

Impact of Limited Menstruation Education

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ABSTRACT

The stigma surrounding menstruation is a prominent issue within the United States. This taboo subject has the potential to negatively impact the relationships formed between males and females from adolescence through adulthood. In order to remedy this problem, it is important to educate both genders equally on the topic of menstruation. Additionally, this paper discusses what is currently being done within the state of Georgia to solve issues such as period poverty and the tax placed on menstrual hygiene management products. The goal of this dissertation was to challenge the current health education standards within the state of Georgia and addresses the need for serious reform in the classroom regarding sexual and reproductive health. Moreover, data was collected in order to compare and contrast the responses collected from both participant groups. This paper uses a mixed method approach consisting of interviews and surveys collected from both adults and adolescents. A thematic analysis was used in order to identify patterns in interviews as well as an open response survey question. It was discovered that both age groups responded in similar ways throughout the study.

Introduction

Education is one of the many pillars of American society. This is because it is one the several factors that determine one's level of success. Doctors, lawyers, and engineers are just a few examples of professions that are required to receive a quality education in order to establish credibility among the people they serve. A vast number of professionals receive more than just an adequate high school education, they are still well-rounded individuals. In order to shape adolescents into these well-rounded and informed adults, it is essential that they receive practical education, such as proper sexual and reproductive health education. Without the proper teaching of sexual and reproductive health, many aspects of it become stigmatized, such as the natural process of menstruation. In America, specifically the state of Georgia, this is a prominent issue. Due to this deep-rooted stigma in many aspects of the medical, scientific, and political field, little research has been conducted in America regarding the stigmatization of menstruation.

Literature Review

Menstruation Related Vocabulary

Menstruation is a natural, cyclical process which women experience every month after puberty until they reach menopause. The cycles are controlled by hormones that are produced in the brain and ovaries. These hormones prepare the female's reproductive organs for pregnancy, but if the female is not pregnant, the uterine lining sheds and discharges from the body as the menstrual flow (Kaundal & Thakur, 2014). This natural phenomenon has become stigmatized in many countries and communities, including America, due to the lack of education that is being provided to the younger generations that reside in them. Due to the stigmatization of this issue, many countries have suffered from the phenomenon known as period poverty, which has the potential to occur when women and girls have limited access to menstrual hygiene resources and education (Alvarez, 2019). Alvarez also discusses the additional tax that

is placed on menstrual hygiene products throughout the United States known as the tampon tax, which is another factor that causes period poverty to occur in many communities across the country (2019).

Politics

Issues that are dominating communities relating to the lack of access women have to menstrual products have the potential to be remedied through local legislation. However, in order to address the issue of period poverty it is important to consider Capatides' findings which stated that there are only 15 states including Washington D.C to have officially exempted pads and tampons from sales tax (2019). In an effort to try and add Georgia to that list, Representative Debbie Buckner sponsored a bill titled House Bill 8. If this bill were to be passed, tampons, pads, and other menstrual hygiene products would be exempt from sales tax. Representative Buckner argued that because menstrual products are classified by the Food and Drugs Administration (FDA) as medical supplies that they should also be exempt from sales tax like many other medical devices such as hearing aids, prescription medications, and insulin syringes (Max, 2019). Max also highlighted the fact that according to the Georgia Department of Audits and Accounts, if menstrual products were exempted from sales tax, Georgia would lose an estimated 9 to 10 million dollars annually. However, this loss would only account for less than 1% of the 22.8 billion dollars in tax revenue the state collected in the 2018 fiscal year (2019). This bill was proposed during the 2019-2020 Georgia General Assembly, but never went to a voting session. Additionally, it will not be proposed during the 2021-2022 session due to budget cuts relating to the coronavirus (COVID-19). Although this bill would be progressive, it would not encourage individuals to become educated on the topic of menstruation. In order for this to occur, it is imperative that the issue of education be discussed in and out of politics in order to influence the Georgia Department of Education's decisions regarding what curriculum should be taught within the classroom.

