MENSTRUAL HEALTH & STIGMA FREE COMMUNICATION AS PRINCIPAL NARRATIVE FOR ADVERTISING MENSTRUAL CUPS
Impact on potential consumers’ willingness to use and quality perception.

Ana Guadalupe Torres Salas

Master Thesis presented as partial requirement for obtaining the Master Degree in Information Management with specialization in Marketing Intelligence

NOVA Information Management School
Instituto Superior de Estatística e Gestão de Informação
Universidade Nova de Lisboa
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Supervised by

PhD: Diana Orghian, NOVA IMS Invited Professor

November, 2023
STATEMENT OF INTEGRITY

I hereby declare having conducted this academic work with integrity. I confirm that I have not used plagiarism or any form of undue use of information or falsification of results along the process leading to its elaboration. I further declare that I have fully acknowledged the Rules of Conduct and Code of Honor from the NOVA Information Management School.

[Lisbon, Portugal, 29/11/2023]
DEDICATION

Dedicated to my parents Laura and Manuel who have always supported me in all stages of life, no matter where I am, nor the situation. Dedicated to my brothers Manuel and Daniel who have always inspired me to accomplish all my dreams.

Dedicated to Alexandre who has been with me along all the process since the beginning, and has been my very best friend and my partner in every way since long before.

Dedicated to my home University, UNAM and all the incredible Professors that inspired me and formed me greatly.

Dedicated to NOVA IMS and all the exceptional Professors that shared their experience and valuable knowledge, always encouraging me to be an excellent Professional. To my supervisor Diana Orghian, for all the incredible insights, orientation, support and enthusiasm to finish this project together.

And, dedicated to all women that have inspired me in all my life’s spheres: home, school, work, and life itself. Thank you for encourage me to always speak out my mind.
ABSTRACT

Social stigma around menstruation has created negative narratives that have shaped how women perceived their own menstrual cycle and menstruation. Moreover, these negative narratives construct the social perception about menstruating women and expectations about their decisions to manage their menstrual cycle and reproductive health. Those decisions include menstrual practices, which are related with product choosing. Stigma, and self-objectification in women, have created a difficult environment where women are non-well-informed about their own menstruation, an environment that is also difficult for the industry to distribute and communicate about products for menstrual care, because products also need to fulfill social expectations about menstrual practices. Within this environment it is difficult that products solutions, such as the menstrual cup, finds its way within the market distribution, despite its benefits and high quality. Negative narratives have been promoted by the menstrual care industry that has passed the idea that menstruation is a problem that needs to be managed with secrecy and disposable products. In this dissertation, a new narrative with a health approach about menstrual health is studied, with the objective to understand its impact on menstrual care products, specifically the menstrual cup, a product that has demonstrated good results in menstrual care management due its durability, materials, and cheap price. The purpose of this dissertation is to test an online video (ad) amongst women consumers of menstrual care products and compare with a control group exposed to an online video centered in a more mainstream concept: Comfort. The objective is to confirm the impact of the two narratives towards willingness to use and quality perception of the menstrual cup. Conclusions reported that a narrative centered in menstrual health improve scores on willingness to use and quality perception of menstrual cups, demonstrating new possible narratives for menstrual care industry advertising communication and positive impacts on women’s health.

KEYWORDS

Menstruation; Women’s Health; Advertising; Media; Menstrual Care Industry; Menstrual Health

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1. INTRODUCTION

Throughout human history there is an undeniable social stigma around menstruation that has been proved to have a negative impact for women. This social stigma has shaped how women perceive their own menstrual cycle, and how they execute menstrual practices that are also shaped by the expectations constructed around their ideal role in society. Those menstrual practices are related with product choosing to manage their own menstruation according to social expectations.

Trough years, the industry of menstrual care products have offered different products solutions, these products have also needed to adapt to a social stigma and maintain expectations of sexual objectification towards women. This environment did not allow to discuss, distribute, nor communicate about menstrual care products. Menstrual Cups are a solution that has not been properly distributed, which is seen as an alternative of using pads or tampons, even when it is an innovation that has been around for over 70 years that has proved its efficiency in menstrual management with better outcomes for women’s health vs. tampons. Moreover, it is considering a cheap solution that may help to reduce the lack of access to menstrual materials. However, menstrual care industry has used advertising that re-creates social narratives around menstruation, narratives that are negative by promoting stigma and self-objectification amongst women. This mass advertising has influenced the quality perception and willingness to use of some menstrual care products, such as the menstrual cup, that is a product that has not reach the social standards for menstrual management expectations.

This dissertation has the objective to study a new narrative communication in menstrual care products advertising. The proposed narrative is primary focused on menstrual health and avoids language that promotes stigma or sexual objectification. Conducting confirmatory research, the present dissertation has the objective to confirm the impact of a narrative focused on menstrual health towards consumers’ willingness to use and quality perception towards menstrual cups using an online survey. The present project analyzed 54 answers of women that consume menstrual, which were divided in two groups, one that was exposed to the video campaign for menstrual cups centered in menstrual health, another control group that was exposed to a video campaign for menstrual cups focused on comfort. The research concluded the positive impact on consumers’ willingness to use and quality perception towards menstrual cups.
2. LITERATURE REVIEW

2.1. WOMEN MENSTRUATION EXPERIENCE

Menstruation experiences differ amongst people. Across the globe, from low- and middle-income countries (LMICs) to high-income countries (HICs), menstruation experience is heavily shaped by socio-cultural contexts (Barrington, Robinson, Wilson, & Hennegan, 2021). And every culture has its own way to perceive, interpret, and react towards women's menstruation (Gómez-Sánchez, Pardo-Mora, Hernández-Aguirre et al., 2012). These socio-cultural contexts influence people who menstruate towards strict behavioral assumptions to hide menstruation, producing feelings of disgust, dissatisfaction, and shame when the individual feels menstruation is not being managed with discretion and hygiene (Barrington et al., 2021).

Nonetheless, menstruation should not be treated as a discrete topic but as a matter of people’s health, encompassing not only a physical level but mental and social levels as well, as it reads in the most recent definition of menstrual health:

Menstrual health: Is a state of complete physical, mental, and social well-being. It is not merely the absence of disease or infirmity in relation to the menstrual cycle. Achieving Menstrual Health implies not only access to menstruation management products but also access to outright health information and proper body care that covers every aspect of comfort, hygiene, privacy, safety, and preferences. Moreover, it implicates access to full medical assistance and a stigma-stress-free environment that offers resources to people for being informed so they could take care of themselves properly. Finally, achieving Menstrual Health also considers having the option of being capable to decide whether and in which way the individual who menstruates desires to participate in any society’s field. Allowing people who menstruate to participate without any act of discrimination, restriction, exclusion or/and violence related to their menstruation (Hennegan, Winkler & Bobel et al., 2021).

If the literature has developed concepts such as “menstrual health” that endorse proper and very complete self-care for menstruating people, why does the literature also report that positive experiences with menstruation are infrequently reported within HICs (Barrington et al., 2021) and LMICs (Shannon, Melendez-Torres & Hennegan, 2021)?
2.1.1. Menstrual experiences in High Income Countries:

Menstrual experiences are different for everyone; women's perceptions, attitudes towards, level of knowledge, and experiences within all the factors of menstruation in life depend on and vary with their social location (Marván & Trujillo, 2009).

Given that this study was conducted in Portugal, and considering the objective of this work is to investigate the impact of well-informed and free-menstrual-secrecy advertising on attitudes and perceptions towards menstrual cups among potential consumers, it is crucial to understand how menstruation is experienced in similar contexts to Portugal.

The Integrated model of menstrual experience was adapted for high-income countries (HIC) appeared in Barrington, Robinson, Wilson and Hennega (2021) systematic review of menstrual experience papers in HIC. This dissertation will use the Integrated model of menstrual experiences adapted to HIC as a reference to understand menstrual experiences and potential menstrual cup consumers.

This model integrates how antecedents (socio-cultural context, resource limitations, social support, behavioral expectations, and knowledge) influence the experience and, in turn, the impact of this experience on relationships, participation, and mental burden.

