to design a project that effectively addressed this global problem, we used the Human Centered Design approach. This process has three steps: Inspiration, Ideation, and Implementation. During the Inspiration phase, we conducted expert interviews with professionals in the field of menstrual health and completed a literature review to further our understanding of the issues facing menstruators. After completing the stage of Inspiration, we decided to develop strategies to educate, empower, and change attitudes towards menstruation. During the Ideation stage, we worked with consultants to develop a website and social media campaign that allowed us to reach our target audience efficiently and effectively. During our Implementation phase, we completed our website and obtained feedback from our partner organizations, experts, and a sample of our target audience, and used this information to improve our website. Next, we published our website and began the social media campaign. After this, we used questionnaires to gather feedback from our target audience as a way to evaluate our progress. We assessed our outcomes by looking at the quantitative indicative from our social media followings and website interactions. We assessed our impact by conducting a content analysis of shared stories and discussions through brand based hashtags and social media posts. Our goal is to empower menstruators, and through them everyone, to take control of their bodies and break the cycle of silence through increasing and normalizing conversation surrounding menstruation.

## Introduction

All too often periods are misrepresented, stigmatized, and ignored. This lack of education and distorted view of periods in society greatly impacts young menstruators as they begin to have periods and can have long-term negative effects on their physical, mental, and emotional wellbeing. On average, women will have about 450 menstrual cycles in their lives. That translates to about 6.25 years of menstruation (Keith, 2016). For women, menstruation is huge part of their health, which is defined as a state of complete physical, mental, and social well being; not just an absence of disease (Keith, 2016). This means that at the most basic level, menstrual health is an issue of equity. However, all too often girls and women must alter their daily routines as a result of menstruation and their health rights become compromised as a result of their basic biology. In fact, there are 1.8 billion girls and women of reproductive age in the world (UNICEF, 2016). Of those, at least 500 million lack adequate facilities for managing their periods (UNICEF, 2016). Effective healthy menstrual management, unfortunately, is not a reality for everyone due to a variety of cultural taboos and education pitfalls that are outlined in the continuation of this project proposal. In order to design a project that effectively addresses this

global problem, we are using the Human Centered Design approach. This process has three steps: Inspiration, Ideation, Implementation (IDEO.org, 2015).

Throughout the development of this project, we decided to use a multimedia approach to help combat this issue. This included a website, a game, a podcast, and a social media launch. Our literature review and interviews with experts lead us to this approach, and through social media statistics and focus groups, we believe we have made a significant impact in a short amount of time in addition to creating a project that will continue even after we have finished our capstone.

## Inspiration

### Literature Review

#### **Cultural Attitudes Towards Menstruation**

The term menstruation creates a social stigma even today, and this is due to misconceptions resulting in unfortunate health outcomes. In “Students’ Perceptions and Doubts About Menstruation in Developing Countries”, a case study from India, the importance of dispelling societal myths and taboos is stressed in relation to menstrual practices that often cause considerable amounts of anxiety and emotional problems in adolescent girls. This study used a qualitative research ethnographic design with the aim of exploring cultural phenomena, perceptions, and beliefs around menstruation (Chothe et al., 2014). The most frequent questions, asked by participants, related to anatomy and physiology (25%) (Chothe et al., 2014). Students wanted to know about the biological origins of mensuration, patterns of menstruation, and the relation between menstruation and pregnancy (Chothe et al., 2014). Eighteen percent of participants asked questions related to menstrual symptoms such as pain origins and management (Chothe et al., 2014). Seventeen percent of participants were curious about myths and taboos, such as the idea that they should not bathe, complete chores, attend temple/religious places, or inhabit the kitchen during menstruation. Mothers, sisters, and female friends are the most common source of these myths (Chothe et al., 2014).

The study “Men and Menstruation: A Qualitative Exploration of Beliefs, Attitudes and Experiences” explores the perspectives of men in Australia towards menstruation. Overall, men tend to think of menstruation as a more negative and debilitating experience than women (Peranovic & Bentley, 2017). Respondents reported that they learned little or nothing about menstruation when growing up and that it is a secret and taboo subject that men do not talk about (Peranovic & Bentley, 2017). The men of this study only learned about menstruation through important female relationships in their lives such as friends or daughters (Peranovic & Bentley, 2017). But once they became educated on the topic, understanding menstruation enabled the respondents to understand *her* and be supportive (Peranovic & Bentley, 2017). The experience of

menstruation in the context of interpersonal relationships with the women and girls in their lives was the most important factor to encourage education for men (Peranovic & Bentley, 2017).

