

**BAŞKENT UNIVERSITY
INSTITUTE OF SOCIAL SCIENCES
DEPARTMENT OF PSYCHOLOGY
MASTER IN SOCIAL PSYCHOLOGY WITH THESIS**

**THE TABOO OF GENDER (IN)EQUALITY:
MENARCHE AND MENSTRUATION EXPERIENCES IN TÜRKİYE**

BY

ESİN KOÇ

MASTER'S THESIS

THESIS ADVISOR

ASSIST. PROF. ZUHAL YENİÇERİ KÖKDEMİR

ANKARA - 2022



BAŞKENT ÜNİVERSİTESİ SOSYAL BİLİMLER ENSTİTÜSÜ
YÜKSEK LİSANS / DOKTORA TEZ ÇALIŞMASI ORJİNALLİK
RAPORU

Tarih: 20 / 07 / 2022

Öğrencinin Adı, Soyadı: Esin Koç

Öğrencinin Numarası: 21910215

Anabilim Dalı: Psikoloji Anabilim Dalı

Programı: Sosyal Psikoloji Tezli Yüksek Lisans Programı

Danışmanın Unvanı/Adı, Soyadı: Dr. Öğr. Üyesi Zuhâl Yeniçeri Kökdemir

Tez Başlığı: The Taboo of Gender (In)Equality: Menarche and Menstruation Experiences in Türkiye

Yukarıda başlığı belirtilen Yüksek Lisans tez çalışmamın; Giriş, Ana Bölümler ve Sonuç Bölümünden oluşan, toplam 59 sayfalık kısmına ilişkin, 20/07/2022 tarihinde tez danışmanım tarafından Turnitin adlı intihal tespit programından aşağıda belirtilen filtrelemeler uygulanarak alınmış olan orijinallik raporuna göre, tezimin benzerlik oranı %2'dir.

Uygulanan filtrelemeler:

1. Kaynakça hariç
2. Alıntılar hariç
3. Beş (5) kelimedenden daha az örtüşme içeren metin kısımları hariç

“Başkent Üniversitesi Enstitüleri Tez Çalışması Orijinallik Raporu Alınması ve Kullanılması Usul ve Esaslarını” inceledim ve bu uygulama esaslarında belirtilen azami benzerlik oranlarına tez çalışmamın herhangi bir intihal içermediğini; aksinin tespit edileceği muhtemel durumda doğabilecek her türlü hukuki sorumluluğu kabul ettiğimi ve yukarıda vermiş olduğum bilgilerin doğru olduğunu beyan ederim.

Öğrenci İmzası:

Onay

20/07/2022

Öğrenci Danışmanı Unvan, Ad, Soyad,
Dr. Öğr. Üyesi Zuhâl Yeniçeri Kökdemir

ACKNOWLEDGMENTS

Foremost, I would like to express my sincere gratitude to my supervisor Zuhâl Yeniçeri K kdemir. She has been a teacher and a role model for me, especially in my academic and field work to achieve gender equality. I would also like to express my sincere gratitude to G lçin Akbař Uslu and Didem T re řakar, who accepted to be on the dissertation committee and contributed to my thesis with their valuable comments. I would also thank Burçin Akın Sarı for sharing her knowledge and experiences for this thesis.

I am deeply grateful to my family, the people I love most in my life, especially my mother, Esra Koç, my father, Metin Koç, and my sister Gizem Koç. I felt their support with me, cannot express how lucky I feel, and appreciate their endless love.

I would like to thank my dearest friend, Elif Ezgi etinsaya, for always being there and her tremendous efforts to support this thesis. I am grateful for my friends, especially  zge Tuncer and Burcu Kabil, who were the inspiration for this thesis. I would like to thank my dear friend Sena Tekçe, and I feel lucky that we graduated together by supporting each other. I am happy that my dear friends Nazlı  zsırkıntı, Hasan Basri Akkanat, and Ece Ataseven, who did not allow me to feel alone on the day I felt most excited and showed their support and love.

Lastly, I am grateful that I had a chance to meet and work with G nnur Karakurt. She is more than a teacher; I felt her support with me all the time for years; I would not be the person I am today without her.

ÖZET

KOÇ, ESİN. Toplumsal Cinsiyet Eşit(siz)liği Tabusu: Türkiye’de Menarş ve Menstrüasyon Deneyimleri. Başkent Üniversitesi, Sosyal Bilimler Enstitüsü, Sosyal Psikoloji Tezli Yüksek Lisans Programı, 2022.

Bu tez çalışmasının temel amacı Türkiye’de yaşayan kadınların menstrüasyon deneyimlerine dair detaylı bilgi edinmektir. Çalışma, özellikle kadınların ergenlik dönemindeyken menarşı ve güncel koşullarda menstrüasyon deneyimlerine odaklanmaktadır. Türkiye’de regl üzerine araştırma çalışmaları yapılmış olsa dahi menstrüasyon üzerine nitel araştırmaların yetersizliği dikkat çekmektedir. Bu araştırmada, duygu, davranış ve bilişin detaylı kavranması ve geçmiş ile güncel deneyimlerin karşılaştırılması adına nitel araştırma yöntemi kullanılmıştır. yarı yapılandırılmış görüşme gerçekleştirilmiş ve görüşmeler transkripte edilip Tematik Analiz Metodu ile MAXQDA 2022 programı kullanılarak 15 görüşme analiz edilmiştir. Analiz sonucunda ortaya çıkan temalar üç temel kategori altında incelenmiştir. İlk kategori olan menarş dört temadan oluşmaktadır; duygu, davranış, biliş ve bilgi. İlk kategori katılımcıların ergenlik yıllarında olan deneyimlerine odaklanmaktadır, ikinci kategori olan menstrüasyon kategorisi ise bireysel seviyede güncel menstrüasyon deneyimine odaklanmaktadır. İkinci kategorinin duygu, davranış, biliş ve şikayet temaları bulunmuştur. Üçüncü kategori, toplum seviyesinde menstrüasyon ise toplumun tutumu, yapılması gerekenler, kurallar, regl yoksulluğu ve geçmişten günümüze değişiklikler temaları bulunmuştur. Çalışmanın sonuçları, temalar, alt temalar alanyazında olan çalışmalar çerçevesinde tartışılmıştır.

Anahtar Kelimeler: menstrüasyon, menarş, tabu, nitel, tematik

ABSTRACT

Koç, Esin. The Taboo of Gender (In)Equality: Menarche and Menstruation Experiences in Türkiye. Başkent University, Institute of Social Sciences, Master's Degree in Social Psychology, 2022.

The main aim of this thesis study was to gain a comprehensive understanding of the menstruation experiences of women living in Türkiye. The study specifically focused on how women experienced menarche when they were adolescents and what are their experiences currently in their living conditions. Although there are previously conducted research studies about menstruation in Türkiye, the lack of qualitative research on menstruation is remarkable. The research method was qualitative to apprehend their emotions, behaviors, and cognition in detail, comparing their past experiences with the present. Semi-structured interviews were conducted, transcribed, and 15 women's interviews were analyzed using Thematic Analysis Method using the MAXQDA 2022 program. Themes are found as a result of analysis under three main categories. The first category, menarche, includes four themes: affect, behavior, cognition, and knowledge. The first category focuses on participants' past experiences during adolescence, and the second category, menstruation at the individual level, focuses on current experiences. The themes for menstruation were found as affect, behavior, cognition, and complaints. The third category, menstruation at the societal level, consists of society's attitude, things to do, rules, period poverty, and changes from past to present. The results of the current study outputs, themes, and sub-themes were discussed in the light of previous literature.

Keywords: menstruation, menarche, taboo, qualitative, thematic

TABLE OF CONTENTS

ACKNOWLEDGMENTS	i
ÖZET	ii
ABSTRACT	iii
TABLE OF CONTENTS	iv
LIST OF TABLES	vi
LIST OF FIGURES	vii
1. INTRODUCTION	1
1.1 Menstruation	1
1.1.1 Menstruation in sociocultural context	1
1.1.2 Religious practices	3
1.1.3 Knowledge	5
1.1.4 Resource limitations	7
1.1.4.1 Physical environment limitations	7
1.1.4.2 Economic limitations	8
1.2 Menarche	9
1.2.1 Emotions	9
1.2.2 Sharing menarche and reactions	12
1.2.3 Impacts	13
1.2.3.1 Education	13
1.2.3.2 Forced and early marriages	14
1.3 Menstruation in Türkiye	15
1.4 Overview of the current thesis	19
2. METHOD	20
2.1 Participants	20
2.2 Measures	21
2.2.1 Demographic information form	21

2.3 Procedure	23
2.4 Data Analysis	23
2.4.1 Transcription and coding schemes	25
2.5 Trustworthiness	26
2.6 The researcher’s perspective	26
3. RESULTS	28
4. DISCUSSION	51
4.1 Limitations and future research	54
4.2 Recommendations	55
REFERENCES	59
APPENDICES	
APPENDIX 1: INFORMED CONSENT	
APPENDIX 2: DEMOGRAPHIC INFORMATION FORM	
APPENDIX 3: INTERVIEW QUESTIONS	
APPENDIX 4: ETHICS COMMITTEE APPROVAL	

LIST OF TABLES

	Pages
Table 1. Sociodemographic characteristics	20
Table 2. Phases of thematic analyses.....	24
Table 3. Demographic characteristics.....	29
Table 4. Menstruation-related demographic information.....	30
Table 5. Themes and subthemes for menarche.....	31
Table 6. Themes and subthemes for menstruation at individual level.....	36
Table 7. Themes and subthemes for menstruation at the societal level.....	42

LIST OF FIGURES

	Pages
Figure 1. Themes of menarche menarche.....	32
Figure 2. Themes of menstruation at individual at individual level.....	36
Figure 3. Themes of menstruation at societal level.....	42

1. INTRODUCTION

1.1 Menstruation

Menstruation is a biological process, shedding blood and tissue through a vagina each month, and the onset of the first menstrual cycle is defined as menarche. When pregnancy does not occur in the women's body, progesterone levels start to decrease, and it initiates menstruation (Jabbour et al., 2006, p. 27). The average age for adolescent girls who experience menarche is approximately 12 years old; menstruation starts with menarche and continues until menopause (Herman-Giddens et al., 1997, p. 511). The cycle of menstruation is 28 days and occurs absence of pregnancy. The average number of menstruation of women in developed countries is approximately 400, and women experience menstruation for an average of 3000 days menstruation through the lifetime, depending on the age at onset (Ahmed & Yesmin, 2008, p. 283; Jabbour et al., 2006, p. 18; Xiao et al., 2017, p. 2).

As stated, every female has menstruation in their lifespan if there are no health-related issues and females experience psychological and physical symptoms in their menstrual cycle. The symptoms that can be seen before menstruation starts, defined as premenstrual symptoms (PMS), refer to a group of symptoms, including cognitive and physical symptoms, that occur during the luteal phase of the menstrual cycle (Bendich, 2000, p. 3). The cognitive symptoms include irritability, depression, anxiety, and outbursts; the physical symptoms include breast tenderness and skin problems such as acne and gastrointestinal problems (Mohib et al., 2018, p. 6). Females also experience physical symptoms through their periods, such as cramps and pain (Harlow & Park, 1996, p. 1137).

Notwithstanding menstruation is natural and biological, it cannot be evaluated only with the biological framework; it is vital to consider sociocultural aspects and norms (Koeske, 2008, p. 12). Although people under 18 are defined as children, and menarche has been defined as an essential milestone in a sociocultural context which is interpreted as a transition from a girl to a woman (Dhingra et al., 2009, p. 43; Newton, 2016, p. 54). The unique experience of menstruation is associated with social factors within the framework of personal, family, community, and national levels (Severy et al., 1993, p. 7; Viner et al., 2012, p. 1648).

1.1.1 Menstruation in sociocultural context

Menstruation is widely perceived as unfavorable in the sociocultural context. Women even desire to menstruate only for a few minutes instead of experiencing it for days (UNICEF,

2018, p. 21). Even some people think menstruation is a failure; it should not be discussed in society due to the stigmatization of menstruating girls and women as unclean/dirty. One of the reasons behind the idea is based on the sign of not having reproduction which does not meet expectations for continuing one's lineage (Estanislau do Amaral et al., 2005, p. 158; Martin, 1992, p. 46). The idea is parallel to the thought that the purpose and function of the female body are to give birth (Martin, 1998, p. 247). Also, according to Freud's cloacal theory, one of the reasons for perceiving menstruation negatively is associate menstruation with dirtiness because, according to theory, people confuse the vagina and anus and interpret everything that comes from the lower apertures of the body as dirty and unclean (Deutsch, 1944, p. 158).

Menstruation is viewed as a private affair that should be kept secret and not talk in public (Rodgers, 2001, p. 528; Thurén, 1994, p. 2). A study conducted by Marvan and colleagues (2005) in Mexico showed that older people believe menstruation should be kept a secret within society more than younger people. The thought that menstruation should be kept confidential differs between sexes, and in this case, sociocultural factors are essential. For example, although the proportion of women who think that menstruation should be confidential in a study conducted in Mexico is higher than men, studies conducted in Taiwan and China have shown that men believe that menstruation should be kept confidential more than women (Cheng et al., 2007, p. 132; Marvan et al., 2005; Wong et al., 2013, p. 3324). However, in general, it is taboo in most societies to talk about menstruation, and one of the underlying reasons is that menstruation is considered shameful by societies. Perceiving menstruation as a shame became an obstacle for people since it keeps away to people from talking about menstruation and sharing their knowledge and experiences (Courts & Berg, 1993, p. 189; Hennegan et al., 2019, p. 22).

Menstruation is also associated with being unclean and menstrual blood is perceived as dirty. This mentality is formed due to social learning, causes people to feel dirty, and limits themselves socially (Agyekum, 2002, p. 376; Crawford et al., 2014, p. 437; Wall et al., 2018, p. 3). People believe that the blood is unclean, and they describe menstruation as removing dirty blood from the body as a cleansing procedure (Siabani et al., 2018, p. 8079; Singh, 2009). The fact that women are considered dirty during their period causes the restriction of some activities that they do. These activities include daily chores, and women are limited to carrying out activities such as cooking and taking care of children before cleaning themselves by taking a bath (Caruso et al., 2017, p. 7).

There are different examples of limitations of activities around the world. For instance, in Lang'ata District, Kenya life of adolescent girls is not only limited to period days, but the limitations start with their first period. Teenage girls are expected to have social distancing between themselves and other males, including family members after they experience menarche. During period days, girls are not allowed to eat with their brothers and fathers, they do not sit close to their fathers, and these limitations are seen based on respect towards males (Chebii, 2018, p. 209).

Nepal is one of the countries with the strictest practices and restrictions for girls and women with menstruation. Nepalese girls do not cook, do not sleep in their house, and do not eat with their family members during their period (Adhikari et al., 2007, p. 383). There is an old custom named Chhaupadi culture, menstruating girls and women are considered unclean, and they sleep in a hut outside, such as an animal shed, without aeration and light for approximately 5 or 6 days (Bhattarai, 2020). They have limited water access, are not allowed to consume milk products, and cannot touch men and children, cattle and plants (Ranabhat et al., 2015, p. 287). Nepalese girls believe that if they do not follow the procedures of tradition, God will be angry and bad luck will be with their families; this is why they continue to stay in the hut (Amatya et al., 2018, p. 8; Bhattarai, 2020). Since there is no heating, women build fires inside of huts which have caused the deaths of Nepalese girls and women in the past years (Himalayan News Service, 2019; Sharma & Schultz, 2019).

1.1.2 Religious practices

Regarding sociocultural factors, religious beliefs also affect people's attribution to menstruation, practices, and behaviors in daily life. Religious beliefs limit specific actions during menstruation for women that can reinforce negative attitudes towards menstruation (Dunnavant & Roberts, 2012, p. 123). According to some religious beliefs, if a menstruating girl or woman behaves differently than they should, God or the evil spirits will be angry, and the person who does not behave appropriately will face bad results. Hence, girls and women follow written/unwritten rules (Khanna et al., 2005, p. 97).

When the tenet and rules of religions are examined, there are differences in religious practices, but they can be examined in general; religions also have standard rules and beliefs about menstruation. Especially rules can be seen in holy books related to religions such as Islam, Christianity, and Judaism. One of the religious laws is Jewish Halakha which has strict regulations for menstruating women in Judaism. Niddah period refers to the period of

menstruation in Jewish Halakha, and during Niddah, physical contact between males and females is forbidden. After Niddah end, women need to clean themselves with a ritual bath called Mikvah. The Mikvah is essential for women to be pure and clean after menstruation. Women are allowed to physically contact their husbands after seven clean days after their menstruation ends (Avishai, 2008, p. 414; Bhartiya, 2013, p. 523; Dunnavant & Roberts, 2012, p. 123; Guterman, 2007, p. 341). According to the Bible, the holy book of Christianity (King James Version, 1769/2022), menstruating women are considered unclean (Tjon-A-Ten, 2007, p. 6). In the detailed description of Leviticus 15:22 in the Bible (King James Version, 1769/2022), not only females but also whomever a woman touches, that person will also be unclean until having a bath which is also similar to the belief of Jews (Tjon-A-Ten, 2007, p. 6).

The Qur'an (2:222) dictates that "They ask you about menstruation. Say: "It is an impurity. So, keep away from women during menstruation; and not have intimacy with them until they are cleansed. However, when they are cleansed, go to them from where Allah commanded you. Surely Allah loves those most repenting and those who keep themselves pure." (Qur'an Online Version, n.d.b). Qur'an defines women in their menstrual period as not clean; after menstruation, Muslim women take body baths to be clean (Caliskan et al., 1996, p. 48; Hacıalioglu et al., 2009, p. 61).

Although the Qur'an (2:185) does not include inhibited activities in the sura, Muslim women have different restrictions on their period days (Qur'an Online Version, n.d.a). They do not perform salaah, not circumambulate the Kaaba, or enter mosques and masjids unless necessary while menstruating. In their research study, Cevirme and colleagues (2010) found that most participants reported that they should not touch and read Quran while menstruating and are not visiting mosques (Cevirme et al., 2010, p. 389). According to the Qur'an, there is no restriction against the fasting of menstruating women, but in Surah Al-Baqarah, whoever is ill can fast an equal number of days after Ramadan. However, Muslim women do not fast during their periods; this restriction shows that menstruation is perceived as an illness.

In India, there are various regional practices; according to traditional Hindu belief, menstruating women see themselves as polluted (Dunnavant & Roberts, 2012, p. 123). This belief restricts their activities, women on their period days are now allowed to talk loudly, touch any other male or female, and have sex. Even it is forbidden that menstruating women's shadows cannot fall on plants because there is a belief that plants might die (Bhartiya, 2013, p.

524). A study conducted by Dhingra and colleagues (2009, p. 46) found that adolescent girls living in the Gujjar Tribe from the Kashmir and Jammu regions of India follow some religious practices through generations, and there are restrictions on reading religious books, going to religious places, and keeping fast (Dhingra et al., 2009, p. 46). Another study conducted with girls and women living in Rajasthan found that they do not attend any religious practices during their menstruation process (Khanna et al., 2005, p. 98).

Although the beliefs of religions differ, as mentioned above with examples, many menstruating women are perceived as unclean according to their religious beliefs; the restrictions brought by this belief limit both religious rituals and daily life actions for women. In general, religions affect women's daily activities and lifestyles. These effects generally restrict females' lives with restrictions such as physical hygiene management, participating in rituals, and daily activities. In general, when we look at the effects of religions on females' menstruation periods, they affect women's daily activities and lifestyles. These effects generally restrict females' lives with restrictions in daily activities such as eating or cooking routines, physical hygiene rules, and not participating in religious rituals during their menstruation period.

1.1.3 Knowledge

Menarche is a natural biological process that adolescent girls experience; however, most of the girls are uneducated and unprepared. The sources for information on menarche can be classified as mothers, schools, and friends (Thakre et al., 2012, p. 1028; Van Eijk et al., 2016, p. 5). Most of the girls are informed by their family members, specifically mothers, but still, the information provided does transfer with gaps and misconceptions (Bhusal et al., 2020, p. 7; Chandra-Mouli & Patel, 2017, p. 12; Mason et al., 2013, p. 3). Different factors affect the information level of the women, one of which is where families live. Women who live in urban and rural areas have different experiences from each other. While the taboos and negative attitudes of parents in rural areas hamper learning about menstruation in children, the higher level of awareness of parents in urban areas enables children to have information about menstruation (Khanna et al., 2005, p. 96; Mudey et al., 2010, p. 226; Siabani et al., 2018, p. 8079). Other sources of information are schools, friends, and elder sisters, and hardly ever do fathers teach their daughters about menstruation (Santina et al., 2013, p. 80, Whisnant & Zegans, 1975, p. 810).

