

Historical Periods: The Stigmatization of Menstruation Through Various Cultures and Eras

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Abstract

The stigmatization of menstruation is a common occurrence throughout history and across the globe. Whereas modern-day menstrual stigmatization is evident through the use of euphemisms like “time of the month” and the seemingly inherent embarrassment and disgust associated with menstruation, this phenomenon can be achieved through a variety of methods. Using Link and Phelan’s (2001) definition of stigma, this thesis examines the menstrual practices and beliefs of different cultures throughout history and explores whether menstruation was stigmatized in each instance. Analyzing evidence from the Roman Republic, various indigenous tribes from southeastern North America, the historic “Western” world, the Akan of Ghana, and modern-day India and Nepal, this paper demonstrates that menstrual stigmatization is evident both throughout history and the modern-world.

Keywords: menstruation, stigma, stigmatization

Introduction

The concept of menstruation is “rooted in complex value systems” and is accompanied by “various myths, taboos, and stigmatizing, negative and shameful sentiments” (Barrington et al., 2021; Hensel et al., 2007, as cited in van Lonkhuijzen et al., 2022, p. 364). While menstruation is regarded as a taboo and stigmatizing subject in countries like the United States, as evident through euphemisms like “aunt flow” and “time on the month,” it is often stigmatized and conceptualized as something “dirty” or “impure” across different cultures (Barrington et al., 2021; Hennegan et al., 2021, as cited in van Lonkhuijzen et al., 2022, p 364). Although the term “stigma” is regularly used in connection with menstruation, there are various, and sometimes conflicting, definitions of the word. As research on stigma and its potential negative effects

increases, so too does the number of differing conceptualizations, as stigma and stigmatization are seemingly easy to identify but difficult to define.

What is Stigma?

At the core of most stigma-related research is Erving Goffman's conceptual understanding of the subject (Tyler & Slater, 2018, p. 721). Originally established in his best-selling book *Stigma: Notes on the Management of Spoiled Identity* (1963), Goffman defined stigma as an attribute that substantially discredits an individual, reducing them "from a whole person to a tainted one," and as "any mark or stain that sets apart one person or group from others" (Goffman, 1963, as cited in Major & O'Brien, 2005, p. 394; van Lonkhuijzen et al., 2022, p. 365). In his account of stigma, Goffman made four significant claims: first, "that stigma is *a perspective* which is 'generated in social contexts;'" second, "that people learn to manage the potentially devastating effects of being socially stigmatized by employing strategies of identity management, such as passing and concealment;" third, and more implicitly than his other claims, "that stigmatization is historically specific in the forms it takes;" and finally, "that stigma functions 'as a means of formal social control'" (Goffman, 1986, as cited in Tyler & Slater, 2018, p. 729). Furthermore, in his account of stigma, Goffman distinguished between three categories: abomination of the body, blemish, and social marker (van Lonkhuijzen et al., 2022, p. 365). The first category, abomination of the body, "concerns physical deformities such as bleeding," the second category, blemish, relates to "blemishes to one's character," and the third category, social markers, "are linked to (discriminated) group affiliation" (van Lonkhuijzen et al., 2022, p. 365).

As the foremost conceptualization of stigma, Goffman's definition and suggestions have been further developed by social scientists. In 1984, Jones et al used Goffman's (1963, p. 4)

observation that stigma can be seen as a relationship between an “attribute and a stereotype” to define stigma as a “mark” (attribute) “that links a person to undesirable characteristics (stereotypes)” (Jones et al., 1984, as cited in Link & Phelan, 2001, p. 365). In their conceptualization of stigma, “marks” become associated with “discrediting dispositions,” or “negative evaluations and stereotypes” (Jones et al., 1984, as cited in Major & O’Brien, 2005, p. 395). Shortly after Jones et al established their definition of stigma, Stafford and Scott proposed that stigma “is a characteristic of persons that is contrary to a norm of a social unit” where a “norm” is defined as a “shared belief that a person ought to behave in a certain way at a certain time” (Scott & Stafford, 1986, as cited in Link & Phelan, 2001, p. 365). Then in 1998, Crocker et al indicated that “stigmatized individuals possess (or are believed to possess) some attribute, or characteristic, which conveys a social identity that is devalued in a particular context” (Crocker et al., 1998, as cited in Link & Phelan, 2001, p. 365). These devalued attributes or characteristics, often referred to as stereotypes, “are generally widely shared and well known among members of a culture” and “become a basis for excluding or avoiding members of the stereotyped category” (Major & O’Brien, 2005, p. 395).

Following these ideas of stigma, Link and Phelan (2001) posited that stigma exists when the following components converge in a power situation: labeling, stereotyping, separation, status loss, and discrimination (p. 367). The first component, labeling, occurs when “people distinguish and label human differences” in an attempt to identify “differences that will matter socially” (Link & Phelan, 2001, p. 367). Stereotyping, the second component, occurs when “dominant cultural beliefs” link a person to “a set of undesirable characteristics that form” negative stereotypes (Link & Phelan, 2001, p. 369). The third component, separation, occurs when the two prior components, labeling and stereotyping, are used to justify and enact the

placement of labeled persons in “distinct categories so as to accomplish some degree of separation of “us” from “them”” (Link & Phelan, 2001, p. 370). Link and Phelan cite the “very nature” of some conferred labels as evidence of a degree of separation between “us” and “them,” as some incumbents are thought to “be” the things they are labeled as, rather than simply “having” the attribute or characteristic (Link & Phelan, 2001, p. 370). An example of this is someone being labeled as *being* autistic, rather than *having* autism. The final component, which some critics view as two separate factors, is status loss and discrimination, which “lead to unequal outcomes” (Link & Phelan, 2001, p. 370). According to Link and Phelan, status loss occurs when negative labeling and stereotyping produce “a general downward placement of a person in a status hierarchy” and connects the labeled person to “undesirable characteristics that reduce [their]...status in the eyes of the stigmatizer” (Link & Phelan, 2001, p. 371).

Discrimination, which is grouped with status loss by Link and Phelan, is a broad term that can incorporate many different behaviors, but the results are generally the same: disadvantages and a lack of opportunities as a result of allowing attitudes and beliefs to “cloud rather than illuminate” a person’s understanding of stigmatized groups (Link & Phelan, 2001, p. 372). Finally, all these components must exist within a power situation, as Link and Phelan (2001) noted:

Stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differences, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination (p. 367).

Defining Menstrual Stigma

Following Goffman’s definition of stigma, Johnston-Robledo and Chrisler conceptualized menstruation or menstrual stigma as “the negative perception of menstruation

and those who menstruate,” which they consider a “hidden stigma” because the discovery of menstruation would lead to stigmatization (Johnston-Robledo & Chrisler, 2020, as cited in van Lonkhuijzen et al., 2022, p. 365). Consequently, Johnston-Robledo and Chrisler posit that women go through great efforts to conceal their “menstruation” status and prevent stigma-related “leakages” from occurring” (Johnston-Robledo & Chrisler, 2020, as cited in van Lonkhuijzen et al., 2022, p. 365).

Theories Behind Menstrual Stigma

Since Goffman’s initial conceptualization of stigma and its consequential application to menstruation, social scientists have posited many theories behind menstrual stigmatization. According to Paula Weideger’s *Menstruation and Menopause* (1977), the “menstrual taboo” and the menstrual stigma generally “exists as a method of protecting men from danger they are sure is real (the source of which is in women),” and it is a means of “keeping the fear of menstruating women under control” (Weideger, 1977, as cited in Buckley & Gottlieb, 1988, p. 7). Despite this generalization, a variety of theories have been considered, many of which can be separated into two groups or categories: psychoanalytic theories and practical response theories.

Psychoanalytic Theories

Psychoanalytic theories, which are based on “a theory of (putatively) universal unconscious content and process,” attempt to account “for the near-universality of menstrual taboos and their inter- and intracultural diversity” (Buckley & Gottlieb, 1988, p. 15). As such, psychoanalytic theories voice “single motivating themes...through virtually unlimited numbers of symbolic associations, by projection, condensation, identification, and other processes first postulated by Freud (1955)” (Buckley & Gottlieb, 1988, p. 15). It is to be noted that Freud himself, though, largely neglected menstruation, menstrual taboos, and menstrual stigmatization,

only mentioning the topics in a single footnote in *Civilization and Its Discontents* (1936), in which he “located the origins of menstrual taboos in the “organic repression” of a sexual attraction felt by men toward women during their periods” (Buckley & Gottlieb, 1988, p. 15).