Figure 1 Integrated model of menstrual experience:
Bolded text represents major themes, unbolded text describes sub-themes. Arrows depict directional and bidirectional relationships between themes (Barrington et al. 2021).
The conclusion of the systematic review conducted by Barrington et al. (2021) shows that most people surveyed through several different studies perceived menstruation as something “dirty and polluting” that is expected to be hidden because it conflicts with the idea that women should be “clean and feminine”; thus, it is an embarrassing topic that requires secrecy and is recognized as a social stigma (Bull, Rowland, Scherwitzl, et al., 2019). However, when the secrecy was broken and women were open to receiving social support (systematic review pointed that social support was coming mostly from mothers and feminine figures, and less frequently but very important when received from fathers, health professionals, teachers, and other male friends), participants were positively impacted on mental burden, and the perception of having sufficient knowledge increased. Social support positively influenced participants' perception about others' expectations and thus had a positive emotional response that resulted in appropriate menstrual care management (treatment of pain and other physical symptoms). Since participants felt socially supported and this stimulated to look for better menstrual healthcare,
participation, and engagement (in activities, school, sports, etc.), relationships with others and mental burden were positively impacted as well (Barrington et al., 2021).

Barrington et al. (2021) found that the secrecy of menstruation has been questioned by recent generations (classified in the systematic review as late 20th C; 1980-1999 onwards). These generations are questioning the concealment of menstruation by starting a conversation about the importance of challenging this social norm because they perceive menstruation as a natural process that should be publicly discussed to improve menstruate people's experiences.

Barrington et al. (2021) confirmed in the systematic review that a menstruating body is perceived as something polluted/dirty and potentially dangerous. This concept directly conflicts with social gender expectations about women's pureness, cleanliness, and femininity; menstruation needed to be concealed among women to please expectations. This socio-cultural context is very important for these experiences since those social norms will constantly dictate solid behavioral expectations for menstruation (Barrington et al., 2021).

To understand participants' classification of menstrual condition as a “stigma,” the following chapter of this literature review will use Goffman’s Stigma definition and the work of Johnston-Robledo & Chrisler (2013) that explains menstruation as stigma.
2.2. The Stigma of Menstruation

Through time, menstruation has been associated with bad, evil or impurity in several cultures around the world. These concepts emerged several years ago in ancient and sacred texts such as the Bible, where menstruation is described as “a monthly seven days of impurity period when everyone who touches a woman with it, will be unclean” (Leviticus X, 19-32). Or the Quran, where very rigid and strict statements about menstruation are declared as feminine period is described as a “harmful process”, so men need to avoid sexual interactions with women until they get rid of it and God forbids women from religious practices while they are menstruating (Religious Duties & Menstruation Based on Quran 2:222, Quran 2:223, Quran 5:6, 4:43). Moreover, for some tribes in Africa, they believe it affects men’s virility when they share the bed with a menstruating woman (Garcia, Pulido, & Montes, 1997). The Talamud considers that, if a woman that jus has started her cycle passed between two men, one of them is proscribed to die. In the other hand, if the woman is at the end of her cycle, both men are faith to fight between each other (Alarcón & Blanco, 2006). According to Gomez-Sánchez, Pardo-Mora, Hernández-Aguirre et al. (2012) menstruation is not an individual event; it also involves individual’s social groups. So, it is an event socially relevant that involves general interest that develops different beliefs and perception that are transmitted differently, depending on the socio-cultural environment, which can reveal a varied of complications and discomfort for people who menstruate.

Even though these cultural concepts may seem old or distant, according to UNICEF social stigma around menstruation is still present in the 21st century amongst different societies: “Menstruation is a normal and healthy part of life for most women. Yet, as normal as it is, menstruation is stigmatized around the world. A lack of information about menstruation leads to damaging misconceptions and discrimination and can cause girls to miss out on normal childhood experiences and activities. Stigma, taboos, and myths prevent adolescent girls -- and boys -- from the opportunity to learn about menstruation and develop healthy habits” (Lufadeju, 2018).

The word Stigma is used to “refer to any mark or sign that creates social distancing based on the perception that those individuals have a defect of body or of character that spoils their appearance or identity” (Goffman, 1963). Goffman’s stigma definition extends that this mark establishes that people who have this stain have a defective body or character that spoils their
appearance or identity, so they must be apart from the others (Goffman, 1963, p. 4). He categorized stigma into three types: 1. “Body abominations” (e.g., burns, scars, deformities, etc.) 2. “Blemishes of individual character” (e.g., criminality, addictions, etc.) 3. “Tribal identities or social markers associated with marginalized groups” (e.g., gender, race, sexual orientation, nationality, etc.) According to Johnston-Robledo & Chrisler (2013), some empirical studies of stigmatized conditions shows that the key dimensions to determine the level of abhorrence are: Peril: perceived danger to other people (e.g., the fear to a HIV+ person). Visibility: obvious and visual contact with the mark (e.g., burned body). And Controllability: this refers to in which way the individual is responsible for having this mark. For instance, if the stain is something congenital, accidental, or intentional (e.g., obesity due a medical condition vs. obesity due a chosen unhealthy lifestyle). Johnston-Robledo & Chrisler states that it is important how people perceive this responsibility/controllability because this perception has influence on how stigmatized people are abhorred and avoided (Dovidio et al., 2000). For instance, people tent to accept more different sexual orientations when they belief that is a matter of human biology and natural based condition rather than a free made choice (Herek, 2009).

According to Johnston-Robledo & Chrisler (2013), considering Goffman’s Stigma definition, menstrual blood is a stigmatizing stain that fits into Goffman’s categories. It has been considered toxic-poisonous or with magical attributes (Golub, 1992) and leaks are indicators of how menstruation is hygienically managed because of aversion around menstrual blood given that is seen as an abomination, as other human fluids (Rozin & Fallon, 1987). Some people may say that it is considered even more disgusting than semen (Goldenberg & Roberts, 2004). This stigma is constantly messaging in TV ads or marketing campaigns of menstrual care products. A study shows that menstrual products ads may send the message that a leak of menstrual blood threatens women femininity because “women can prevent it with the right product choice that can hide any evidence of their menses out of sight” (Raftos et al., 1998). The stigma is also acknowledged when the sight of remnants of menstrual blood in tampons, bathrooms or pads may drive social distancing and evasion (Lee, 1994), which implies that menstrual blood could be a sully on women’s character (Johnston-Robledo & Chrisler, 2013).

Another menstrual characteristic that fits the second stigma category of blemishes on individuals’ character is PMS (pre-menstrual syndrome) (Johnston-Robledo & Chrisler, 2013). Cultural beliefs consider that PMS makes women mentally disoriented, or that women are
physically disable due to menstruation body effects. Menses stigma rapidly becomes a condition that evokes those menstruating women as an ill, hysterical, out of control, unfeminine or even insane marginalized individual (Chrisler & Caplan, 2002). Menstrual marginalization could be rigid in some cultures, like the tribes Falashas in Ethiopia. They believe menstrual blood is a symbol of evil and weakness, so they isolate menstruating women in special places apart from others, because they are judge as a “temporally enemy” of the tribe (Bergqvist, 1999). Moreover, in more modern days, popular beliefs such as that menstruating women are “dangerous” or “not in control of their impulsive emotions” also play an important role that sustains the peril amongst western societies (Johnston-Robledo & Chrisler, 2013). Studies about menstrual experiences shows that this “popular” version of how menstruation sullies women’s character, reduces the importance of menstrual health and drives negative experiences for people who menstruate, since they feel “it is all in their head” and “they must carry on and not seek for medical health or treatment, even if they do not feel well” (Barrington et al., 2021). These decisions may have negative impacts since women would not be able to know if their symptoms are driven by a more serious problem, like dysmenorrhea. Thus, they would not be able to have proper health care because of social stigma.

Menstruation is a hidden stigma but only because women put a lot of effort to maintain its secrecy (Oxley, 1998). Menstrual care industry has been providing and reinforcing the message that menstruation should be and must be hidden with all the products that are made to absorb odors and fluids, carefully design to be invisible, secretly carried and disposable with discretion and speed in the restroom. (Kissling, 2006). Because if menstrual blood is seen, it represents “contamination” and a dirty not-well managed menstruation (Lee, 1994).