Given this context, a lack of information on menstruation causes adolescent girls to be unprepared for the menarche experience. A survey conducted in Lao People's Democratic Republic showed that 97% of adolescent girls were unaware of menstruation before their menarche experience (UNICEF, 2017, p. 28). A study conducted in Kenya found that many adolescent girls do not have adequate information and awareness about menstruation, and girls learn about menstruation during menarche when they see menstrual blood for the first time (Mason et al., 2013, p. 3). Lack of information causes children's menarche experiences to include negative emotions. Girls experience shock when they see blood and feel worried and frightening (Khanna et al., 2005, p. 96; Mason et al., 2013, p. 3).

Not knowing about menstruation poses not only a psychological risk to adolescent girls but also a risk to girls' physical health due to the lack of information about menstrual hygiene management. Menstrual hygiene management includes a change of clothes, hygienic menstrual items such as pads and tampons regularly, washing hands with cleaning supplies, showering daily and washing genitals, and maintenance of a balanced diet (UNICEF, 2008, Santina et al., 2013, p. 76, WHO & UNICEF, 2015, p. 9). Menstrual hygiene is essential for girls and women because of poor personal hygiene; girls and women can face a variety of gynecological symptoms and problems (Bhatia & Cleland, 1995, p. 206).

Previous studies about menstrual hygiene management found that adolescent girls do not have adequate information about menstrual hygiene practices (Belayneh & Mekuriaw, 2019, p. 6). A study conducted in Iran found that adolescent girls have limited knowledge of menstrual hygiene management and poor practice (Siabani et al., 2018, p. 8080). Research conducted with school-aged girls in rural Nepal showed that adolescent girls living in urban areas are significantly more aware of menstrual hygiene than those living in rural areas (Bhusal et al., 2020, p. 7). Limited knowledge about menstrual hygiene causes negative consequences; research conducted in Bhutan found that more than half of the participants reported that they are unaware of infections due to not having menstrual hygiene (UNICEF, 2018, p. 16). Different practices, such as the re-use of unclean and undried clothes during menstruation, cause vaginal infections (Paul, 2014, p. 14).

The limited education about menstruation also leads to the fact that people believe in different myths and perform wrong and harmful practices. To exemplify, in Saudi Arabia, the common beliefs among women are not drinking cold beverages, not showering with cold water, and not eating pickles and dairy products during the period. They also believe that menstruation-related

physical symptoms will decrease after marriage (Alharbi et al., 2018, p. 1200). Menstruation training is not considered only pre-menarche training to prevent the dissemination of false facts. Women apply the information they learned after menarche. For this reason, providing the correct information will be helpful for the proper practices that they should practice during menstrual cycles.

1.1.4 Resource limitations

1.1.4.1 Physical environment limitations

Adolescent girls and women need access to water, sanitation, and hygiene (WASH) facilities during menstruation in physical environments. Girls and women either have difficulties due to not being able to reach menstrual products, or even if they do, they have difficulty finding healthy, hygienic, and private areas where they can change these products or clean their genital areas of menstrual hygiene practices. These barriers limit the participation of women in daily activities, attending school, going outside during menstruation, and difficulties because of working conditions. There is a growing body of literature on the impact of limited access to WASH facilities on women's lives.

UNICEF and WHO (2020) analyzed rural schools' toilets in 12 sub-Saharan African countries. The result of the study shows that half of the schools do not have inside locked doors toiled and garbage bins inside toilet cabins. The lack of toilets increases the feelings of insecurity and makes menstrual hygiene practices more difficult to implement during period days (UNICEF & WHO, 2020, p. 44).

In India, where sanitation is one of the significant challenges, women experience difficulties in not accessing toilets, water, and these cause privacy and hygiene-related concerns. Cruso and colleagues (2017) found that not all people have toilets; women stated that they use their backyards for urination, and this causes their privacy concerns. Even women who have toilets are concerned about infection, specifically during menstruation; they explained that defecation sites are not clean due to not accessing water directly (Caruso et al., 2017, p. 7).

Children in developing countries experience difficulties due to inadequate school water and sanitation facilities (Sahin, 2015, p. 4). In Kenya, Uganda, and Zimbabwe, although there is a guideline requiring the use of one toilet in schools by an average of 30 children, this number can be increased to 200 (Kirk & Sommer, 2006, p. 7). A study conducted in the Philippines by

Ellis and colleagues (2016) examined access to water, sanitation conditions, privacy, disposal mechanisms, and access materials and found that girls feel unable to manage their menstruation during school. It shows that not accessing water in school is the greatest challenge among Philippines adolescent girls during their period (Ellis et al., 2016, p. 318).

Adolescent girls experience difficulties due to the inadequate sanitation facilities in schools on the grounds that they cannot access safe and clean restrooms that provide privacy for children. Not having private space for changing menstrual items or clothes causes children to stay in their homes where they can protect their privacy on menstrual days (Mahon & Fernandes, 2010, p. 102; McMahan et al., 2011, p. 5). According to the UNICEF report (2004), adolescent girls drop out of school after menarche, mainly due to schools' lack of separate toilet facilities. The literature shows that in the Philippines, adolescent girls prefer to return home instead of staying in school, which increases their absenteeism (Ellis et al., 2016, p. 311).

Inadequate physical conditions can reduce the frequency of changing or washing menstrual products that negatively affect children physically and psychologically (UNICEF, 2017, p. 7). Limitations due to the lack of areas to change menstrual items can cause girls and women to use the products for longer than recommended. As a result, their clothes can be stained with blood, and it causes a feeling of shame and fear due to society's taboos (Mason et al., 2013, p. 5). A study in Zambia showed that since boys mock and laugh because of stains on their clothes, adolescent girls experience shame (Chinyama et al., 2019, p. 6). For adolescent girls in schools, soiled clothes have potential risk for embarrassment, stigma, and discrimination, which negatively affect school participation (Kirk & Sommer, 2006, p. 6).

1.1.4.2 Economic limitations

One of the negative consequences of gender inequality is that women experience economic disadvantages. When the previous literature has examined, it was found that women have more limited employment options, they are paid less than men who do the same job, and the rate of being promoted from their positions is lower than men. When all these are considered, women have economic disadvantages compared to men. In addition to the economic difficulties brought by gender inequality, women have difficulty reaching their basic needs during menstruation (Rodriguez, 2021).

Not accessing menstrual hygiene items is described as period poverty (Andersh et al., 2021). Even though menstrual products are basic needs, high tax rates reduce the purchasing power of people with low socioeconomic status. Different products used in the menstrual

process are disposable sanitary pads, reusable pads, tampons, menstrual cups, and period underwear, but the availability and accessibility of these products change within societies (Brinkley, 2022; Girod et al., 2017, p. 838). Most girls and women use sanitary pads instead of other hygiene items such as tampons, menstrual cups, and reusable pads (UNICEF, 2018, p. 22). Although high percentages of women prefer to use sanitary pads, they experience difficulties due to the high taxes; for that reason, people with low socioeconomic status use alternative solutions such as wearing old clothes.

Due to the high prices, women experience difficulties buying menstrual hygiene items. Since menstrual hygiene items are not luxuries and are categorized as essentials, they are subject to zero-VAT in some countries, such as Ireland, Canada, Kenya, Australia, and India but are limited with these examples (Rodriguez, 2021). In countries such as Türkiye, Spain, Greece, Austria, and many other countries, people pay taxes while buying essential menstrual items (Alvarez Del Vayo, 2018; Bianet, 2022; Hurtas, 2022). Due to high prices and taxes, women also use different items during period days. For example, in the United States of America, women's choices to use menstrual items are classified as tampons, pads, or both; however, in developing countries, women suffer from not accessing basic needs items, and they are required to use different methods during their period (Farage et al., 2011, p. 129). A study conducted with girls living in Rajasthan found that 75% of the girls wear old fabric, and the rest, 25%, stated that using sanitary pads during their period (Khanna et al., 2005, p. 98).

When it is challenging to access menstrual product items, the risk for infections increases since people use toilet towels and rags instead of menstrual products, or if they access the menstrual items, they use these products more than the recommended time of usage (Rapp & Kilpatrick, 2020). Period poverty is not only associated with physical health outcomes but also with adverse mental health (Brinkley, 2022). When women do not meet their basic needs, such as buying menstrual hygiene items, they may experience negative feelings and poor mental health. The past literature shows that a period of poverty has a significant relationship with depressive symptoms (Cardoso et al., 2021, p. 5). It shows that not accessing menstrual hygiene items negatively affects women.

1.2 Menarche

1.2.1 Emotions

Transitioning from childhood to adolescence involves physical and psychological changes. During puberty, females experience menstruation for the first time, which happens

unexpectedly without warning (Greif & Ulman, 1982, p. 1413). The first-period experience is unique; however, the past literature showed that most recall their experience of menarche negatively, such as frightening, surprising, tearful, and distressing (Whisnant & Zegans, 1975, p. 812). A study conducted by Sommer (2009) in Kilimanjaro, Tanzania, found that adolescent girls experience fear, embarrassment, and confusion during their menarche experience.

Over the past few decades, the reasons behind negative emotions of menarche have been addressed by researchers in the psychology literature. Menarche experience was defined as traumatic by early psychoanalysts, explained by the castration complex defined by Freud (1918) as the envy of the penis. Penis envy causes negative feelings such as loss of freedom and feeling of inequality and internal damage because it is thought the start focusing on female sexuality (Deutsch, 1944, p. 318; Greif & Ulman, 1982, p. 1412; Shainess, 1961, p. 22; Thompson, 1942, p. 225). Klein (1933) theorizes that menarche causes a feeling of guilt and enmity toward the mother to her possession of the father and his penis (Donmall, 2013, p. 204). However, sex and gender studies from a feminist perspective challenged the psychoanalyst theory of penis envy and the relationship with menstruation and highlighted its social and cultural context.

Another reason for negative feelings during menarche might be caused due to self-objectification of women during menstruation. Frederickson and Robert (1997) explained self-objectification as individuals seeing themselves as an object rather than an individual based on their appearances as a result of internalizing other individuals' objectives of themselves. The experiences of menstruation increase women's body awareness and remind women of the corporeality of human existence and increase mortality concerns (Cox et al., 2007, p. 117; Goldenberg & Morris, 2016, p. 30; Morris et al., 2014, p. 188). To reduce mortality concerns, self-objectification serves as a defense mechanism that assists women in seeing themselves as an object rather than mortal human beings (Morris & Goldenberg, 2015, p. 70). A study by Roberts (2004) investigated the relationship between the menstrual approach and self-objectification with 200 premenopausal women and found that women tend to self-objectify themselves and are more likely to experience negative emotions towards menstruation.

Also increase in body awareness is not only related to death anxiety but also related to body satisfaction, which can trigger different positive or negative emotions. It is found that women who are embarrassed by their bodies share experiencing negative emotions such as disgust more than women who are happy with their appearances (Roberts, 2004, p. 24).

Another study's results also confirm the previous findings, showing that women who respect and are proud of their bodies recall their menarche experiences more positively. In contrast, women who do not like their bodies and think that menstruation restricts them physically interpret their menarche experiences as embarrassing and disturbing (Chrisler et al., 2015, p. 80).

Another reason behind negative feelings during menstruation is its relation to observing others' reactions before experiencing menarche. Deutsch also highlighted that the beliefs about menstruation that affects girls' attitude are buried deeply in unconscious events in their childhood and pre-adolescent experiences (Deutsch, 1944, p. 150). Adolescent girls experience observing their family members, specifically their elder sisters and mothers, on their period days. Negative feelings during menarche are also associated with the observations of their mothers, specifically on how they approach menstruation and whether sharing their experiences and knowledge with their daughters or not (Ali & Rizvi, 2010, p. 538; Deutsch, 1944, p. 152).

Although most girls feel scared, shocked, and depressed, a small percentage also shared that they feel proud, happy, and excited (Uskul, 2004, p. 12-13). For adolescent girls waiting to get their period, menarche becomes something to be happy about and even is proud of if it is earlier than others (Uskul, 2004, p. 20). Menarche is perceived positively when adolescent girls are excited about the transition to womanhood, celebrate their moments, and feel proud (Chebii, 2018, p. 211). Research conducted by Golub and Catalano (1983) found that although some women recall their menarche experience as frightening, most participants recall the menarche positively. According to Koff and colleagues (1982), there is a correlation between the age of menarche and recalling the initial menstruation experience as positive. Adolescents who experience maturation lately are more likely to recall their menstruation experience as positive than those who experienced it earlier, considering they prepared for menarche (Koff et al., 1982, p. 5).

Emotions about being menarche are not only classified as one-sided positive or negative, but the previous studies also emphasized that women recall their menarche experience as mixed feelings, positive and negative emotions together (Pillemer et al., 1987, p. 192). While experiencing the feeling of being happy simultaneously, they can also experience fear due to experiencing menstruation for the first time.

1.2.2 Sharing menarche and reactions

When adolescent girls experience their first menstruation experience, the negative feelings can be resistance for them to share their experiences with others. A study by Whisnant & Zegans (1975) found that American premenarcheal adolescent girls assumed they would not be embarrassed about sharing their menarche with others. However, many studies in the literature provide opposite findings; the majority of girls do not want to share it with others since it is a personal issue (Chang et al., 2010, p. 455).

A considerable amount of literature has been published on menarche and found that many adolescent girls firstly share their period with their mother, and the reaction that they receive from mothers has a vital position for adolescent girls (Chang et al., 2010, p. 455; Whisnant & Zegans 1975, p. 811). Due to the fact that girls share menstruation with their mothers, menstruation studies in the literature have mainly focused on the mother-daughter relationship. While academic studies suggest that girls do not share their experiences with their fathers, limited studies focused on the father-daughter relationship. In a study conducted with girls whom their fathers raised as single parents, the results showed that although adolescent girls have a close relationship with their fathers, they find it embarrassing to talk about menstruation with their fathers, and they described their fathers as clueless about menstruation (Kalman, 2003, p. 38). Due to embarrassment, girls hesitate to share their menstruation experience with their fathers. It shows that even though children tend to share their menstruation experience with their family members, the sex of the person is still important to share.

The reactions given by the mothers may not always be verbal; they may also include physical reactions. In some cultures, adolescent girls are slapped by the mother or an older woman in the family after menarche. Although the reason behind this tradition is defined as a symbolic act that helps the girl get over the shock, this is a negative experience for girls, including contradictory messages (Costos et al., 2002, p. 55; Yucel & Polat, 2003, p. 235). Even in some cultures, parents subject physical violence to their children since they believe that their girls had sex and blood is proof of sexual intercourse; if menstruating girls do not experience a period for a few months after menarche, they are accused of being pregnant (Sommer et al., 2014, p. 598).

Adolescent girls supported by their mothers in the first menstrual experience feel less embarrassment and anxiety during the menstruation process (Lee, 2008, p. 1344). In some

families, the girls' menstruation is celebrated by family members. A study by Teitelman (2004) showed that families celebrate and give gifts to adolescent girls after girls' first period. When the socioeconomic status of the celebrating families is evaluated, it is seen that they are high-income European-American families who make a celebration. Correspondingly, the celebration of menarche positively affects girls' approach to menstruation; they experience happiness and excitement (Teitelman, 2004, p. 1302).

Although most of the previous studies found that mothers' reactions to their girls after the first period more likely include ambivalent, conflict emotions, it has been observed that mothers have a more supportive attitude towards their girls in the recent past (Kalman, 2003, p. 1343). Although it is a possibility to continue the tradition they learned from their families, another possibility is that women teaching about menstruation to their children will be detailed and positive in their future. In a study conducted by Lee and Sasser-Coen (1996, as cited in Lee, 2008, p. 1327), participants said that they would teach their children that menstruation is not dirty and that there is nothing to be ashamed of present example and hope for feminist studies.

After adolescent girls inform their families about the menarche experience, the information provided by family members is just as crucial as reactions. To sustain correct menstrual habits, girls should be given information about menstruation. Although findings show that girls share that they experienced menarche with their mother, the studies found that mothers generally do not talk about menstruation with their daughters, or they provide information about using hygiene items that reflects only the technical part of the period (Costos et al., 2002, p. 53). Technical parts mainly include information about the use of menstrual hygiene items. Moreover, it is found that when mothers have conversations with their girls, after menarche, about sex, which is another taboo subject, and warn children about sex and pregnancy, the relationship between menstruation and sex can be confusing depending on the content of these conversations and the way they are shared (Costos et al., 2002, p. 54). It shows a lack of informing girls about menstrual cycles after they experience menarche.

1.2.3 Impacts

1.2.3.1 Education

Problems encountered during menstruation affect the education of girls, especially adolescent girls, in a negative way. Menstruation is associated with absenteeism and drop-out of school (Dasgupta & Sarkar, 2008, p. 78). The literature has revealed that adolescent girls

miss school more on period days than on non-period days cause of physical and psychological effects on the individual (UNICEF, 2017, p. 35). The examples can be seen in different countries; for example, in Bangladesh, it was found that 75% of the girls with disabilities missed school at least 3 days a month because of their period (UNICEF, 2017, p. 25).

The reason behind absenteeism in school stemmed from different reasons related to period poverty. Period poverty not only covers access to menstrual hygiene items but is also related to WASH; girls experience difficulties because toilets do not provide privacy, and there is a lack of water and sanitary products, including soap and napkins (Sahin, 2015, p. 3). Inadequate physical conditions in schools increase absenteeism and dropping out of school (The Guardian, 2010). For example, in Nepal, toilets in schools are not adequate for girls on their period, which poses a risk for girls (A WaterAid in Nepal, 2009, p. 5). However, it is also found that when menstrual items and sanitary pads were provided to schools in rural western Kenya, it did not reduce the risk of school drop-out for adolescent girls (Phillips-Howard et al., 2016, p. 4). It also shows there might be more than one reason for absenteeism related to menarche for girls.

Another factor that affects children's attendance at school is menstrual physical symptoms. It is found that dysmenorrhea and pre-menstrual physical symptoms cause school absenteeism among adolescent girls (Dambhare et al., 2012, p. 107). Although girls experience physical symptoms for specific periods, their absenteeism risks dropping out of school. As affected by physical symptoms, adolescent girls' emotions and psychological states also affect their attendance at school. Adolescent girls experience negative emotions such as embarrassment and fear since they do not want others to learn that they are on their periods. Absenteeism and dropping out of school pose a risk for forced and early marriages for girls because menarche is seen as an indicator of marriage by some cultures (Mahon & Fernandes, 2010, p. 104).

1.2.3.2 Forced and early marriages

Forced and early marriages mean the formal or informal marriage of a person age under 18 that is a violation of human rights (Save the Children, n.d.). The majority of child marriages involve girls in the world (Malhotra, 2010, p. 2). One out every five girls in the world conduct formal or informal marriages, and the number is even highest in the least developed countries; 36% of girls early married in the least developed countries, and 10% of them marry before the age of 15 (United Nations Population Fund (UNFPA), 2022). There are different causes of

forced and early marriages, classified as poverty, insecurity due to conflicts and wars, limited opportunities for education and employment, traditions, and religion (Malhotra, 2010, p. 3).

Although menarche is only the onset of the menstruation process, in some cultures, it is evaluated as a girl's maturity, readiness for marriage, and sexual engagement (Brooks-Gunn & Petersen, 1983, p. 123; Mensch et al., 1998, p. 44). Adolescent girls are told not to engage with their male friends and not talk or play with them after their menarche to reduce any risk for sexual activity before marriage. They are also informed that they are ready for marriage and pregnancy after they experience their first period (Khattab, 1996, p. 13).

The mindsets which effectuated the reasons mentioned above put children to risk for forced and early marriages (UN Women, 2021, p. 53). The reason behind is associated with religious opinions since people believe that children who menstruate are religiously suitable, approximately ages 13 and 14 (UN Women, 2021, p. 57). People's evaluation of religiously suitable based on emphasizing virginity before marriage; for that reason, menarche is understood as a signal of being ready to marry as soon as earlier since it will decrease the risk of not being a virgin (Mirzaee et al., 2021, p. 5).