Education Standards

While America takes pride in the quality of education they provide to its students, it is important to note that many states do not encourage adolescent students to learn about sexual and reproductive health. Vanvuren supported this when highlighting the fact that according to the Guttmacher Institute, only 24 states, including the District of Columbia, require sex education to be taught, while only 13 states require the information be medically accurate (2018). When focusing exclusively on Georgia, it was made clear that the health education standards were not only vague, but in need of a revision as the most recent updates were made in 2009. For example, within the entire set of standards, menstruation is never mentioned and sexually transmitted infections (STIs) are only mentioned twice as examples of what can be taught in class. The teaching of STIs is treated as a suggestion instead of a requirement while it is implied that menstruation should not be taught due to its absence from the standards. Another example of the inadequacy of Georgia's health education standards can be seen in Standard Three which states that the material students are taught has to be "valid" (2009). The definition of valid is never clarified within the standards or made available by the Georgia Board of Education, meaning that if the instructor views the spread of misinformation as personally "valid", there would be no issues regarding that particular teaching style according to this standard. Also, it is significant throughout the entire list of standards, it is never mentioned that the information presented to students has to be medically accurate. The term "accurate" is used to describe the resources students should be given regarding societal norms, sexual assault, and rape crisis centers (2009). Due to the flexibility within the curriculum, students are at risk of being fed false information regarding sexual and reproductive health or lacking a background consisting of quality health education. This was supported by the Center for Disease Control and Prevention when it was released that there are no laws in Georgia assuring that the curriculum taught will be medically accurate or be taught by a medical professional (2018). Even though it is not required for an instructor with prior medical knowledge to present the material medical professional to present the curriculum for health education to students, Alexander and their colleagues highlighted that other studies suggest that students would benefit most if they were taught by a medical

professional instead of an in class teacher (2019, p.7). When students are exposed to the potentially biased and inaccurate information presented to them by their teacher, it can damage their views and beliefs regarding personal health. In contrast, when students are educated by medical professionals, it can be inferred that the professionals would provide information that is more accurate, which in turn, is more beneficial to the students. However, when considering the format of the material that is presented to students in health classes, it is evident that the curriculum focuses less on the biological aspects of the human body and more on subjects such as: alcohol usage, family dynamics, and mental health (2009). Teaching these aspects of personal health are important for adolescents in order for them to identify healthy relationships, but it can lead to teachers relying on those categories as a tactic to be used in order to not have difficult conversations with adolescent students. Peranovic & Bentley highlighted another issue within the style of teaching students which was that even if the state of Georgia changed their standards and focused more on the biological elements of humans, the positive aspects of menstruation would still not be promoted within the classroom (2017, p. 144). The simplicity of numerous standards has the potential to cause an abundant amount of students to become misinformed by their health teachers. The spread of false information also has the potential to cause high school students to become apathetic towards their peers' struggles regarding their health while simultaneously remaining poorly educated regarding their own personal health status.

Males and Females

While many adults are expected to be educated on periods and reproductive health, there is still a concerning stigma in everyday life for women. An innovative menstrual hygiene product company, THINX, which is known for their "period-proof" underwear, conducted a study consisting of 1,500 women and 500 men all across the United States. After surveying both groups, THINX discovered that out of the 1,500 women, 42% had at some point experienced period shaming and one in five of them felt this way due to a male friend's comments. The researchers also found that 51% of the men surveyed believe that it is inappropriate to discuss one's menstrual cycle in the workplace (Seibert, 2018). This behavior has the potential to stem from the lack of education that both genders receive due to the fact that when menstruation is not taught, the way individuals approach the subject is also not taught. Additionally, that non existing conversation enables toxic behaviors, which have the potential to transfer over into adulthood. Both sexes are uninformed that shaming others is not socially acceptable, especially when its subject is a bodily function. Vanvuren supported this by illustrating the consequences of not providing an equal health education to both genders. She believes that if girls and boys continue to experience an inequality within their health education, then they miss the opportunity to learn how to discuss sensitive, personal topics with members of the opposite sex (2018). If adolescents were taught how to have honest conversations about subjects that are currently deemed as taboo, the secrecy, shame, and stigma surrounding menstruation would fade, creating an environment for women to thrive and not be ridiculed by their male counterparts.

Gap

The gap in the body of knowledge is that there has been a limited amount of studies conducted in the United States regarding not just the stigmatization of menstruation, but the education adolescents receive regarding the subject. The majority of the studies that are available have taken place in low income countries and continents such as India and Africa where period poverty is a prominent issue, and the researchers that conducted these studies were American. Additionally, if a study took place in America that did revolve around this taboo topic, it focused primarily on adults rather than adolescents. This gap in the body of knowledge led to the research question: How does the lack of education that adolescents receive while attending a public high school in Northwest Georgia influence their attitudes towards it as adults? Perhaps a study which investigates adolescents' and adults' knowledge of menstruation, their quality of education that they received, and their own experiences regarding menstruation by conducting interviews and surveys could remedy this situation.