Regarding controllability, menstruation was not able to be “controlled” until the appearance of some contraceptive pills. Some of these pills are advertised as a “solution” for women, as it allows them to “freely decide” whether to menstruate (Johnston-Robledo et al., 2006). Women may feel the urge to control their menses as well. This would reinforce the stigmatized condition for those who menstruate in a regular basis (Johnston-Robledo & Chrisler, 2013). Alongside with a cultural message that perpetuates the idea that women must avoid any situation that put others in discomfort (Chrisler, 2008).

Menstruation concealed stigma is driven by the construction of menstruation being “dirty” and “polluted”, this challenged women gender expectations of being “clean” and “feminine”
(Barrington et al., 2021). To have a better understanding of women gender expectations, the next chapter of this literature review will use the Self-Objectification theory as reference to comprehend its role and impact on menstrual experiences.

2.3. OBJECTIFICATION THEORY AND ITS ROLE ON WOMEN PERCEPTION/ATTITUDES TOWARDS MENSTRUATION.

To begin to define objectification of women, this paper will consider the definition stated by Frederickson and Roberts (1997): Sexual objectification happens when the body and its parts are separated from a woman's own self; it reduces her status to mere object as if her body parts were able to represent her (Bartky, 1990), trivializes their work and accomplishments, and reduces her to a mere object to be observed, to serve, and give pleasure to others (Frederickson & Roberts, 1997). This objectification is not under women’s control; it is not their choice and as a result, they do not avoid objectifying contexts (Kaschak, 1992). Women are objectified in several societal contexts like films (Van Zoonen, 1994), magazines (Ferguson, 1978), visual arts (Berger, 1972), music videos (Sommers-Flanagan & Davis, 1993), television programs (Copeland, 1989), and sports photography (Duncan, 1990). Since human bodies are formed and shaped by their societies, it is expected that these cultural contexts participate in building the image and practices that people will have with their own bodies (Frederickson & Roberts, 1997). In the case of women, the body constitutes self-sense based on attractiveness (Lerner, Orlos, & Knapp, 1976). A more sexually satisfied body image impacts their sense of self in a positive manner (Polivy, Herman, & Pliner, 1990).

Frederickson and Roberts state that objectification may vary according to ethnicity, age, gender, and culture. Individuals who encounter sexual objectification in early stages of life may lead to constant body monitoring, since they are separated from their own self-view and adopt an observer’s perspective on their physical selves (Young, 1990). This constant body monitoring is the result of internalizing an observer’s perspective on themselves instead of their own individual’s perspective. Frederickson and Roberts also state that “sexual objectification may bring different detrimental subjective experiences including excesses of shame and anxiety, fewer peak motivational states, and numbness to internal bodily states, which may culminate to increase risks for several poor mental health outcomes” (Frederickson & Roberts, 1997, p. 194).
Despite there being limited studies analyzing how this self-objectification relates to menstruation, studies encountered within the literature state that self-objectification is correlated with negative attitudes towards menstruation (e.g., annoyance, disgust, loathing, stigma, and self-consciousness) (Johnston-Robledo et al., 2003; Johnston-Robledo, Sheffield, Voigt, & Wilcox-Constantine, 2007; Roberts, 2004). The literature also evidences that some attitudes towards menstruation, like shame, are linked to body-self monitoring (consciousness) (Schooler et al., 2005). Moreover, according to Bartky (1990), women’s perception about their own body (shaped by their cultural context) impacts gendered experiences, including those with their body functions (e.g., menstrual cycle).

Furthermore, Grose and Grabe (2014) state that since menstruation is perceived as a shameful problem that needs to be treated with secrecy through different disposable products (Berg & Coutts, 1994; Coutts & Berg, 1993; Merskin, 1999; Simes & Berg, 2001), women and girls are influenced by those messages having an impact on their attitudes and choices made around their own menstruation (e.g., choice of products for menstrual management or treatment).

The literature also mentions that menstruation and the menstrual cycle are a natural aspect of the body that separates women and girls from the “feminine and sexualized social ideal” (transmitted by cultural images) (Grabe, Hyde, & Lindberg, 2007) and that a menstruating body is not proper for fitting the sexualized, feminine ideal body (Berg & Coutts, 1994; Bramwell, 2001; Brumberg, 1993; Coutts & Berg, 1993; Merskin, 1999; Raftos, Jackson, & Mannix, 1998; Simes & Berg, 2001). In consequence, according to Johnston-Robledo et al. (2007), it is possible that the response to live up to the social sexual objectification standards (sexualized—feminine ideal body), self-objectification may compel women to require the adoption of a “menstrual etiquette” (that perpetuates self-monitoring to conceal and conduct menstrual practices shaped by their socio-cultural context), which reinforces the fear and stigma towards women's body functionality (Merskin, 1999; Roberts, 2004; Simes & Berg, 2001). It is conceivable that women will construct their attitudes, choices, and expectations around their own menstruation within a self-objectification base that prioritizes cultural messages that sexualize them because women internalize and conform with those messages to avoid negative consequences within their society (confrontation / conflict or segregation) and gain the feeling of reward and belonging (Bartky, 1990; Fredrickson & Roberts, 1997; McKinley & Hyde, 1996).
2.4. **Menstrual Practices and Menstrual Cup**

Menstrual practices are crucial since they not only influence menstrual management but also individual confidence and participation (the decision to engage or not in a certain activity) (Murray, 1996). When women have a negative perception about their own menstrual practices, they experience negative emotions such as shame, disgust, and mental burden (Newton, 2016), which may lead to negative personal menstrual experiences and compromise their engagement in participation. Participation is mainly compromised when women's confidence drops by experiencing “failing” in menstrual concealment; most of the time, experiencing embarrassment due to blood leaking or not contained physical symptoms (Clark, 2012).

Menstrual cups have been available for over 70 years (Finley, 2006), and despite all the public information available about this alternative, menstrual cups continue to be an unnamed product for most women. This menstrual alternative struggled to get a place in the market of menstrual care; it was not until 149 years after its invention that menstrual cups began to gain relevance within the personal care market, which is valued at around USD 995 million in 2016 and expected to grow to USD 1.4 billion by 2023 according to ReportLinker Menstrual Cups Market – Global Industry Analysis, size, share, trends and forecast 2015-2023.

Some of its benefits include the following: menstrual cups do not tend to leak more than tampons or pads, some are designed to be worn for 12 hours, they do not harm the vaginal microbiome, and they are considered a cheap alternative since they have a decade of utilitarian product life. However, menstrual cups remain unnamed for most women due to a lack of information (Eijk et al., 2019). Moreover, they are also a green sustainable option to stop contributing to plastic pollution on the planet as they reduce plastic waste by 94% to 99.6%. The average person uses and disposes of around 11,000 tampons, which becomes a pollution problem since tampons applicators and regular pads can take five hundred to eight hundred years to decompose (Eijk et al., 2019).

Despite its benefits, Grose and Grabe (2014) demonstrated that women's self-objectification influences attitudes toward individual menstruation, evoking negative attitudes toward menstrual cups as an alternative menstrual care product.
During their study, Grose and Grabe (2014) surveyed 151 undergraduate students from the public university of California, correlating their levels of self-objectification with their attitudes toward their own menstruation and their willingness to use the menstrual cup. The results concluded that higher levels of self-objectification were directly related to more negative attitudes toward one’s menstruation, and this negatively influenced willingness to use the menstrual cup. The participants had very negative reactions to menstrual cups when they were examining the product. The reactions were directly correlated with their levels of self-objectification.

Grose and Grabe (2014) argue that self-objectification has a direct negative influence on reactions toward menstrual cups because this product requires more comfort and contact with the body during menstruation. This argument is coherent with Johnston-Robledo and Chrisler's (2013) paper about menstruation being a social stigma, especially around menstrual blood that is considered a shameful mark of disgust that puts women out of the feminine ideal. Hence, since menstrual cups are an alternative, equally or more physically healthy than tampons (Howard et al., 2011; Karnaky, 1962; Liswood, 1959; Peña, 1962; Tierno & Hanna, 1994), that requires direct contact with menstrual blood, Grose and Grabe's argument is also coherent with the stigma around menstrual blood (Johnston-Robledo & Chrisler, 2013) viewed as “contamination” and a dirty not well-managed menstruation (Lee, 1994).