While the first-period experience can be traumatic, the risk of getting married is also a different source of fear for girls. Forced and early marriage of menstruating girls brings with it negative consequences that may result in an increased risk of domestic violence, social isolation, experiencing mental health and physical health problems, economic difficulties, and even the death of the child (UNFPA & United Nations Children's Fund (UNICEF), 2021, p. 2; Nour, 2006, p. 1646). For this reason, knowledge of menstruation by society and the breaking of taboos have a life-saving effect on girls to end forced and early marriages.

1.3 Menstruation in Türkiye

The approximate menarche age in Türkiye is approximately 12, similar to other countries; however, the past literature showed different results for cities where girls lived during menarche. Studies conducted in different cities in Türkiye showed that the average age of menarche differs between cities; it is 12.3 in Istanbul, while it is seen that the average age has improved in less developed cities; for example, the average age in Kayseri is 13.2, and 13.5 in Elazig (Yucel et al., 1996, p. 69; Senol et al., 2010, p. 79; Neyzi et al., 1975, p. 52).

Insufficient information about menarche causes negative emotions in Turkish adolescent girls. Akbas and Sanberk (2012) conducted a study with the participant group of

adolescent girls and boys in Adana. The result of the study showed that 34.8% of adolescent girls perceive their first menstrual period as natural. Similar results also supported this finding by Senol and colleagues (2010). Despite this, past research also revealed that girls experience negative feelings such as fear, anxiety, shame, and dirt (Akbas & Sanberk, 2012; Senol et al., 2010, p. 80). There are gender differences in how girls and boys experience the puberty period. When the experiences of boys and girls are examined, it is discovered that almost half of the boys consider their ejaculation experience normal (Akbas & Sanberk, 2012, p. 332). Generally, it has been shown that the natural reaction to menstruation and ejaculation events is strongly linked to the children's prior knowledge and preparedness. However, research reveals that the rate of menstruation education in Türkiye is lower than that of girls living abroad, and this gap is not as apparent for males as it is for girls (Akbas & Sanberk, 2012, p. 337).

Several studies have revealed that Turkish adolescent girls have insufficient information about menstruation (Demirel & Terzioglu, 2003, p. 51). Turkish adolescent girls' primary sources obtain information from are their mothers (Demirel and Terzioglu 2003, p. 51). Although the average age of menarche is 12 in Türkiye, children do not have required courses regarding menstruation and hygiene in their curriculums before the onset of the menarche (Arikan et al., p. 7; Sakar et al., 2015). The curriculum of the Ministry of National Education (MoNE) is divided into primary and secondary education, and the health course is included in the secondary education program called “Hygiene and Traffic Culture” (Ministry of National Education, n.d.). One of the subjects in the curriculum is adolescence, which aims to create awareness of the menstrual cycle and hygiene in the lecture. However, the curriculum is not one of the compulsory courses, and the age range of the students who take it corresponds to post-menarche since high school students register for the course (Ministry of National Education, n.d.). For this reason, the program raises awareness about menstruation is not included in the curriculum of the MoNE as an obligatory course.

We Need to Talk Association conducted fieldwork about menstruation for adolescent girls living in Sivas, Türkiye, in collaboration with Kadir Has University Gender and Women's Studies Research and Application Center, Tuvana Foundation for the Education of Motivated Children (TOCEV), Orkid in Türkiye, Sivas Provincial Directorate of National Education (PDoNE) (Kadir Has University Gender and Women's Studies Research and Application Center, 2019). We Need to Talk Association provided training about puberty, menstruation, menstrual taboos, and biological explanations of menstruation to 3630 girls between the ages of 10-15 in Sivas. The results of the fieldwork were reported as follows. Most of the girls did

not receive menstrual education before, and most shared that they had not heard the word menstruation. Adolescent girls were taught that having menstruation is shameful; even if the number of participants decreased after training, no significant difference was observed. Furthermore, it is reported that the girls were hesitant to buy the pads given to them because they were shy about being seen with their pads by the boys in the class (Kadir Has University Gender and Women's Studies Research and Application Center, 2019, p. 6).

The positive effects of the fieldwork are found, and the recommendations stated in the report are to have training about menstrual taboos in a broader perspective to break taboos in society. However, positive effects of 40 minutes of training have found it was recommended to conduct more and more extended training. It was also recommended to provide training for boys and teachers in schools (Kadir Has University Gender and Women's Studies Research and Application Center, 2019, p. 26).

The belief that women should not bath during their period is not believed by most women in Türkiye, but it is still believed that a bath should be taken while sitting on tabouret (Bilgin et al., 2016, p. 105; Guler et al., 2005, p. 137; Tartac & Ozkan, 2011, p. 29; Senol et al., 2010, p. 79). The information about the way of toilet cleansing is not consistent with each other in previous research, although many studies found that girls know the correct way to clean (Guler et al. 2005, p. 137; Tartac and Ozkan, 2011), Bilgin and colleagues (2016) found that adolescent students have insufficient information. In general, although correct practices are applied, it is emphasized by previous studies that information about menstruation hygiene should be increased. A study by Arikan and colleagues (2004) examined the impact of education given to high school students in Erzurum, Türkiye. The research results showed that the percentage of girls who take showers during menstruation has significantly increased. Changing frequency of menstrual pads also increased according to the post-test of the study (Arikan et al., 2004, p. 13). The result of the study showed that hygiene practices while menstruating increase with specific education on menstruation.

Due to taboos and lack of knowledge in society, women have different restrictions in their lives. A study conducted by Sakar and colleagues (2015) found that a significant percentage of participants who are Turkish adolescents do not cut nails and hair and epilate during menstruation days, do not conduct religious practices such as touching the Qur'an, and do not make a pilgrimage if they have their period (Sakar et al., 2015, p. 119). It is also believed that girl who experiences menarche should be slapped on the face by her mother because it will

help girls avoid their shock about menstruation, which prepares girls for the future (Vargun, 2021, p. 5).

One of the reasons why menstruation education is rarely provided is that it is considered embarrassing and shameful to discuss the topic. In Türkiye, menstruation is still taboo due to sociocultural and religious factors. Menstruation is known as discharging dirty blood from the body, transitioning to adolescence, and preparing to be a mother (Senol et al., 2010, p. 79; Yazici & Kobya, 1999, as cited in Demirel & Terzioglu, 2003, p. 51). Although beliefs of menstrual blood as dirty are based on social beliefs, not biological, one of the lexical meanings of the dirty word in the Turkish dictionary is defined as menstruation (Turkish Linguistic Society, 2019).

Besides, menstruation is seen as shameful and something that should be a secret; because of these beliefs, there are hesitations in society about menstruation. A study conducted with Turkish adolescents believes that they need to keep secrets as they have their period due to social pressure (Sakar et al., 2015, p. 119). Instead of using words such as period and menstruation, different alternative words are used in the Turkish language. The phrases used are “motherland weeps blood” “my aunt came”, “time of the month”, “sickness”, and “my cherry day” (Sakar et al., 2015, p. 120). Although using these words supports the fact that shame scheme about menstruation, girls and women protect their privacy and feel more comfortable this way.

The thought that menstruation is shameful affects not only the words in language but also the behaviors of Turkish society. For example, women try to hide their sanitary pads from other people since showing these items is embarrassing for them (Efilti, 2018). In markets, sanitary pads in Türkiye are covered with a newspaper or sold in black nylon bags (Karakurt, 2021). To break the taboo, Orchid, one of the sanitary pad brands sold in Türkiye, started to sell pad packs surrounded by newspapers and published an advertisement named ‘Uncover the Shame’ on media tools that sanitary pads should not be hidden (Orchid, 2019).

One of the problematic issues that Turkish women experience is the high prices of menstrual hygiene items. The vat rate for menstrual hygiene items in Türkiye was 18%; in May 2022, the rate decreased to 8% after the VAT reduction; however, prices have increased after VAT reduction due to the economy in Türkiye (Sabacıoğlu, 2022). Turkish women mostly prefer sanitary pads on their period days (Aldanmaz & Eskitaşçıoğlu, 2022, p. 18). Research conducted on period poverty in Türkiye by the We Need to Talk Association found that the

average monthly payment price for menstrual hygiene items ranges from 30 to 60 Turkish Lira for the majority of the participants, and women who do not make any regular payments found that they use menstrual cups and reusable pads (Aldanmaz & Eskitaşçıoğlu, 2022, p. 21). Among 3863 participants, research also aimed to understand women's perceptions of difficulty in accessing menstrual hygiene items, and they found that 26.4% stated that they do not experience difficulties in buying menstrual hygiene products, while 42.5% shared that they rarely experience financial difficulties, 22.6% of them stated that they often experience difficulties, and the rest 8.5% shared that always they experience difficulties (Aldanmaz & Eskitaşçıoğlu, 2022, p. 23). When the relationship between women's monthly income and the perception of difficulty in accessing products, it is found there is no significant relationship between each other, and all women experience difficulties rarely or often.

1.4 Overview of the current thesis

Women experience disadvantages in societies, and the natural biological cycle of menstruation has become more than biological in society. This shows that the experiences of menarche and menstruation not only have biological consequences, but the area of study should also be investigated at personal and social levels.

Although Türkiye is one of the developing countries, many consequences of gender inequality can be seen in Turkish society. However, there are limited studies conducted in Türkiye about menstruation at the personal and social level; an important part focuses on menstruation and biological health in Türkiye. This thesis examines women's experiences of menstruation at a personal and societal level. This paper not only focuses on the literature on psychology but also aims to contribute to field works about menstruation with disadvantaged groups by increasing awareness and drawing a general frame about the experience of Turkish women. This paper focus on which emotions do female experience related with their menarche/menstruation experience, what can be associated with women' experience of menstruation and how menstruation is perceived in Türkiye according to women's point of view and analyze them with psychology perspective.

2. METHOD

2.1 Participants

Sixteen semi-structured interviews were conducted; one of the interviews was excluded due to limited information provided by the participant. The inclusion criteria to participate in the study are as follows: (i) being female, (ii) between the ages of 18-45, (iii) speaking Turkish as a mother tongue (iiii) growing up in Türkiye. The participant's ages are decided according to the conditions of being an adult and having menstruation, which means that participants were not experienced menopause. In Türkiye, the approximate menopause age is between 47 and 49; although there are several conclusions, age is decided regarding the youngest age.

Table 1

Sociodemographic characteristic

	<i>n</i>	<i>%</i>	<i>M</i>	<i>SD</i>
Age			33.8	6.96
Highest educational level				
No education	2	13.3		
Primary school	5	33.3		
High school	2	13.3		
University	6	40		
Primary caregiver				
Mother	15	100		
Highest educational level of primary caregiver				
No education	7	46.7		
Primary school	3	20		
High school	4	26.7		
University	1	6.7		

Lived most of the life		
Metropolitan	8	53.3
City	5	33.3
Township	1	6.7
Village	1	6.7
Lived during menarche		
Metropolitan	7	46.7
City	5	33.3
Township	1	6.7
Village	2	13.3
Currently lives		
Metropolitan	15	100
City	0	0
Township	0	0
Village	0	0
Having elder sister		
Yes	5	33.3
No	10	66.7

2.2 Measures

2.2.1 Demographic information form

The demographic information of the participants was filled out by participants. The demographic information form contains information about age, education level, primary caregiver and number of siblings, home city, and their assessment of conservatism for themselves and their families.

2.2.2 Semi-structured interview

Menarche and menstruation experiences in Türkiye have not been studied from a psychology perspective. Since there was no Turkish measurement, a semi-structured interview was conducted to understand individual experiences in detail. The researcher conducted the semi-structured interview, which took approximately 30 minutes. The question of the interview can be found in Appendix C.

Participants were first asked the word they use for menstruation because there are different ways to describe menstruation in Turkish such as period and sickness. According to each participant's answer, the researcher asked questions by using the participant's preference to be more precise on questions. The interview questions focused on learning the menarche experience of participants were as follows: *How old were you when you had your first period? Do you remember when you had your first period, can you describe it in detail? What did you think when you got your first period? What do you think when you look back on? How did you feel when you had your first period? How do you feel when you look back at that time now? Who did you tell when you had your first period? What did the person(s) you mentioned do, and how did they react? What did they tell you about menstruation? Now when you look back on, what would you like to be told or what would you like to be different? What did you know about menstruation before you started menstruating? Can you tell us from whom and how you learned this information? How did the people around you (for example, your family and friends) behave to you after you started menstruating? If their behavior has changed, what has changed? Have you had any changes in your behavior since you started menstruating? Have there been any changes in your clothing since you started menstruating?*

After participants were asked questions about their menarche experience, they were also answered questions about their current menstruation experience. The questions were as follows: *How many days do you have your period? Which product(s) do you use when you have your period? Do you have difficulties in reaching the products you use during menstruation? If yes, can you specify the difficulties you encountered? How did that make you feel, and what are the solutions you tried? Does your period affect your school, work, and/or social life? If yes, can you specify how it affects you and what were the solutions you tried? What do you think when you get your period? How do you feel when you get your period? Do you feel uncomfortable with your appearance when you have your period? If yes, why? Can you easily share when you have your period with others? If not, why?*

There were also questions to understand taboos in society known by participants and their views about these: *Are there things that a woman should not or cannot do while she is menstruating? If yes, can you list what comes to mind? In your opinion, how do you see people who have menstruation in society? What are your thoughts on menstruating girls and women? What are your views on these thoughts?*

The questions aimed to understand the participant's individual experiences and overall menstruation practices, and society's approach in Türkiye from the participant's perspective.

2.3 Procedure

After obtaining ethical permission for the study was taken from the Başkent University Social and Human Sciences and Art Ethics Committee, the snowball sampling method was used to reach participants. The researcher announced the study to her environment and asked others to reach their relatives who are eligible for joining the study. For some participants, the researchers' close environment worked as a mediator to ask candidate participants whether they would like to join the study about their menstruation experiences. Participants who accepted to join the study were voluntarily contacted, and suitable places for interviews were decided. All the interviews were conducted face-to-face since menstruation can be taboo to talk to participants; interviews were conducted in a room where no other people were present.

Each participant was verbally informed before the semi-structured in-depth interview began, and they were reminded of the study's aim and procedure, including voice recording of the interview, their rights not to answer questions, and withdraw study whenever they wanted. Each participant read the consent form (Appendix A); for participants who did not know to read it, the consent form was read out loud. After they signed, they filled out the demographic form (Appendix B); for participants who do not know to read and write, questions were asked out loud and filled out by the researcher. After the demographic form was filled out, interviews were recorded by mobile phone recording app. The whole process took approximately half an hour; approximately in 10 minutes participants received information regarding the study and filled out the demographic form, and they answered the questions approximately in 20 minutes ($M = 20.29$, $SD = 6.26$). The average word count was 1651.

2.4 Data Analysis

Thematic analysis was used to understand women's experiences of menarche and menstruation deeply by categorizing the experiences as affect, behavior, and cognition to

understand their attitudes towards menstruation as well as society’s approach and taboos. Thematic analysis was used to detect, organize, analyze and report themes. Braun and Clarke (2013) highlighted the importance of qualitative research since qualitative analysis allows focus on people’s framing of issues and terms of reference rather than pre-frame it by researchers. They also highlight that there is no one correct answer in qualitative research, and the results present a story with the subjectivity of participants that reveals meaning and experiences with richer understanding (Braun & Clarke, 2013, p. 36).

Table 2

Phases of thematic analyses

Phase	Description
Familiarizing with the data	Transcribing data, reading and re-reading transcription, taking notes of initial ideas
Generating initial codes	Coding relevant points, identify common patterns or categories
Searching for themes	Collating codes into potential themes, gathering data
Reviewing themes	Checking themes consistency with the data set, creating a thematic map
Defining and naming themes	Refine the specifics of themes, generating clear descriptions and titles for each theme
Producing the report	Selection of quotations, linking analysis to research question and literature, and preparing report

Note. The table is adapted from “Using thematic analysis in psychology.” by Braun, V., & Clarke, V., 2006, *Qualitative research in psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>

2.4.1 Transcription and coding schemes

Six-phase guide for the thematic analysis described by Braun and Clarke (2016) followed for analysis.

Phase 1: familiarizing with data

16 interviews were conducted by the researcher and recorded in a voice recording app. The researcher transcribed all recordings into written form in Microsoft Word, a critical phase for qualitative research by Bird (2005). After transcribing all data, the researcher re-listened voice recordings to check whether the recording was compatible with the transcription. After writing 16 interview transcripts, the researcher decided not to include Participant 10 in the study since the answers of the participant were limited to coding. 15 participants' interviews were analyzed.

Phase 2: generating initial codes

Since the researcher was already familiar with the data, the researcher prepared a list of ideas and common themes reported by participants and highlighted prominent themes consistent with the literature before creating the initial codes in the data. Initial coding was conducted manually with colored pens to show common themes on the printout documents.

Phase 3: Searching for themes

After manually coding all data, the researcher re-read colored themes, analyzed themes on a broader scale, and decided on probable topics by compiling pertinent coded data. All the codes that the researcher coded manually entered the system through the MAXQDA 2022 (VERBI Software, 2021) application. All themes were re-read, missing themes were detected, and data entries were made.

Phase 4: reviewing themes

The researcher reviewed themes to check whether themes were consistent with the data and created a theme map in MAXQDA 2022 (VERBI Software, 2021). The manuscript and theme were tested for compatibility during the fourth phase, and the merged themes were identified and finalized; it was examined whether a new theme should be added or not, and it was determined that there was no need to add a new theme. The themes that do not have sufficient evidence to support were subtracted in this phase.

Phase 5: defining and naming themes

In the fifth phase, the researcher reviewed the themes and defined their scope and differences between each other. In this phase, the researcher created a themes map to see the interaction between themes. Themes and subthemes' interaction was generated and rechecked in the last phase before finalizing the analyses. The researcher created a coding map for themes in MAXQDA for reporting.

Phase 6: producing the report

In the last phase, the researcher chose vivid themes about menarche and menstruation consistent with the literature. The significant relationship between the themes with sufficient evidence of themes in the data was examined. Quotations that show specific examples clearly and concisely were identified in the manuscripts, and themes that were finalized were reported.

2.5 Trustworthiness

In the current study, different methods have been applied to protect the data privacy of the participants. The audio recordings were recorded on the researcher's phone with the shortening code given to the participants. The researcher stores the audio recordings in an encrypted way. The transcribed files did not contain the identity information of the participants, and the files were not shared with a third party. After the MAXQDA programme encoded the transcribed documents of the participants, only encodings were shared with the thesis advisor.

2.6 The researcher's perspective

After graduating from university, I have realized that the most important thing that the university has contributed to me was gaining awareness, specifically about gender equality. I decided to work in the humanitarian assistance field when I was a student at university, and luckily, I had the chance to work in this area with great people. While working in the Southeast field, my view of the world has changed, and moving from my comfort zone taught me lots of things. I had the chance to talk about sensitive issues such as taboos with great people in our daily conversations. One of my colleagues, and lovely friend, shared the difficulties that she experienced during her menarche experience.

It was the first time that I realized among friends we had talked about our menarche experience. I do not evaluate my first-period experience negatively; I had the chance to observe my friends before, I was informed at school, and my mother did not hesitate to share it with other people after my period, but I did not know what difficulties the people around me were

facing. At this point, learning about the experiences of my friends became a source of inspiration for me, and I started researching this subject.

I conducted some research about this issue and focused on the We Need to Talk Association and UNFPA activities and publications. Researching about menarche and menstruation has given me a vision I have not had before. I learned details regarding the relationship between forced and early marriages and menarche. All the things that I have searched thought me that what if men have menstruated, and I decided to give training on the menstruation taboos; thanks to the organization that I have worked for, I conducted training to the refugee population about menstruation taboos and poverty. In training, I observed the difficulties experienced by women due to taboos and financial incapability. One of my biggest achievements has been to change the cognition from 'the girl who had menarche ready for marriage' to 'the girl who had menarche is not ready for marriage; still, she is a child.'.

I realized that there are very few academic studies in Türkiye, especially in the psychology literature. Since I believe that one of the most important aspects of breaking taboos is to research and work about it, I wanted to bring this issue to the agenda. I studied this subject with great enthusiasm. In the individual interviews I conducted in the research, I learned lots from women; I also think that I have developed an awareness even just by interviewing. This research not only increased the awareness level of the participants but also increased my level of knowledge and awareness by hearing about the differences in their experiences. I cannot even imagine that changes in the future by conducting fieldwork and training about menstrual taboos. I believe in gender equality, and I believe that breaking menstrual taboos will be an essential step.