Two psychoanalytic theories used to explain the stigmatization of menstruation are castration anxiety and reproductive or vaginal envy. In his castration anxiety theory, William Stephens hypothesizes that men’s “castration anxiety” is responsible for the stigmatization of menstruation, or menstrual taboos, as “the sight or thought of a person who bleeds from the genitals (a menstruating woman) is frightening to a person who has intense castration anxiety” (Stephens, 1962, as cited in Buckley & Gottlieb, 1988, p. 16). Conversely, some argue that it is envy, rather than fear, which produces menstrual stigma. Specifically, after “considering data on men’s rituals that stimulate women’s reproductive processes by inducing heavy flows of blood,” Bettelheim suggests that it is reproductive (or “vaginal”) envy that characterizes both the male response to menstruation and the taboo systems culturally enacted to contain perceived menstrual threat” (Bettelheim, 1954, as cited in Buckley & Gottlieb, 1988, p. 17).

Practical Response Theories

In addition to psychoanalytical theories, researchers have posited a series of related theories that attribute the origins of menstrual stigmatization and taboos to “rational responses to practical problems,” implying that “practical responses to the demands of bioecological actuality—say, successful hunting—have been culturally extended” to cover cultural endeavors (Buckley & Gottlieb, 1988, p. 18). Similarly, evolutionary scholars “point to commonality across cultures in what attributes are stigmatized” and propose that “in order to avoid the pitfalls that accompany group living, humans have developed cognitive adaptations that cause them to exclude (stigmatize) people who possess (or are believed to possess) certain attributes” (Major &

O'Brien, 2005, p. 395). According to these scholars, the stigmatized attributes “signal that (a) they are a poor partner for social exchange (e.g., a convict), (b) they might carry parasitic infection (e.g., physical deformity), or (c) they are a member of an outgroup that can be exploited for ingroup gain” (Kurzban & Leary, 2001, as cited in Major & O'Brien, 2005, p. 395). These three categories of exclusion “map closely onto the categories of stigmatizing attributes proposed by Goffman (1963): blemishes of individual character, abominations of the body, and tribal stigma (Major & O'Brien, 2005, p. 395).

One practical response theory that has appeared in medical literature relates to the “alleged bacterial toxicity of menstrual blood itself,” and is known as the menotoxins theory (Buckley & Gottlieb, 1988, p. 19). First proposed in 1920 by Bela Schick, a physician, this theory posits the “existence of what he termed bacterial “menotoxins” in menstrual blood” (Buckley & Gottlieb, 1988, p. 19). This theory was first brought to the attention of social scientists, specifically anthropologists, when anthropologist Ashley Montagu suggested “that menstruating women... wither plants, turn wine, spoil pickles, cause bread to fall, and so forth because of chemical components in their menstrual blood” (Buckley & Gottlieb, 1988, p. 19). As a result, Montagu argued, stigmas against menstruation and “taboos against women engaging in a variety of actions during their menstrual periods may have originated as reasonable response to closely observed facts” (Buckley & Gottlieb, 1988, p. 19). This theory was later extended to account for the stigmatization of intercourse with menstruating women, due to the alleged medical risks to men that may come from the hypothesized menotoxins (Ford, 1945, as cited in Buckley & Gottlieb, 1988, p. 19).

Another practical response theory, referred to as the odor avoidance hypothesis, attributes the origins of menstrual stigmas and taboos to observed instances in which “animals either attack

(bears) or are repelled by (white-tailed deer) humans exuding a menstrual scent” (March, 1980 and Nunley, 1981 as cited in Buckley & Gottlieb, 1988, p. 22). This theory was later expanded by Kitahara (1982), who proposed that “menstrual taboos are most stringent and numerous among hunting peoples” (Kitahara, 1982, as cited in Buckley & Gottlieb, 1988, p. 22). Just as the menotoxins theory may account for the origins of stigmas or taboos against activities like menstrual sex or menstruating women touching certain items, so too does the odor avoidance hypothesis, as menstrual sex would spread the alleged odor to the hunter and could be transferred to hunting gear or the hunters’ food through physical contact (Buckley & Gottlieb, 1988, p. 22).

Menstrual Stigmatization: Cultural and Historic Examples

The Roman Republic (3rd – 1st centuries BC)

Some of the earliest records of menstrual blood date back to the 3rd century BC, but it is possible that these recorded views and attitudes predate this era, as many sources acknowledge “debts to foreign influences,” namely Hellenistic philosophy and medicine, “which started to flourish as early as the 5th century BC” (Chavarria, 2022, p. 1). During the Roman Republic, and specifically between the 3rd and 1st centuries BC, “the understanding of female anatomy was profoundly influenced by Hippocrates’ doctors and Herophilus’ works,” who were “less radical than Aristotle” and admitted to the “existence of a female semen as essential as the male one” to the process of procreation (Chavarria, 2022, p. 2). Despite this, and the fact that Pliny the Elder the Elder, an author of the time, recognized that menstruation was the was the “material for human generation,” male and female natures were largely perceived as opposite (Pliny, *Natural History, Book 7*, p. 66; Chavarria, 2022, p. 2). Furthermore, women’s bodies and “nature” were perceived in contradictory ways, and were regarded with both “fear and gratitude, respect and suspicion” (Chavarria, 2022, p. 2). Since women of the time were “defined by their ability to

give birth and to look after the new life created,” those who did not menstruate “were seen as sick and infertile,” while regular menstruation “gave rise to superstitious anxieties among men” (Chavarria, 2022, p. 2). As a result, menstruation was a severely complex and contradictory subject, as it was viewed as “both a danger and a blessing in Roman thought” (Chavarria, 2022, p. 2).

Two of the best sources regarding menstruation in Ancient Rome are authors Pliny and Columella, both of whom “at length write about the harmful and negative properties” of menstrual blood (Chavarria, 2022, p. 3). Pliny the Elder, specifically, believed that there is “no limit to woman’s power,” as their menstrual blood could drive away hailstorms and whirlwinds if “exposed to the very flashes of lightning,” and that if exposed to the sea, could prevent storms (Pliny, *Natural History, Book 28*, p. 55). Furthermore, Pliny the Elder described how menstruating women can cause crops to dry up, cause bees to fly away, turn linens black, blunt the edge of razors, cause copper to rust and emit a “foul smell,” make “mares in foal” miscarry, and that no direct contact with women’s menstrual blood “was required to activate its powers,” as “the mere sight at however great a distance is enough (Pliny, *Natural History, Book 28*, p. 57; Chavarria, 2022, p. 3).

Despite this, Pliny the Elder’s writings also suggest that he seemed “to believe menstruation was not always a contaminating substance,” as he wrote that “many kinds of illness are cleared up by the first sexual intercourse, or by the first menstruation” (Pliny, *Natural History, Book 28*, p. 33). In his writings, Pliny the Elder described menstruation as a “*miraculum*...a term whose meaning held a positive connotation related to wonder and curiosity” (Chavarria, 2022, p. 5). Pliny the Elder also hinted at potentially positive effects of menstruation and menstrual blood by including “the properties of menstruation in his dualistic classification of phenomena and objects

from the natural world following the concepts of harmony (sympathy) and disharmony (antipathy)” (Chavarria, 2022, p. 5). In this classification, menstrual blood appears “listed in the recipe that reversed its most harmful effects,” reflecting how it can serve as both “a poison and its own antidote” (Chavarria, 2022, p. 5). This concept is further demonstrated by Pliny the Elder, who wrote that “a mirror which has been tarnished by the glance of a menstruous women recovers its brightness if it is turned round for her to look at the back” (Pliny, *Natural History, Book 28*, pg. 58). Additionally, Columella’s writing “tells us that a menstruating woman could kill a young plant by merely looking at it” and that menstrual blood “was capable of destroying what could have overcome its most dangerous powers” (Chavarria, 2022, p. 3). This point is further illustrated by Pliny the Elder, who writes that “young vines are irremediably harmed by the touch” of a menstruating woman, and that rue and ivy, “plants of the highest medicinal power, die at once” (Pliny, *Natural History, Book 7*, p. 57).

Although Columella and Pliny the Elder both described the dangers of menstruation, they also provided insight into how it’s powers could be used positively, revealing that if the powers of menstruation were “activated under a strict male supervision with a collective aim such as curing the illnesses of household members or increasing a farm’s productivity,” the outcomes would be “presented as positive and beneficial for the whole community” (Chavarria, 2022, p. 9). Furthermore, Columella provides insight into the practices and rituals completed by Romans, presumably the men, to harness the positive powers of menstruation, as he advised “farmers plagued by insect pests to make a girl experiencing her first menstruation walk three times around the fields bare footed,” all while feeling ashamed of the “filthy blood” (*obscaenus cruor*) that flows (Lennon, 2010, p. 76).