Ambivalent sexism is another factor that impacts menstruation. The sexist beliefs and attitudes towards menstruation were studied among 106 Mexican women who participated in two questionnaires (Marván et al., 2014). In the study “Ambivalent Sexism, Attitudes Towards Menstruation and Menstrual Cycle-Related Symptoms” researchers report that those who scored high on “benevolent sexism” were associated with positive attitudes towards menstruation, held the belief that a woman on her period should or should not do some activities, and believed that menstruation keeps women from their daily activities (Marván et al., 2014). Higher scores on “hostile sexism” were associated with rejecting the fact that they were menstruating and feelings of embarrassment about their period (Marván et al., 2014). Overall, the study found that beliefs and attitudes about menstruation did not indicate physical changes in a woman’s menstrual cycle; however, negative attitudes and beliefs caused impaired concentration and behavioral changes in women during their menstrual cycles (Marván et al., 2014).

### **Menstrual Health and Education**

Understanding the current global attitudes of menstruation is important and education can be a decisive tool to change these beliefs. In “What They Should Know About Menstruation”, McNab reported survey results based on a study involving 1034 American women and men aged 14 and older about their understanding and experience regarding menstruation (McNab, 1985). The researcher gathered the following results: 1/3 of women did not know what menstruation even was until they had their first period; 43% of women reported negative responses (being scared, confused, or panicked) during their first period; 25% of participants believed women could not function normally at work while menstruating; 1/3 of participants believed women would restrict their physical activities during menstruation; 22% believed menstrual pain is “strictly in a woman’s head”; 87% believed women are more emotional than normal while menstruating; 2/3 believed that menstruation should not be discussed socially or at work; only 1% of teenagers first learned about menstruation from a health professional; 64% of women and 20% of men first learned about menstruation from their mothers; 91% believed that menstrual education should be taught in schools (McNab, 1985). The researcher outlines a foundation for menstrual education: 1) getting students used to proper terminology; 2) addressing the history of attitudes/understanding of menstruation (stigmas) and its significance in different cultures; 3) teaching the basic anatomical and physiological aspects of menstruation and the menstrual cycle; 4) teaching menstrual protection; and 5) exploring menstrual health (McNab, 1985).

In contrast, “Preparing Girls for Menstruation: Recommendations from Adolescent Girls,” reports a study was conducted by interviewing adolescent girls about how they would advise others to prepare for menarche in the United States. The girls emphasized the need for emotional support, the pragmatics of menstrual hygiene, and the subjective experience, while the need for biological information was secondary (Koff & Rierdan, 1995). The explanations they

received often neglected to include important aspects of the experience such as what it feels like to menstruate and the bodily changes that occur (Koff & Rierdan, 1995). With a tendency to focus on the biological and hygienic aspects of menstrual education, it can often feel challenging and abstract for girls who lack familiarity with the internal reproductive organs involved in the menstrual cycle (Koff & Rierdan, 1995). It is also difficult for young girls to find personal meaning in linking menstruation to femininity, womanhood, and reproduction (Koff & Rierdan, 1995). Thus, three distinct aspects of education should be included in preparing girls for menarche—knowledge about the biology of menstruation and menstrual hygiene, emotional support and reassurance, and psychosocial meaning (Koff & Rierdan, 1995).

The research reported in “Impact of Health Education on Menstrual Hygiene: An Intervention Study Among Adolescent School Girls” indicates that health education about menstruation is crucial to proper menstrual hygiene management (MHM). MHM is a major cause of morbidity in adolescent girls in low and middle income countries (Santhanakrishnan & Athipathy, 2018). Complications such as reproductive tract infections and vaginal scabies often arise from improper hygiene (Santhanakrishnan & Athipathy, 2018). Cultural taboos and a lack of proper education in India surrounding menstruation leads to a culture of silence in which menstruation is rarely, if ever, discussed at home or school (Santhanakrishnan & Athipathy, 2018). This study indicates that most adolescent girls in India have incomplete and inaccurate information about menstrual physiology and hygiene (Santhanakrishnan & Athipathy, 2018). For example, girls often consider menstrual blood impure, and they do not know the cause of menstruation (Santhanakrishnan & Athipathy, 2018). The implementation of a health education program significantly improved the knowledge and MHM practices among adolescent school girls (Santhanakrishnan & Athipathy, 2018).