3. RESULTS

3.1 Demographic characteristics of participants

The age of the participants ranges from 23 to 45 ($M = 33.8$, $SD = 6.96$). Among 15 participants, two were analphabetic, five were primary school graduates, two of them high-school graduates, and six had university degrees. The analysis conducted to understand the effect of higher education, and it is found that participants who graduated from university it is found that all of the participants with university degree did not interpret menstruation as unclean and providential. All participants shared that their primary caregivers were their mothers, and seven of them said their mothers were analphabetic, three primary school graduates, four high-school graduates, and one university degree.

Seven participants stated that they lived in the metropolis during their menarche experience; five stated that they lived in the city, one in the district, and two in the village. All participants currently live in the metropolitan city, but where they spend most of their lives differs. While the number of people who spent most of their lives in the metropolis was eight, five people stated that they spent their lives in the city, one in the district, and one in the village. Although experiences of menarche can be categorized as rural and urban, outcomes for current menstruation experiences of participants only provide answers for women who lives in the urban area.

All participants have siblings, and the number of people with elder sisters was five. This number was collected indirectly to understand the effect of observing the menstrual processes of elder sisters. It is found that participants with elder sisters are less likely to experience negative emotions during menarche ($N=3$) than women who do not have elder sisters ($N = 10$), and they knew experiencing their first period. Having elder sisters also affected the behavior of girls; they were less likely to limit their behavior ($N = 4$) than others ($N = 10$) and overcome processes related to menarche ($N = 1$) than participants who do not have elderly sisters and using self-coping mechanism ($N = 3$).

People were asked whether they and their families were conservative. The conservative word is defined as someone who wants to preserve the existing social order and ideas without changing them. Six of the participants described themselves as conservative, and eight of the participants stated that their families were conservative. Women who described themselves as conservative are more likely to report they limit their behaviors ($N = 9$) during period days than

those defined as not conservative (N = 4). When a comparison is made between those who define their family as conservative and those who do not, it is seen that people who do not evaluate their family as conservative are less likely to share negative emotions (N = 8). Specifically, fear from family members has been focused on and found that children with conservative parents, according to their views, experienced fear from family members (N = 4), and their behaviors are shaped by the limitation of cloth preferences (N = 4), and self-coping (N = 3), no difference has found between limitation of sharing menarche with others (N = 6).

The menarche age range between 11 to 16 ($M = 12.86, SD = 1.08$) and menstruation period range between 3 to 12 days ($M = 5.93, SD = 2.2$). Only one participant can be categorized as early menarche onset; for that reason, the emotions and how they recall past memories about incomparable.

The majority of the participants, 14 out of 15, stated that they use disposable pads during their menstrual period. Two participants stated that they use tampons, one use a menstrual cup, one use menstruation panties, and four use old fabric/cloths. Six participants stated that they do not use only one product during the menstrual period; it is observed that extra products are used with the disposable pad alternately.

Table 3

Demographic characteristics

Participant Code	Age	Education	Age of Menarche	Approximate Days of Period	Used Menstrual Hygiene Items
1	26	University	13	3	Sanitary pad Menstrual cup
2	31	High school	13	7	Sanitary pad
3	23	High school	13	7	Sanitary pad
4	44	Primary school	13	5	Sanitary pad Rags
5	33	University	11	5	Sanitary pad
6	27	University	13	5	Sanitary pad
7	32	Primary school	12	5	Sanitary pad
8	42	Primary school	16	8	Rags

9	29	No education	13	5	Sanitary pad
					Rags
11	42	No education	12	8	Sanitary pad
					Rags
12	39	Primary school	14	4	Sanitary pad
13	26	University	12	6	Sanitary pad
					Sanitary pad
14	37	University	12	3	Tampon
					Menstruation underwear
15	45	Primary school	13	12	Sanitary pad
					Tampon
16	31	University	13	6	Sanitary pad

Table 4

Menstruation related demographic information

	<i>n</i>	<i>M</i>	<i>SD</i>
Menarche age	15	12.86	1.08
Approx. days of menstruation	15	5.93	2.20
Menstrual hygiene items			
Sanitary pads	14		
Tampon	2		
Menstrual cup	1		
Period underwear	1		
Rags	4		

3.2 Themes

The episodic memories of participants have been collected and analyzed with categories, themes, and sub-themes. The analysis of the study is divided into three categories, menstruation at the individual level, menarche, and menstruation at a societal level. Within the menarche category, themes were examined, focusing on affect, behavior, cognition, and knowledge since questions were asked regarding these areas. The themes found as negative emotions, self-coping behaviors, limitation of behaviors, knowledge about menstruation before menarche, cognition of menstruation is a sign of growing up, cognition of menstruation is taboo, known before menarche, and learned information. Within the menstruation at the individual level category, themes were examined, focusing on affect, behavior, and cognition. The themes found as positive emotions, negative emotions, no limiting oneself, limiting oneself, cognition of unclean, providential, natural/healthy, against the opinion of unclean, not something to hide, and complaints about menstruation.

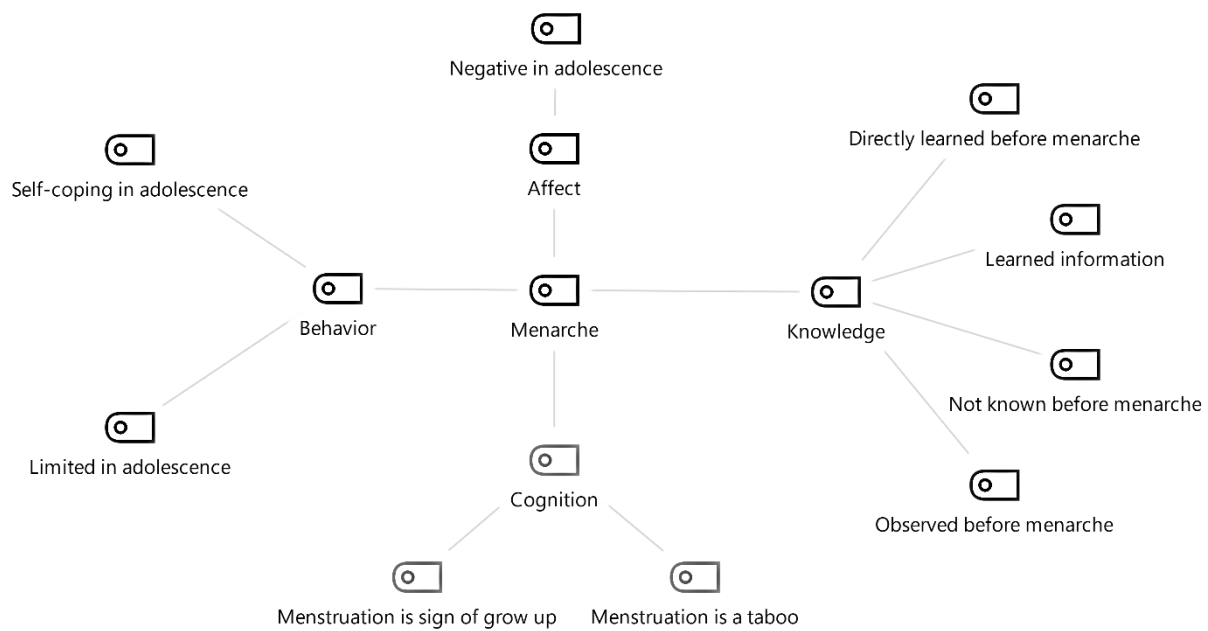
Table 5

Themes and subthemes for menarche

Themes	Definitions
Affect	Consists of one sub-theme of negative emotions
Behaviors	Subthemes of self-coping, and limited behaviors in past
Cognition	Subthemes of menstruation is a sign of growing up, menstruation is a taboo.
Knowledge	Categorized as directly learned before menarche, observed before menarche, not known before menarche, and learned information

Figure 1

Themes and subthemes of menarche



3.2.1 Menarche

3.2.1.1 Affect

The theme represents participants' emotions when they experienced the first menstruation when they were adolescent. Remarkably it is seen that most of the participants (N = 13) expressed negative emotions about menarche. The sub-themes of emotions are classified as fear (N = 12), embarrassment (N = 10), anxiety (N = 5), and sadness (N = 4). The reason behind negative feelings is fear of others understand that they have menstruation or seeing menstrual blood, fear of exclusion, fears of marriage or pregnancy, as well as frightening from family members. They expressed feeling of embarrassment in situations like they asked for pads from others.

“After I got my period, my mother was "You will have your period every month", but I had my first period and then I did not have my period for 8 months, I cried a lot during those 8 months, I wonder if there is something wrong with me, did I get pregnant?”
(Participant 15)

3.2.1.2 Behavior

During their adolescence period, participants highlighted common behavior patterns. The themes of behaviors are limitation of behaviors (N = 14) and self-coping (N = 4). When limitation of behaviors theme examined, it is found that some restrict their behaviors about sharing with others (N = 9).

“I did not tell anyone, not even my mother, we were like friends, but I did not. I was conscious, I knew that I would have period each month. I did not tell my mother until I was 18, she did not know at all. After 18, she asked my why is it like this and I told that I had my period. I was embarrassed, how would I say it?” (Participant 9)

Participants (N = 5) shared that after they experienced menarche, their dressing style during period days has changed as preferring dark-colored pants, full tops that hide their pants. Participants shared that the reason behind changing their dressing style was to hide themselves because of risk for others to understand that they are menstruating.

“It had become an obsession, I was so obsessed in my head that I felt as all the people were looking at me when I went out, they were looking at me because it was obvious or there was a stain, I was always like this, the time when I went out I was thinking these and, I was thinking eyes on me due to sanitary pads realized from underwear they are looking at it or whether there was a stain or something. I started wearing black and dark blue clothes, jeans.” (Participant 7)

It is also found that participants (N = 4) did not want to share information about their period with other people and they coped with the process by themselves in their puberty period.

“I washed the rags myself because the number of rags was low. My mother prepared rags for herself and sewed them, so I washed them, but I could not hang them outside, I hung them inside the house. Then I immediately found a black bag because my mother would come. I remember very well then, I put it in that black bag and threw that bag under the bed, I think it was something that would never be found.” (Participant 16)

3.2.3 Cognition

While participants shared their menarche experience, they also shared their views about menstruation they had in past. Participants (N = 9) shared that when they were adolescents,

they were thinking that experiencing menarche is a sign of being grown up and they were also all shared that they felt like that after their first period.

Another common theme of four participants was apprehending menstruation as taboo. Participants shared that when they were adolescents, they were thinking that menstruation is a taboo that should not be talked about with other people.

“During those times, girls were taught as boys should not know about it. At that time, it was as like men should not have notice. I did not even say it to my husband when I got married.” (Participant 4)

3.2.1.4 Knowledge

The majority (N = 10) shared that they directly learned information, additionally it is found that some of those also obtained information through observation. The participants (N = 10) shared that they learned menstruation through observation. The intersection of these two groups consists of eight participants who can be classified as learned directly and indirectly. The rest of the participants (N = 5) highlighted that they did not have prior information, among those two of the stated that they observed their family members however they did not know what menstruation is.

“I had no idea, I had no knowledge, I was very embarrassed. I thought that nothing like this had ever happened to anyone in the class, I just thought that such a thing had happened to me for the first time at a young age, and I was ashamed of it.” (Participant 7)

The majority of participants (N = 10) shared that they knew information about menstruation before experiencing it by directly learning the information from different sources. The sources from which direct information is learned are stated as family (N = 8), school (N = 6) and Quran course (N = 2).

“When I see the sanitary pads in shopping list because it is something bought for home for monthly shopping, I asked my mother what it is, and she told me that there is cycle that women experience and shows that women are healthy, she made me aware of it and what she taught to me were consistent what I learned in school.” (Participant 14)

It is seen that adolescent girls who learnt information indirectly (N = 10), observed or witnessed their talks about menstruation of their family members (N = 7), especially their elder

sisters or mothers, or peers (N = 4). It is found that ten of participants obtained both direct and indirect information about menstruation, whereas two of them shared that they only obtained information indirectly.

Five of the participants stated that they had a sister who was older than them. It is seen that all five participants had direct or indirect knowledge about menstruation before the first menstrual experience. Four of the five participants who have an elder sister state that they obtained information directly and indirectly from their elder sister, while one participant stated that she had indirect observations thanks to her elder sister, she shared that her sister was not open to talk because her sister was too shy.

The information taught to adolescent girls who shared their first menarche experience with others or who are noticed provided with information directly or indirectly can be grouped under three main headings. The most frequently encountered information provided to adolescent girls is information on how to use menstrual hygiene products (sanitary pads or rags). 12 participants shared that they learned information about menstrual hygiene items specifically how to use sanitary pads during period.

“My mother said that there are such rags, you fold the rags and use them, then you either throw them away or wash them and use them again, this can be used for a week.”
(Participant 4)

Adolescent girls were taught general information about menstruation process. Seven participants pointed that they were taught that all women experience in each month, and they were taught that the bleeding is normal and there is nothing to be worried about.

“She tried to calm me down told that there is nothing to do, we have all been through the same and you were going to experience, and you did, it is very normal.” (Participant 6)

Another point taught to girls consists of the information that experiencing menarche means that they are adolescents. Five participants commonly said that they were told the sentence “You are now a young girl”.

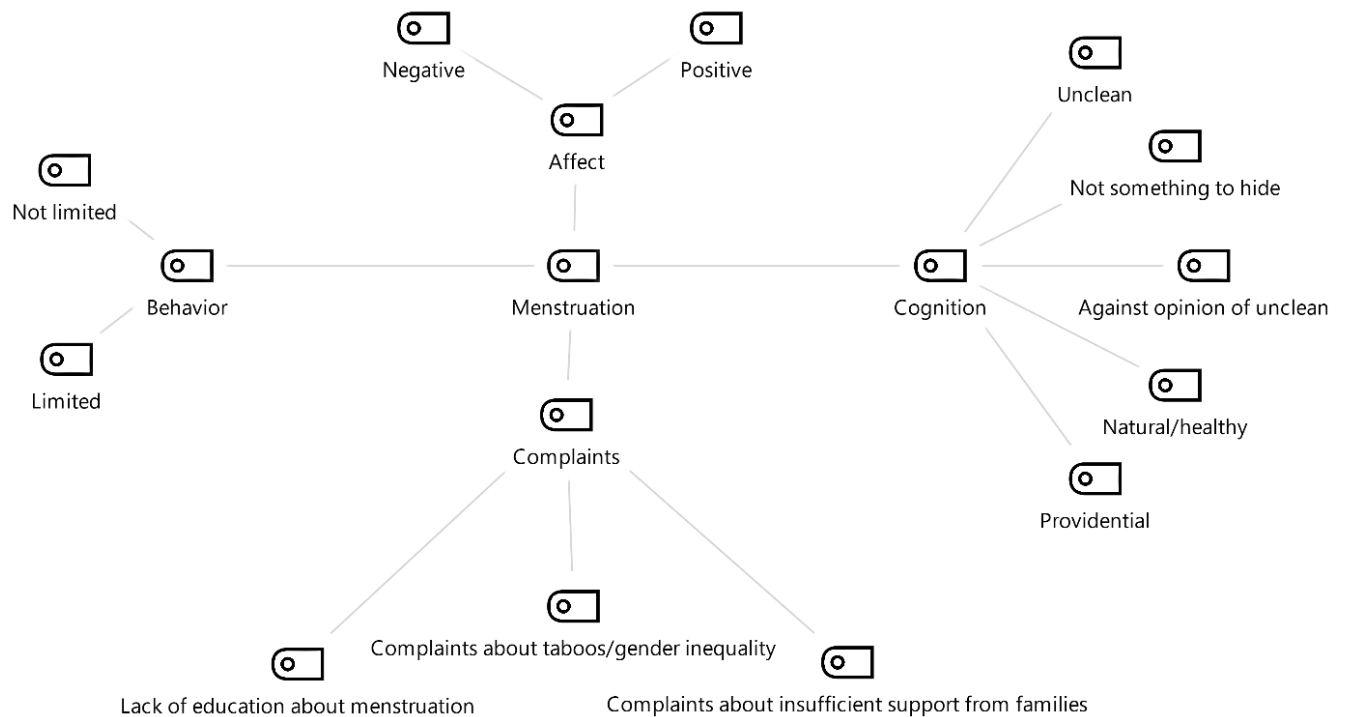
Table 6

Themes and subthemes for menstruation at individual level

Themes	Definitions
Affect	Positive and negative emotion's sub-themes
Behavior	Sharing with others, limitation on social life, limitation of clothing.
Cognition	Cognitions unclean, providential, natural/healthy, against opinion of unclean and not something to hide.
Complaints	Lack of education about menstruation, insufficient support from families, and gender inequality

Figure 2

Themes of menstruation at individual level



3.2.2 Menstruation

3.2.2.1 Affect

Participants were directly asked what they feel and think when they are on their period. Their answers shaped in two themes as negative (N = 10) positive (N = 7) feelings. 10 participants shared that they experienced negative emotions during menstruation. Apart from mood swings and negative emotional symptoms due to hormonal fluctuations, the participants stated that they do not like to have their periods and felt uncomfortable because of menstruation in general terms. When the expressions of the participants who shared their negative feelings during their menstrual period are analysed, sub-themes were found as tenderness (N = 6), nervous (N = 4), and anxiety (N = 5).

Six participants indicated that they are more sensitive and some of them shared that they are more prone to cry during their period days than non-period days. Four participants expressed that they are nervous during period. Five of participants shared that they are anxious because of menstruation, one of the reasons for experiencing anxiety, it is observed that the anxiety is caused by belief that they will be disgraced because of the possibility of getting menstrual blood on their clothes.

“You have a hard time getting dressed, if you bleed a lot, because you have to be careful where you sit. We cannot comfortably, we need to be so cautious whether will people see, or will my clothes be stained?” (Participant 11)

Seven participants shared that they experience positive emotions such as happiness (N = 5) and relaxation (N = 5) during their period, among those three of them shared that they also experience negative emotions. The positive emotions mostly explained with understanding that they are healthy when they are menstruating. The participants stated that it is in the nature of women to have menstruation, so they feel relieved and happy when they see that not having a period is a sign of being healthy. It is shared that they have positive feelings about menstruation because they know that they will not experience negative symptoms physically and psychologically anymore after they experience their period.

“I am happy to have my period because I am aware that it is in the nature of a woman. I am aware that it will be problem if I do not have my period, and feel pain, stress during those times. When I have my period, I feel relaxed.” (Participant 6)

3.2.2.2 Behavior

Participants were asked that whether they experience any differentiation on their period days in terms of their social life, participation to school or work. The common theme found as limitation of themselves on period days (N = 13) and subthemes are limitation themselves about sharing their menstruation with others (N = 13), limitation of participation to social life/school/work (N = 8) and restricting their dressing style (N = 8) on period days.

“I think it is a little bit more about privacy, women experience it, but every it has its privacy, I do not think it is right to talk about it in public.” (Participant 6)

While they can with particular people, they have some specific categorization for share or not share. The most common categorization is sex of the people. Seven participants indicated that they do not share their menstrual experience with men. Some of the participants indicated that among men they only share their menstruation with their boyfriends, or their husbands.

“I share it with my girlfriends, for other people, it seems like menstruation is something we can hide from men in our society, so I cannot easily talk to my boyfriends and say I am not feeling okay because I have my period today, but I can easily talk to my girlfriends. I can say it to my boyfriend but no other males.” (Participant 3)

Eight of the participants indicated that they limit their social lives on their period days. One of the reasons for limiting their social life is their wishes to stay at home and resting during period days. Four of the participants specifically stated that the days when they limit themselves and want to stay at home are the first days of their periods, which is the period when their bleeding is the most intense.

“I feel very bad, especially in the first days, and I feel ugly, do not want to get out of bed since I conditioned it, I think I want to eat unhealthily and watch TV series or something. So, I do not want to meet people very much, especially in my first days when I get my period.” (Participant 3)

Although some participants explained the reason for their desire to stay at home as spending time at home by themselves, it was seen that most of the participants shared that they wanted to stay at home because they had concerns to have blood stains on their clothes as a result of too much bleeding and not changing sanitary pads.

“I do not want to go out because I have concerns if I cannot go to the toilet for a long time, if I cannot change my sanitary pad, or if the blood will stain on clothes.” (Participant 13)

3.2.2.3 Cognition

While participants shared their unique experiences and thoughts about menstruation, common themes for their participants' (N = 13) beliefs about menstruation were detected.