Grose and Grabe's argument is coherent with the objectification theory of Frederickson and Roberts (1997) as well, which argues that self-objectification has health risks for women because it provokes the internalization of an observer’s perspective on self and consequently, women experience high levels of shame/anxiety, fewer peak motivational states, and numbness to internal body states, thus leading to limited mental health outcomes which may compromise health decisions.

Another finding by Grose and Grabe (2014) was that predominantly perceptions of young respondents were negative; only when women get older do they begin to become more open to this alternative. This argument is also coherent with Morrison et al. (1986) that argue that negative attitudes toward menstruation decline with age. Moreover, older women may be apart from sexual objectification environments since a woman’s body may become “invisible” with age (Kaschak, 1992), and her other achievements may become more visible (Frederickson & Roberts, 1997).
Grose and Grabe (2014) also found that women with previous information about menstrual cups registered more positive reactions toward menstrual cups. They suggested that education and awareness about this and other alternative menstrual products may be a promising strategy to confront self-objectification that evokes negative attitudes toward menstruation, and this may challenge the resistance to those products.

Johnston-Robledo and Chrisler (2013) found some evidence by Polak (2006) that there is a channel where stigma around menstruation seems to be low, and conversation is more liberated among girls and their peers. Online is a promising media channel where adolescents (mostly) open the conversation about menstruation through different ways (chat rooms, boards, websites, etc.). This conversation is challenging negative narratives around menstruation, transmitted by adults in those adolescent’s lives and by the industry of feminine hygiene. To have a better understanding of mass-media communication of menstrual products, the following chapter of this literature review will briefly summarize the advertisement of menstrual care products within Western societies.

2.5. Advertisement and Communication Strategies of Menstrual Products

Menstruating women are advised to deodorize, sanitize, and remove the evidence (Delaney et al., 1988, p. 107). Advertisers play a crucial role in understanding women's necessity for secrecy and other types of anxious feelings due to the ads' main message: “Beware of the Blood” (Golub, 1992), which reinforces the stigma against menstruation and menstrual blood (Johnston-Robledo & Chrisler, 2013).

There has been quite a history of failing in bodies, gender, and ethnic representation within menstrual product advertisements, from the beginning of the commercialization of menstrual care products during the 1920s, printed advertisements in 1921, television ads in 1970, to the most recent medium: The internet (Przybylo & Breanne, 2020). This section will briefly summarize the main eras in menstrual advertisement, its main messages; which ones were changing across time and which ones did not.

According to The Drum magazine article “From ‘gory’ to glory, the evolution of period advertising” written by their reporter Imogen Watson, most of the 20th-century menstrual ads portrayed menstruation as an unmentionable situation because it is somehow shameful. They
reinforced the stigma against menstrual blood by displaying a blue liquid that pretended to be “sanitized” and “clean” (Saz-Rubio & Pennock-Speck, 2009; Kissling, 2002; Thornton, 2013).

The article began with the first printed KOTEX ad (1921), in which communication barely mentioned the purpose or even the real name of the product. In this ad, the communication linked the product with its original military purpose. According to Femmeinternational.org, the first menstrual pad was an accidental invention by nurses in France, who were trying to create a “napkin”, made from wood pulp bandages, to absorb excess blood in the battlefield. The product was cheap to make and easily disposable, so different commercial manufacturers borrowed the idea and made the first disposable pads in 1888. Femmeinternational.org also mentions that the names of the first menstrual pads were very specific, and women did not feel comfortable buying them, so companies started to invent names to make customers feel more secure while making the purchase. During this time, ads' communication was focusing primarily on secrecy and discretion (Delaney et al., 1988).

After the first KOTEX printed ad (1921), the article “From ‘gory’ to glory, the evolution of period advertising” by The Drum, describes the first TV advertising of menstrual products in 1972.

Considering that menstrual pads started to be commercialized while television was already around, TV commercials for these products arrived very late. According to the author of the article Imogen Watson, this gap in marketing communication of menstrual products is mainly because some TV companies have bans on ads for this type of products: “Frustrated by the inability to market their products, several brands including Tassaway, and Scott Confidets worked to break the ban set by the National Association of Broadcasters (NAB). Pressured, the NAB finally lifted the ban and Scott Confidets was the first menstrual hygiene product to advertise on TV.” (Imogen Watson, “From ‘gory’ to glory, the evolution of period advertising” The Drum Magazine, 2021). Imogen Watson mentions that even though people in TV media were open to advertising these products, they did not allow brands to refer to any “menstrual language” related to absorbency, body comfort, anatomy, cleanliness, insertion/application, duration, or efficiency, leaving space only for general messages. It was not until 1985 that the first TV commercial (made by TAXMPAX) appeared using the word “period” for the first time, talking about “protection” and “cleanliness for comfort”. Nevertheless, still using euphemism phrases to avoid the word menstruation and with no reference to any product benefit related to absorbency, no communication about application/insertion or product’s efficiency.
During this time, advertising language for menstrual products was focused on the idea of “making sure” which according to Patterson and Hale (1985), refers to the idea of enabling women to continue with their daily activities making sure and knowing that their menstrual practice is effective. This idea was invented to help perpetuate the secrecy of the menstruating state (Patterson and Hale, 1985). The language used in these ads focuses on women monitoring their body, so they have more information that allows them to have more “control” of their body state and prevent the disclosure of their menstruation (e.g.: knowing the exact day when the menstruation period begins, having other mechanisms to avoid “accidents” (leaks), and having certain discreet behaviors in public). The concept of “making sure” is fundamental to perpetuate the stigma around menstruation and its blood, given that some of the most common images are related to the fear of the menstrual state being “discovered” (Berg and Coutts, 1993).

Watson describes the evolution after the 90s, during the first decade of the 2000s. She pointed out how the evolution in terms of language was non-existent. During the first ten years of the 2000s, ads also used language focusing on secrecy, showing that the disclosure of the menstruation state is still not allowed. It was not until 2013 that KOTEX launched a “Get real” campaign that ironically challenged the generalized language that them, and the other companies have used when promoting menstrual care products. It was not easy for this campaign to make it to TV. The commercial suffered different modifications because it had very specific language like “vagina”, so networks in the US banned the commercial.

According to Watson, the advertising of these products stayed the same until 2014 with the Always’ campaign “Like A Girl” which communication was aimed to empower women and try to create consciousness about why doing things “like a girl” is an insult in different cultures (western cultures included). Even though this “empowered” language was used in 2014, in 2015 the real language is still controversial when the British brand Thinx was almost not allowed to launch an out-door communication campaign in the NY subway because they were using the word “period” and imaginary like grapefruits or runny eggs to allude female anatomy. It was not until 2017 that some real communication made it to the TV with the campaign “Blood Normal” made by the British brand Bodyforms. All the previous commercials in history were only depicting blue liquid to describe absorption; this ad was the first TV commercial (documented) to show red liquid to depict menstrual blood. Later that year, other brands in the UK started to challenge traditional practices with disruptive images and ideas such as menstruating transgender men.
As presented in the article, during the following years, other brands (including big firms like Procter and Gamble, Kimberly Clark, or Johnson & Johnson) joined the disruption on menstrual advertising and started to communicate with more inclusion (gender, ethnic, and body forms), with a language of female empowerment and more openness to talk about menstruation. Nevertheless, media bans and controversial public reactions continue to put barriers to this disruptive marketing. During 2020, the Australian brand Modibodi was banned on Facebook (an online social media platform and a very recent ad media channel) because they showed menstrual blood. Facebook said the ad was not accurate with their communication guidelines because somehow its content was “shocking, sensational, disrespectful or excessively violent content”.

Even though brands’ communication around menstruation has been more disruptive during the past 5 years, according to Ela Przybylo and Breanne Fahs (2020), the brands are capitalizing on feminist speech and achievements to sell more products that will not necessarily change the stigma around menstruation.

The authors analyzed different campaigns (such as “Like A Girl” by Always) and concluded that recent disruptive communication around menstrual care products still misses real change-gainer points of menstruation free speech; for instance questions of the reason for stigma around it, the feminine ideal that perpetuates this stigma, the secrecy’s and body monitoring’s impact on physical and mental health, reproductive justice, position in relation to power structures and last but not least, proper and fair menstrual health care, and proper health education about menstruation and reproduction.