Hypothesis

I originally hypothesized adolescents, specifically males, would be more hesitant to discuss menstruation with me through surveys and interviews. The final hypothesis for the public consensus is that males would have more negative perceptions towards menstruation when compared to female participants, regardless of age. This hypothesis was developed based on Chrisler and their colleagues' research results that men were more likely to have negative perceptions of menstruation when compared to women (2014, p. 637). Also, I believe that the participants' responses will share similarities when discussing their overall health education.

This study's contributions to research on the topic will be significant as it will provide future researchers with a deeper understanding of the stigma that surrounds menstruation and how it can be eliminated. Due to the large gap in the body of knowledge, an exploratory approach was used. The study uses two primary groups, adults and adolescents, along with two sub groups, males and females. The groupings required a phenomenographic design to be used. This design allowed for the groups being studied to be equally represented throughout the data collection process. This design was also able to provide insight into the thought process of the participants and grant access to their opinions, thoughts, and experiences regarding menstruation through interviews and surveys (Creswell, 2018). A mixed method was used to conduct this study because in order to obtain the data that was required, interviewing and surveying both groups was necessary while obtaining large numbers of participants simultaneously.

Methods

Procedure

First, the two perspectives discussed in this research, adults and adolescents, along with the subgroups of males and females, that attend High School X or went to a public high school located in Northwest Georgia, were determined. Next, a stratified sample was conducted with 58 high school students with varying academic placements. Each participant was informed about the topic of interest and those comfortable to discuss the issue were given either a physical or digital parental and personal consent form. (see Appendix E-F). Once the forms were returned or submitted, each student then proceeded to partake in a survey that was a Google Form. Adults were also given a personal consent form and once they returned it, they began to take the survey (see Appendix A).

For interviews, the majority of the adolescent participants were recruited through social media or mutual acquaintances. If a student was approached to participate in the study, they could decline or agree to be interviewed. If they wanted to take part in the study, they were given a personal and parental consent form (see Appendix C-D). The interviewee then voiced whether they wanted to be interviewed in person or over the phone. If they wanted to be interviewed in person, the participant was given the option to choose a place where they would like the interview to take place and what date would be best for them. Once a location and time were selected, I would meet with the interviewee, ask them if they were ready to begin, and then start the process of conducting the interview. The same procedure was taken with the adult participants. However, they were not approached through social media, but through acquaintances. They would also be asked to participate, if they said yes, they were given a personal consent form (see Appendix B). Once they returned it, they also selected location and time to be interviewed. They were asked if they were ready to begin when they reached the location and the interviewing process began shortly after.

Participants

The participants of this study were adult and adolescent males and females. The adolescents were ages fourteen to seventeen years old and also attend High School X in Northwest Georgia. The adult participants did not have to attend High School X, but had to have attended a public high school in Northwest Georgia. Consent was obtained from both

the participants and their parents, if they were minors. Also, the adolescent interviewees were given the option to either be interviewed during school hours on campus in an empty classroom or anywhere they felt the most comfortable. They also could have been interviewed through a phone call. The adult interviewees could be interviewed anywhere they chose, over the phone, or through a video call. All procedures were approved by the Institutional Review Board.

Sampling

The sampling technique that was used for data collecting was stratified. The stratified sampling method allowed for the general population of males and females to be divided into subgroups which consisted of adolescents and adults. Utilizing this method also allowed for each group of participants to be represented equally throughout the study. This was beneficial because even though more females than males chose to participate in the survey portion, an equal amount was provided for the interviews. It was also beneficial that an equal amount of adult and adolescent males and adult and adolescent females were able to be interviewed for the study. Having an ideal amount of male and female interviewees of varying ages proved to be valuable in this research because all groups could be equally represented regarding personal topics that went into more depth than the surveys.

Approach

An exploratory approach was used because, as it was previously stated, there is a very limited amount of studies available that have been conducted regarding this topic. This made it difficult to predict the participants' answers and the overall conclusion of the research. An exploratory approach also allows for a deeper understanding to be gained before collecting data from the population being studied. This is beneficial because it ensured that the choices being made regarding which questions were asked and to whom would have been intentional and was done with careful consideration.

Design

According to a video titled "What is Phenomenography?", a phenomenological design gains a deeper understanding as to why certain groups of menstruation have the opinions they do regarding menstruation by focusing on an individual's own personal experiences (2017). When observing the individual, the responses were recorded, as well as certain mannerisms or other behaviors they presented during the study. This only applied for the interviewees. Also, the questions that were presented before the participants were personal and also focused on their health education experience. Experiences were compared to others' in order to evaluate potential patterns within the interviews or open response survey questions if it was needed.