“Menstrual Hygiene Matters: A Resource on Improving Menstrual Hygiene Around the World” focuses on how to change the way menstrual hygiene is approached in order to provide better access in a safe and healthy way around the world. The author first focuses on the problems those with periods are already facing (House et al., 2013). This includes a great focus on access to WASH (water, sanitation, and hygiene) and how that can affect the creation of programs to progress with providing accessibility to better menstrual products and safer use and waste management (House et al., 2013). Another major topic from this article is working past the cultural taboos of periods, generational pass down of information, and men’s lack of knowledge and support (House et al., 2013). Along with no access to WASH, a lack of “systematic studies analyzing the impact,” and no accurate education and empowerment to girls in schools, these setbacks create a cycle of neglect on the topic of periods and the people who have them (House et al., 2013, p. 257). Menstruators getting their periods are often stressed during their time in school and unaware of how to safely and sustainably deal with their periods, especially if they do not have a private and proper facility to do so (House et al., 2013).

Towards the end of the article, the authors also focus on how marginalized identities face even greater risks when trying to deal with their periods (House et al., 2013). Homeless

populations and those with disabilities have a harder time gaining access to proper facilities and have a lack of knowledge on how to keep up with safe menstrual hygiene (House et al., 2013). Men can also have a large impact on menstrual hygiene. The article points out that the head of the household has a better chance of their voice heard in the public sphere, which is often true for many cultures (House et al., 2013). Therefore, men should be involved in the empowerment of women who menstruate by challenging taboos and supporting the develop of programs that provide better access to WASH and sustainable menstrual products (House et al., 2013).

Menstrual health management has recently become a topic in many different sectors. Several factors played into this shift in perception. First of all, finding out about the experiences of menstruating girls in school brought it to the attention of educators (House et al., 2013). In fact, using personal accounts of women and girls actually had a larger impact than facts and statistics (House et al., 2013). Also, the changing family structure has caused the issue to become less of a family responsibility, and more of a school/community issue (House et al., 2013). Finally, the term MHM was first formally used at a UNICEF event (House et al., 2013). This connected the topic to that of WASH and brought it to the public eye (House et al., 2013). Overall, it was a combined effort of the academic, NGO, social entrepreneurial sectors, and leaders from UN entities that gave MHM the attention it needed to become a public health issue, instead of a personal problem (House et al., 2013).

### **Delivery Strategies**

Education is important, but not always sufficient to change behavior. This is where social marketing comes into play. This type of marketing can be used to positively impact the way societies think about social issues (Weinrich, 2011). Strategies and research are pulled from anthropology, social psychology, design, public health, behavioral economics and persuasive technologies when marketing social issues (Weinrich, 2011). However, strategies must be implemented systematically (Weinrich, 2011). A social marketing campaign must contain: a clear goal (what behavior do we want people to adopt?), finding a target audience and researching it (demographics), involving a systematic process (to create a long-term and sustainable process), and finding the right marketing mind-set (Weinrich, 2011). Social marketing should showcase the most appealing attributes of the product to the greatest number of people (Weinrich, 2011). Geographically speaking, social marketing programs need to be available to audiences where the target issue is prevalent (Weinrich, 2011). However, making a program available is not effective without promotion of the program, which can be accomplished through advertising, social media, advocacy, and events (Weinrich, 2011). Research for social marketing should include formative research, evaluating the process, and summative evaluations (Weinrich, 2011).

## Interviews with Experts

Hannah Nadeau, who is the project coordinator for Escuela Integrada, discussed with us her empowerment programs at the school. Escuela Integrada is a free school for impoverished children in Antigua, Guatemala, and the surrounding areas. The school offers two different programs for the girls at the school. Proyecto Capaz is an afterschool program offered to all girls at the school. For the older children, they have a program during school called Ser Nina. This once-a-week workshop educates girls on their rights, encourages to find their voice, and also teaches them on sexual education and puberty. This program is necessary because Guatemala has extremely high rates of mistreatment of women. Many women do not know their rights, and therefore are unable to combat this mistreatment. There is also gender inequality in accessing education, so this program aims to empower girls to stay in school and fight for equality. This program works by facilitating activities that teach the girls. They also offer workshops for the parents of the children. One of the main goals is to educate the parents as well, so that the girls can have safe environment at home. They have found that education is the key to empowerment. She recommended using education on our proposed website as an empowerment tool.