It was observed that five participants associated menstruation with being unclean/dirty. Two of the participants specifically described the menstrual process as the removal of dirty blood from the body. On the contrary, three of the participants think that menstruation should not be classified as dirty. While the participants stated that they observed these views in society, they expressed their criticism against the classification of menstruation as being unclean.

“My clothes get dirty, everything gets dirty, you always look dirty, you are dirty until you bath, after you become clean.” (Participant 8)

“It was a trend topic on Twitter, the word unclean is used for girls and women when they are menstruating. Even in the Turkish dictionary, unclean is explained as the menstruation that is experienced every month. They wrote a tag to remove it. It seems ridiculous to me anyway, why should we be unclean, this is a situation that a biologically healthy woman should experience every month, I condemn this word anyway, but some girls and women also say that I am unclean today instead of saying I am menstruating, I have encountered this a lot.” (Participant 5)

When defining menstruation, four participants stated that menstruation is something that is given by God. It is observed that the participants who defined their period providential, expressed their general negative attitudes about menstruation before describing this definition. After stating their negative attitudes, the participants explain that menstruation is from God, so it is a situation that should be experienced.

“It is a sin, if it is offended to you, it will not come back because God gives it. My daughter once said it was offended, she did not have her period for 2 months. God hears you; you do not hear but God does, but it is a beautiful thing.” (Participant 11)

Eight participants expressed their opinions that menstruation is a natural and healthy process. According to the participants, menstruation is a woman's natural cycle that shows that they are healthy. The positive attitude of the participants towards menstruation was observed.

“I recognize that it is in the nature of being a woman, I am aware that it will be a problem in absence of menstruation.” (Participant 6)

Six of the participants stated that having a period is not something to hide. The common shares of the participants were that they hid their menstruation in the past, but they thought that it is not something that should be hidden. In addition, the participants stated that their observations in society that menstruation is a taboo that should not be talked about and added that they disagree with this general opinion.

“This makes me feel sad because why should I hide from people that I have my period every month, if I am angry that day, I would like to say to the people at school or the people around me such as can you keep on the good side of me today because it is a difficult process. Sometimes I share it with my girlfriends, my husband, and my mother. I would be able to tell “Can you tolerate me today; I am in this situation” with other people I do not know closely. Just as it is a normal situation when we have a headache, it is a normal situation.” (Participant 5)

3.2.2.4 Complaints

Participants did not directly was asked about their complaints; however, it is found that participants (N = 9) have different grievances related to menstruation found as a theme. These complaints can be classified under three sub-themes, lack of education about menstruation (N = 6), insufficient support from families (N = 4), and taboos/gender inequality (N = 7).

Six participants stated that the education they received about menstruation was not sufficient. Although participants have received information from different sources such as family, and school, they shared that the education was not in detail. They suggested there should be more detailed scientific explanations such as what it means to have a period, why women experience menstruation, and what to do while having a period.

“For example, I wondered why I was bleeding, why does such a thing happen, maybe I would have been happier if my mother had told me about it. We learned this much later in the 8th grade in middle school or biology lectures in high school. It could have been explained in more detail, why does it bleed, why does this happen to us every

month, why do men not experience it? I remember asking myself questions like these.”
(Participant 5)

Four of the participants shared that they wished they had more support from their families. While some of the participants shared that they wished their mothers could provide more information and show their support, others stated that they wanted their fathers to talk to them about their period.

“Also, mothers need to be like "I am here, do not be afraid, I am with you". For example, I was experiencing it each month, I wish that mothers taught this to their children, better than taught by teachers. When you experience it, you are more afraid of the parents, not of yourself, but the parents. I wonder what they will say if they see a stain, I wonder whether my mother will understand ... I mean, mothers should be friends with their daughters in every respect, especially in that matter.” (Participant 9)

Seven participants talked about the difficulties they experienced due to taboos, among these, examples are difficulties to access sanitary pads, not talking about menstruation and hiding period days menstruation is not talked about, and discrimination due to menstruation.

“There are taboos in the society such as when a woman is nervous, she might be on her period, or if she is on her period, she might be nervous. There are many different taboos, the woman may be unhappy, have a stomachache, or might want to have rest. She may be unhappy, maybe not because it should be like that, but maybe because she wants to feel like that at that moment. Some women can adapt social life during their periods. I think that these stereotypes are related to overgeneralization and do not reflect the truth.” (Participant, 13)

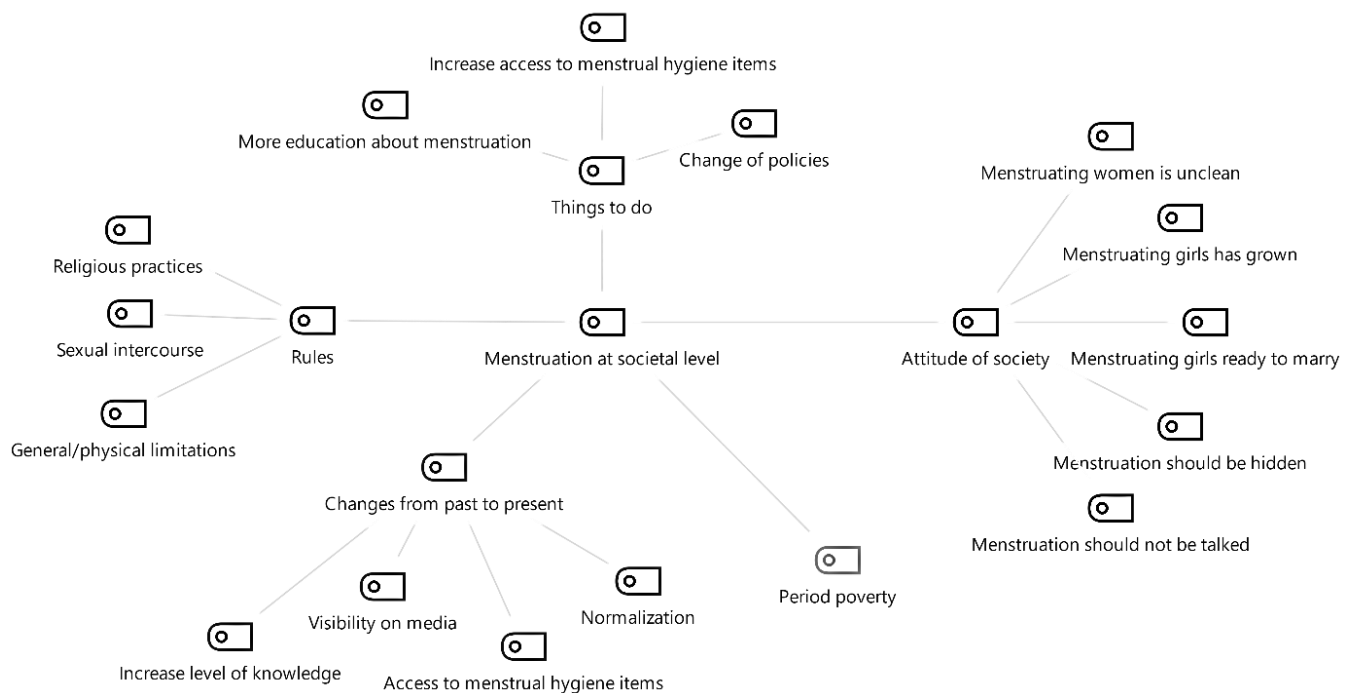
Table 7

Themes and subthemes for menstruation at societal level

Themes	Definitions
Attitudes of Society	Society’s attitudes as menstruating women are unclean, menstruation should not be talked about, menstruation should be hidden, menstruating girls ready to marry, and menstruating girls have grown
Things to Do	More education about menstruation and increase access to menstrual hygiene items
Rules	Sexual intercourse, religious practices, and general/physical limitations
Period Poverty	Lack of access to menstrual products. It includes information about difficulties due to high prices and coping mechanisms
Changes from Past to Present	Increased level of knowledge, normalization, visibility on media, and access to menstrual hygiene items

Figure 3

Themes of menstruation at societal level



3.2.3 Menstruation at societal level

In addition to their individual experiences, the participants also gave comments about how menstruation is perceived in society in a broad framework. The participants stated their views on what needs to be done, the rules they observed in society, the change of Turkish people and applications related to menstruation from past to present, and finally their views on period poverty in Türkiye.

3.2.3.1 Attitude of society

When the participants were asked about their comments on how menstruation is approached in society, they stated that they think that society calls women unclean/dirty, that society has perceived menstruation as something that should not be talked about, and that menstrual products should be kept hidden and that they think that girls who experienced menarche are growing up and ready to get married. Since there were only two participants shared the idea of society has a positive approach to menstruation, a common theme could not be determined. The statement of the participant is as follows:

“I think it is positive, this is a natural cycle of being woman this is a need, a natural need, and the marketing of our natural needs is done through advertisements, so I think society is conscious about it in every aspect.” (Participant 14)

Five participants shared that people in the society perceive women who are on their period days as unclean. The reasons behind the participants' observation are varied, and one of these reasons shared by one participant is caused by rules for women during menstruation days for example women are forbidden to enter areas where religious worship is held, such as mosques, during their period.

“I heard something like this from one of my friends, I don't remember exactly, but I think it's related to a certain sect, s/he does not touch the meat menstruating women cooked. It was something like that because when she is menstruating, that woman seems unclean to them, so to speak, and that woman will end her menstruation, she will be cleaned according to their opinion, then she can cook the meat.” (Participant 3)

Nine participants stated that they perceive that menstruation is a topic that should not be talked about menstruation in society. The participants stated that in their daily lives, people have concerns to talk about menstruation.

Participants underlined that menstruation is a hidden and unspoken topic in society. According to the participants, menstruation is a topic that should not be shared with men who are more often shared with fellow men in Turkish society. Talking about menstruation is considered a disgrace in society. Eight of the participants who had this observation experienced embarrassment during their menstrual experiences and restrict their behaviours to sharing their menstruation experience with someone else during adolescence. It is seen that observations about the mindset in society restrict people's own behaviour and feelings during the adolescent years.

“What I have observed is that in places such as villages, towns, women absolutely hide their menstruation and they think that this is something that should not be shared, this is very wrong.” (Participant 16)

In addition to the fact that menstruation is not talked about in society, the participants also expressed their opinions on the common theme that menstrual products are hidden in society. Participants stated that they had this opinion due to the practices that took place while buying menstrual hygiene products. The applications they share are as follows; putting the pad in a black bag while buying, feeling of to buy a second product because it is a shame to buy only a pad, having the position of menstrual hygiene products in the market in places that are not visible, shameful to buy pads when the cashier is a man.

“I cannot find sanitary pads at a fuel station while I am on the road, but there are condoms or there are diapers, which is a necessity, while traveling on the road bleeding may occur, but you cannot reach the pad, for example, or they hide it in top secret corners when buying, which is also ridiculous, I do not commit a crime.” (Participant 2)

The four participants who hold this view also have a common view that this approach was more intense in the past, and that the effort to hide menstrual products has decreased today, and that negative practices are not seen as much as before.

Seven of participants shared their common view that society sees girls after menarche as grown up. Among the reasons stated by the participants who have this view are the differentiation and increase of expectations from girls after menarche, the increase in responsibilities charged, the restriction of their social lives and the fact that girls should regulate their behaviours.

“Does her menstrual period started, she should not go out, do not play on the street, do not send her out much, she is a young girl now, she should not play ball, she should not go and see her friends often, there are these periods, she is a young girl now.”
(Participant 12)

Another perception of classifying as grown up is that girls are now ready to get married. Seven participants shared that even if girls under 18, people in society mentions that they can marry, some of the participants said that people making jokes about this.

“If she has her period, she is ready to marry, she can get married at the age of 13, 10 or 9, it is religiously halal. I witnessed something like this belief or understanding.”
(Participant 2)

While the participants expressed their feelings during adolescence, it was seen that three participants experienced a sense of fear due to marriage. It is also seen that these three participants observe the view that the girl child who has menstruated in the society is now ready to marry. For example, one of the participants expressed the uneasiness she experienced due to being looked at 'look carefully' during adolescence.

3.2.3.2 Things to do

Participants (N = 9) had several suggestions in societal level that gathered in three main themes. Participants (N = 7) share that there should be more education about menstruation and some of them highlighted the manner of application should be changed than past. Participants (N = 5) made suggestions to increase access for menstrual hygiene items to end period poverty. The last theme was change of policies; participants (N = 3) shared those changes should be in diplomacy level.

Seven participants shared that more training should be provided. When the individual experiences of these seven people were examined, the following findings were found. Two out of seven people did not know about menstruation before menstruation, while five said they learned about menstruation through direct learning from family, school or Qur'an course. In addition, five people shared that they learned information directly from another person, while two people stated that no information about menstruation was transmitted to them. It is found that although majority of seven people received information including training in school, they still suggest more training about menstruation. It is found that mostly children receive

information about menstrual hygiene items, mostly use of sanitary pads, learning menstruation sign of puberty, and period will occur each month.

“Basically, it can be start with education in schools, but it is not like they take the boys and girls separately and tell them separately, as they did when we were in high school or secondary school. They can explain the situation, changes in women and men's bodies, biological differences. Those can perhaps change our perspective, maybe there can be courses about gender in schools, not just in the social departments, but in every department or every phase of the school life, for example, in primary school, high school, university.” (Participant 16)

While participants shared that they received training in schools, they also specified that girls and boys separated in classrooms, and they did not receive training together. One participant shared that due to this practice, after the training girls in the school felt embarrassment and they hid menstrual hygiene items from boys. Three participants shared that the training should be provided also the boys.

“It should not be like they take the boys and girls in separate places and tell them about menstruation separately, they should teach together.” (Participant 13)

When participants' remarks considered, it is found as participants has request for detailed information not only for girls but also boys and parents. They suggested that people's level of awareness and information and information should be increased.

Five participants recommended that access to menstrual hygiene items should be increased. Those participants also gathered in common theme that who experienced or observed period poverty in the society. They shared that due to high prices of menstrual hygiene items, it is difficult to access, and people may find alternative solutions which are difficult to their physical health. One participant shared that in Türkiye, menstrual hygiene items are considered luxuries, she shared that it is a product that every female would have and highlighted that it should not be considered a luxury. It is found that the suggestions of the participants such as reducing prices, making distribution free of charge, and free access to pads in schools can be implemented by governmental organizations in Türkiye.

“The access to menstruation hygiene items is a bit difficult, so I think it should either be supported by the state or municipalities can work on this. There was a practice that we were applying to the government for hygienic masks, and they were sending masks

to our house. I think such a system should be adopted, we should make our application, and at least a monthly pad should be met, even if they do not meet all of them, I think that they should be met in half because it is very difficult to reach.” (Participant 1)

"At least the VAT, taxes on it should be removed, it is a product that everyone should have access to" (Participant 13)

Three participants shared that there should be a change in policies. Among those, the common suggestion was there should be period leave right for women on their period days. Participants shared that due to physical symptoms, women experience difficulties.

“I definitely think that there should be a period of leave, I think it should be a government policy.” (Participant 5)

Participants highlighted women experience physical symptoms and they need to have rights specifically for period days. According to their opinion, these changes can be enforced by changes of policies.

3.2.3.3 Rules

Participants were asked to answer things that women cannot do on their period days. Except four, rest of the participants provided answers the rules that are obey in their period days. The most common theme that participants (N = 8) was not having sexual intercourse during period days. Participants (N = 7) also shared physical limitations that is defined as a general and physical activities theme. Lastly, participants (N = 6) pointed out limitations for religious practices.

Eight participants shared that stated that due to hygienic and/or religious beliefs, the woman should not have sexual intercourse during menstruation. According to the religion they believed, the participants stated that it is forbidden and sin to have sexual intercourse during menstruation. One of the participants stated that this knowledge was taught in the Qur'an course she attended when she was a teenager.

“You will not have sexual intercourse with your spouse, for example I am saying to my husband that “I am on vacation for 5 days”. After your period is over, you take a bath, no matter how your husband pushes you it is religiously forbidden, you will tell him if he does not understand you will tell or show it on the Internet.” (Participant 5)

Six of the participants shared that it is forbidden to perform certain religious practices. One of these practices is not fasting during Ramadan. The participants said that according to Islam, a woman on period days is forbidden to fast. One of the participants stated that there were people around her who behaved as fasting during period days in Ramadan so it would not be obvious that they were on the period days. Participants also shared that performing salaah is forbidden while menstruating. They cannot also touch Qur'an and pray while their period.

“You cannot touch the Qur'an, no matter how much you know how to read, you will not touch it, you will not open it. For example, when you go to the cemetery, you definitely would not go in without a diaper, you will enter cemetery as clean, you need to be ritually clean even for that moment.” (Participant 12)

Seven participants shared physical limitations that cannot be conducted during period. Participants mostly shared that they learned these rules as advice from their mothers. These includes staying away from cold such as not drinking cold water, not washing carpets, not bathing with cold water, not eating ice-cream. Participants said they were advised to keep themselves warm. Another limitation that participants mentioned commonly was eating foods that are bitter and sour. Participants were also told women should not take medicine since it would negatively affect bleeding. One participant shared those menstruating women should not touch hold ear with hand. Lastly, it is also shared that woman cannot swim in the pool while menstruating, one participant explained that it is not healthy due to high infection risk in the pool.

“They say that do not drink ayran, you will smell like ayran, they also say that do not take painkillers, your bleeding will stop.” (Participant 7)

3.2.3.4 Period poverty

Participants were asked that whether they experience difficulties to reach menstrual hygiene items. Eight participants shared that the prices of the menstrual hygiene items are too expensive. Among eight participants, some of them shared that they could buy the products, but they complained about the increase in prices. They shared that even themselves were able to buy, they observed other people who cannot buy, and their feelings were negative such as anger and sadness. Participants specified that this is a basic need as eating, sheltering not a luxury.

“We are having hard times, because I have many daughters, it is expensive. 3 of them not living with us, 3 living in the same house. I went in the morning and bought a pack of 10, I have 3 daughters in the house, it is difficult. I do not buy open packages of pads, I used to by open packages, but my daughter would die. My daughter got sick, she was going to die, she had itching, we went to doctor, and doctor told that you used open pads, this is the reason.” (Participant 11)

It has been seen that among the solutions applied by people who have difficulty in purchasing due to high prices such as storing products at discount, researching the price among the markets and buying the cheapest one, and buying openly sold pads that are negatively affects menstrual hygiene health. Also, one participant shared that she felt like she should be less likely to change her sanitary pads to prevent use of more sanitary pads due to prices.

“Due to the economy, I feel the need to decrease my frequency of changing pads because pads are really expensive, but I think this should definitely not be done.” (Participant 16)

There was no common theme detected among participants about experiencing difficulties to find menstrual hygiene products. Only one participant shared that in her adolescence, she could not find menstrual hygiene items except pharmacy since she used to live in township. She expressed the difficulty to buy sanitary pads due to male employees because of emotion of embarrassment.

“Access to the materials used for menstruation is still very limited and still very difficult. In township, based on my own experience, there was no market in our district, it was only sold in pharmacies. There were only men in the pharmacy, and when you go and say this, they blame you, so maybe some things about this access can be changed. I was going to the city center and stocking up anyway.” (Participant 16)

3.2.3.5 Changes from past to present

11 participants talked about their past and present menstrual experiences and from their statements their observations about the changes in society from past to present detected. When changes were examined, the common themes are found as; the normalization of attitudes and practices about menstruation in society (8), the increase in menstrual product advertisements in the media (6), the increase in the level of knowledge (4) and the fact that access to menstrual hygiene products is more accessible than past.

Eight participants shared that people are more relaxed about menstruation and that they see that while menstruation was taboo in the past, it is now decreasing. They exemplified this theme by decrease of hiding menstrual items, menstruation is topic of conversation between people.

“When I was buying pads, during my high-school and university years, they used to put black nylon bags next to the sanitary pads, I would put pads in the black nylon bags as well, I was ashamed during that time, but now I don't have those feelings, it's perfectly normal. For example, when the cashier is a male, I used to be uncomfortable, I would say it is because being a childhood or a youth, it is not the same anymore. I'm glad that those situations are no longer the same, in fact, the existence of those black plastic bags is shameful.” (Participant 5)

Six participants pointed that there were no advertisements about menstrual hygiene items in media tools such as televisions in past, however they can see pads advertisements on televisions. Four participants shared that it is easier to access information about menstruation and youths can access information from schools, media tools and internet. Last theme was accessing menstrual hygiene items, three participants shared that it is easier to access to menstrual hygiene items. It is observed that participants did not evaluate limited access from the perspective of high prices, they shared that while they were youth, there were no sanitary pads and they used to use rags. They shared that there were no sanitary pads, or they did not the existence of it and highlighted that it is easier to access and find sanitary pads in present time that they can access in every market.