Instruments

There was not a vast number of instruments that needed to be used when conducting this study. A Google Form was created in order to survey the participants. The participants could either scan a QR code that took them directly to the survey or the survey could be sent to them via email. All of the participants were essentially given the same survey, except there were sections that contained gender-specific questions. In order to reach this section, the participant had to identify what their biological gender was. If they selected "prefer not to answer", the survey ended, however, the participant that did not desire to verify their gender still answered questions that were gender neutral at the beginning of the survey. The interview questions were created based on literature that was read and analyzed prior to their creation. Only two questions were designed to be closed-ended, but the participant could continue to elaborate if they

chose to and as there was no time limit, the participant could elaborate on any answer and go into as much depth as desired. The interviews were recorded on a handheld device. All of the audio recordings were downloaded onto a computer where they were stored in Google Drive so that quotes could be taken from each interview. The interviews consisted also of gender neutral questions and a select amount that were created exclusively for either males or females. These questions were created in order to combat or expose a potential bias.

Statistical Design

The statistical design used in this research was limited to a chi-square analysis. This is due to the majority of questions containing very limited responses. Only two questions used a Likert scale while an additional question was free response. With these chi-squares, multiple aspects from the surveys will be analyzed, such as how opinions vary based on the participants' gender, if at all. This will be compared and contrasted in order to determine if biological gender has any impact on one's opinions on the stigma surrounding menstruation. Data that consisted of free response, likert scales, or other questions that provided enough information on their own, remained as descriptive data. In order to achieve an answer to this research question, it is imperative to consider many variables when performing chi-squares in order to understand why certain groups of people responded the way they did. A thematic analysis was conducted for both the open response survey question and for any data collected through interviews. For the open response question within the survey, a total of six themes emerged. This did include the category of blank responses. When analyzing the interview portion's data, three categories emerged from both age groups.

Limitations

Some of the limitations of this research revolve primarily around the possibility for human error. For the adult participants, they were asked to recall the education they received from many years ago. Due to the gap from when they were in high school to the time they participated in this study, their answers may not be as reliable as the adolescents' responses. However, human error could also apply to the adolescent responses because for the older students that were interviewed, they were asked to recall education they received from an estimated four years ago. Also, when the data was analyzed, there could have been errors when running the chi-square tests or while coding responses. There also could have been responses that were missed while listening to the recordings from the interviews.

Findings

Chi-Square Test Results

It was hypothesized that, regardless of age, male participants would display more negative attitudes towards menstruation than female participants. Tests between topics such as opinions on if menstruation has a negative connotation, should be kept secret, and be taught to both sexes were conducted. A chi-square test of independence was performed to examine the relation between gender and if the participants believed that menstruation should be kept secret. This test did not support my hypothesis because it was insignificant ($p > .05$) with all variables. However, when examining the correlation between gender and the belief that there is a negative connotation with menstruation, the correlation was significant ($p = .02$) across all variables tested. Also, when another chi-square test of independence was run to discover the correlation between gender and believing that both genders should receive the same amount of education regarding menstruation, there was a significant association ($p = 0.19$) with all variables.

Descriptive Statistics

In order to acquire an in-depth understanding as to why every participant surveyed responded to a question that asked them for an opinion relating to menstruation, it was imperative that they provided their history of health education.

Table 1. *Have vs Have Not Received Health Education*

Adults that have received health education	48/58 participants=82.8%
Adults that have not received health education	10/58 participants=17.2%
Adolescents that have received health education	49/57 participants=86%
Adolescents that have not received health education	7/57 participants=12.3%

Note: The once adolescent that chose not to answer the question is not included in the table, but is included in the percentage.

Table 1 presents percentages from all participants. This shows that the majority of both age groups have received an education regarding sexual and/or reproductive health.