Kimber McKay is an anthropologist at the University of Montana and has studied menstrual health in Uganda. She found that a lack of access to sanitary products and deeply ingrained social stigmas shaming menstruation leads girls to miss a detrimental amount of school days. While menstruators in developing countries have varying struggles with finding consistent and stable products for periods, the stigma they face is similar to that of girls all around the world. McKay's advice for combating this stigma is to normalize it. Periods are an integral part of life for half the human population, but exotic to the other half. An important step to empowering menstruators to feel comfortable with periods in public spaces is to normalize periods for those who do not experience them. Adolescent children should not feel worried about hiding their tampons or pads at school in fear of embarrassment. McKay suggested using social media and popular culture to aid in this mission. Normalization of menstrual health for all genders is a main goal of our project.

Rohana Erin is the program manager for Girls Using Their Strengths (GUTS) program at the YWCA Missoula. It is a community-based leadership and empowerment program designed for young girls, primarily ages 9 to 13. Anyone who identifies with girlhood is able to participate in workshops and outdoor adventures with GUTS. Erin outlined the organization's methodology to empower young girls in three ways: mentorship, experiential learning, and peer support. These methods are used to help young people feel confident, supported, and comfortable while learning life skills, including menstrual health education. In our project, we provide peer support and mentorship through personal accounts of period experiences on blogs posts and through our podcast. The methods have proven effective for GUTS.

Beth Hubble is the current director of the University of Montana Women's, Gender, and Sexuality Studies program. She is an active member of the Missoula, Montana community as an advocate, activist, and professor. In our interview with Beth Hubble, there was a great focus on

previous activism, such as passages on menstruation through an activist lens in Inga Muscio's "Cunt: A Declaration of Independence" and advertisements that focus on shifting the conversation from women to men, in order to normalize the topic in different communities while keeping menstruators empowered. Beth Hubble reflected on her own experiences of using this knowledge when talking to her own son about menstruation, setting examples for parents in her own community. Beth was able to share many local resources with us, such as Women's Voices for the Earth, Planned Parenthood, and Blue Mountain Clinic. Beth's current knowledge and experiences in our local community helped us have a better understanding of what has worked so far when progressing conversations surrounding activism, and how we can apply that to our global lens.

In an interview, Alex Scranton, the Director of Science and Research for the Women's Voices for the Earth, spoke of her general experience both within her field and as mother. We asked, in her experience, what she thought the best way to overcome the cultural stigmas of menstruation was. Alex suggested making the general menstruation conversation that occurs in education more open and accessible to everyone, not just girls. Involving boys and men would keep everyone educated and reduce stigma that is related to a lack of knowledge. When asked how to address the gap in knowledge of men and boys, Alex suggested again keeping boys in the same room as girls during both sexual education classes and specific education sessions of menstrual health. Giving young boys this knowledge will prevent them from later misunderstanding and thereby misjudging periods. We then asked how to make men and boys care about periods. She remarked that they may already be curious just from being left out of the conversation, and we should acknowledge that the topic may be uncomfortable. When asked about education and empowerment, Alex suggested making it clear that a period does not have to be embarrassing and does not have to be hidden. Alex used the example of blowing your nose in a classroom; it is loud, but the action is socially acceptable to everyone despite the fact that you are expelling something from your body. She emphasized using humor in our discussions and content and having open conversations about periods with the attitude that no question is a dumb question. We asked Alex how we could make parents more comfortable with having the menstruation conversation with their children, and she suggested having a place on the website where parents could view a model of a conversation between a parent and their child.