4. DISCUSSION

The main purpose of this study is to make a depth-analysis of women's personal experiences of menstruation. For this purpose, fifteen women whose average age is 33 and who have not experienced menopause yet were interviewed by using the snowball sampling method. The in-depth interviews compose of semi-structured interviews question that focuses on menarche and menstruation experiences and emotions during their periods. After the interviews were transcribed, data was analyzed through Thematic Approach in the inductive way (Braun & Clarke, 2006). The study findings are categorized under three main categories, menstruation at the individual level, menarche, and menstruation at a societal level. The menstruation at the individual level category consisted of affect, behavior, cognition, and complaint super-ordinate themes.

During adolescence, the information that girls acquire about menstruation can be evaluated in two different time intervals, before or after menstruation. When examined in the world and Türkiye, in particular, it is seen that most girls learn about menstruation after their first period (Erbil et al., 2010, p. 372; Erbil et al., 2015, p. 1125). The results are not consistent with past literature. Participants were aware of menstruation; however, the extent of their previous knowledge is unknown. Since menstruation is rarely discussed within Turkish society, knowing the term menstruation without details may be interpreted as knowing about menstruation. Turkish society's gender norms may be the leading cause for this understanding, and the knowledge level might be interpreted differently in cultures where people are less likely to encounter gender stereotypes. It can also be supported with the wishes of detailed training about menstruation. In the menstruation training context, participants should need to be revised to break the stereotypes in society.

Knowing the menstrual process is essential to decrease negative symptoms by providing information about females to their bodies (Teitelman, 2004, p. 1303). However, it does not show that girls who know about menstruation do not experience negative feelings. Like adolescent girls who do not have information, those who know appear to feel embarrassed (Ifeanyi et al., 2008, p. 208). As a result of the current study, one of the findings is that most girls experience shame and fear, whether they have information or not, but at this point, a comparison cannot be made about the premenstrual knowledge level of women. It shows that negative feelings caused by menstruation are not only caused by biological changes in the body but also affected by society's point of view. Specifically, at this point, it can be highlighted that

boys and men should also profoundly understand menstruation. Transferring this information to boys and men can be achieved by their inclusion in menstrual education. In Türkiye, one of the practices that adolescents experienced was the training given in schools, girls and boys were separated into separate classes, and then sanitary pads were distributed to girls at the end of the training. Girls felt ashamed because the sanitary pads seen as shameful in society the feeling of embarrassment and trying to hide sanitary pads are still common among girls in Türkiye (Kadir Has University Gender and Women's Studies Research and Application Center, 2019). It is associated with the increase in the knowledge about menstruation in society, normalizing it and breaking the prejudices about menstruation, and avoiding stereotypes in society can make girls' menstruation experiences easier for them.

Since the generating stereotypes are affected by different components, one of the components is family members (Bar-Tal, 1997, p. 496). As information provided by family members is essential, the experiences of family members such as elderly sisters and mothers and their reactions to girls' menarche have a significant influence on how adolescent girls perceive menarche and what are their feelings. Family members' reactions and attitudes toward menstruation have a teaching role for girls (Deutsch, 1944, p. 150). If adolescent girls observe their mothers hide their menstrual process from other people, it teaches girls that menstruation is something to be ashamed of. Girls have general stereotypes about menstruation with their societal observations and what they learn from their families. It shows how intergenerational experiences are influenced by each other. It shows that the negative emotions that girls are currently experiencing will also be effective in future generations, so creating a positive perception of menstruation can be effective with intergenerational studies. However, the effect from mother to child is not only affected by the mother's experience, but also mothers' reaction to their daughters is of great importance (Teitelman, 2004, p. 1304).

Different examples of reacting to menarche negatively include physical violence to children (Sommer et al., 2014, p. 599). For this reason, women who have had negative experiences should not be considered harming the menstrual movement. The positive effect of raising the awareness of family members can be observed. In Turkish culture, there is a practice such as slapping the girls who have their first period by their parents, and it is thought that this slap will bring good luck to the child or prepare her for the shocks she may experience in the future (Vargun, 2021, p. 5). However, in the current study, there is no negative reaction from family members except for one participant, which proves the negative effects and limitations

of behaviors due to her family's angry reaction. It can be a good improvement for Turkish practices from past to present and may be hope for the further generations.

This study highlights how their own experience and society's view affect their emotions caused by menstruation and changes within the time in their feelings. Turkish women experience negative feelings during puberty; the findings are consistent with previous studies, as Erbil and colleagues (2015) also found that Turkish girls' attitudes are negative during menarche. However, although attitude is shaped negatively during menarche, it is not interpreted as women having a negative approach in the following years of their lives. The present study showed that women described experiencing emotions such as fear, anxiety, embarrassment, and sadness during menarche, but the negative emotions they are currently experiencing are tenderness, nervousness, and anxiety. Even though women initially experience negative emotions due to a lack of knowledge, with the increase of age and experience, women also experience positive feelings. As the experience increases, women learn more about their bodies and menstrual experience on the individual level. When the change is examined at the social level, it is affected by the fact that menstruation is visible when compared with the past, and women may see that they are not the only ones who have this experience and may feel a sense of belonging to a group. At the same time, realizing that menstruation is spoken takes place by observing society. It might be one of the positive outcomes of the feminist movement for women's empowerment by breaking taboos in Türkiye.

This study shows the relationship between societal beliefs, women's feelings, and behaviors. For example, the negative perspective of society affects women's feelings negatively and causes their behavior to be appropriate for society. At this point, eliminating a component of this interaction can eliminate the taboo of the menstrual experience and make people have positive emotions. The results show an example of the change; although women do not share information about their period, it is observed that the number has decreased, and their perspectives on menstruation are changing. Women who stated that menstruation is a condition that needs to be hidden during adolescence have stated that their awareness has increased after years and that they are no longer what they used to be. The changes in behavior also coherent with differences in emotions and how they perceive menstruation due to having feelings such as happiness and relaxation and having a healthy and normal aspect of menstruation, as well as their perception of society's approach, changed positively about menstruation.

When societal changes have been examined, menstrual hygiene items are more visible in the media. The advertisements for sanitary pads are more common on television; while it increases awareness regarding menstrual products, it also makes it more visible and gain insight into menstruation is becoming more normalized in society. The first advertisement for menstrual products in Türkiye started with the advertisement of the Orkid brand in the written press, the year of the emergence of this advertisement was 1975. The number of advertisements has increased from the past to the present, and the contents have changed over time. In addition to not showing pads in the ads in the past, comparing women with men, and bringing the female body to the forefront in order to gain male appreciation, it is seen that the advertising contents today emphasize independent women in the present (Atsız Güreşçi, 2019). With the increasing knowledge about menstrual hygiene products, the practices also changed over time in Türkiye. Keeping sanitary pads in a black nylon bag and uncover with newspapers are no longer practiced when buying menstrual hygiene products (Aldanmaz & Eskitaşçıoğlu, 2020).

Increased visibility of menstruation also increased the direct use of the menstruation word itself. People began to hear more about menstruation and even the word itself. Since the word of menstruation is perceived as a disgrace in Turkish society, people used to hesitate to use the word; they used to prefer words such as ‘my aunt came’ and ‘the time of the month’ instead of menstruation. Their use of these words also makes society perceive that that phenomenon is wrong and shameful and reinforces the negative attitude. It is also possible to see this in the words that cause gender inequality in Turkish. However, behavior changes such as direct use of the word also lead to changes within the society.

It shows that every change in the individual and society is related to each other. The focus of change is divided into many sub-items such as affect, behavior, and cognition; rather than being a single phenomenon, the changes that exist in these differ by being affected by each other. By focusing these three categories on individual and societal levels, positive improvements can be achieved within time.

4.1 Limitations and future research

The present study fills a research gap in the psychology literature because little is known about the menarche and menstrual experiences of women living in Türkiye. In the current study, participants voluntarily accepted to attend the study. Although where participants within the city differentiated from each other, all were living in urban areas. The study could not reach the experiences of women living in rural areas. Although there is no restriction on

the place of residence of the participant's criteria, people living in rural areas could not be reached due to the snowball sampling method.

The current study limited the age range of participants since the aim was to apprehend what Turkish women are currently experiencing. To provide the participation criteria for age limited and women who did not enter menopause were included in the study. However, the study also examines the changes from past to present regarding differences in Turkish society. Because of the limited age range, the changes can be evaluated for a limited period. For future research focusing on menarche experiences, women who entered menopause can also be involved in the studies to learn different perspectives and information. Another limitation of the study regarding age limitation is not including girls below 18 years old in the study. Obtaining information about the participants' first menstrual experiences requires them to recall their memories of years ago, but the information in the participants' memories may be incorrectly remembered. For further studies, interviews with girls under 18 who have not had their period or have just had their period can provide information about the girls' current menarche experiences in Türkiye.

The interviews aimed to understand women's experiences, but no studies are based on men's approach to menstruation in Türkiye. Since menstruation is one of the topics that are taboo to talk about, it is conducted research to add men's approach and cognition to understand menstruation taboos in a broader context.

There is no Turkish assessment scale that measures Turkish people's attitudes and beliefs towards menstruation, but one could be developed for future research. It would be advantageous to perform quantitative and qualitative research using contextually relevant instruments. This way, the thoughts of people who are hesitant to interview about menstruation in detail can be reached, and the literature studies about menstruation taboos can be increased.

4.2 Recommendations

Specific types of training are still needed in Türkiye; although participants shared that they received training in school, there are still gaps and things to be improved regarding the training method. Participants shared that girls and boys received training as separate groups, and this caused a feeling of embarrassment from boys. To break taboos and normalize menstruation, it is recommended to train boys and girls together and give the message that there is nothing to be shamed since menstruation is a healthy and natural process for girls' bodies. Training about menstruation should not be only given to children. In addition, the information

can also be provided by different channels to the Turkish people by governmental organizations. Carrying out studies by the Ministry of Health will have an important place. Having informative brochures for menstruation in hospitals and family health centers will benefit both in terms of disseminating correct information and visibility.

To avoid barriers to children's hesitation to share their menarche with their family, their relatives also need to be trained. Increasing the awareness level of family members will be beneficial to help them to support their children during adolescence. The negative emotions such as fear experienced by children during menarche can be reduced. Adolescent girls do not receive detailed information about menstruation; the information provided consists of general information about menstruation and menstrual hygiene items. Giving menstruation education to parents can also provide information such as the biological process of menstruation, menstrual hygiene management, menstrual hygiene materials, taboos, and risks. The myths conveyed to children can be avoided, and families will give exact information.

When attitude toward menstruation from past to present has been observed, individual's opinions are affected mainly by societal changes. Women are affected by changes in practices while buying pads or observed visibility of pads in media tools. For this reason, the continuation of the normalization of menstruation in society will be effective in the attitude of people in the future. In these times when the importance of the media is constantly increasing, it will be crucial to convey the correct information through media tools, eliminate the wrong practices, and have social media campaigns. The work of young activists working on this issue should be more visible and supported in social media tools

Non-governmental organizations and UN Agencies are working in Türkiye; We Need to Talk Association is one of the NGOs working on menstruation taboos and poverty. To break taboos, community-based activities can be increased through these organizations collaborating with governmental organizations. NGOs working on menstruation should be supported in terms of the widespread of their activities. Additionally, NGOs support is crucial to advocating for policy changes. Period poverty is still one of the challenges for women in Türkiye. Women experience difficulties buying menstrual hygiene items. Although one of the solutions for accessing menstrual hygiene items is using reusable materials such as menstrual cups, one of the solutions to be fair is a decrease in prices for sanitary pads. Women have to right to make their own choices for menstrual hygiene items; they should not seek unhealthy solutions due

to economic insufficiency. At this point, all actors should take action to change the price and abolish VAT, but the role of non-governmental organizations is undeniably important.

As a final recommendation, although this study is geared towards understanding women's experiences in general, more studies on menstruation are needed, especially in the psychology literature. These studies will shed light on many field studies to be carried out in the future.

4. CONCLUSION

Females' experiences during period days differ from non-period days in terms of their feelings and behaviors. The findings of the current thesis, in general, showed that although women have started to feel positively during menstruation past to the present, Turkish women still experience negative feelings, mainly they experience anxiety. The negative emotions impact women's behaviors: they limit their behaviors, and society's point of view affects their behaviors. There are still taboos in Turkish society, and there is a need for further training about biological reasons for menstruation, menstrual hygiene practices, and gender equality related to menstruation to break taboos, and the training should not be given only to females. The dissemination of the correct information can be increased by training. Changes at the societal level, such as policy changes, are essential; the Turkish laws and rules need to change in terms of access to menstrual hygiene items to end period poverty in Türkiye; the menstrual hygiene items are essential, not luxuries, and need to be reduced. The hope for the future is to increase menstrual hygiene items access and break taboos about menstruation in Türkiye as an important step toward gender equality.

REFERENCES

- A WaterAid in Nepal. (2009). *Seen but not heard? A review of the effectiveness of gender approaches in water and sanitation service provision.* www.wateraid.org/nepal
- Adhikari, P., Kadel, B., Dhungel, S. I., & Mandal, A. (2007). Knowledge and practice regarding menstrual hygiene in rural adolescent girls of Nepal. *Kathmandu University Medical Journal*, 5(3), 382-386. <https://pubmed.ncbi.nlm.nih.gov/18604059/>
- Agyekum, K. (2002). Menstruation as a verbal taboo among the Akan of Ghana. *Journal of Anthropological Research*, 58(3), 367-387.
- Ahmed, R., & Yesmin, K. (2008). *Menstrual hygiene: Breaking the silence.* IRC International Water and Sanitation Centre and WaterAid. <https://www.ircwash.org/resources/menstrual-hygiene-breaking-silence>
- Akbas, T., & Sanberk, I. (2012). İlk menstrüasyon ve ejakülasyon deneyimi: hazirlik, ön yaşantılar ve ön bilgilerin cinsel tutum ve davranışlarla ilişkisinin incelenmesi. *Cukurova Universitesi Sosyal Bilimler Enstitüsü Dergisi*, 21(3), 323-338.
- Aldanmaz, B., & Eskitaşçıoğlu, İ. (2020, September 9). *Türkiye’de Regl Yoksulluğunu ve Regl Tabusunu Sonlandırmak İçin Çalışıyoruz.* Interview by N. Çalışkan. Sivil Sayfalar. <https://www.sivilsayfalar.org/2020/09/09/turkiyede-regl-yoksullugunu-ve-regl-tabusunu-sonlandirmak-icin-calisiyoruz/>
- Aldanmaz, B., & Eskitaşçıoğlu, İ. (2022). *Türkiye’de Regl Yoksulluğu.* Konuşmamız Gerek Derneği. <https://konusmamizgerek.org/turkiyede-regl-yoksullugu-arastirmasi/>
- Alharbi, K. K., Alkharan, A. A., Abukhamseen, D. A., Altassan, M. A., Alzahrani, W., & Fayed, A. (2018). Knowledge, readiness, and myths about menstruation among students at the princess Noura University. *Journal of Family Medicine and Primary Care*, 7(6), 1197-1202. https://doi.org/10.4103/jfmpe.jfmpe_279_18
- Ali, T. S., & Rizvi, S. N. (2010). Menstrual knowledge and practices of female adolescents in urban Karachi, Pakistan. *Journal of Adolescence*, 33(4), 531-541. <https://doi.org/10.1016/j.adolescence.2009.05.013>
- Alvarez Del Vayo, M. (2018, November 7). *Half of the European countries Levy the same VAT on sanitary towels and tampons as on tobacco, beer and wine.*

Civio. <https://civio.es/medicamentalia/2018/11/07/14-european-countries-levy-the-same-vat-on-sanitary-towels-and-tampons-as-on-tobacco-beer-and-wine/>

- Amatya, P., Ghimire, S., Callahan, K. E., Baral, B. K., & Poudel, K. C. (2018). Practice and lived experience of menstrual exiles (Chhaupadi) among adolescent girls in far-western Nepal. *PLOS ONE*, 13(12), e0208260. <https://doi.org/10.1371/journal.pone.0208260>
- Andersh, K., Francis, Z., Moran, M., & Quarato, E. (2021). Period poverty: A risk factor for people who menstruate in STEM. *Intersectional Science Policy*, 18(04). <https://doi.org/10.38126/jspg180401>
- Arikan, D., Tortumluoglu, G., & Ozyazicioglu, N. (2004). The Impact of Planned Education Given to The Students to The Menstruation Hygiene Behaviors. *Uluslararası İnsan Bilimleri Dergisi*, 8(1), 1-15.
- Atsız Güreşçi, S. (2019). *Hijyenik ped reklamlarında kadının dönüşümü* [Master's thesis]. YOK Council of Higher Education Thesis Center.
- Avishai, O. (2008). “Doing religion” in a secular world. *Gender and Society*, 22(4), 409-433. <https://doi.org/10.1177/0891243208321019>
- Bar-Tal, D. (1997). Formation and change of ethnic and national stereotypes: An integrative model. *International Journal of Intercultural Relations*, 21(4), 491-523. [https://doi.org/10.1016/s0147-1767\(97\)00022-9](https://doi.org/10.1016/s0147-1767(97)00022-9)
- Belayneh, Z., & Mekuriaw, B. (2019). Knowledge and menstrual hygiene practice among adolescent school girls in Southern Ethiopia: A cross-sectional study. *BMC Public Health*, 19(1). <https://doi.org/10.1186/s12889-019-7973-9>
- Bendich. (2000). The Potential for Dietary Supplements to Reduce Premenstrual Syndrome (PMS) Symptoms. *Journal of the American College of Nutrition*, 19(1), 3-12. <https://doi.org/10.1080/07315724.2000.10718907>
- Bhartiya, A. (2013). Menstruation, religion and society. *International Journal of Social Science and Humanity*, 3(6), 523-527. <https://doi.org/10.7763/ijssh.2013.v3.296>
- Bhatia, J. C., & Cleland, J. (1995). Self-reported symptoms of Gynecological morbidity and their treatment in South India. *Studies in Family Planning*, 26(4), 203. <https://doi.org/10.2307/2137846>
- Bhattarai, H. (Producer). (2020). Chhaupadi: Living in Exile - Women in Nepal [Documentary].