While most of the evidence suggests that menstruation was considered to be “polluting” in the Roman Republic, despite the various potential positive effects, some evidence suggest that there were exceptions to this, as some “Roman sources do not present menstruating women as threats to their husbands” and some recommend “their readers to have intercourse with their wives during this time of the month to increase their chance of conceiving” (Chavarria, 2022, p. 3). One of the potential exceptions to menstruation’s polluting power may have been religious life, as evidence suggests that Roman priestesses, specifically the Vestal Virgins, were not limited in their abilities because of menstruation (Chavarria, 2022, p. 4). According to Pliny the Younger, the Vestal Virgins, whose “duties started at the end of childhood, when their bodies became fertile, and ended when approaching menopause,” were only allowed to leave the precinct of the Atrium in cases of exceptional illness, making it extremely unlikely that they would have left and been replaced in their duties every month as a result of menstruation (Chavarria, 2022, p. 4). Additionally, Cicero and Ovid, whose works provide insights into Roman religious practices, “do not specify any menstrual restrictions in their writings” (Chavarria, 2022, p. 4). Similarly, Cato the Elder, while detailing “how a proper *matrona* should worship the household gods,” neglects to mention the steps to be taken if she “came to menstruate or fall ill” (Chavarria, 2022, p. 4).

Stigma Analysis – Roman Republic

According to Link and Phelan (2001), the term “stigma” can be applied when certain components (labeling, stereotyping, separation, status loss, and discrimination) occur simultaneously within a power situation (Link & Phelan, 2001, p. 367). To determine if the term “stigma” can be applied to the menstrual views and practices of the Roman Republic, these components must be evident or implied within the historical record. The first component,

labeling, occurs when “people distinguish and label human differences” in an attempt to identify “differences that will matter socially” (Link & Phelan, 2001, p. 367). The labeling of menstruation is evident through the terms used to refer to menstrual blood in comparison to other bodily fluids, and is specifically evident in Columella’s writings, in which menstrual blood is referred to as *obsaenus cruor*, or “filthy blood” (Lennon, 2010, p. 76). By labeling menstrual blood as “filthy blood,” Columella linguistically distinguishes it from other types of blood, which are presumably “clean” or “pure.” Unlike other bodily fluids, which may appear to be visually distinct, the main difference between menstrual blood and other types of blood is its source and the portion of the body from which it came. Therefore, by distinguishing menstrual blood from other types of blood and labeling it as “filthy,” Columella effectively places a label on women, who are the sources of menstrual blood, and identifies them as producing or possessing something that is “filthy” and “impure.” In his writing, Columella implies that his “knowledge of farming came from first-hand observations by reliable sources” and “empirical evidence” like experiments (Chavarria, 2022, p. 6). If Columella did rely on multiple methods and sources to determine his farming recommendations, including various farmers and observers, then it is possible that his views regarding menstruation were somewhat representative of those held in Roman society at the time. If Columella and Pliny the Elder’s beliefs towards menstruation were nominally representative of the larger society, it can be determined that the first component of stigma, labeling, does exist in the Roman Republic.

The second component of stigma, stereotyping, occurs when “dominant cultural beliefs” link a person to “a set of undesirable characteristics” that form negative stereotypes (Link & Phelan, 2001, p. 369). As previously mentioned, menstrual blood and menstruation were associated with numerous negative occurrences, as it was believed to “sour crops, wither fruits and vegetables,

kill bees, drive dogs insane, dull the brightness of mirrors, blunt razors, turn linens black, and rust iron and bronze” (Chavarria, 2022, p. 3). While menstrual blood was also regarded as having healing capabilities, its positive effects were seen as the result of its extreme and dangerous nature. As a result, any positive characteristics associated with menstruation were overshadowed and outweighed by the negative. Since the powers of menstruation and menstrual blood, as perpetuated by the dominant cultural beliefs of Roman society, did not require any form of activation or physical contact, all women capable of menstruating would most likely have been linked to the many undesirable characteristics associated with menstruation, leading to the creation of negative stereotypes (Chavarria, 2022, p. 3). Thus, the second component of stigma is also evident, providing further evidence that menstruation was stigmatized in the Roman Republic.

The third component of stigma, separation, occurs when the two prior components, labeling and stereotyping, are used to justify and enact the placement of labeled persons in “distinct categories so as to accomplish some degree of separation of “us” from “them”” (Link & Phelan, 2001, p. 370). While the first two components of stigma are present, evidence suggests that they were not used to justify the societal separation of menstruating women beyond the customary cultural division of men and women in the Roman Republic. As previously mentioned, the works of Cicero and Ovid, which provide insight into Roman religious practices, do not describe any specific instructions or restrictions for menstruating women, and Cato the Elder’s instructions on worship do not include any specific steps for menstruating women (Chavarria, 2022, p. 4). These pieces of evidence, in addition to information regarding the Vestal Virgins, suggest that menstruation did not restrict Roman women from religious involvement, a key aspect of Roman society (Chavarria, 2022, p. 4). As a result, it is unlikely that Roman women experienced

separation as a result of menstruation specifically. While men and women were separated in their cultural, political, religious, and economic responsibilities and “spheres,” this separation was the result of gender, which does include but is not limited to the ability to menstruate. Therefore, the third component of stigma, separation, is not explicitly evident as it pertains to menstruation.

Finally, the fourth and fifth components of stigma are status loss and discrimination that “lead to unequal outcomes” (Link & Phelan, 2001, p. 370). Similar to the third component, separation, it is unclear if women experienced status loss and discrimination as a result of menstruation specifically, or if the status loss and discrimination experienced were simply the result of customary gender expectations and responsibilities. It is possible that menstruation may have resulted in status loss, as a woman’s societal value was contingent upon their ability to “replenish the citizen body” and produce children, thus making the presence of menstruation, rather than its absence and the possibility of pregnancy, undesirable by society (Chavarria, 2022, p. 8). Overall, historical evidence suggests that status loss and discrimination as a direct result of menstruation did not exist in the Roman Republic.

While some of the components of stigma proposed by Link and Phelan (2001) are evident, the question of menstrual stigmatization remains uncertain. As part of their conceptualization, Link and Phelan note that “stigma exists as a matter of degree,” and that labels “can be more or less prominent” and may connect a person to many stereotypes, just a few, or none at all (p. 377). Furthermore, Link and Phelan propose that “the strength of connection between labels and undesirable attributes can be relatively strong or relatively weak” and that the degree of separation into groups of “us” and “them,” as well as the extent of status loss and discrimination, can vary (Link & Phelan, 2001, p. 377). Accordingly, the clearly complex and seemingly contradictory nature of menstruation in the Roman Republic leaves open the possibility for

menstrual stigmatization, though the degree or severity of such stigmatization may be less than other examples.

Indigenous North America – Southeastern Tribes (17th, 18th, and 19th Centuries)

Although menstrual practices and the potential for menstrual stigmatization vary both geographically and throughout history, the indigenous tribes of southeastern North America, specifically the Cherokee, Creek, Choctaw, and Chickasaw, had similar cultural practices and beliefs regarding menstruation. Historically, women from these tribes are recorded as practicing menstrual seclusion, which “involved women retreating to a menstrual hut, a specifically built space, for the duration of their menses” (McCullough, 2025, p. 20). Amongst the Cherokee, Creek, Chickasaw, and Choctaw nations, “spatial separation was a deeply embedded part” of life for all genders, and was a “tool often used at significant or ritual events” like the annual Creek Buck and Cherokee Green Corn Ceremony, in which “men and women separated at intentional moments” (McCullough, 2025, p. 22). While separation was an important aspect of yearly ceremonies, it was also practiced in tribal day-to-day life. Outside of ceremonies, “blood and bleeding were the dominant cause of separation,” with women’s separation primarily centered around “moments of bleeding like menstruation, birth, or postpartum recovery” (McCullough, 2025, p. 22) Similarly, men’s separation “often revolved around bloodshed or wounds received or given during war or hunting” (McCullough, 2025, p. 22). The separation of men and women as it pertains to blood largely focused on the potential for “powerful gendered blood” to cause disruption if left unchecked (McCullough, 2025, p. 22).