Adults Rank Quality of Health Education On Scale of 1-5

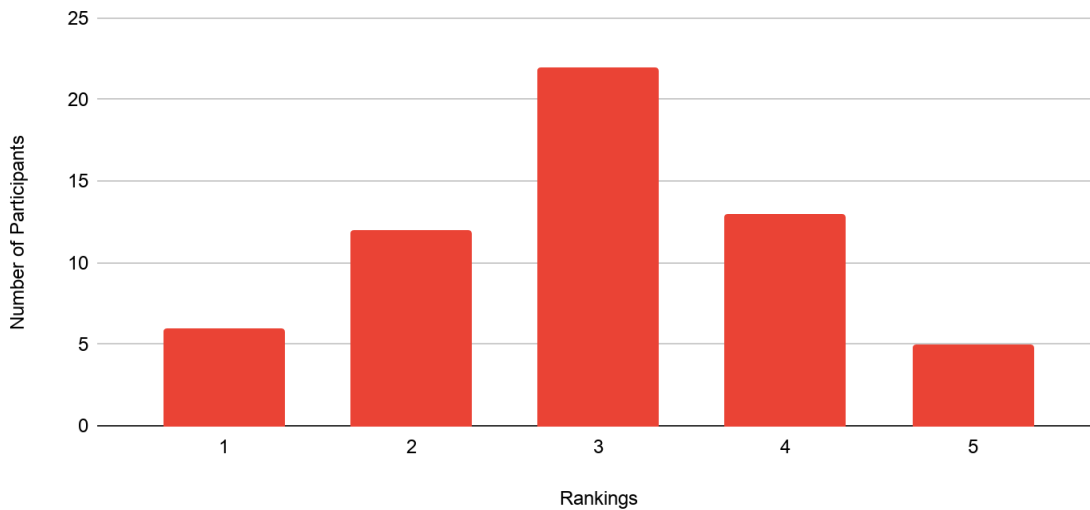


Figure 1: Represents the adults' perspectives on the quality of sexual and reproductive health education they received from the public school system.

Note: 1 ranking equals extremely below average, 2 ranking equals slightly below average, 3 ranking equals mediocre 4 equals slightly above average, 5 ranking equals extremely above average. This graph encompasses all adult participants.

For this perspective, 37.9% of participants ranked the quality of their education as mediocre.

Adolescents Rank Quality of Health Education on Scale of 1-5

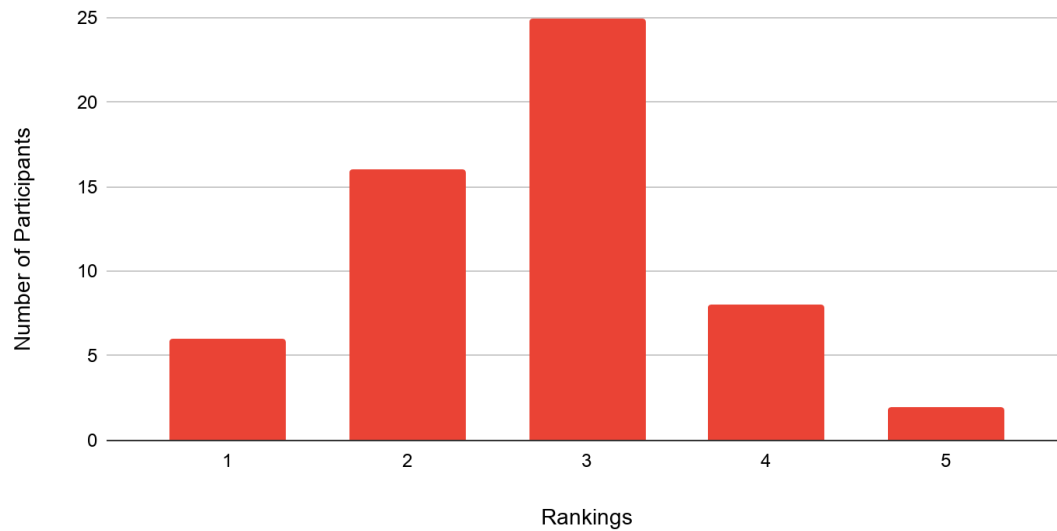


Figure 2: Representation of adolescent participants’ opinions of the quality of the sexual and reproductive health education they received from the public school system.

Note: 1 ranking equals extremely below average, 2 ranking equals slightly below average, 3 ranking equals mediocre, 4 equals slightly above average, 5 ranking equals extremely above average. This graph encompasses all adolescent participants.

As shown by Figure 4, the majority of students surveyed ranked the quality of their health education as mediocre.