They mention this communication, even though it is made with new empowered and positive narratives, it still perpetuates negative messages about limitation in participation since they transmit the idea that it is possible to involve in different daily activities (such as sports, work, etc.) while menstruating only by buying their products to prevent leaks and disclosure. Also, the ads still do not talk about pain and how to manage it efficiently, nor the accessibility of menstrual care products (these concepts should be acquainted with the concept of menstrual health), instead, they transmit a very “menstrual positivity”, liberated and “ideal empowered feminine” way to see menstrual pain and menstruation itself.

Przybylo and Fahs (2020) state that these brands use the accomplishments of feminist activists of liberated speech about menstruation and include body diversity in a positive way, as a commodity with no consideration of social context such as poverty, misogyny, transphobia,
fatphobia, ableism, and ageism. They pointed out the urgency to have a “cranky” menstrual communication, one that exposes menstruation as a real matter of health and social inequality, which has trauma, mental burden, pain, and has been silenced for years. Moreover, to expose the inequality among menstruators and its different barriers for people, the urgency of menstrual health care, and menstrual education. They state that even though positivity and empowerment are important disclaimers, the idea of positivity and happiness is just a layer to start menstrual conversation without the discomfort of the political and social problematics of it.
3. HYPOTHESIS

Literature review conclusions:
Menstruation is a social stigma that women conceal only because they put up a lot of effort in doing it. It is also a social matter because a certain social behavior (secrecy and feminine social ideal) is expected from women who menstruate, those expectations are influenced by menstruation’s stigma and women objectification (self-objectification has an influence role in women menstrual management and perception, which impacts mental health and compromises health decisions).

Menstruation stigma and women objectification are transmitted with negative narratives by the menstrual care industry that propose to “get rid of the problem” with disposable products that makes the consumer feel “more secure, protected and clean” while ensuring staying in the feminine social ideal. Due to the capitalization of feminist narratives, big multinational companies are slowly changing the negative narratives around menstruation for a more positive perspective instead. Still, no social matter of proper menstrual health is address.

The Menstrual Cup is an alternative product that challenges traditional attitudes (influenced by stigma and self-objectification) towards menstruation. Nevertheless, some studies suggest that the perception of this product is related with self-objectification levels that potential consumers may present. However, there are studies that suggest that more awareness about menstruation and alternative products may improve attitudes towards menstrual cups, and talking about menstruation while sharing menstruation experiences may help to reduce stigma and thus mental burden in women.

Considering the findings in the literature, the present dissertation raises the following hypothesis:

HYPOTHESIS 1
Consumers of menstrual care products exposed to a communication campaign focused primarily on awareness about menstrual health may register higher levels of willingness to use vs. Consumers exposed to a campaign focused on conventional communication of comfort.

HYPOTHESIS 2
Consumers of menstrual care products exposed to a communication campaign focused primarily on awareness about menstrual health may register a more positive quality perception
towards menstrual cups vs. consumers exposed to a campaign focused on conventional communication of comfort.

HYPOTHESIS 3
Respondents with lower levels of objectification will register more willingness to use a menstrual cup.
4. METHODOLOGY

The method consisted in conducting confirmatory research, testing the impact of stigma-free communication focusing primarily on information about menstrual health and its correlation with menstrual cups. The objective is to analyze its impact on 1) willingness to use and 2) quality perception towards menstrual cups on consumers of menstrual care products. To confirm these hypotheses, a second type of communication needed to be tested as a controlled condition, focused on menstrual care communication centered on comfort.

Both communications were tested throughout two video campaigns which were conducted throughout randomized online surveys. The surveys were developed to measured consumers' willingness to use (Venkatesh & Bala, 2008) and quality perception (Weerawatsopon et al., 2021) towards Menstrual Cup:

Quality Perception - Scale from Weerawatsopon et al., 2021

Quality aspects for evaluating quality towards menstrual hygiene products:

- Leaks and odor control
- Comfort
- Insertion
- Usability (routine/ sport/ sleep / aquatic activities)
- Removal
- Maintenance
- Convenience

Willingness to Use – Scale adapted from Venkatesh & Bala, 2008

- Using a menstrual cup would allow me to manage my period better
- Using a menstrual cup would improve my experience during menstruation
- Using a menstrual cup would improve my daily routine during menstruation
- Using a menstrual cup would make my daily life easier during menstruation
- I consider the menstrual cup to be a useful product
- I find it easy to learn how to use a menstrual cup fully
- I find it easy to use a menstrual cup to manage my period properly
- Assuming I have access to a menstrual cup, I intend to use it
- Given that I have access to a menstrual cup, I plan to use it
- I plan to use a menstrual cup in the next 3 months

A Likert Scale of 5 levels was used to answer the questions:

1. Strongly Disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly Agree

Participants were randomly assigned to one of the two conditions:

1\textsuperscript{st} Condition – CAMPAING 1 (see figure 3 appendix): A video was developed with images related to women menstruation experiences, female reproductive system healthcare, positive body language (smiling, open arms, holding hands), and images of menstrual care products including menstrual cups. The language avoided terminology that promotes menstruation secrecy. Quiet and relaxing music was used as background. Principal message was focused on promoting menstrual health definition and its relationship with menstrual cups.

2\textsuperscript{nd} Condition – CAMPAING 2 (see figure 4 appendix): As a control condition, a second video was developed. The video contained the same images, music, and flow as the first condition. Only the language was slightly adapted to promote a type of communication focused on the concept of comfort (mainstream menstrual care ads concept) and its relationship with menstrual cups, erasing the concept of menstrual health.

As revised and mentioned during the literature review, the menstrual cup is a product that requires more interaction with one’s menstruation and due to the way of using, more comfort with one’s body is also demanded. Taking the previous learning into consideration, the Objectification Scale by Noll & Frederickson will be presented to respondents before the randomized condition and the survey. The objective is to analyze the co-relation between respondents’ objectification level and willingness to use to verify hypothesis 3.

Objectification Level analysis.

According to Barbara Frederickson and Stephanie M. Noll, authors that created the Objectification Scale by developing a Self-Objectification level questionnaire which ask participants to rank from 1 to 12 (where 1 is the most important aspect and 12 is the least) a list of attributes. The attributes are divided in six physical basis attributes and six competence basis
attributes. As suggested by the authors, a difference score was computed by summing the rankings on appearance attributes separately from the competence attributes. The difference between appearance rates and competence rates is a score between -36 and 36, where higher values are associated with more importance into appearance which is associated with higher levels of self-objectification (Frederickson & Noll, 1998).

**Objectification Scale (Frederickson & Noll, 1998):**

- Physical Coordination
- Health
- Weight
- Muscular strength
- Sex Appeal
- Physical Attractiveness
- Physical Energy Level
- Firm or Sculpted Muscles
- Physical Fitness Level
- Coloring (i.e., Skin tone, eye, hair color)
- Measurements (i.e., chest, waist, hips)
- Stamina

**Sample:**

64 women consumers of menstrual care products, above 18 years, currently living in Portugal.
5. RESULTS

DEMOGRAPHICS:
From a sample of 64 respondents, from which 54 were analyzed:

<table>
<thead>
<tr>
<th>Highest educational level</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school</td>
<td>4</td>
<td>7%</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td>18</td>
<td>33%</td>
</tr>
<tr>
<td>Post Graduate Degree</td>
<td>10</td>
<td>19%</td>
</tr>
<tr>
<td>Master's Degree</td>
<td>22</td>
<td>41%</td>
</tr>
<tr>
<td>PhD Degree</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City of residency</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisbon</td>
<td>43</td>
<td>80%</td>
</tr>
<tr>
<td>Others</td>
<td>11</td>
<td>20%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 – 25 years</td>
<td>10</td>
<td>19%</td>
</tr>
<tr>
<td>26 – 30 years</td>
<td>22</td>
<td>41%</td>
</tr>
<tr>
<td>31 – 35 years</td>
<td>12</td>
<td>22%</td>
</tr>
<tr>
<td>36 – 40 years</td>
<td>5</td>
<td>9%</td>
</tr>
<tr>
<td>41+ years</td>
<td>5</td>
<td>9%</td>
</tr>
</tbody>
</table>

HYPOTHESIS 1 AND 2:

For hypothesis 1 and hypothesis 2, data analysis consisted in verifying the impact of condition 1 and 2 on Willingness to Use and Quality Perception and the differences between groups. An ANOVA analysis was conducted to determine if the differences between the scores of the two samples were significantly relevant and the impact of the condition.