The use of menstrual huts, or “specific buildings built for women’s separation,” were an important aspect of eighteenth-century Creek, Cherokee, Chickasaw, and Choctaw menstrual practices (McCullough, 2025, p. 23). When not traveling, women “regularly used menstrual

huts” or “menstrual houses,” which according to James Adair, a British trader, were “small huts, at... considerable...distance from their dwelling-houses” (McCullough, 2025, p. 23). By separating themselves in menstrual huts, women experienced changes to their “regular routines and labor roles,” as during separation they “did not cook for others or labor in gardens or fields as they did at other times of the month” (McCullough, 2025, p. 24). Among the southeastern tribes, and even among a particular tribe’s women, there was slight variation in menstrual practices. In instances where complete seclusion was difficult, such as while traveling, some women engaged in a modified version of menstrual separation by distancing themselves from non-menstruating people and “walking or riding in the back of traveling groups and by sleeping at a distance from others” (McCullough, 2025, p. 25). Additionally, in the Chickasaw tribe, a girl’s first menstruation was not subject to the practice of menstrual separation and was “not accompanied by any ceremony or shamanistic rites,” but she was prohibited from riding a horse or coming in contact with male children (Speck, 1907, p. 57).

The practice of menstrual seclusion or separation also produced certain restrictions on women’s actions. The use of fire, a highly symbolic, spiritual, and communal object, was restricted during menstruation, as women practicing menstrual seclusion did not take “fire from their home or town but would have made a fresh fire or maintained a fire at the site of seclusion” (McCullough, 2025, p. 25). Additionally, women who practiced menstrual separation and did not use menstrual huts may not have used a fire or would have created a new and separate one (McCullough, 2025, p. 25). During their menstruation, “women would not have cooked for non-menstruating people whether in strict seclusion or while practicing separation” and may have used “specific utensils for eating and drinking” (McCullough, 2025, pp. 24-25). In some cases, women took significant objects with them into the menstrual hut for the duration of their

seclusion, as in one account of a Choctaw woman's menstrual seclusion, her husband identified the cause of his wife's behavior based on the absence of some moveable furniture, which was missing from the main house (McCullough, 2025, p. 24). Within the Chickasaw tribe specifically, a menstruating woman was "strictly segregated from her family, remaining for three days in a brush shelter near the house" (Speck, 1907, pp. 56-57). As part of the Chickasaw menstrual seclusion, the husbands of menstruating women were to refrain "from mingling freely with his friends," such as during "the hunt or in social gatherings" (Speck, 1907, p. 57). When a woman's menses ceased and their seclusion ended, women washed themselves in a "ritual bath" before returning to communal spaces and interacting with men (McCullough, 2025, p. 24; Bell, 1990, p. 333). This ritual bath differed greatly from an ordinary one, which Chickasaw women performed daily with the exception of menstruation (Gibson, 1971, pp. 101-102).

The purpose of menstrual seclusion or separation was to distance menstrual blood, and its powers, from the rest of the community, as "each nation believed that women's menstrual blood held power to act on others" (McCullough, 2025, p. 22). While there is some overlap, the "exact interpretations of blood and menstrual blood's potential power varied throughout the region" (McCullough, 2025, p. 22). According to the 1735 account of a Creek woman's menstrual separation, the act of separating oneself from others ensured the "virtue of their Physick" and their overall health (McCullough, 2025, p. 22). Additionally, in Muskogean dialects, the language family for Creek, Chickasaw, and Choctaw dialects, "the word for menstruation, *hollo*, was associated with dangerous magic or spiritual energy" (McCullough, 2025, p. 22). For the Chickasaws, who "held the mysteries of...[menstrual] cycles and processes in great awe," the touch and mere presence of a menstruating woman were regarded as contaminating, which their husband would have "considered a risk on the hint of warpath" (Speck, 1907, p. 54). Similarly,

among the Creek tribe, disease was believed to “emanate from women during their monthly periods and attack men, especially in the spring of the year” (Swanton, 1928, as cited in Bell, 1990, p. 333). Regardless of the specific powers attributed to menstrual blood and menstruation, the “breach of separation during menstruation was a serious crime,” according to a 1775 account of Creek menstrual beliefs (Adair, 1775, as cited in Bell, 1990, p. 333). Someone who were violate the practice of menstrual seclusion or separation “could be accused of causing misfortune that might befall her people” and could be blamed for “tribal sickness, misfortune, defeat or other disaster” (Bell, 1990, p. 333). Generally, the violation of such practices “ranked in weight of offense” with “breach of marriage law, and murder [which] they esteem the most capital crimes” (Adair, 1930, as cited in Gibson, 1971, p. 107).

Stigma Analysis – Southeastern North American Indigenous Tribes

To determine if the term “stigma” can be applied to the menstrual views and practices of the indigenous tribes of southeastern North America, labeling, stereotyping, separation, status loss, and discrimination must be evident. As previously mentioned, labeling occurs when “people distinguish and label human differences” that “will matter socially” (Link & Phelan, 2001, p. 367). Unlike during the Roman Republic, during which menstrual blood, and by association menstruation, were overtly labeled as “filthy,” the presence of labeling in the indigenous tribes of southeastern North America is less obvious. Within the Muskogean dialects, the language family for Creek, Chickasaw, and Choctaw dialects, the word for menstruation (*hollo*) “was associated with dangerous magic or spiritual energy” (McCullough, 2025, p. 22). By having a separate word for menstruation and distinguishing it from other forms of bleeding, menstruation was labeled by these tribes. Furthermore, the purpose of labeling as a component of stigma is emphasized by Link and Phelan, who propose that certain human differences are

labeled in order to identify “differences that will matter socially” (Link & Phelan, 2001, p. 367). While not linguistically referred to as dangerous, the negative connotations associated with the Muskogean word for menstruation mark it as a dangerous occurrence, and as a result, label it as a human difference that matters socially. Therefore, the first component of stigma, labeling, is evident.

The second component of stigma, stereotyping, occurs when “dominant cultural beliefs” link a person to “a set of undesirable characteristics” that form negative stereotypes (Link & Phelan, 2001, p. 369). While each tribe in southeastern North America had their own views and practices regarding menstruation, their “dominant cultural beliefs” did tend to overlap, as they all typically regarded menstruation as powerful, disruptive, and contaminating. Whether the tribes specifically viewed menstruation as the source of disease or as a powerful form of magic, it was perceived in a negative light regardless (McCullough, 2025, p. 22). As a result, the tribes’ dominant cultural beliefs linked those who menstruate to “a set of undesirable characteristics.” While the preserved historical evidence may not reveal any specific negative stereotypes, the abundance of negative outcomes or occurrences linked to menstruation provide ample evidence that negative stereotypes regarding menstruation would have been formed, demonstrating that the second component of stigma is present.

The third component of stigma, separation (see definition on page 5) is also evident through the menstrual practices and customs of the indigenous tribes of southeastern North America. While separation can be achieved through the “very nature of the labels conferred,” as is often the case with mental health stigmas when someone is seen as *being* schizophrenic rather than as *having* schizophrenia, it can also be achieved through physical separation, as is the case with these tribes (Link & Phelan, 2001, p. 370). Rather than using the conferred labels to

separate those who menstruate from those who do not, the tribes practiced menstrual separation or seclusion and physically isolated menstruating women from the rest of society for the duration of their menses (McCullough, 2025, p. 23). Although linguistic labels were not used to separate menstruating women from their peers, the practice of menstrual separation or seclusion did produce social labels that connoted a “separation of “us” from “them,”” as the labels were merely implied, rather than explicit, and were visual, rather than linguistic (Link & Phelan, 2001, p. 370). Therefore, the third component of stigma is also evident.

The final components of stigma are status loss and discrimination that lead to “unequal outcomes,” as according to Link and Phelan, when the previous components converge, “a rationale is constructed for devaluing, rejecting, and excluding” those labeled (Link & Phelan, 2001, pp. 370-371). Unlike other stigmatized qualities or occurrences, menstruation itself did not result in status loss and discrimination within the tribes of southeastern North America. Rather, the failure to adhere to the practice of menstrual separation or seclusion was presumably accompanied by status loss and discrimination. The violation of such practices, which often “ranked in weight of offense” with serious crimes like “breach of marriage law” and murder, was met with severe censure and suffering, and presumably, the status loss and discrimination that typically follow a breach of societal expectations (Adair, 1930, as cited in Gibson, 1971, p. 112). As a result, all the necessary components for stigma are either evident, or presumably evident, in the menstrual practices and beliefs of the indigenous tribes of southeastern North America, and it can be assumed that menstruation was stigmatized within these cultures.