Rating Menstruation Knowledge on a Scale of 1-5

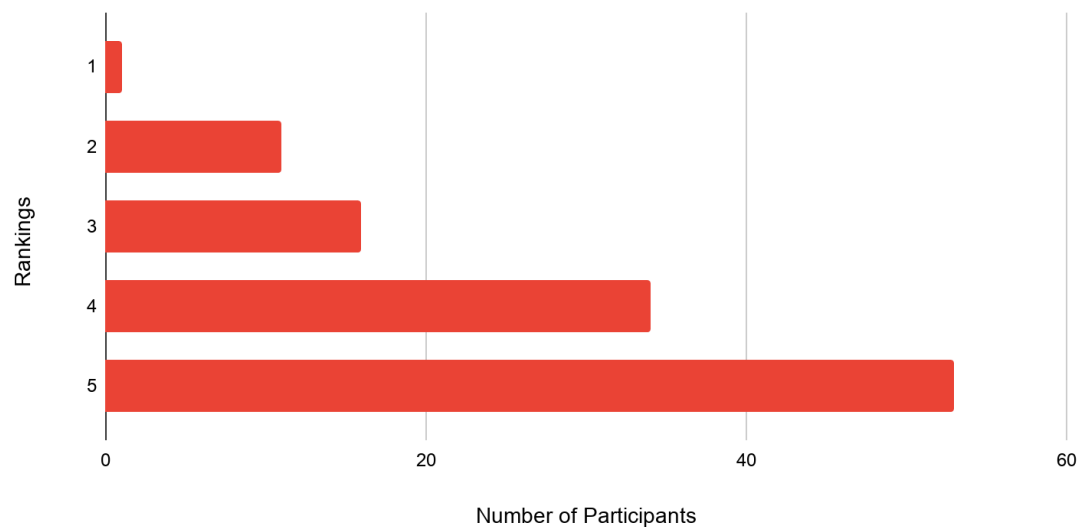


Figure 3: Representation of both age groups’ opinions regarding their background knowledge of menstruation. Out of the 115 participants, 46.1% ranked their general knowledge as extremely above average, making it the most popular answer among the total number of participants.

Note: 1 ranking equals extremely below average, 2 ranking equals slightly below average, 3 ranking equals mediocre, 4 equals slightly above average, 5 ranking equals extremely above average. This graph encompasses all participants.

Females that have been "period shamed"

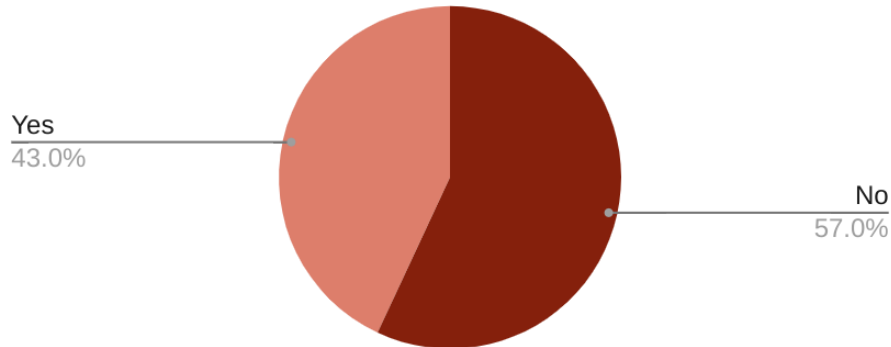


Figure 5: Representation of the total number of females that have been victims of period shaming.

In this survey, females were asked two additional questions relating to feeling ashamed due to their menstrual cycles. As shown in figure 4, 43% of female participants have experienced period shaming at some point and out of this percentage, 55.6% said that they were shamed by someone they knew. The other question asked was have they ever felt ashamed or guilty because they were menstruating. It was discovered that 55.7% of females have. This question did not relate to the two mentioned previously because it relates to a personal feeling rather than one caused by another individual.

Males That Have "Period Shamed"