The ANOVA analysis was conducted using the Excel data analysis extension tool, by measuring both samples Likert scales results in each one of the questions.
ANOVA Test: Willingness to Use and Quality Perception:

<table>
<thead>
<tr>
<th>Scales</th>
<th>1st Condition</th>
<th>2nd Condition</th>
<th>F (3.86)</th>
<th>p (0.05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willingness to Use</td>
<td>3.63, 1.3</td>
<td>3.4, 1.03</td>
<td>3.99</td>
<td>0.046</td>
</tr>
<tr>
<td>Quality Perception</td>
<td>3.66, 1.16</td>
<td>3.39, 0.99</td>
<td>10.54</td>
<td>0.0012</td>
</tr>
</tbody>
</table>

Conditions:
1. Menstrual Health Communication
2. Comfort Communication

Hypothesis 1: ANOVA analysis demonstrated a relevant effect on willingness to use, $F(3.86) = 3.99, p < 0.05$. Condition 1 reported more willingness to use menstrual cups after watching the video communication campaign ($M = 3.63, SD = 1.30$). This result confirms the hypothesis 1 because demonstrates that the group that was exposed to a communication focused on Menstrual Health reported more willingness to use menstrual cups than the group that watched a video communication campaign focused on the concept of comfort.

Hypothesis 2: ANOVA Analysis demonstrated a significant effect on Quality Perception towards menstrual cup, $F(3.86) = 10.54, p < 0.05$. Condition 1 reported a higher quality perception of the menstrual cup after watching the video communication campaigns ($M = 3.66, SD = 1.16$). This result confirms Hypothesis 2 since the group that watched a communication focused on Menstrual Health reported higher quality perception of menstrual cups, than the group that watched a video communication campaign focused on the concept of comfort.

HYPOTHESES 3:
To verify hypothesis 3, a PEARSON correlation analysis was conducted between the objectification score levels of all participants and their mean scores in Willingness to Use.

Results from Self-Objectification levels:
A difference score was computed to analyze objectification levels of the participants. The analysis reported that 74% of the respondents have lower scores than 0, in a scale from -36 to 36 where higher scores are associated with higher levels of self-objectification, while 26% of the respondents have equal or higher scores than 0. The average of the total sample was a score of -14, which can be interpreted as a low medium self-objectification level.
The following interpretation of -36 to 36 scores was developed to classify respondents scores:

<table>
<thead>
<tr>
<th>Association</th>
<th>Scale Scores</th>
<th>N</th>
<th>% Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>High - Lower</td>
<td>* &lt; -25</td>
<td>23</td>
<td>43%</td>
</tr>
<tr>
<td>Medium - Lower</td>
<td>* -24 to -10</td>
<td>11</td>
<td>20%</td>
</tr>
<tr>
<td>Low - Lower</td>
<td>* -9 to -1</td>
<td>6</td>
<td>11%</td>
</tr>
<tr>
<td>Low - Higher</td>
<td>* 0 to 10</td>
<td>7</td>
<td>13%</td>
</tr>
<tr>
<td>Medium - Higher</td>
<td>* 11 to 24</td>
<td>6</td>
<td>11%</td>
</tr>
<tr>
<td>High – Higher</td>
<td>* &gt; 25</td>
<td>1</td>
<td>2%</td>
</tr>
</tbody>
</table>

A PEARSON correlation analysis was conducted by Excel data analysis tool. The analysis consisted in verify the correlation between the scores of Objectification Levels (scoring between -36 and 36, where higher scores reflect higher objectification levels) and Willingness to use.

<table>
<thead>
<tr>
<th>Correlation</th>
<th>Obj Levels</th>
<th>Will to Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obj Levels</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Will to Use</td>
<td>0.08345779</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COEFF (R)</th>
<th>0.08345779</th>
</tr>
</thead>
<tbody>
<tr>
<td>N:</td>
<td>54</td>
</tr>
<tr>
<td>T STATISTIC</td>
<td>0.60392962</td>
</tr>
<tr>
<td>DF</td>
<td>53</td>
</tr>
<tr>
<td>P VALUE</td>
<td>0.54846684</td>
</tr>
</tbody>
</table>

The Pearson correlation analysis showed that correlation between Objectification Levels of the respondents and their scores on Willingness to Use is not significant (r = 0.083, p = 0.55). With this result, Hypothesis 3 is not confirmed with this study since the levels of self-objectifications does not have a correlation in consumers’ willingness to use menstrual cups.
6. CONCLUSIONS

According to the ANOVA analysis, the respondents that watched the video centered on Menstrual Health communication reported higher scores in willingness to use menstrual cups and higher quality perception of menstrual cups. With this analysis, this result can conclude that respondents that were exposed to a communication focused on Menstrual Health definition and, that avoids conventional language that promotes menstruation stigma, impacts respondents’ willingness to use menstrual cups and the quality perception of that product, reporting more willingness and higher quality perception amongst participants that the group that was exposed to a communication centered on comfort. This conclusion is coherent with other authors conclusions revised within the literature review, where was pointed that narratives on menstrual ads communications can influence decisions making and perception towards menstruation management. In this case, the menstrual health narrative proved to be a good narrative that influence participants because they were more willing to use the menstrual cup and reported higher quality perception than the group that watched the comfort narrative.

Moreover, according to studies revised during literature review, women reported lack of accurate information regarding their own menstruation, which has a significant impact on options consideration for menstrual management. This communication campaign focused on Menstrual Health demonstrated that a narrative that is more focused on menstrual health instead on the concepts of comfort, may provide accurate information to consumers evaluation and consideration for menstrual cups. Since the language of the video focused on Menstrual Health avoided secrecy language terminology that promotes stigma around menstruation, these conclusions are also coherent with other authors that have demonstrated that stigma around menstruation needs to be challenged to create a more positive experience in menstruation management decisions by increasing quality perception of the product.

Answers about willingness to use are relevant for this results, since the group that watched menstrual health communication felt that menstrual cups may improve their routine during menstruation in activities such as sports or daily life, which as revised on the literature review, has a positive impact on women participation in life spheres, since they feel more confident to enroll in activities that are typically prohibited when they are menstruating.

Regarding self-objectification, according to the conducted Pearson correlation analysis, there is no relevant correlation between the objectification levels from the respondents and the
willingness to use scores. This conclusion reflects that, in this survey, the objectification levels of the respondents were not correlate with their high or low intentions of willingness to use a Menstrual Cup. The results also reported that most of the respondents reported Low levels of objectification, which can be associated with a sample with low levels of Self-Objectification. This conclusion is coherent with findings in the literature review, where studies demonstrated that higher levels of communication influence one’s menstrual perception and willingness to use of menstrual cups. This being a sample that reported in average low levels of self-objectification, we can conclude that the null correlation with their willingness to use a menstrual cup is coherent with the literature review. There were not found significant differences in self-objectifications levels between groups exposed to menstrual health communication and comfort concept.

Concluding that a communication focused on menstrual health demonstrates to report more willingness to use menstrual cups and higher quality perception, the present dissertation can outline that challenging conventional advertising campaigns with language that avoids terminology that promotes stigma and focused on menstrual health, potentially increase the positive outcome in distribution menstrual cups amongst women consumers of menstrual care products.

This outcome may also be an indicator of a potential new form of communication within the menstrual care industry, one focused on menstrual health that also helps to avoid stigma and provide accurate health information, both indicators that have demonstrate to improve menstrual experiences in a more positive way.

Moreover, the possibility of advertising communication about menstrual health may also give new narratives to the industry that may help to better inform consumers about their own menstrual cycle, challenging mainstream narratives that promotes secrecy or gives a false positive narrative that fails to discuss menstruation as a serious health matter amongst women, communication focused on health may help to prevent negative health outcomes and open the discussion with no sigma around women bodies functionality. Further investigation can be conducted to study the opportunities of the menstrual health communication in advertising menstrual care products.
7. LIMITATIONS AND RECOMMENDATIONS FOR FUTURE WORKS

The present dissertation may have limitations with sample representativeness, as it does not consider other non-binary genders, which are mentioned during the literature review as a factor that impacts menstrual experiences and hence decisions around menstrual practices.