The “Western” World (19th and Early 20th Centuries)

Just as the attitudes and practices regarding menstruation in the Roman Republic differ from those of the indigenous tribes of southeastern North America, the so-called “Western”

world, including western Europe and its former colonies, have their own unique set of menstrual beliefs and practices, which have shifted throughout history. In the early to mid-nineteenth century, menstruation in the “Western” world was commonly regarded as unclean, which according to John Elliotson, an early authority on menstruation, was a very “useful” practice (Showalter & Showalter, 1970, p. 84). In 1840, Elliotson noted that in addition to being seen as unclean, menstruation was regarded as having more powers by those in Great Britain, writing that “In this country, it is firmly believed by many that meat will not salt if the process is conducted by a menstruating woman” (Showalter & Showalter, 1970p. 84). Elliotson’s ideas regarding the powers of menstruation were later expanded upon by the *British Medical Journal* in 1878 when they “published an extensive correspondence concerning whether a menstruating woman could contaminate the food she touched” (Vertinsky, 1987, p. 11). One contributor in the publican utilized the notion that menstruating women could spoil food to oppose medical education for women, stating: “If such bad results accrue from a woman curing dead meat whilst she is menstruating, what would result, under similar conditions, from her attempt to cure living flesh in her midwifery or surgical practice?” (Vertinsky, 1987, p. 11).

The common attitudes and practices regarding menstruation in the nineteenth and early twentieth centuries were often a blend of traditional beliefs and new medical and social-scientific theories. While many physicians in the nineteenth century “seriously discussed various folk theories about menstruation,” which often underwent very “little change in content ideas” from those of the Roman Republic, according to philosopher Michel Foucault, the bourgeoisie of the nineteenth and early twentieth centuries were “preoccupied with the body, its health, hygiene, descent and race,” and likened the human body to a machine (Park, 1996, p. 150). Although many still believed that “it was the effect of the moon upon women that caused them to

menstruate,” others held that the “fetus was formed from the menstrual flow” or that menstruation was a “malfunctioning of the human machine and a sign of chronic illness” (Park, 1996, p. 152). Building on the belief that “the proper functioning of the female machine required breeding,” in 1875 the dean of George Washington University’s medical school, a gynecologist, deduced that women’s health “required accepting her role as mother and homemaker” (Park, 1996, p. 152). Since menstruation was “an abnormality in human physiology” and ceased because of pregnancy, the dean reasoned that “pregnancy must be the only strictly normal condition of a woman” (Park, 1996, p. 152). Again in 1875, the *American Journal of Obstetrics* proposed a different theory for menstruation, arguing “that menstruation was pathological proof of the inactivity and threatened atrophy of the uterus” (Bullough & Voght, 1973, p. 67). As evidence to support their argument, the author claimed that “conception was most likely when intercourse occurred during the monthly flow, but intercourse at such times was dangerous and forbidden because the menstrual blood was the source of male gonorrhea” (Bullough & Voght, 1973, p. 67). Similarly, Dr. Garnder, the author of *Conjugal Sins: Against the Laws of Life and Health and Their Effects Upon the Father, Mother and Child* (1870), warned that menstrual blood was “corrupt and virulent,” and threatened an “unwitting penis” with “disease, excoriation and blennorrhagias” (Vertinsky, 1987, p. 13).

Additionally, during the nineteenth and early twentieth centuries, the perceived weakness and frailty of women was often prescribed to women’s reproductive capacities and menstruation, as the onset of menstruation and “its recurring cycle were believed to be the cause of particular handicap” (Vertinsky, 1987, p. 7). The perceived “limited physical achievements” of women in comparison to their male counterparts were “increasingly ascribed to the burden placed upon them by their reproductive apparatus, especially menstruation” (Vertinsky, 1987, p. 7). At this

time, the onset of menses at puberty was commonly considered to be “an illness to be weathered only with particular care,” and for the for the next thirty to forty years of their lives, “women were advised to treat themselves as invalids once a month, curtailing both physical and mental activity” during the so-called “catamenial week” (Vertinsky, 1987, p. 7). Not resting during menstruation, women were told, could then result in “accidents, disease and loss of fertility” (Vertinsky, 1987, p. 7).

The “Western” world’s attitude towards menstruation in the nineteenth and early twentieth centuries is also evident through the various advertisements for menstrual products at the time. While most women made their own menstrual rags in the late nineteenth century, disposable sanitary towels were also introduced as an option for menstrual care. In 1888, *Canfield* disposable sanitary towels were advertised as being “cheaper than washing,” and claimed to be “highly endorsed by London Physicians” because they were “easily disposed of by burning” (Park, 1996, p. 150). Despite the advertisement, the primary consumer of disposable sanitary towels was not “washerwomen,” and were instead the wealthy, who, as the name “sanitary towel” indicates, were concerned with personal health and hygiene (Park, 1996, pp. 150-151). By the 1920s, personal health and hygiene had become an “obsession which kept women—both because and in spite of their frailties—busy cleaning” (Park, 1996, p. 154). During this time, *Lysol* published a variety of ads in which it promoted itself as part of a national campaign in the United States centered around cleanliness, urging women to “unite” with mothers, teachers, doctors, and “Health officers of 365 cities” to “prevent unnecessary contagion and safeguard health” (Park, 1996, p. 154). Through these advertisements, *Lysol* claimed that its products could be used to disinfect the “door-jambs, chair arms, bannisters and telephone mouthpieces of the American Home,” which would otherwise “threaten [a] family with the

danger of disease” (Park, 1996, p. 154). Through its advertisements, *Lysol* surpassed mere cleanliness and began promoting the use of its products for personal (and physical) hygiene. Building on the recommendations of an unnamed but “well-known” gynecologist, *Lysol* encouraged “regular feminine hygiene” as the “necessary preventative measure” for the “usual feminine illnesses,” and claimed that its disinfectant was a “safe and effective antiseptic” for this “vital” purpose, and as one ad claimed, “no antiseptic could be safer for the delicate internal tissues” (Park, 1996, p. 154).

By the mid-twentieth century, the view of menstruation as an issue of hygiene and cleanliness was decreasing in popularity, and was eventually replaced by notions of psychosis, as medical experts interpreted “almost all female complaints regarding menstrual discomfort...as merely psychogenetic—as signs of neurosis or hypersensitivity” resulting from a woman’s “unhealthy attitude towards femininity” (Park, 1996, p. 156). During this time, the methods for menstrual care, and how they were advertised, also changed with the increasing popularity of the tampon. In the 1940s, tampons were “touted as a technological innovation which would free women from the bondage of belts, pins and pads,” according to the original *Tampax* slogan (Park, 1996, p. 158). Not only did *Tampax* advertise tampons as freeing women from the hassle or “bondage” of traditional menstrual care methods, they also emphasized how “women could be freed, not only from their cyclicity,” but also from the embarrassment which followed public knowledge of their “condition,” as evident through a 1948 *Tampax* ad that boldly claimed “Swim any day of the month with Tampax,” and a later 1989 ad that stated that with tampons, there would be “No belts, no pads, no pins, no odors” (Park, 1996, p. 160).

Stigma Analysis – The “Western” World

The first component of stigma, labeling (see definition on page 5), is present in the historic “Western” world. Similar to other cultures and historical eras, the “Western” world of the nineteenth and early twentieth centuries linguistically distinguished menstruation from other forms of bleeding, as evident through the word “menstruation” and the use of euphemisms like “condition” or “usual feminine illness” (Park, 1996, p. 154). Not only do the terms used to refer to menstruation suggest that it was labeled, but so too do the descriptions of menstruation and the rationales behind such euphemisms. Throughout the nineteenth and early twentieth centuries, the way in which menstruation was perceived evolved from “an abnormality in human physiology” to a symptom of “neurosis or hypersensitivity” (Park, 1996, p. 156). Despite this development, menstruation was nonetheless negatively perceived and regarded as unhealthy (both physically and mentally), reflecting how this “human difference” was labeled and used to distinguish qualities that “matter socially” (i.e., “healthy” versus “unhealthy”). Therefore, the first component of stigma, labeling, is evident.

Stereotyping, the next component of stigma, is also evident (see definition on page 5). Throughout the historic “Western” world, menstruation was commonly regarded as unclean and was believed to have the ability to spoil food and cause disease, with some specifically claiming that menstrual blood was a “threat” to an “unwitting penis” and could cause disease, “excoriation and blennorrhagias,” and even gonorrhea (Vertinsky, 1987, p. 13; Bullough & Voght, 1973, p. 67). More recently, the “Western” world has regarded menstruation as something that is embarrassing or worthy of hiding, as evident through advertisements for menstrual products that emphasize the freeing and discrete qualities of their products. These “dominant cultural beliefs” connect menstruating people to “undesirable characteristics” or traits, as menstruation is associated with shame, disgust, contamination, and disease. As a result of this connection and the

false and generalized beliefs that consequently form, menstruation and menstruating people are negatively stereotyped. Thus, the second component of stigma is present.