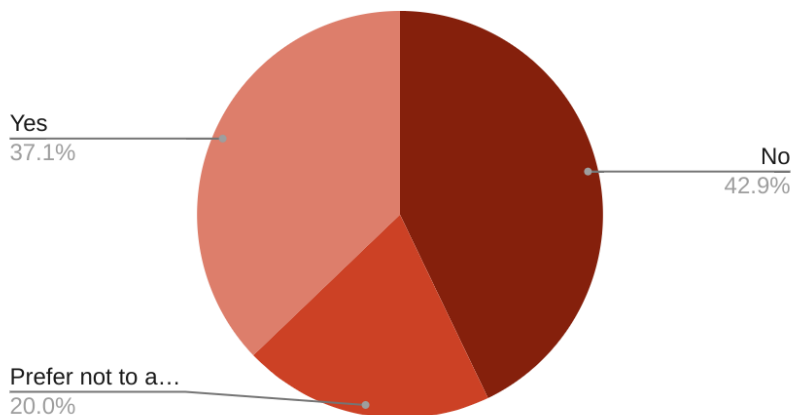
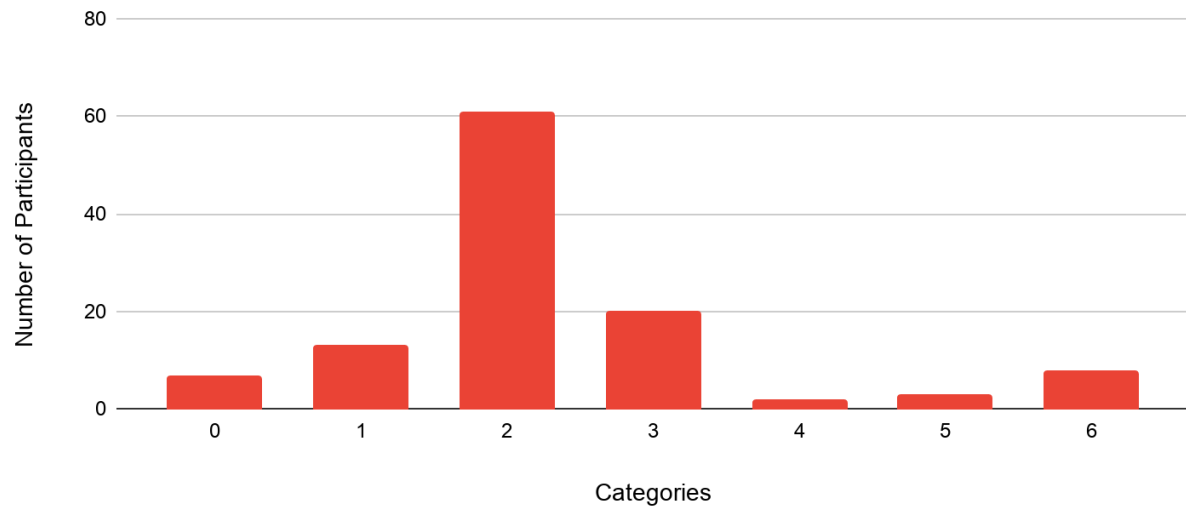


Figure 6: Representation of males that have shamed a menstruating woman, those that have not and the participants that chose not to answer.

Thematic Analysis

For the free response question in the survey, the responses were sorted into categories based on the usage of normal or another synonym, the simplification of menstruation, scientific tone used by the participant, held an obvious bias, mentioned mood swings, or if the response was humorous to the participant.

Themes When Defining Menstruation



■ 0=blank, 1=normal, 2=trivializing, 3=scientific, 4=humorous, 5=mood, 6=bias

Figure 7: representation of how both age groups defined menstruation. The most common category that the respondents’ personal definitions of menstruation were coded into was the simplification category.

Note: 0 represents the blank responses, 1 represents responses using terms such as “normal” or a synonym, 2 represents the responses that were trivializing, 3 represents scientific responses, 4 represents responses that seemed immature, 5 represents responses mentioning hormonal changes, 6 represents responses with an obvious bias

When analyzing the interview responses, quotes were sorted into categories. The categories that were selected were quotes that described health education in a negative manner, mentioned how males are impacted by menstruation itself and the stigma, mentioned embarrassment, and mentioned that “period shaming” was humorous.

Table 2. Examples of Participants That Described Health Education with a Negative Connotation

Adolescents	Adults
“Horrible”	“Probably wasn’t enough”
“Terrible”	“Very little”
“It was awful kinda”	“It was not great overall”
“Not a lot”	“I didn’t get any of my [health education] from the school”

Table 3. *Examples of Participants Have Experienced Embarrassment Due to Menstruation*

Adolescents	Adults
“I thought it would be weird or not normal”	“There was a huge embarrassment factor”
“It feels embarrassing”	“It felt embarrassing” to ask more questions
“I feel like I have to hide a tampon in my sleeve or in my pocket”	“The sex ed class was completely embarrassing for me”

Table 4. *Examples of Participants That Believed Period Shaming Was Humorous*

Adolescents	Adults
“Messing around”	“Not necessarily shaming, but more of an awareness that [mood swings] can happen, in a joking way”
“Funny joke	“Guy sense humor of it”

Discussion and Conclusion

In order to answer the research question: How does the lack of menstruation education that adolescents receive while attending a public high school in Northwest Georgia influence their attitudes towards it as adults, as well as my original hypothesis, it became crucial to thoroughly evaluate the data that was collected.