This dissertation also may present limitations in representativeness in Portugal, since 80% of the respondents were residents of Lisbon, where social context has a certain impact on women’s menstrual perception, experiences, and practices. Since this study was also conducted in Portugal, there are limitations in the impact that the narrative of menstrual health communication may have in other countries with different social and culture context. It is recommended for further investigation to first explore the proposed narrative in the potential consumers’ social context and consider possible adaptations for communication depending on the consumers profile and category characteristics.
REFERENCES:


ANNEXES

ANNEX A – Video Images

Condition 1 – Communication of Menstrual Health
Condition 2 – Communication focused on Comfort

1. **SABES O QUE É**

   **O conforto durante o período?**

   Sente-se confortável no seu período? refere-se a um sentimento de bem-estar e comodidade física e mental.

2. **Significa que os processos podem causar desconforto?**

   Sinais que os processos podem causar desconforto, incluindo a sensação de dor e desconforto físico e emocional. Importanterefletir sobre a importância de tomar medidas para garantir o conforto durante o período.

3. **Na UE, 1 em cada 10 mulheres não conseguem acessar materiais menstruais, o que compromete sua participação em atividades sociais e acadêmicas.**

   Neste contexto, é importante disponibilizar dados com informações sobre a durabilidade de produtos de higiene menstrual. No que diz respeito ao conforto e bem-estar, é fundamental garantir a acessibilidade a esses recursos.
ANNEX B – Questionnaire

Copo_Menstrual_study2

Flujo de encuesta

Standard: Welcom Message and Consent Question (3 Questions)
Standard: Demographics (3 Questions)
Standard: Objectification Levels Measure (Noll & Frederickson) (1 Question)
BlockRandomizer: 1 - Evenly Present Elements
  Standard: Controlled Condition 1 (1 Question)
  Standard: Controlled Condition 2 (1 Question)
Standard: Williness to Use (Venkatesh & Bala, 2008) (8 Questions)
Standard: Quality Perception (Weerawatsopon et al., 2021) (13 Questions)
Q1.1 Bem-vindo(a)!

Foi convidado(a) para participar neste estudo que visa a recolha de informação como parte de um projeto de tese para o Mestrado de Gestão de Informação com especialização em Marketing Intelligence da Universidade Nova de Lisboa.

**O objetivo deste inquérito é conhecer a sua perceção acerca de produtos de gestão menstrual, designadamente o Copo Menstrual.** Como tal, estamos a convidar para este estudo apenas pessoas que usem produtos de higiene menstrual regularmente; se não for o seu caso, por favor, não participe neste estudo.

O inquérito compreende um tempo de resposta de aproximadamente cinco minutos.

Por favor, note que a sua participação neste estudo é de base voluntária e as suas respostas serão estritamente confidenciais, os dados desta pesquisa vão ser utilizados para fins académicos e apresentados em agregado, pelo que os seus dados pessoais irão permanecer em anonimato.

Muito obrigada pelo seu tempo e apoio!

Se tiver alguma dúvida ou constrangimento quanto aos procedimentos da análise dos dados, confidencialidade dos mesmos ou natureza deste estudo, por favor contacte com Ana Torres através do e-mail: M20190527@novaims.unl.pt

Q1.2 A sua participação é muito valorizada e de base voluntária. Por favor confirme a sua idade e participação

- [ ] Tenho mais de 18 anos e concordo em participar neste estudo. (1)
- [ ] Não tenho mais de 18 anos e/ou não concordo em participar neste estudo. (2)
Q1 Utiliza produtos de higiene menstrual regularmente?

- Sim (1)
- Não (2)

Saltar a: Fin de la encuesta Si Utiliza produtos de higiene menstrual regularmente? = Não

Fin del bloque: Welcom Message and Consent Question

Comienzo de bloque: Demographics

Q31 Idade (anos)

Q3 Nível mais alto de Educação Académica que completou

- Menor do que o ensino secundário (1)
- Ensino secundário (2)
- Técnico (3)
- Técnico superior profissional (4)
- Licenciatura (5)
- Pós-graduação (6)
- Mestrado (7)
- Doutoramento (8)

Q32 Cidade de residência

Fin del bloque: Demographics
Q33 Classifique o impacto que cada atributo corporal tem na avaliação do seu próprio corpo. Ordene os atributos em baixo atribuindo um número de 1 a 12, sendo que o número 1 representa o atributo de maior peso e o número 12 representa o atributo de menor peso na avaliação que faz do seu próprio corpo. **Não é permitido repetir números.**

- (1) Coordenação Física
- (2) Saúde
- (3) Peso
- (4) Força Muscular
- (5) Sensualidade
- (6) Atrativo Físico
- (7) Energia física
- (8) Músculos firmes ou esculpidos
- (9) Boa forma física
- (10) Coloração (tom de pele, cor dos olhos, cor do cabelo)
- (11) Medidas (ex. peito, cintura, anca)
- (12) Estamina (força, vigor, energia)

---

Q5 De seguida, por favor, veja este vídeo. Demora menos de 2 minutos. Recomendamos que esteja num sítio tranquilo para conseguir ver o vídeo com atenção:

> <

- Finalizei o vídeo

---

Q6 De seguida, por favor, veja este vídeo. Demora menos de 2 minutos. Recomendamos que esteja num sítio tranquilo para conseguir ver o vídeo com atenção:

> <

- Finalizei o vídeo
Q7 Considero que usar o copo menstrual poderia permitir-me gerir melhor a minha menstruação.

- Discordo completamente (4)
- Discordo (5)
- Nem discordo nem concordo (6)
- Concordo (7)
- Concordo completamente (8)

Q8 Considero que usar o copo menstrual poderia melhorar a minha experiência durante a menstruação.

- Discordo completamente (4)
- Discordo (5)
- Nem discordo nem concordo (6)
- Concordo (7)
- Concordo completamente (8)
Q9 Considero que usar o copo menstrual poderia melhorar a minha vida diária durante a menstruação.

- Discordo completamente (4)
- Discordo (5)
- Nem discordo nem concordo (6)
- Convido (7)
- Convido completamente (8)

Q10 Considero que o copo menstrual poderia ser um produto útil para gerir a minha menstruação.

- Discordo completamente (4)
- Discordo de alguma forma (5)
- Nem discordo nem concordo (6)
- Convido de alguma forma (7)
- Convido Completamente (8)
Q29 Considere que seria fácil aprender a utilizar um copo menstrual.

- [ ] Discordo completamente (4)
- [ ] Discordo (5)
- [ ] Nem discordo nem concordo (6)
- [ ] Concordo (7)
- [ ] Concordo completamente (8)

Q30 Considere que seria fácil utilizar um copo menstrual para gerir adequadamente a menstruação.

- [ ] Discordo completamente (4)
- [ ] Discordo (5)
- [ ] Nem discordo nem concordo (6)
- [ ] Concordo (7)
- [ ] Concordo completamente (8)
Q31 Assumindo que tenha acesso a um copo menstrual, pretenderia experimentá-lo pelo menos uma vez.

- Discordo completamente (4)
- Discordo (5)
- Nem discordo nem concordo (6)
- Concordo (7)
- Concordo completamente (8)

Q32 Assumindo que tenha acesso a um copo menstrual, pretenderia usá-lo para gerir a minha menstruação.