The third necessary component of stigma, separation (see definition on page 5), is also evident. Unlike the indigenous tribes of southeastern North America, menstrual huts were not utilized to achieve separation in the historic “Western” world, but rather, cultural norms and expectations were used to limit the activity and involvement of menstruating women. Specifically, in the nineteenth century when menstruation was “considered an illness to be weathered only with particular care,” menstruating women and girls “were advised to treat themselves as invalids once a month, curtailing both physical and mental activity” during the so-called “catamenial week” (Vertinsky, 1987, p. 7). The practice of “resting” during menstruation was typically followed by those belonging to the upper-classes, as economic and employment restrictions prevented many women from adhering to this advice (Vertinsky, 1987, p. 7). Similarly, this practice decreased in popularity as women received new roles and responsibilities outside of the home, such as during the Second World War (Park, 1996, p. 156). Despite this, in the nineteenth and early twentieth centuries, menstruation was used to justify the exclusion of Western women from various aspects of society, such as the medical field, as some used the common belief that menstruation could spoil food or disrupt one’s mental faculties to question their abilities to “cure living flesh in her midwifery or surgical practice” (Vertinsky, 1987, p. 11). The presence of both physical separation and cultural exclusion as a result of menstruation in the “Western” world in the nineteenth and early twentieth centuries demonstrate the existence of separation, the third component of stigma.

The final components of stigma are status loss and discrimination which lead to “unequal outcomes” and “devaluing, rejecting, and excluding” labeled persons (Link & Phelan, 2001, pp.

370-371). During the nineteenth and early twentieth centuries, the belief that menstruation was a “malfunctioning of the human machine and a sign of chronic illness” was used to argue that “the proper functioning of the female machine required breeding,” and that “pregnancy must be the only strictly normal condition of a woman” (Park, 1996, p. 152). Since menstruation was seen as abnormal, unnatural, and antithetical to pregnancy, which was highly desired, it can be inferred that menstruating women experienced status loss when compared to their pregnant peers.

Additionally, as previously mentioned, menstruation was used to justify women’s seclusion to the home and their absence from male-dominated fields. Not only is this an example of the separation of “us” (the non-labeled) from “them” (the labeled), but it is also an example of cultural and structural discrimination, as women’s contributions and abilities were devalued and often excluded because of menstruation. Since status loss and discrimination as a result of menstruation were present in the “Western” world during the nineteenth and early twentieth centuries, all the necessary components of stigma as proposed by Link and Phelan (2001) are evident, making it extremely likely that menstruation was stigmatized at the time.

Africa – The Akan of Ghana (20th and 21st Centuries)

Whereas attitudes and practices regarding menstruation in the “Western” world are relatively similar amongst the various countries, they do differ from those in other parts of the world, such as the Akan of Ghana. Although “Akan” refers to a specific dialect, for the purposes of this paper the term will refer to the various Akan-speaking groups of Ghana, including the Asante, Akyem, Bono, Akwapim, and Fante communities, who form a “single cultural region with no significant differences among them in menstrual practices” (Agyekum, 2002, p. 368). Among Akan-speakers, the word “taboo” has four variations, which are “*akyiwade* (‘tabooed thing’), *abusude* (‘woeful thing’), *abusuem* (‘woeful expressions’), and *ammodin* (‘unmentionables’) (Agyekum,

2002, p. 370). The fourth variation, *ammodin* or “unmentionables,” refers to “items or occurrences that appear in day-to-day conversation but should not be mentioned in plain words” and are instead spoken of through the use of euphemisms (Agyekum, 2002, p. 371). The items or occurrences that are considered to be *ammodin* include sexual organs; the names of wild trees, plants, and animals; scatological fluids like menstruation and defecation; pregnancy; and the unadorned names of chiefs (Agyekum, 2002, p. 371). Additionally, certain common domestic objects are considered to be *ammodin*, including salt, brooms, and mortar (Agyekum, 2002, p. 371). Among the Akan, “every household should have these items,” and it is regarded as disgraceful not to (Agyekum, 2002, p. 371). If a person does not have any of these items and goes “to another house to beg” for them, they must say “I want the unmentionable,” as the use of the exact word for such an item “causes either the addressee or the speaker to lose face” (Agyekum, 2002, p. 371).

Among the Akan, the taboo expression for menstruation is *kyima*, a word that is avoided as much as possible by female teenagers and adults, “male drug peddlers, doctors, and traditional healers” (Agyekum, 2002, p. 372). Since menstruation is a part of routine life, a variety of euphemisms have been created to allow for relatively open communication on the subject. These euphemisms are normally used by women and can be used in communication amongst “intimate women, peer group adolescents, and adolescent girls and their mothers” (Agyekum, 2002, p. 372). Although terms for menstruation are “scarcely ever...initiated in discourse by males,” as they “consider it messy to talk about,” such euphemisms may be used in communication between lovers or between a husband and a wife (Agyekum, 2002, p. 372). In addition to the term *kyima*, menstruation among Akan-speakers is personified as an “*akoa* (‘male’),” or a “rival who comes

to guard the woman and to prevent other males from entering her vagina” (Agyekum, 2002, p. 382).

As the use of euphemisms would suggest, menstruation is negatively perceived by the Akan, who consider it to be “one of the most revolting, dreadful, polluting, and messy scatological substances,” of which “the less said about it the better” (Agyekum, 2002, p. 374). As a result, there are several restrictions placed upon on menstruating women and who and what they may interact with. For example, medicine men and medium practitioners will “try as much as possible to avoid” menstruating women and will refrain from eating food prepared by a menstruating woman and having sexual intercourse with her (Agyekum, 2002, p. 375). One euphemism used to indicate the occurrence of menstruation is “I do not go to the kitchen,” which reflects the Akan menstrual practice of refraining from cooking for men (Agyekum, 2002, p. 377). Among the various euphemisms that have been recorded by researchers, certain ones are used for specific scenarios as they relate to menstruation, including “she had shaved herself,” “she is of age,” and “she has flowered,” which are used to refer to a girl’s first menstruation and the time she must report to “to the tribal queen mother of her locality” (Agyekum, 2002, pp. 373-374). Additionally, the euphemism used to indicate that menstruation has concluded, which translates to “I am out [of jail],” reflects the negative and restricting nature of menstruation according to the Akan (Agyekum, 2002, p. 378).

Another restriction placed upon menstruating Akan women is the practice of seclusion from public and sacred spaces. Since the Akan consider a menstruating woman to be unclean, she must be removed from all sacred places, including the chief’s court, and is usually prevented from mingling freely in the community” (Agyekum, 2002, p. 376). In the past, menstruating women were “asked to find shelter behind the house” and were prevented from residing in the

primary household (Agyekum, 2002, p. 376). If practicing traditional menstrual seclusion, the head of the household must sprinkle the formerly menstruating woman with “purified water” from a pot placed on a Nyamedua tree in order to “cleanse her and make her acceptable once again in the home” (Agyekum, 2002, p. 377). Despite its historical use, the practice of menstrual seclusion is largely no longer adhered to (Agyekum, 2002, p. 376).

In addition to being seen as polluting and unclean, the Akan also attribute mystical qualities to menstruation and menstrual blood, as the Akan believe that “menstrual blood may be used to make love charms and potions” (Agyekum, 2002, p. 378). According to the Akan, the powers of menstrual blood can be harnessed for protection, as “priests use the strength of menstrual pollution to assure their own safety” and may “manufacture a potion called *kunkuma* out of brooms defiled with menstrual blood,” which in addition to other polluted substances, can “deactivate the potency of a harmful charm, thus demystifying its power” (Agyekum, 2002, p. 378). Additionally, menstruation can be seen as a positive and purifying occurrence, as among the Akan, a postpartum woman can only have intercourse with her husband after her first menses, as she is believed to be purified after the blood flow (Agyekum, 2002, p. 379). Despite the Akan’s views regarding menstruation, Akan women working public jobs, even those in catering and hospitality, still “go to work daily and do not abstain from working when they have their menses” (Agyekum, 2002, p. 379). These changes and the overall decrease in popularity among some Akan menstrual practices and euphemisms have been attributed to the rise in urbanization, Western influences, and increased education for girls (Agyekum, 2002, p. 383).

Stigma Analysis – The Akan of Ghana

To determine if menstruation is stigmatized by the Akan of Ghana, the various components proposed by Link and Phelan (2001) must be present. The first component of stigma

is labeling (see definition on page 5). There are many ways to label a human difference, with one being through linguistics and the terms ascribed to the quality or characteristic in question. Among the Akan, menstruation, or *kyima*, is an especially taboo subject that belongs to the *ammodin* or “unmentionables” variation of taboos that includes “items or occurrences that appear in day-to-day conversation but should not be mentioned in plain words” (Agyekum, 2002, pp. 371-372). In order to adhere to this belief and refrain from mentioning menstruation in “plain words,” several euphemisms are used to refer to menstruation (Agyekum, 2002, p. 371). The use of euphemisms and the classification of menstruation as “unmentionable” distinguish menstruation from other occurrences that are socially-acceptable and not seen as taboo, identifying it as mattering socially and producing a label. Therefore, the first component of stigma is evident.