We had the opportunity to gain an international perspective on menstrual health from Loung Davy of Cambodia and Saryar Poine of Myanmar. Both women are alumni of the Young Southeast Asian Leaders Initiative (YSEALI) for Professional Fellows program sponsored by the Department of State and hosted by the Mansfield Center. Ms. Loung works at Action Aid International, and Ms. Poine works at Jomper Mon Women's Development Working Group. They both expressed the need for menstrual education in their countries and developing countries in general. With a lack of education many girls and women in their countries develop illnesses and stigmas leading to detrimental physical and mental problems. They both suggested including parents and boys in education. They encouraged us to use social media campaigns to mainstream

our message as well as to include an education model that can be modified inclusively and locally.

## Ideation

After gaining ideas, insights, and inspiration through our literature review and expert interviews, we were ready to move onto the ideation stage. We drew from our own multi-disciplinary knowledge and creativity to brainstorm a wide-range of possible ways, including an app or in-person programming, to address the global problem. Ultimately, we decided on a multimedia approach, which included a website, a podcast, a game, and a social media campaign. We decided to create a website instead of something like an app because of its accessibility to a global audience, its flexibility in changing, revising, or updating content, and its ability to hold information and connect to our other solutions. We planned to create a website that aims to empower young menstruators worldwide to take control of their periods through education, connections, and social change. Menstrual health varies from person-to-person and can be overwhelming to navigate. This site covers educational topics from biological processes to products and how to use them and more.

In conversation with our social media consultant, Sophia Bay, we decided on a target audience of year old menstruators. While this may sound limiting in the scope of people we intend to reach, Sophia stressed that we focus our attention on molding our content to a specific set of people in order to expand our influence to others.

The culmination of content on our website derives from research, conversations with experts, personal connections, and personal expertise. Because we are a diverse group, we all have unique skills and knowledge to contribute. From the scientific knowledge, the ability to write and present the content in a persuasive and interesting way, to the understanding of the social psychology surrounding our issue and solution, we all have the abilities that made our project succeed. Additionally, due to our out of classroom experiences, we also have many friends and contacts locally and internationally that we used to gain insights on our project throughout the process. In order to make this website inclusive, we used gender neutral colors and included information for all genders.

## Implementation and Iteration

### Website

Through the development of our website, both before and after our launch, we used local and international feedback collected from surveys we sent out to friends, peers, and professional colleagues of all genders and ages to focus our content and add personal stories. In addition we

held focus groups with girls from the YWCA GUTS program, in which the girls provided feedback on both the content and the aesthetics of the website. This iteration helped us narrow down our target audience to 11-to-14-year-old menstruators. We found this to be the population that needed our resource the most, and for whom there was a gap in knowledge.

Our website is titled “The Flow” and can be found at the following url:

<https://theflownation.com/> It includes the following tabs: Home, The Basics, Myth Busting, Stories, Let’s Talk, Podcast, Global Resources, and About Us.

Our homepage includes first and foremost our mission: Educate, Empower, Change. Following that is a brief introductory statement for our website which reads, “Everyone knows someone who has a period, no matter your gender identity or expression. We are here to help you talk about your period and provide learning tools and guides to inspire action in your own lives. We are here to help you take control and break the cycle of silence through conversation.” Also on our homepage is “9 Steps to Holistic Menstrual Hygiene Management” as laid out by Sophia Bay’s “Moving Toward A Holistic Menstrual Hygiene Management: An Anthropological Analysis of Menstruation and Practices in Western and Non-western Societies.” Additionally we put our game “The Flow” (developed by Ashley Rezvani, artwork by William Malloy) on our homepage. In addition to drawing in a younger audience, this game is a fun way to learn about period products while promoting conversation about menstruation

*The Basics* tab includes biological explanations of menstruation paired with illustrations, information on self-care, how to manage a period, and guides to different menstrual products. Here, menstruators can go to find the answer to their burning question: what exactly is a period?

The *Myth Busting* tab contains popular cultural and societal myths and misconceptions about menstruation accompanied by explanations of why these myths are incorrect. We cover a wide variety of myths, from comical ones such as, “You can’t go camping on your period,” to more impactful ones like, “You will lose your virginity if you use tampons.” Many of these myths are held globally and contribute to negative stigmas that prevent menstruators from receiving adequate health care or viewing their periods as positive.