- Discordo completamente (4)
- Discordo (5)
- Nem discordo nem concordo (6)
- Concordo (7)
- Concordo completamente (8)

Fin del bloque: Willigness to Use (Venkatesh & Bala, 2008)

Comienzo de bloque: Quality Perception (Weerawatsopon et al., 2021)
Q11 Considero que o copo menstrual poderia ser um produto efetivo na prevenção de fugas durante a menstruação:

- Discordo completamente (4)
- Discordo (5)
- Nem discordo nem concordo (6)
- Concordo (7)
- Concordo completamente (8)

Q12 Considero que o copo menstrual poderia ser um produto efetivo no controlo de odores durante a menstruação:

- Discordo completamente (4)
- Discordo (5)
- Nem discordo nem concordo (6)
- Concordo (7)
- Concordo completamente (8)
Q13 Considero que o copo menstrual poderia ser um produto confortável para utilizar durante a menstruação:

- Discordo completamente (4)
- Discordo (5)
- Nem discordo nem concordo (6)
- Concordo (7)
- Concordo completamente (8)

Q14 Com as instruções adequadas, considero que o copo menstrual poderia ser um produto fácil de utilizar:

- Discordo completamente (4)
- Discordo (5)
- Nem discordo nem concordo (6)
- Concordo (7)
- Concordo completamente (8)
Q15 Considere que o copo menstrual poderia ser um produto eficaz para a gestão da menstruação durante o sono:

- Discordo completamente (4)
- Discordo (5)
- Nem discordo nem concordo (6)
- Concordo (7)
- Concordo completamente (8)

Q16 Considere que o copo menstrual poderia ser um produto eficaz para a gestão da menstruação durante a prática de desporto:

- Discordo completamente (4)
- Discordo (5)
- Nem discordo nem concordo (6)
- Concordo (7)
- Concordo completamente (8)
Q33 Considero que o copo menstrual poderia ser um produto eficaz para a gestão da menstruação durante atividades aquáticas:

- [ ] Discordo completamente (4)
- [ ] Discordo (5)
- [ ] Nem discordo nem concordo (6)
- [ ] Concurso (7)
- [ ] Concurso completamente (8)

Q34 Considero que o copo menstrual poderia ser um produto eficaz para a gestão da menstruação durante a minha rotina diária:

- [ ] Discordo completamente (4)
- [ ] Discordo (5)
- [ ] Nem discordo nem concordo (6)
- [ ] Concurso (7)
- [ ] Concurso completamente (8)
Q35 Considere que o copo menstrual poderia ser um produto conveniente:

- Discordo completamente (4)
- Discordo (5)
- Nem discordo nem concordo (6)
- Concordo (7)
- Concordo completamente (8)

Q36 Considere que o copo menstrual poderia ser uma opção fácil de limpar:

- Discordo completamente (4)
- Discordo (5)
- Nem discordo nem concordo (6)
- Concordo (7)
- Concordo completamente (8)

Q37 Veja a animação abaixo.
Considero que o copo menstrual poderia ser inserido e removido facilmente:

- Discordo completamente (4)
- Discordo (5)
- Nem discordo nem concordo (6)
- Concordo (7)
- Concordo completamente (8)
Q39 Considero que o copo menstrual poderia ser um produto cómodo de usar:

- Discordo completamente (4)
- Discordo (5)
- Nem discordo nem concordo (6)
- Concordo (7)
- Concordo completamente (8)

Q40 Veja os exemplos em baixo com atenção.
Considero que o copo menstrual é um produto com um preço acessível:

- Discordo completamente (4)
- Discordo (5)
- Nem discordo nem concordo (6)
- Concordo (7)
- Concordo completamente (8)

Fin del bloque: Quality Perception (Weerawatsophon et al., 2021)
ANNEX C – Research Ethics and Procedures NOVA IMS

RESEARCH ETHICS CHECKLIST

NOVA IMS expects all its researchers to complete the following ethics checklist when conducting a research.

- An ethics checklist should be completed for every research project. It is used to identify whether a full application for ethics approval needs to be submitted.
- This checklist is necessary to complete and approved before conducting any (Lab, Online or Field Experiments) in addition to surveys, in-depth interviews and focus groups.
- This checklist is not applicable for researchers who conduct literature reviews studies (e.g., Meta-Analysis, conceptual papers etc.)
- Researchers who collect data through online panels (e.g., Amazon Mturk, Prolific) need to fill this form.
- Researchers who collect data through data mining methods (e.g., extracting online reviews) also need to fill this form.
- An appropriate checklist must be completed before potential participants are approached to take part in any research.
<table>
<thead>
<tr>
<th>Project details</th>
<th></th>
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<tbody>
<tr>
<td><strong>Project title</strong></td>
<td>MENSTRUAL HEALTH &amp; STIGMA FREE COMMUNICATION AS PRINCIPAL NARRATIVE FOR ADVERTISING MENSTRUAL CUPS</td>
</tr>
<tr>
<td><strong>Is there a sponsor/ funding body?</strong></td>
<td>NO</td>
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<tr>
<td><strong>Does the sponsor/funder require formal prior ethical review? If yes, by what date is a response required?</strong></td>
<td>NO</td>
</tr>
<tr>
<td><strong>Is any other institution and/or ethics committee involved? If YES, give details and indicate the status of the application at each other institution or ethics committee (i.e., submitted, approved, deferred, rejected)</strong></td>
<td>NO</td>
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<table>
<thead>
<tr>
<th>Applicant details</th>
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<tbody>
<tr>
<td><strong>Name of researcher (applicant)</strong></td>
<td>Ana Guadalupe Torres Salas</td>
</tr>
<tr>
<td><strong>Role</strong></td>
<td>NOVA IMS Master student</td>
</tr>
<tr>
<td><strong>Contact address</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Email</strong></td>
<td><a href="mailto:M20190527@novaims.unl.pt">M20190527@novaims.unl.pt</a></td>
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<tr>
<td><strong>Telephone</strong></td>
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<th>For postgraduate students only</th>
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<td><strong>Name of the project</strong></td>
<td>MENSTRUAL HEALTH &amp; STIGMA FREE COMMUNICATION AS PRINCIPAL NARRATIVE FOR ADVERTISING MENSTRUAL CUPS</td>
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<tr>
<td><strong>Type of the study</strong></td>
<td>Survey</td>
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<tr>
<td><strong>Please mark x under the type of the study</strong></td>
<td>X</td>
</tr>
<tr>
<td><strong>Supervisor’s name</strong></td>
<td>Diana Orghian</td>
</tr>
<tr>
<td>Research ethics initial checklist</td>
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<td>Please answer each question by ticking the appropriate box:</td>
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<td></td>
<td>Yes</td>
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<tr>
<td>Does the study involve participants age 16 or over who are unable to give informed consent?</td>
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<tr>
<td>Are there any issues of confidentiality which are not adequately handled by normal tenets of academic confidentiality?</td>
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<tr>
<td>Does the research involve potentially vulnerable groups: children, those with cognitive impairment, or those in unequal relationships? (e.g., your own students)</td>
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<tr>
<td>Will the study require the co-operation of a gatekeeper for initial access to the groups or individuals to be recruited? (e.g., students at school, members of self-help group, residents of nursing home?)</td>
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<tr>
<td>Will it be necessary for participants to take part in the study without their knowledge and consent at the time? (e.g., covert observation of people in non-public places)</td>
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<td>Will the study involve discussion of sensitive topics? (e.g., sexual activity, drug use, politics)</td>
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<tr>
<td>Are drugs, placebos or other substances (e.g., food substances, vitamins) to be administered to the study participants, or will the study involve invasive, intrusive or potentially harmful procedures of any kind?</td>
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<tr>
<td>Could the study induce psychological stress, discomfort, anxiety or cause harm or negative consequences beyond the risks encountered in normal life?</td>
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<tr>
<td>Will the research involve administrative or secure data that requires permission from the appropriate authorities before use?</td>
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<tr>
<td>Is there a possibility that the safety of the researcher may be in question? (e.g., in international research: locally employed research assistants)</td>
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<tr>
<td>Does the research involve members of the public in a research capacity (participant research)?</td>
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<td>Will the research take place outside Portugal?</td>
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<td>Will the research involve respondents to the internet or other visual/vocal methods where respondents may be identified?</td>
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<tr>
<td>Will research involve the sharing of data or confidential information beyond the initial consent given?</td>
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<tr>
<td>Will financial recompense be offered to participants?</td>
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<tr>
<td>Is there any aspect of the proposed research which might bring NOVA IMS into disrepute? For example, could any aspect of the research be considered controversial or prejudiced?</td>
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</tbody>
</table>

**Researcher**

Signed: Ana Torres  
Date: 13/02/2023

**Supervisor (when appropriate)**

Signed:  
Date:

If you have any question or inquiries, please email the NOVA IMS Ethics Committee at ethicscommittee@novaims.unl.pt