The next component of stigma, stereotyping, is also present (see definition on page 5). The Akan belief that menstrual blood is “one of the most revolting, dreadful, polluting, and messy scatological substances” can also be applied to those who menstruate, as due to their perceived unclean and polluting nature, menstruating women are forbidden from entering public and sacred spaces (Agyekum, 2002, pp. 374, 376). In addition, the use of euphemisms and the taboo nature of menstruation among the Akan reveal that menstruation is “undesirable.” Since the negative qualities associated with menstrual blood and menstruation are also ascribed to menstruating women, it is clear that the “dominant cultural beliefs” of the Akan link those who menstruate to “undesirable characteristics.” As a result of this connection and the pervasiveness of these cultural beliefs, those who menstruate among the Akan are negatively stereotyped, as they are broadly associated with numerous oversimplified traits and qualities and are seen as

polluting, unclean, and unfit for certain circumstances, such as entering sacred spaces. Thus, the second component of stigma is evident.

The third necessary component of stigma is separation (see definition on page 5). The degree of separation among the Akan has recently become less strict, as unlike in the past, most modern Akan do not require that menstruating women “find shelter behind the house” and reside outside of the primary household for the duration of their menses (Agyekum, 2002, p. 376). Despite this, menstruating Akan women still experience some forms of separation, as they are not welcome within public and sacred spaces, like the chief’s court, and are “usually prevented from mingling freely in the community” (Agyekum, 2002, p. 376). Although Akan women may continue to work their public jobs while menstruating and are largely no longer required to reside outside of the home while menstruating, their seclusion from certain spaces, namely sacred locations, demonstrates how menstruation still results in separation among the Akan. Therefore, while it may not be severe, the third component of stigma is nonetheless evident.

The final components of stigma are status loss and discrimination (see definitions on page 6). Although these elements may have been more explicit in the past, they are present in both the historic and modern menstrual practices of the Akan. In the past when menstrual separation was more severe and menstruating women were forced to reside outside the main house, the head of the household was required to “sprinkle” the formerly menstruating woman with “purified water” from a pot placed on a Nyamedua tree in order to “cleanse her and make her acceptable once again in the home” (Agyekum, 2002, p. 377). While not explicitly mentioned, the failure to adhere to such a ritual and once again become clean and acceptable was presumably accompanied by some form of punishment, loss of social status loss, and discrimination. Similarly, among the modern Akan, the failure to use euphemisms and instead

directly refer to menstruation is followed by humiliation, and presumably, status loss and discrimination, as the use of the exact word for an “unmentionable” or *ammodin* subject, rather than using a euphemism or referring to it as an “unmentionable,” causes “either the addressee or the speaker to lose face” (Agyekum, 2002, p. 371). As a result, it appears that status loss and discrimination likely occur as a result of menstruation and specifically, the failure to adhere to menstrual practices. The likely presence of status loss and discrimination in addition to the previous components suggests that menstruation is both currently and historically stigmatized by the Akan of Ghana, though at different degrees.

Asia – India and Nepal (20th and 21st Centuries)

Currently, menstrual practices and beliefs are highly restrictive throughout the globe, including in India and Nepal. In Indian “yogic philosophy,” there are three “*gunas* (or qualities),” which are “*tamas* (black), *rajas* (red) and *sattva* (white)” (Bhartiya, 2013, p. 524). Following this philosophy, anything that is a bodily excretion, such as sweat, blood and tears, “are toxic and are hence classified under *tamas*,” which is defined as darkness or obscurity (Bhartiya, 2013, p. 524). Therefore, for traditional Hindus and those who follow yogic philosophy, “touching a menstruating woman is considered a ‘*tamasic*’ (inappropriate) act” (Bhartiya, 2013, p. 524). Additionally, in Hindu culture, menstruating women experience many restrictions on their actions and commonly are not allowed to “enter the kitchen and temples, sleep in the day-time, bathe, wear flowers, have sex, touch other males or females, talk loudly,” and touch pickles, as according to mythology “a pickle touched by a menstruating woman rots away” (Bhartiya, 2013, p. 524). Similarly, women are not allowed to touch basil plants, which are “considered to be holy in Hinduism” (Bhartiya, 2013, p. 524). In some extreme cases, “they aren’t allowed to let even their shadow fall on it,” or it is believed the plant will die (Bhartiya,

2013, p. 524). Additional restrictions that menstruating Hindu women may experience include the following: sleeping in the same bed as others; eating certain foods; being in close proximity with men wearing a sacred thread or “pure” substances related to the Hindu goddess Laxmi (cow dung, cows, and milk products)”; and “touching or going near livestock (particularly milk producing livestock), cow dung, crops or fruit producing trees,” as their touch is believed to possess the power to make “animals barren, stop milk production, make fruit rotten, kill crops and plants” (Morrison et al., 2018, p. 266).

As previously mentioned, in Hindu culture menstruating women are not allowed to enter kitchens and temples, some of which include signs that read: “Ladies in monthly period are not allowed” (Bhartiya, 2013, p. 524). Menstrual separation or seclusion is a fairly common practice in primarily-Hindu countries like India and Nepal, with some women reporting that they have “to stay in a separate section of the house, built at the back” for the duration of their menses (Bhartiya, 2013, p. 525). While secluded to this separate location, women are not allowed leave the house, with the exception of compulsory outings like going to school, and must cook their food and eat separately (Bhartiya, 2013, p. 525). Although menstrual seclusion or separation is evident in both Nepal and India, the use of “menstrual huts,” or “small clay homes or cowsheds” located 10-15 meters from the main residence, is common in certain parts of western Nepal (Bhartiya, 2013, p. 525). In Nepal, menstruation is “commonly believed to be polluting,” requiring both ritual and restriction to manage (Morrison et al., 2018, p. 253). Additionally, in Nepalese Hindu culture, menstruation is “associated with female sexual maturation,” and is regarded as unproblematic if a girl is married when she begins menstruating, as “she belongs to her husband’s family who will ensure that her sexuality is properly channeled in the procreation of the patrilineal line” (Morrison et al., 2018, p. 253). If a girl begins menstruating before

marriage, her “unattached sexuality” is regarded as a danger to her purity and the reputation and safety of her family, therefore, menstruation is “often marked by a period of seclusion from the family” (Morrison et al., 2018, p. 253). In Nepal, the traditional practice of forcing a menstruating woman to live in a menstrual hut (*chhau goth*) is referred to as *chhaupadi* (Morrison et al., 2018, p. 253). The conclusion of *chhaupadi* and a woman’s time spent in a menstrual hut must be followed by a purified oil bath in order to “become ritually clean again” (Bhartiya, 2013, p. 525). The purpose of *chhaupadi* is to protect the family and “prevent ritual pollution,” therefore, if women do not follow *chhaupadi*, they may be “blamed for misfortunes like animal attacks, crop failures and water shortages” (Morrison et al., 2018, p. 253; Bhartiya, 2013, p. 525). Although *chhaupadi* was banned by the Nepal Supreme Court in 2005 and made punishable by a fine or prison sentence, the practice remains prevalent, as in 2015, 71% of women between the ages of 15 and 49 in mid-western Nepal reported practicing *chhaupadi* (Morrison et al., 2018, p. 253).

Whereas menstruation is highly restricted in certain parts of Nepal and India, a girl’s first menstruation is customarily celebrated through ceremonies involving food, family, friends, ritual baths, and gifts in Nepal, South India, and “amongst tribal people” (Bhartiya, 2013, p. 525). Similar to menstrual practices in the region, these celebrations also include many rules, with one girl reporting that she was not allowed to go out of the house or see the sun, that she was required to cook her own food, and that she was not allowed to be seen by any man (Bhartiya, 2013, p. 525). At the end of the girl’s first period, a grand celebration, also known as a small marriage, occurs in which “the girl is married to a banana tree” and “the sun lord is worshipped” (Bhartiya, 2013, p. 524).