The *Stories* tab features personal stories collected from menstruators and non-menstruators locally and globally. We included these stories from real people in order to normalize the topic of menstruation and empower young menstruators to feel connected to one another. In addition, we included activities people engage in while menstruating accompanied by photos such as hiking, graduating, writing, boxing, or taking an exam. These ordinary and extraordinary activities again aim to empower menstruators and encourage them to stop letting their periods hold them back from accomplishing their goals and doing what they love.

The *Let’s Talk* tab contains conversation starters and guides for talking about menstruation for menstruators, non-menstruators, teachers, and parents/guardians. This empowers everyone to have guided, meaningful conversations while acknowledging that menstruation is an awkward topic to talk about. Through these resources, young mesturators are

able to advocate for themselves and start the conversation. We used existing guides from both Clue and EcoFemme.

The *Global Resources* tab includes resources for further research and learning in over 40 different languages. These are from credible sources such as NGOs and Universities. In acknowledging that menstruation is a global topic, we also recognize that it is a diverse issue unique to each culture. By compiling this list, everyone who visits our website is able to access information that is culturally understandable in their own language. In addition, international organizations have a place to find content that they can adapt and use within their own communities.

Our final tab is *About Us*. Here, we provide a brief summary of who we are and why we started this project, accompanied by photos, in order to create a personal connection with our audience.

## Podcast

We created a four-part series that includes a different guest each episode. Episodes feature a personal story from Kirsten and Laurel about their abnormal period experiences, how they dealt with them, and what they wish they could tell their younger selves; a conversation with the director of the YWCA GUTS program, on how best to prepare for a backpacking trip while menstruating; an interview with Ellie where she discusses her experience with Endometriosis; and a discussion with our team member's father, Chris, about periods and how to start a conversation with a parent about menstruation. The podcast explores menstrual health topics in-depth with honesty and humor. We created a podcast because of the benefits of hearing another human being speak aloud about this stigmatized and often taboo topic. We wanted to share stories that help young menstruators understand that they are not alone. There are actions they can take to advocate for themselves and to help them feel empowered to take control of their menstrual health. This podcast aims to help normalize periods and facilitate discussion about menstruation.

## Social Media

Our project does not aim to sell a product or service, but to change behavior among young menstruators and the stigmas surrounding periods--this is where social marketing comes into play. Social media helps us change the negative stigmas surrounding menstruation we want to see. It encourages positive deviance, a powerful method of social change. Research shows this type of systematic marketing is effective in creating social change, according to "Social Marketing: A Tool for Health Education" published in the American Journal of Health Behavior (2000). It helps us reach girls and organizations worldwide. Through conversations with our social media consultant, Sophia Bay, we created a social media brand on Facebook and Instagram. The brand is curated for our target audience and used to maintain consistency in our

message. Our project would not be effective without engagement from young menstruators, and we use our brand to attract engagement. We also used content from our website, including personal stories, empowering activities people engage in while menstruating, photos, humor, and myth busters.

## Outcomes and Impact

Our goal for this project was to educate, empower, and change the way we think about periods. Our method was to start conversations and fight negative stigmas through education. Overall, our social media campaign target was to earn 100 followers on each site during our three weeks of launch. As of now, we have reached 206 followers on Facebook and 128 followers on Instagram. We have reached 32 countries, including India, Thailand, Iraq, Montenegro, Norway, Russia, Uganda, and more. We have received comments, reviews, and posts to our social media pages. These statistics and interactions indicate that we have indeed started conversations about menstruation.

Our social media campaign is less than a month old, and it will take more time to create the impact we envision. We have put into effect several steps to continue The Flow after the end of this project's intended timeline. With help from our team member and co director of the Women's Resource Center (WRC), Lea Graham, the WRC will continue this project through upkeep of the website and continued social media involvement. Team members Monica Paul and Shaylee Ragar will be going abroad next year and plan to use this project in Russia and Guatemala, respectively. In addition, we have asked our other local partners to use and share this resource. Women's Voice for the Earth, in particular, will be doing blog posts about our website. Finally, global educators through the Mansfield Center will be using our website in their own classrooms.

We are The Flow Nation, and we are invested in building this community. Starting the conversation about menstruation has lead us to think globally and question long-held beliefs and traditions in addition to exploring other cultures and perspectives. Both individually and collectively, we will take what we have learned from this project and use it in our everyday lives, hoping to educate, empower, and change the global conversation of menstruation in order to break the cycle of silence.

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