- Bhusal, C. K., Bhattarai, S., Kafle, R., Shrestha, R., Chhetri, P., & Adhikari, K. (2020). Level and associated factors of knowledge regarding menstrual hygiene among school-going adolescent girls in Dang district, Nepal. *Advances in Preventive Medicine*, 2020, 1-9. <https://doi.org/10.1155/2020/8872119>
- Bianet. (2022, January 18). *Unit price of sanitary pads sees a 58-percent increase in Turkey in a year*. Bianet - Bagimsiz Iletisim Agi. <https://m.bianet.org/english/women/256350-unit-price-of-sanitary-pads-sees-a-58-percent-increase-in-turkey-in-a-year>
- Bilgin, I., Kaya, N., Evcili, F., Bekar, M., & Demirel, G. (2016). Information levels of female students of a secondary school on menstruation and menstrual hygiene. *IOSR Journal of Nursing and Health Science*, 5(6), 104-107. <https://doi.org/10.9790/1959-050604104107>
- Bird, C. M. (2005). How I stopped dreading and learned to love transcription. *Qualitative Inquiry*, 11(2), 226-248. <https://doi.org/10.1177/1077800404273413>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. SAGE.
- Brinkley, J. (2022). Period Poverty and Life Strains: Efforts Made to Erase Stigma and to Expand Access to Menstrual Hygiene Products. *Available at SSRN*.
- Brooks-Gunn, J., & Petersen, A. (1983). *Girls at puberty: Biological and psychological perspectives*. Plenum Press.
- Caliskan, D., Col, M., Akdur, R., Yavuzdemir, S., & Yavuz, Y. (1996). Park sağlık ocağı bölgesinde 15-49 yaş grubu kadınlarda vajinal duş sağlığı ve etkili faktörler üzerine çalışma. *Ankara Üniversitesi Tıp Fakültesi Mecmuası*, 49(2), 1. https://doi.org/10.1501/tipfak_0000000535
- Cardoso, L. F., Scolese, A. M., Hamidaddin, A., & Gupta, J. (2021). Period poverty and mental health implications among college-aged women in the United States. *BMC Women's Health*, 21(1), 1-7. <https://doi.org/10.1186/s12905-020-01149-5>
- Caruso, B. A., Clasen, T. F., Hadley, C., Yount, K. M., Haardörfer, R., Rout, M., Dasmohapatra, M., & Cooper, H. L. (2017). Understanding and defining sanitation insecurity: Women's gendered experiences of urination, defecation and menstruation

in rural Odisha, India. *BMJ Global Health*, 2(4), e000414.
<https://doi.org/10.1136/bmjgh-2017-000414>

- Cevirme, A. S., Cevirme, H., Karaoglu, L., Ugurlu, N., & Korkmaz, Y. (2010). The perception of menarche and menstruation among Turkish married women: Attitudes, experiences, and behaviors. *Social Behavior and Personality: an international journal*, 38(3), 381-393. <https://doi.org/10.2224/sbp.2010.38.3.381>
- Chandra-Mouli, V., & Patel, S. V. (2017). Mapping the knowledge and understanding of menarche, menstrual hygiene, and menstrual health among adolescent girls in low- and middle-income countries. *Reproductive Health*, 14(1). <https://doi.org/10.1186/s12978-017-0293-6>
- Chang, Y., Hayter, M., & Wu, S. (2010). A systematic review and meta-ethnography of the qualitative literature: Experiences of the menarche. *Journal of Clinical Nursing*, 19(3-4), 447-460. <https://doi.org/10.1111/j.1365-2702.2009.03019.x>
- Chebii, S. J. (2018). Menstrual issues: How adolescent schoolgirls in the Kibera slums of Kenya negotiate their experiences with menstruation. *Women's Reproductive Health*, 5(3), 204-215. <https://doi.org/10.1080/23293691.2018.1490534>
- Cheng, C., Yang, K., & Liou, S. (2007). Taiwanese adolescents' gender differences in knowledge and attitudes towards menstruation. *Nursing and Health Sciences*, 9(2), 127-134. <https://doi.org/10.1111/j.1442-2018.2007.00312.x>
- Chinyama, J., Chipungu, J., Rudd, C., Mwale, M., Verstraete, L., Sikamo, C., Mutale, W., Chilengi, R., & Sharma, A. (2019). Menstrual hygiene management in rural schools of Zambia: A descriptive study of knowledge, experiences and challenges faced by schoolgirls. *BMC Public Health*, 19(1). <https://doi.org/10.1186/s12889-018-6360-2>
- Chrisler, J. C., Marván, M. L., Gorman, J. A., & Rossini, M. (2015). Body appreciation and attitudes toward menstruation. *Body Image*, 12, 78-81. <https://doi.org/10.1016/j.bodyim.2014.10.003>
- Costos, D., Ackerman, R., & Paradis, L. (2002). Recollections of menarche: Communication between mothers and daughters regarding menstruation. *Sex roles*, 46(1), 49-59. <https://link.springer.com/article/10.1023/A:1016037618567>

- Courts, L. B., & Berg, H. (1993). The portrayal of the menstruating woman in menstrual product advertisements. *Health Care for Women International*, 14(2), 179-191. <https://doi.org/10.1080/07399339309516039>
- Cox, C. R., Goldenberg, J. L., Arndt, J., & Pyszczynski, T. (2007). Mother's milk: An existential perspective on negative reactions to breast-feeding. *Personality and Social Psychology Bulletin*, 33(1), 110-122. <https://doi.org/10.1177/0146167206294202>
- Crawford, M., Menger, L. M., & Kaufman, M. R. (2014). 'This is a natural process': Managing menstrual stigma in Nepal. *Culture, Health & Sexuality*, 16(4), 426-439. <https://doi.org/10.1080/13691058.2014.887147>
- Dambhare, D. G., Wagh, S. V., & Dudhe, J. Y. (2012). Age at menarche and menstrual cycle pattern among school adolescent girls in central India. *Global Journal of Health Science*, 4(1), 105-111. <https://doi.org/10.5539/gjhs.v4n1p105>
- Dasgupta, A., & Sarkar, M. (2008). Menstrual hygiene: How hygienic is the adolescent girl? *Indian Journal of Community Medicine*, 33(2), 77. <https://doi.org/10.4103/0970-0218.40872>
- Demirel, S., & Terzioglu, F. (2003). Gaziantep ili Sahinbey ilcesi ilkogretim okullarinda ogrenim goren 5. ve 6. sinif kiz ogrencilerin menstruasyon fizyolojisine iliskin bilgilerin belirlenmesi. *Hemsirelikte Arastirma Gelistirme Dergisi*, 5(2), 47-60.
- Deutsch, H. (1944). *The psychology of women: A Psychoanalytic Interpretation* (1st ed.). Grune & Stratton.
- Dhingra, R., Kumar, A., & Kour, M. (2009). Knowledge and practices related to menstruation among tribal (Gujjar) adolescent girls. *Studies on Ethno-Medicine*, 3(1), 43-48. <https://doi.org/10.1080/09735070.2009.11886336>
- Donmall, K. (2013). What it means to bleed: An exploration of young women's experiences of menarche and menstruation. *British Journal of Psychotherapy*, 29(2), 202-216. <https://doi.org/10.1111/bjp.12016>
- Dunnavant, N. C., & Roberts, T. (2012). Restriction and renewal, pollution and power, constraint and community: The paradoxes of religious women's experiences of menstruation. *Sex Roles*, 68(1-2), 121-131. <https://doi.org/10.1007/s11199-012-0132-8>
- Efiliti, P. (2018). *Design research for an intimate experience: A study on menstrual products and practices* [Master's thesis].

<https://tez.yok.gov.tr/UlusalTezMerkezi/tezDetay.jsp?id=rY4-x3x5GXx8B2963d0Auw&no=7yoLS1xRAacayuuuNI94mA>

- Ellis, A., Haver, J., Villasenor, J., Parawan, A., Venkatesh, M., Freeman, M. C., & Caruso, B. A. (2016). WASH challenges to girls' menstrual hygiene management in Metro Manila, Masbate, and south central Mindanao, *Philippines. Waterlines*, 35(3), 306-323. <https://doi.org/10.3362/1756-3488.2016.022>
- Erbil, N., Felek, N., & Karakaşlı, E. (2015). The relationship between attitudes towards menarche and current attitudes towards menstruation of women: A comparative study. *International Journal of Human Sciences*, 12(2), 1120. <https://doi.org/10.14687/ijhs.v12i2.3239>
- Erbil, N., Orak, E., & Bektaş, A. E. (2010). Anneler cinsel eğitim konusunda ne biliyor, kızlarına ne kadar cinsel eğitim veriyor? *Uluslararası İnsan Bilimleri Dergisi*, 7(1), 366-383.
- Estanislau do Amaral, M. C., Hardy, E., Hebling, E. M., & Faúndes, A. (2005). Menstruation and amenorrhea: Opinion of Brazilian women. *Contraception*, 72(2), 157-161. <https://doi.org/10.1016/j.contraception.2005.02.013>
- Farage, M. A., Miller, K. W., & Davis, A. (2011). Cultural aspects of menstruation and menstrual hygiene in adolescents. *Expert Review of Obstetrics & Gynecology*, 6(2), 127-139. <https://doi.org/10.1586/eog.11.1>
- Fredrickson, B. L., & Roberts, T. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, 21(2), 173-206. <https://doi.org/10.1111/j.1471-6402.1997.tb00108.x>
- Freud, S. (1918). Contributions to the psychology of love: The taboo of virginity (4th ed.). Sigmund Freud: Collected papers.
- Girod, C., Ellis, A., Andes, K. L., Freeman, M. C., & Caruso, B. A. (2017). Physical, social, and political inequities constraining girls' menstrual management at schools in informal settlements of Nairobi, Kenya. *Journal of Urban Health*, 94(6), 835-846. <https://doi.org/10.1007/s11524-017-0189-3>
- Goldenberg, J. L., & Morris, K. L. (2016). Death and the Real Girl: The Impact of Mortality Salience on Men's Attraction to Women as Objects. In *Feminist Perspectives on Building a Better Psychological Science of Gender* (pp. 29-42). Springer. https://doi.org/10.1007/978-3-319-32141-7_3

- Golub, S., & Catalano, J. (1983). Recollections of menarche and women's subsequent experiences with menstruation. *Women & Health, 8*(1), 49-62. https://doi.org/10.1300/j013v08n01_06
- Greif, E. B., & Ulman, K. J. (1982). The psychological impact of menarche on early adolescent females: A review of the literature. *Child Development, 53*(6), 1413. <https://doi.org/10.2307/1130069>
- Guler, G., Bekar, M., Guler, N., & Kocatas, S. (2005). Menstruation hygiene in female primary school students. *Sted, 14*(1), 135-139.
- Guterman, M. A. (2007). Observance of the laws of family purity in modern–orthodox Judaism. *Archives of Sexual Behavior, 37*(2), 340-345. <https://doi.org/10.1007/s10508-007-9261-5>
- Hacıalioğlu, N., Nazik, E., & Kılıç, M. (2009). A descriptive study of douching practices in Turkish women. *International Journal of Nursing Practice, 15*(2), 57-64. <https://doi.org/10.1111/j.1440-172x.2009.01735.x>
- Harlow, S. D., & Park, M. (1996). A longitudinal study of risk factors for the occurrence, duration, and severity of menstrual cramps in a cohort of college women. *BJOG: An International Journal of Obstetrics and Gynaecology, 103*(11), 1134-1142. <https://doi.org/10.1111/j.1471-0528.1996.tb09597.x>
- Hennegan, J., Shannon, A. K., Rubli, J., Schwab, K. J., & Melendez-Torres, G. J. (2019). Women's and girls' experiences of menstruation in low- and middle-income countries: A systematic review and qualitative metasynthesis. *PLOS Medicine, 16*(5), e1002803. <https://doi.org/10.1371/journal.pmed.1002803>
- Herman-Giddens, M. E., Slora, E. J., Wasserman, R. C., Bourdony, C. J., Bhapkar, M. V., Koch, G. G., & Hasemeier, C. M. (1997). Secondary sexual characteristics and menses in young girls seen in office practice: A study from the pediatric research in office settings network. *Pediatrics, 99*(4), 505-512. <https://doi.org/10.1542/peds.99.4.505>
- Himalayan News Service. (2019, March 24). 15 girls, women died in chhausheds in 13 yrs. The Himalayan News. <https://thehimalayantimes.com/nepal/15-girls-women-died-in-chhausheds-in-13-yrs>

- Hurtas, S. (2022, January 19). *Turkish women decry high price of sanitary pads*. Al-Monitor: Independent, trusted coverage of the Middle East. <https://www.al-monitor.com/originals/2022/01/turkish-women-decry-high-price-sanitary-pads>
- Ifeanyi, N. U., Cyril, D., Ukamaka, N. T., & Ugochukwu, A. B. (2008). Some characteristics of menarche in a developing economy. *Biotechnology Research Asia*, 5(1), 207-210. <http://www.biotech-asia.org/vol5no1/some-characteristics-of-menarche-in-a-developing-economy/>
- Jabbour, H. N., Kelly, R. W., Fraser, H. M., & Critchley, H. O. (2006). Endocrine regulation of menstruation. *Endocrine Reviews*, 27(1), 17-46. <https://doi.org/10.1210/er.2004-0021>
- Kalman, M. B. (2003). Adolescent girls, single-parent fathers, and menarche. *Holistic Nursing Practice*, 17(1), 36-40. <https://doi.org/10.1097/00004650-200301000-00008>
- Karakurt, Y. (2021). *Toplumsal cinsiyet rolleri ve cinsellik kalitesi ilişkisinde sosyal onay ihtiyacının aracı rolü* [Master's thesis]. <http://acikerisim.pau.edu.tr/xmlui/handle/11499/38559>
- Khanna, A., R.S. Goyal, & Bhawsar, R. (2005). Menstrual practices and reproductive problems. *Journal of Health Management*, 7(1), 91-107. <https://doi.org/10.1177/097206340400700103>
- Khattab, H. (1996). Women's perceptions of sexuality in rural Giza. Monographs in Reproductive Health. Cairo: Reproductive Health Working Group. <https://doi.org/10.31899/pgy1996.1002>
- King James Bible. (2022). King James Bible Online. <https://www.kingjamesbibleonline.org/> (Original work published 1769)
- Kirk, J., & Sommer, M. (2006). Menstruation and body awareness: linking girls' health with girls' education, 1(3), 1-22. *Royal Tropical Institute (KIT) Special on Gender and Health*, 1(3), 1-22. http://www.susana.org/_resources/documents/default/2-1200-kirk-2006-menstruation-kit-paper.pdf
- Klein, M. (1933). The psycho-analysis of children. *The Sociological Review*, 25(3), 296-298. <https://doi.org/10.1111/j.1467-954x.1933.tb01887.x>

- Koeske, R. D. (2008). Lifting the curse of menstruation. *Women & Health*, 8(2-3), 1-16. https://doi.org/10.1300/J013v08n02_01
- Koff, E., Rierdan, J., & Sheingold, K. (1982). Memories of menarche: Age, preparation, and prior knowledge as determinants of initial menstrual experience. *Journal of Youth and Adolescence*, 11(1), 1-9. <https://doi.org/10.1007/bf01537812>
- Lee, J. (2008). "A Kotex and a smile". *Journal of Family Issues*, 29(10), 1325-1347. <https://doi.org/10.1177/0192513x08316117>
- Mahon, T., & Fernandes, M. (2010). Menstrual hygiene in South Asia: a neglected issue for WASH (water, sanitation and hygiene) programmes. *Gender & Development*, 18(1), 99-113. <https://doi.org/10.1080/13552071003600083>
- Malhotra, A. (2010). The causes, consequences and solutions to forced child marriage in the developing world. International Center for Research on Women.
- Martin, E. (1992). *The woman in the body: A cultural analysis of reproduction*. Beacon Press.
- Martin, E. (1998). Medical metaphors of women's bodies: Menstruation and menopause. *International Journal of Health Service*, 18(2), 213-232. <https://doi.org/10.4324/9781315231020-17>
- Marván, M. L., Cortés-Iniestra, S., & González, R. (2005). Beliefs about and attitudes toward menstruation among young and middle-aged Mexicans. *Sex Roles*, 53(3-4), 273-279. <https://doi.org/10.1007/s11199-005-5685-3>
- Mason, L., Nyothach, E., Alexander, K., Odhiambo, F. O., Eleveld, A., Vulule, J., Rheingans, R., Laserson, K. F., Mohammed, A., & Phillips-Howard, P. A. (2013). 'We keep it secret so no one should know' – A qualitative study to explore young schoolgirls attitudes and experiences with menstruation in rural western Kenya. *PLoS ONE*, 8(11), 1-11. <https://doi.org/10.1371/journal.pone.0079132>
- McMahon, S. A., Winch, P. J., Caruso, B. A., Obure, A. F., Ogutu, E. A., Ochari, I. A., & Rheingans, R. D. (2011). 'The girl with her period is the one to hang her head' reflections on menstrual management among schoolgirls in rural Kenya. *BMC International Health and Human Rights*, 11(1). <https://doi.org/10.1186/1472-698x-11-7>

- Mensch, B. S., Bruce, J., & Greene, M. E. (1998). *The uncharted passage: Girls' adolescence in the developing world*. Population Council.
- Ministry of National Education. (n.d.). *Hygiene and Traffic Culture*. Retrieved March 9, 2022, from <https://mufredat.meb.gov.tr/ProgramDetay.aspx?PID=348>
- Ministry of National Education. (n.d.). *Ogretim programlari*. Retrieved March 9, 2022, from <https://mufredat.meb.gov.tr/Programlar.aspx>
- Mirzaee, Z., Maarefvand, M., Mousavi, M. T., Pourzand, N., Hossienzadeh, S., & Khubchandani, J. (2021). Stakeholders' perspectives on girls' early marriage in maneh and Samalqan, Iran. *Children and Youth Services Review*, *122*, 105900. <https://doi.org/10.1016/j.childyouth.2020.105900>
- Mohib, A., Zafar, A., Najam, A., Tanveer, H., & Rehman, R. (2018). Premenstrual Syndrome: Existence, Knowledge, and Attitude Among Female University Students in Karachi. *Cureus*, *10*(3). <https://doi.org/10.7759/cureus.2290>
- Morris, K. L., & Goldenberg, J. (2015). Objects become her: The role of mortality salience on men's attraction to literally objectified women. *Journal of Experimental Social Psychology*, *56*, 69-72. <https://doi.org/10.1016/j.jesp.2014.09.005>
- Morris, K. L., Goldenberg, J. L., & Heflick, N. A. (2014). Trio of terror (pregnancy, menstruation, and breastfeeding): An existential function of literal self-objectification among women. *Journal of Personality and Social Psychology*, *107*(1), 181-198. <https://doi.org/10.1037/a0036493>
- Mudey, A. B., Kesharwani, N., Mudey, G. A., & Goyal, R. C. (2010). A cross-sectional study on awareness regarding safe and hygienic practices amongst school going adolescent girls in rural area of Wardha district, India. *Global Journal of Health Science*, *2*(2), 225-231. <https://doi.org/10.5539/gjhs.v2n2p225>
- Newton, V. L. (2016). *Everyday discourses of menstruation: Cultural and social perspectives*. Springer. <https://doi.org/10.1057/978-1-137-48775-9>
- Neyzi, O., Alp, H., & Orhon, A. (1975). Sexual maturation in Turkish girls. *Annals of Human Biology*, *2*(1), 49-59. <https://doi.org/10.1080/03014467500000561>
- Nour, N. (2006). Health consequences of child marriage in Africa. *Emerging Infectious Diseases*, *12*(11), 1644-1649. <https://doi.org/10.3201/eid1211.060510>
- Orchid. (2019). *Uncover the Shame* [Video]. YouTube. <https://www.youtube.com/watch?v=RadZYsd2VxY>

- Paul, D. (2014). *Improvement in knowledge and practices of adolescent girls regarding reproductive health with special emphasis on hygiene during menstruation in five years*. National Institute of Public Cooperation and Child Development. <https://www.nipccd.nic.in/file/reports/eaghealth.pdf>
- Phillips-Howard, P. A., Nyothach, E., Ter Kuile, F. O., Omoto, J., Wang, D., Zeh, C., Onyango, C., Mason, L., Alexander, K. T., Odhiambo, F. O., Eleveld, A., Mohammed, A., Van Eijk, A. M., Edwards, R. T., Vulule, J., Faragher, B., & Laserson, K. F. (2016). Menstrual cups and sanitary pads to reduce school attrition, and sexually transmitted and reproductive tract infections: A cluster randomised controlled feasibility study in rural western Kenya. *BMJ Open*, 6(11), e013229. <https://doi.org/10.1136/bmjopen-2016-013229>
- Pillemer, D. B., Koff, E., Rhinehart, E. D., & Rierdan, J. (1987). Flashbulb memories of menarche and adult menstrual distress. *Journal of Adolescence*, 10(2), 187-199. [https://doi.org/10.1016/s0140-1971\(87\)80087-8](https://doi.org/10.1016/s0140-1971(87)80087-8)
- Qur'an Online Version. (n.d.). *Surah al-baqarah - 185 - Quran.com*. Quran.com. <https://quran.com/al-baqarah/185>
- Qur'an Online Version. (n.d.). *Surah al-baqarah - 222 - Quran.com*. Quran.com. <https://quran.com/al-baqarah/222>
- Ranabhat, C., Kim, C., Choi, E. H., Aryal, A., Park, M. B., & Doh, Y. A. (2015). Chhaupadi culture and reproductive health of women in Nepal. *Asia Pacific Journal of Public Health*, 27(7), 785-795. <https://doi.org/10.1177/1010539515602743>
- Rapp, A., & Kilpatrick, S. (2020, February 4). *Changing the cycle: Period poverty as a public health crisis*. U-M School of Public Health. <https://sph.umich.edu/pursuit/2020posts/period-poverty.html>
- Roberts, T. (2004). Female trouble: The menstrual self-evaluation scale and women's self-objectification. *Psychology of Women Quarterly*, 28(1), 22-26. <https://doi.org/10.1111/j.1471-6402.2004.00119.x>
- Rodgers, J. (2001). Pain, shame, blood, and doctors. *Women's Studies International Forum*, 24(5), 523-539. [https://doi.org/10.1016/s0277-5395\(01\)00195-9](https://doi.org/10.1016/s0277-5395(01)00195-9)
- Rodriguez, L. (2021, June 28). *The tampon tax: Everything you need to know*. Global Citizen. <https://www.globalcitizen.org/en/content/tampon-tax-explained-definition-facts->