Despite the many rules, restrictions, and rituals surrounding menstruation in India and Nepal, women are severely uneducated on the subject. When interviewed on the subject, both “girls and mothers gave vague descriptions of menstruation,” commonly explaining “it as the body disposing of “impure” blood” (Morrison et al., 2018, p. 260). Many mothers have reported feeling embarrassed and unprepared to talk to their children about menstruation (Morrison et al., 2018, p. 260). The lack of proper education on menstruation extends beyond the home and is perpetuated by schools, who commonly teach it alongside the prevention of sexually transmitted diseases (Morrison et al., 2018, p. 260). As one girl reported: “Sir told us that women should not walk around alone during menstruation and should not live with anyone. If anything happens then it causes HIV” (Morrison et al., 2018, p. 260). The subpar, and scientifically false, education that Nepalese and Indian girls receive regarding menstruation serves to encourage embarrassment on the subject, with many girls reporting that they have “concealed drying menstrual cloth” to “prevent bringing shame on their family, to prevent being cursed by the person who saw the cloth and to prevent polluting the area” (Morrison et al., 2018, p. 263). Furthermore, mothers, teachers, and girls have reported that they “believed there were harmful bacteria in menstrual blood” and that they worried that the bacteria would be transferred to their hands while washing menstrual cloth (Morrison et al., 2018, p. 263).

Stigma Analysis – India and Nepal

Unlike the previous examples, the stigmatization of menstruation in India and Nepal is very explicit, as the necessary components proposed by Link and Phelan are quite obvious in the menstrual beliefs and practices of the region. The first component of stigma, labeling, is evident through the terms used to classify and describe menstruation, as following the yogic philosophy of the region, bodily excretions like sweat, tears, and menstrual blood “are toxic and are hence

classified under *tamas*,” which is defined as darkness or obscurity (Bhartiya, 2013, p. 524). Following this philosophy, contact with a menstruating woman is considered “*tamasic*” or an inappropriate act (Bhartiya, 2013, p. 524). By distinguishing menstrual blood as *tamas* (dark and toxic) and the act of touching a menstruating woman as ‘*tamasic*’ (inappropriate), menstruation and menstrual blood are differentiated from other cleaner and more appropriate occurrences and fluids and are thus identified as “mattering socially” (Link & Phelan, 2001, p. 367). Therefore, menstruation and those who menstruate are labeled in India and Nepal, demonstrating the existence of the first component of stigma.

The second component, stereotyping (see definition on page 5), is also present. Like the previous examples, menstruation is linked to several negative occurrences in India and Nepal, as the touch of a menstruating woman is believed to possess the power to make “animals barren, stop milk production, make fruit rotten, [and] kill crops and plants” (Morrison et al., 2018, p. 266). One specific consequence of menstruation is the ability to harm basil plants, which are “considered to be holy in Hinduism,” as it is believed that by touching a basil plant, or merely allowing their shadow to fall upon it, a menstruating woman can cause it to die (Bhartiya, 2013, p. 524). Additionally, failure to adhere to menstrual practices, such as menstrual separation, or *chhaupadi*, in Nepal is believed to result in “animal attacks, crop failures and water shortages” (Bhartiya, 2013, p. 525). Through these examples, it is clear that the “dominant cultural beliefs” in India and Nepal link menstruation and menstruating women to several “undesirable characteristics,” such as the ability to kill crops, and result in the negative stereotyping of menstruating women. Thus, the second component of stigma is evident.

While the third component of stigma, separation, is evident in both Nepal and India, as both countries practice menstrual separation, it is more obvious and common in Nepal where in

2015, 71% of women between the ages of 15 and 49 in mid-western Nepal reported practicing *chhaupadi*, the traditional practice of secluding menstruating women to clay homes or cowsheds (Morrison et al., 2018, p. 253; Bhartiya, 2013, p. 525). In areas where strict *chhaupadi* is not practiced, menstruating women still experience some form of separation, as they may reside in a separate portion of the house and refrain from leaving the house during their menses and entering kitchens and temples (Bhartiya, 2013, p. 524). While the severity of menstrual separation varies throughout India and Nepal, menstruating women are nonetheless separated from their non-menstruating peers and experience restrictions on their activities and movement, reflecting how the third component of stigma is evident.

Unlike the previous examples, the final components of stigma, status loss and discrimination, are quite obvious in modern-day India and Nepal, as descriptions of the lived experiences of menstruating women are easily accessible. These descriptions reveal how women and girls face status loss and discrimination as a result of menstruation, which lead to “unequal outcomes” and “devaluing, rejecting, and excluding” those labeled (Link & Phelan, 2001, pp. 370-371). Regarding status loss, the exclusion of menstruating women from sacred spaces provides sufficient evidence to suggest that women experience a decrease in social and religious status as a result of menstruation, as upon menstruation, women transition from being free to enter temples to being explicitly restricted by signs that read: “Ladies in monthly period are not allowed” (Bhartiya, 2013, p. 524). Not only does menstruating women’s inability to enter sacred spaces reflect a loss of status as a result of menstruation, but it is also an example of institutional or structural discrimination.

In addition to institutional discrimination, menstruating women in India and Nepal experience a less obvious type of discrimination, which according to Link and Phelan (2001) is

achieved through “the stigmatized person’s belief and behaviors” (Link & Phelan, 2001, p. 379). According to Link and Phelan, who utilize a modified version of labeling theory, people develop conceptions of stigmatized subjects “early in life as part of socialization” into their culture (Angermeyer & Matschinger, 1996, as cited in Link & Phelan, 2001, p. 373). Once in place, these “conceptions become a lay theory about what it means to have” a stigmatized quality and lead people to form expectations as to how those with this quality will be treated and perceived (Link & Phelan, 2001, p. 373). These beliefs then become especially relevant to a person who develops the stigmatized quality, as the possibility of devaluation, discrimination, and exclusion transforms into a real and personal fear that may result in negative consequences like “strained and uncomfortable social interactions with stigmatizers,” “more constricted social networks,” “a compromised quality of life,” and “low self-esteem” (Link & Phelan, 2001, pp. 373-374). This form of internalized and personal discrimination is evident through the personal beliefs and feelings of women and girls in India and Nepal, who adjust their behavior while menstruating in an attempt to conceal their menstrual status from others and “prevent bringing shame on their family, to prevent being cursed by the person who saw the cloth and to prevent polluting the area” (Morrison et al., 2018, p. 263). Thus, all the necessary components for stigma proposed by Link and Phelan are evident in the menstrual beliefs and practices of modern-day India and Nepal, suggesting that menstruation is in fact stigmatized.

Limitations

Although the aforementioned evidence suggests that menstruation has been, and is, stigmatized across cultures and history, it is important to note the potential limitations of this evidence. Until relatively recently, history has largely ignored minority groups and women or has reduced them to “part of the domestic scenery behind the real actors and action of national life” (Rosen, 1971, p. 541). Often, history “has been the record of those who controlled other

people's lives," resulting in a severe lack of diverse perspectives and experiences (Rosen, 1971, p. 541). Not only has much of history neglected these diverse voices, but those who record history have emphasized other, and often antithetical, perspectives, as traditionally, the ideas and values of professional historians have reflected "the attitudes of our dominant male culture" (Rosen, 1971, p. 541). This is especially important to consider when analyzing evidence regarding the menstrual beliefs and practices of the indigenous tribes of southeastern North America, as much of this evidence "comes from the writings of Euro-colonial men whose own race and sex created barriers to understanding" (McCullough, 2025, p. 24). When combined with the absence of women from much of history, the influence of dominant culture on history leaves modern historians with "little but their prejudices with which to guide them into the unfamiliar world of female feelings, motivations, and ideas" as they attempt to "avoid the serious and false conclusions that have been made in the past" (Rosen, 1971, p. 541). As a result, both the evidence examined and my interpretations of it are subject to unintentional biases and prejudices. To account for the lack of diverse perspectives and the abundance of "barriers to understanding" that permeate research regarding menstruation, future research should examine the impacts of colonialism and patriarchy on menstrual stigmatization and should emphasize the lived experiences of those who menstruate, rather than the observations and analyses of outside parties.

Conclusion

Throughout most of history, menstruation has been used to restrict, devalue, and control women, leading many to believe that it has been stigmatized. Despite this, the idea of stigmatization has been differently conceptualized and defined by various authors and researchers, leading to some uncertainty over whether menstruation is, and historically has been,

stigmatized. In their conceptualization of stigma, Link and Phelan build on Erving Goffman's original ideas and propose that stigma exists when the following components converge in a power situation: labeling, stereotyping, separation, status loss, and discrimination (Link & Phelan, 2001, p. 367). Utilizing this definition, this thesis examines evidence from five different historical eras and cultures to explore whether menstruation was, or is, stigmatized. By analyzing the different menstrual beliefs and practices of these of eras and cultures, including the linguistic terms used to distinguish menstruation and menstrual blood, the various negative characteristics and occurrences associated with menstruation, and the restrictions placed upon menstruating women, this thesis argues that menstruation was most likely stigmatized in each of the five examples, though to varying degrees of severity. Finally, this thesis highlights the potential limitations of menstrual history and emphasizes the subjective nature of stigmatization research, as ultimately, stigma can take many different forms and effect those involved in a variety of ways.

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