Adults and Adolescents

First of all, an unexpected finding that was discovered in this data was that both age groups responded in similar ways. In the surveys, the majority of participants ranked their health education experience and general knowledge of menstruation as adequate. This trend was partially seen throughout the interviews when participants used negative adjectives to describe their education. This may explain why some interviewees voiced that they were embarrassed to ask more questions regarding menstruation to parents, teachers, or peers. Also, because the most common category that definitions of menstruation were coded into was the trivializing category, this reflects the quality of health education that many of these participants deemed as mediocre. This also has the potential to support the small number of interviewees’ claims that they felt embarrassed to ask more questions regarding menstruation due to the fact that they lacked much background knowledge regarding the subject and did not want to seem uninformed regarding the subject in front of their peers.

Female Participants

Second of all, for the female participants, they seem to only have felt guilty or ashamed because they were expected to feel so. Specifically in interviews, a small number of girls mentioned their male peers when describing their experiences with period shaming. It is important to note that they never mentioned girls as the perpetrators. Even though this situation is not ideal for many girls and women, taking ownership of their bodies and defending themselves in

these moments is hardly ever an option. According to award winning journalist and author Peggy Orenstein's interview-based novel, "Girls & Sex", many females learn from a young age that the only way to be successful in a world where men are seen as superior is to not only project sex appeal, but also reduce their value as human beings to objects. Not only that, but in order to be respected, they have to perform in a way that can be seen as "effortless perfection", meaning that they have to prove themselves worthy of their positions in society while never faltering and doing it in the most attractive way possible (2016, p.13). When girls are shamed from a young age and are expected to be repulsed by their own periods, they are taught to conceal that aspect of themselves in order to preserve the image that their male peers have of them. Also, this behavior that boys display towards their hypothetical menstruating peers could be a result of the lack of education that they received and the consequences that accompany that loss.

Male Participants

As for the male participants, Vanvuren's hypothesis supports the data collected regarding the male interviewees' perspective that shaming female peers because of their menstrual cycles is humorous. This finding relates to her hypothesis because it has the potential to be a result of the lack of empathy she previously mentioned. Not only is this apathy a result of limited menstruation education, but according to Orenstein, it could also be a byproduct of toxic masculinity. In her interview-based novel "Boys & Sex", Orenstein interviewed more than 100 college and college-bound males between the ages of 16 and 22 from across the United States regarding intimacy, consent, toxic masculinity, and an array of other social issues. She found that when males view something that should not be considered socially acceptable as comical, such as assault and harassment, it provides them with a barrier between them and the issue at hand (2020). When period shaming is seen as humorous, it allows for that separation to occur partly because jokes are not seen as problematic, so in turn, shaming female peers has become normalized. Orenstein also found that masculinity itself has the potential to block males from considering females' perspectives and can also result in the rising level of apathy towards the opposite sex (2020). This became evident when a participant of this research claimed to be on "the opposing side" of the ongoing debate regarding whether period products should not be taxed and made easily accessible, which is also seen in Georgia's legislative system regarding House Bill 8. This gap in education is not only causing males to feel as if they can invalidate their female peers' experiences with menstruation, but also has the potential to encourage a toxic environment in which the definition of masculinity does not include compassion and empathy.

To conclude, the lack of menstruation education impacts adolescents in a negative way which has the potential to transfer into adulthood. The stigma is still prevalent amongst adults as a result of the lack of conversation that took place regarding taboo topics in the classroom. This can also be seen in modern day classrooms. The lack of communication skills in these settings can enable a toxic, shameful atmosphere for girls that follows them into womanhood due to the normalization of shameful remarks relating to menstruation that they receive from male peers. Also, the normalization of these remarks can be a result of the lack of education males receive. It can be inferred that due to the similar responses from both age groups, the quality of menstruation education within Northwest Georgia's public school system has not improved over the course of at least a decade. This conclusion has multiple implications for the Georgia Department of Education. The results display the consequences of students only obtaining a mediocre health education while attending a public high school in Northwest Georgia. Additionally, the negative consequences have the potential to be carried from adolescence to adulthood. Also, considering that the last revision to the health education standards for the entire state of Georgia occurred in 2009, it has become evident that not only is there a need for a revision, but that the revision needs to focus on all aspects of health, including reproductive health and the proper discussion of human anatomy in a classroom setting. Moreover, further research could be centered on the conclusions of the research throughout the state of Georgia and shift from studying public schools to private schools.

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