[statistics/#:~:text=The%20tampon%20tax%20is%20a,essential%20items%20like%20golf%20club](#)

- Sabcıoğlu, M. (2022, May 24). *Hijyenik Pedlerde Yüzde 10'luk Kdv İndirimi Sonrası Fiyatlar: Tük'e göre Yüzde 3 Düştü, market Rafına göre Yüzde 28 Zamlandı.* Haberler. <https://www.haberler.com/guncel/hijyenik-pedlerde-yuzde-10-luk-kdv-indirimi-14965351-haberi/>
- Sahin, M. (2015). Guest editorial: Tackling the stigma and gender marginalization related to menstruation via WASH in schools programmes. *Waterlines*, 34(1), 3-6. <https://doi.org/10.3362/1756-3488.2015.001>
- Sakar, T., Ozkan, H., Sarac, M. N., Atabey, K., & Nazbak, M. (2015). Cultural Behaviors and Practices of Students During Menstruation. *Turkish Family Physician*, 6(3), 114-123.
- Santina, T., Wehbe, N., Ziade, F. M., & Nehme, M. (2013). Assessment of beliefs and practices relating to menstrual hygiene of adolescent girls in Lebanon. *International Journal of Health Sciences & Research*, 3(12), 75-88.
- Save the Children. (n.d.). *Child marriage: A violation of child rights*. Retrieved July 2022, from <https://www.savethechildren.org/us/charity-stories/child-marriage-a-violation-of-child-rights>
- Senol, V., Gunduz, E., & Ozturk, A. (2010). Attitude, behaviour and knowledge regarding menarche and menstruation in adolescent schoolgirls in Kayseri. *Journal of Clinical Obstetrics & Gynecology*, 20(2), 77-83.
- Severy, L. J., Thapa, S., Askew, I., & Glor, J. (1993). Menstrual experiences and beliefs. *Women & Health*, 20(2), 1-20. https://doi.org/10.1300/j013v20n02_01
- Shainess, N. (1961). A re-evaluation of some aspects of femininity through a study of menstruation: A preliminary report. *Comprehensive Psychiatry*, 2(1), 20-26. [https://doi.org/10.1016/s0010-440x\(61\)80003-5](https://doi.org/10.1016/s0010-440x(61)80003-5)
- Sharma, B., & Schultz, K. (2019, February 2). Woman Killed by Fire in Menstruation Hut, as Nepal Fights a Tradition. The New York Times. <https://www.nytimes.com/2019/02/02/world/asia/nepal-menstruation-hut-death-chhaupadi.html>
- Siabani, S., Charehjou, H., & Babakhani, M. (2018). Knowledge, attitudes and practices (KAP) regarding menstruation among school girls in West of Iran: A population based

- cross-sectional study. *Int J Pediatr*, 6(8), 8075-8085.
<https://doi.org/10.22038/ijp.2018.28633.2495>
- Singh, A. (2009). Place of menstruation in the reproductive lives of women of rural North India. *Indian Journal of Community Medicine*, 31(1), 10. <https://doi.org/10.4103/0970-0218.54923>
- Sommer, M. (2009). Ideologies of sexuality, menstruation and risk: Girls' experiences of puberty and schooling in northern Tanzania. *Culture, Health & Sexuality*, 11(4), 383-398. <https://doi.org/10.1080/13691050902722372>
- Sommer, M., Ackatia-Armah, N., Connolly, S., & Smiles, D. (2014). A comparison of the menstruation and education experiences of girls in Tanzania, Ghana, Cambodia and Ethiopia. *Compare: A Journal of Comparative and International Education*, 45(4), 589-609. <https://doi.org/10.1080/03057925.2013.871399>
- Tartac, Y., & Ozkan, S. (2011). Knowledge of and attitude to menstrual hygiene of students in a vocational school and evaluation of the effectiveness of the training. *Gazi Medical Journal*, 22(2), 27-32. <https://doi.org/10.5152/gmj.2011.07>
- Teitelman, A. M. (2004). Adolescent girls' perspectives of family interactions related to menarche and sexual health. *Qualitative Health Research*, 14(9), 1292-1308. <https://doi.org/10.1177/1049732304268794>
- Thakre, S. B., Thakre, S. S., Ughade, S., & Thakre, A. D. (2012). Urban-rural differences in menstrual problems and practices of girl students in Nagpur, India. *Indian Pediatrics*, 49(9), 733-736. <https://doi.org/10.1007/s13312-012-0156-8>
- The Guardian. (2010, July 2). *Sanitary care keeping girls in school*. <https://www.theguardian.com/journalismcompetition/sanitary-care-keeping-girls-in-school>
- Thompson, C. (1942). Cultural pressures in the psychology of Women. *Psychiatry*, 5(3), 331-339. <https://doi.org/10.1080/00332747.1942.11022404>
- Thurén, B. (1994). Opening doors and getting rid of shame. *Women's Studies International Forum*, 17(2-3), 217-228. [https://doi.org/10.1016/0277-5395\(94\)90027-2](https://doi.org/10.1016/0277-5395(94)90027-2)
- Tjon-A-Ten, V. (2007). *Menstrual hygiene: a neglected condition for the achievement of several millennium development goals*. Zoetermeer. <https://www.ircwash.org/sites/default/files/Tjon-A-Ten-2007-Menstrual.pdf>

- Turkish Linguistic Society. (2019). Turkish Linguistic Society Dictionary. <https://sozluk.gov.tr/>
- UN Women. (2021). *Çocuk yaşta, erken ve zorla evliliklere ilişkin erkek algısı*.
- UNFPA, & UNICEF. (2021). Research strategy for phase II. UNFPA–UNICEF Global Programme to End Child Marriages.
- UNFPA. (2022, February 2). Child marriage. United Nations Population Fund. Retrieved May 4, 2022, from <https://www.unfpa.org/child-marriage>
- UNICEF, & WHO. (2020). *State of the world's sanitation*. United Nations Children's Fund (UNICEF) and the World Health Organization (WHO). <https://www.unicef.org/media/86836/file/State-of-the-world%E2%80%99s-sanitation-2020.pdf>
- UNICEF. (2008). *Sharing simple facts: useful information about menstrual health and hygiene*. United Nations Children's Fund. https://www.susana.org/_resources/documents/default/2-1151-mhmbook.pdf
- UNICEF. (2017). WASH in Schools Empowers Girls' Education Proceedings of the 6th Annual Virtual Conference on Menstrual Hygiene Management in Schools.
- UNICEF. (2018). *Menstrual Hygiene Management of Adolescent School Girls and Nuns*. <https://www.unicef.org/bhutan/media/211/file>
- United Nations Children's Fund. (2004). *The state of the world's children 2004: Girls, education and development*. United Nations. <https://www.unicef.org/media/84796/file/SOWC-2004.pdf>
- Uskul, A. K. (2004). Women's menarche stories from a multicultural sample. *Social Science & Medicine*, 59(4), 667-679. <https://doi.org/10.1016/j.socscimed.2003.11.031>
- Van Eijk, A. M., Sivakami, M., Thakkar, M. B., Bauman, A., Laserson, K. F., Coates, S., & Phillips-Howard, P. A. (2016). Menstrual hygiene management among adolescent girls in India: A systematic review and meta-analysis. *BMJ Open*, 6(3), e010290. <https://doi.org/10.1136/bmjopen-2015-010290>
- Vargun, B. (2021). Menstrüasyon ve tabu. *Antropoloji*, (42), 1-10. <https://doi.org/10.33613/antropolojidergisi.554017>
- VERBI Software. (2021). MAXQDA 2022 [computer software]. Berlin, Germany: VERBI Software. Available from maxqda.com.
- Viner, R. M., Ozer, E. M., Denny, S., Marmot, M., Resnick, M., Fatusi, A., & Currie, C. (2012). Adolescence and the social determinants of health. *The Lancet*, 379(9826), 1641-1652. [https://doi.org/10.1016/s0140-6736\(12\)60149-4](https://doi.org/10.1016/s0140-6736(12)60149-4)

- Wall, L. L., Teklay, K., Desta, A., & Belay, S. (2018). Tending the 'monthly flower:' a qualitative study of menstrual beliefs in Tigray, Ethiopia. *BMC Women's Health*, 18(1). <https://doi.org/10.1186/s12905-018-0676-z>
- Whisnant, L., & Zegans, L. (1975). A study of attitudes toward menarche in white middle-class American adolescent girls. *American Journal of Psychiatry*, 132(8), 809-814. <https://doi.org/10.1176/ajp.132.8.809>
- WHO, & UNICEF. (2015). WASH POST-2015: proposed targets and indicators for drinking-water, sanitation and hygiene. WHO and UNICEF Joint Monitoring Programme. JMP-2014-post-2015-WASH-targets-12pp.pdf
- Wong, W. C., Li, M. K., Chan, W. Y., Choi, Y. Y., Fong, C. H., Lam, K. W., Sham, W. C., So, P. P., Wong, K., Yeung, K. H., & Yeung, T. Y. (2013). A cross-sectional study of the beliefs and attitudes towards menstruation of Chinese undergraduate males and females in Hong Kong. *Journal of Clinical Nursing*, 22(23-24), 3320-3327. <https://doi.org/10.1111/jocn.12462>
- Xiao, S., Coppeta, J. R., Rogers, H. B., Isenberg, B. C., Zhu, J., Olalekan, S. A., McKinnon, K. E., Dokic, D., Rashedi, A. S., Haisenleder, D. J., Malpani, S. S., Arnold-Murray, C. A., Chen, K., Jiang, M., Bai, L., Nguyen, C. T., Zhang, J., Laronda, M. M., Hope, T. J., ... Woodruff, T. K. (2017). A microfluidic culture model of the human reproductive tract and 28-day menstrual cycle. *Nature Communications*, 8(1), 1-13. <https://doi.org/10.1038/ncomms14584>
- Yucel, B., & Polat, A. (2003). Attitudes toward menstruation in premenstrual dysphoric disorder: A preliminary report in an urban Turkish population. *Journal of Psychosomatic Obstetrics & Gynecology*, 24(4), 231-237. <https://doi.org/10.3109/01674820309074687>
- Yucel, O., Yucel, n., & Kaya, H. (1996). Menarche age in Elazig region. *Journal of Clinical Obstetrics & Gynecology*, 6(1), 68-70.

APPENDICES

APPENDIX 1: INFORMED CONSENT

Değerli katılımcı,

Bu araştırma Başkent Üniv ersitesi Sosyal Psikoloji Tezli Yüksek Lisans Programı'nda yüksek lisans tezi kapsamında Esin Koç tarafından Dr. Öğr. Üyesi Zuhal Yeniçeri Kökdemir danışmanlığında yürütülmektedir. Araştırma kapsamında Türkiye'de yaşayan kadınların adet/regl deneyimlerinin incelenmesi hedeflenmiştir.

Bu hedef doğrultusunda ses kaydı alınarak veri toplanacaktır. Araştırma kapsamında herhangi bir kimlik bilgisi alınmayacak olup elde edilen kişisel bilgiler gizli kalacaktır. Bu çalışmadan elde edilecek bilgiler tamamen araştırma amacı için kullanılacaktır.

Araştırmaya katılım tamamen gönüllülük esasına dayanmaktadır. Araştırma esnasında kendinizi herhangi bir sebepten dolayı rahatsız hissederseniz, araştırmadan dilediğiniz zaman çekilebilirsiniz. Eğer isterseniz, sizden elde edilen tüm bilgiler imha edilecektir.

Araştırma bireysel görüşme olarak gerçekleşecek ve yaklaşık bir saat sürecektir. Vereceğiniz yanıtların gerçeği yansıtıyor olması araştırmanın geçerliliği için çok önemlidir.

Araştırma hakkında daha fazla bilgiye ihtiyaç duyarsanız Esin Koç ile iletişime geçebilirsiniz. Araştırmaya katıldığınız için şimdiden teşekkür ederiz.

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bu çalışma kapsamında kullanılmasını kabul ediyorum.

Tarih:

İmza:

APPENDIX 2: DEMOGRAPHIC INFORMATION FORM

1. Doğum yılınız:
2. En son mezun olduğunuz eğitim düzeyi nedir? (En son nerden mezun oldunuz?)
 Okur-yazar değil Yüksekokul Doktora
 İlköğretim Üniversite
 Lise Yüksek lisans
3. Yetiştirdiğiniz aile ortamında size temel bakım veren kişi kimdi? (Sizi kim büyüttü?)
4. Yetiştirdiğiniz aile ortamında size temel bakım veren kişinin eğitim düzeyi neydi? (Sizi büyüten kişinin eğitim düzeyi neydi?)
 Okur-yazar değil Yüksekokul Doktora
 İlköğretim Üniversite
 Lise Yüksek lisans
5. Yaşamınızın çoğunu geçirdiğiniz yerleşim birimi nedir?
 Metropol Şehir Köy
 Büyükşehir Kasaba Diğer _____
6. İlk adet gördüğünüzde yaşadığınız yerleşim birimi nedir?
 Metropol Şehir Köy
 Büyükşehir Kasaba Diğer _____
7. Şu anda yaşadığınız yerleşim birimi nedir?
 Metropol Şehir Köy
 Büyükşehir Kasaba Diğer _____
8. Kardeşiniz var mı?
 Hayır
 Evet

i. Var ise kaç tane? _____

ii. Kaç Kız / Kaç Erkek? _____

9. Kendinizi tutucu / muhafazakar olarak tanımlar mısınız?

Tutucu: Mevcut toplumsal düzeni, düşünceleri ve kurumları değiştirmeden olduğu gibi korumak isteyen (kimse), muhafazakâr.

Hayır

Evet

Evet ise, ne düzeyde tutucusunuz / muhafazakarsınız?

Hiç									Çok
1	2	3	4	5	6	7	8	9	10

10. Tutucu / muhafazakar bir ailede mi büyüdünüz?

Hayır

Evet

11. Evet ise ne düzeyde tutucuydular / muhafazakardılar?

Hiç									Çok
1	2	3	4	5	6	7	8	9	10

APPENDIX 3: INTERVIEW QUESTIONS

1. İlk *adet* olduğunuzda kaç yaşındaydınız? _____
2. İlk *adet* olduğunuz zamanı hatırlıyor musunuz, ayrıntıları ile anlatabilir misiniz?
 - a. İlk *adet* olduğunuz zaman ne düşündünüz?
 - i. Şimdi o zamana dönüp baktığınızda ne düşünüyorsunuz?
 - b. İlk *adet* olduğunuz zaman ne hissettiniz?
 - i. Şimdi o zamana dönüp baktığınızda ne hissediyorsunuz?
 - c. İlk *adet* olduğunuzda kime söylediniz?
 - i. Söylediğiniz kişi(ler) ne yaptı, nasıl tepki verdi?
 - ii. Size *adet olmaya* ilişkin neler anlattılar?
 - iii. Şimdi o zamana dönüp baktığınızda size neler anlatılsın isterdiniz ya da ne farklı olsun isterdiniz?
3. *Adet* olmaya başlamadan önce *adet* olmakla ilgili ne biliyordunuz?
 - a. Bu bilgileri kimlerden ve nasıl öğrendiğinizi anlatabilir misiniz?
4. *Adet* olmaya başladıktan sonra, çevrenizdeki insanlar (örneğin aileniz ve arkadaşlarınız) size nasıl davrandılar?
 - a. Davranışları değişti ise, ne gibi değişiklikler oldu?
 - b. *Adet* görmeye başladıktan sonra sizin davranışlarınızda değişimler oldu mu?
 - c. *Adet* görmeye başladıktan sonra giyiminizde değişimler oldu mu?
5. Kaç gün *adet* görüyorsunuz? _____
6. *Adet* olduğunuzda hangi ürünü/ürünleri kullanıyorsunuz? (Birden fazla işaretleme yapılabilir).
 Tek kullanımlık ped
 Yıkabilir ped
 Tampon
 Menstrual kap
 Regl / adet külo
 Diğer _____
7. *Adet* olurken kullandığınız ürünlere ulaşmakta zorluklar yaşıyor musunuz?
 Hayır Evet
 - a. Evet ise, ne gibi zorluklarla karşılaştığınızdan bahsedebilir misiniz?
 - b. Evet ise, bu size nasıl hissettirdi?
 - c. Evet ise, ne gibi çözüm yolları deniyorsunuz?

8. *Adet* olmanız okul, iş hayatınızı ve/veya sosyal yaşamınızı etkiliyor mu?

Hayır Evet

a. Evet ise, nasıl etkilediğinden bahsedebilir misiniz?

b. Evet ise, ne gibi çözüm yolları deniyorsunuz?

9. *Adet* olduğunuzda ne düşünüyorsunuz?

10. *Adet* olduğunuzda ne hissediyorsunuz?

11. *Adet* olduğunuzda dış görünümünüzden rahatsızlık duyuyor musunuz?

Hayır Evet

a. Evet ise, neden?

12. *Adet* olduğunuzda bunu rahatlıkla paylaşabilir misiniz?

Hayır Evet

a. Hayır ise, neden?

13. Bir kadının *adetli*ken yapmaması gereken ya da yapamayacağı şeyler var mıdır?

Hayır

Evet

a. Evet ise, aklınıza gelenleri sıralayabilir misiniz?

14. Sizce toplumda *adet* olan kişiye nasıl bakılıyor? *Adet* olan kız çocukları ve kadınlarla ilgili ne gibi düşünceler var?

a. Bu düşünceler hakkında sizin görüşleriniz nedir?

APPENDIX 4: ETHICS COMMITTEE APPROVAL

Evrak Tarih ve Sayısı: 21.05.2022-128469



1993

BAŞKENT ÜNİVERSİTESİ
Akademik Değerlendirme Koordinatörlüğü

Sayı : E-62310886-605.99-128469

Konu : Esin Koç'un Etik Onay Başvuru Hk.

21.05.2022

SOSYAL BİLİMLER ENSTİTÜSÜ MÜDÜRLÜĞÜNE

İlgi : 09.05.2022 tarih ve 124850 sayılı yazınız.

Enstitünüz Sosyal Psikoloji Tezli Yüksek Lisans Programı öğrencisi Esin Koç'un, Dr. Öğretim Üyesi Zuhal Yeniçeri Kökdemir'in danışmanlığında yürüteceği "The Taboo of Gender (In)Equality: Menarche and Menstruation Experiences in Turkey" başlıklı yüksek lisans tez çalışması değerlendirilmiş ve bilgilerinize ekte sunulmuştur.

Prof. Dr. M. Abdülkadir VAROĞLU
Kurul Başkanı

Ek: Değerlendirme Formu

Bu belge, güvenli elektronik imza ile imzalanmıştır.

Sayı : 17162298.600-143
Konu : Tez Çalışması

12 MAYIS 2022

İlgili Makama

Üniversitemiz Sosyal Bilimler Enstitüsü Sosyal Psikoloji Tezli Yüksek Lisans Programı öğrencisi Esin Koç'un, Dr. Öğretim Üyesi Zuhar Yeniçeri Kökdemir'in danışmanlığında yürüteceği "The Taboo of Gender (In)Equality: Menarche and Menstruation Experiences in Turkey" başlıklı yüksek lisans tez çalışması değerlendirilmiş ve yapılmasında bir sakınca olmadığı tespit edilmiştir. Bilgilerinize saygılarımızla sunarız.

Başkent Üniversitesi Sosyal ve Beşeri Bilimler ve Sanat Araştırma Kurulu

Ad, Soyad	Değerlendirme	İmza
Prof. Dr. M. Abdülkadir Varoğlu	Olumlu/ Olumsuz	
Prof. Dr. Kudret Güven	Olumlu/ Olumsuz	
Prof. Ali Sevgi	Olumlu/Olumsuz	
Prof. Dr. Işıl Bulut	Olumlu/Olumsuz	
Prof. Dr. Sadegül Akbaba Altun	Olumlu/ Olumsuz	
Prof. Dr. Can Mehmet Hersek	Olumlu/Olumsuz	
Prof. Dr. Özcan Yağcı	Olumlu/Olumsuz	