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Folk Medical Beliefs and Practices Concerning Women's Health and the Female Body in
Southern Appalachia

A thesis
presented to
the faculty of the Department of Interdisciplinary Studies
East Tennessee State University

In partial fulfillment
of the requirements for the degree
Master of Arts in Liberal Studies

by
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August 2006

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Keywords: Folk Medicine, Appalachia, Women's Health, Menstruation, Menopause

ABSTRACT

Folk Medical Beliefs and Practices Concerning Women's Health and the Female Body in
Southern Appalachia.

By

Emily Lucinda Dale

This study explores folk medical beliefs and practices regarding women's health issues and the female body, specifically menstruation, pregnancy, abortion, and menopause, in the Southern Appalachian region. This research reveals what information was given to young girls, by whom was it given, and the effect this had on their self-image and on how they communicated about their bodies as they matured. Other key elements include the social restrictions surrounding menstruation and the ways these beliefs were communicated to young girls. In addition, this project presents information on the treatment of symptoms such as cramps, bloating, headaches, excessive bleeding, lack of flow, etc. and how this information was communicated.

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CHAPTER 1

INTRODUCTION

The purpose of this research is to explore folk medical beliefs and practices regarding women's health issues and the female body in southern Appalachia from 1900-2006. The topic of the female body has proven to be unmentionable not only in public but also in private family settings, making information scarce and oftentimes incorrect. This research explores knowledge that has been passed down to women through oral tradition, reveals the consequences of having no information, and identifies methods that families and social groups have used to communicate beliefs and practices concerning women's health issues and the female body.

Specifically, this research examines beliefs and practices regarding menstruation, pregnancy, contraception, abortion, and menopause. Focusing mainly on menstruation, this study explores the following areas: what information was given to young girls, by whom was it given, and the effect this had on their self-image as well as the way they communicated about their bodies as they matured. Other key elements include the social restrictions attending the beliefs surrounding menstruation. Finally this project examines information on the treatment of symptoms such as cramps, bloating, headaches, excessive bleeding, excessive menstrual flow, and the lack of menstrual flow.

This area of research is significant in that it explores a topic that has been, for the most part, overlooked by researchers. While there is literature focusing on the female body, menstruation, body image, and sexual folklore, little, if any, of it specifically examines these topics within the southern Appalachian region. Most texts take on a

national or international scope whereas this research will narrow the focus to southern Appalachia.

Since this topic is sensitive in nature and talking about one's body, in some cases, is discouraged, gathering information has been difficult or avoided altogether, either by researchers or informants. Both historical and contemporary beliefs were collected to examine how the beliefs and practices of the region have been preserved and/or changed into the beliefs and practices of the women in the region today.

Methodology

The primary research consisted of individual interviews with life long residents of the Southern Appalachian region. The sample is a convenience or snowball sample with the initial informants being personal acquaintances and later informants being referrals. Informants were selected in this manner in part because of the sensitive nature of the subject. Families of women were targeted, particularly mother-daughter pairs, to examine if information and the means in which it was communicated changed between generations.

The interview was composed of 45 open-ended questions that covered the topics of menstruation, pregnancy, contraception, abortion, and menopause. Questions 1-28 deal with menstruation, specifically, first menstrual experience, information given about menstruation, sources of information, symptom remedies, menstrual restrictions, feminine hygiene products, body image, and communication patterns. Questions 29-36 discuss pregnancy, believed causes of pregnancy, communication about pregnancy, and ways of determining pregnancy. Questions 37-40 ask about contraception and abortion, information given to informants about these topics, and information they would give a

young woman. Questions 41-45 examine menopause and communication about the subject. Appendix A contains a copy of the questionnaire used in this study.

Participants in the study were informed that they were under no pressure to answer any question that made them uncomfortable and could at any time decline to respond. Most interviews followed the questionnaire's sequence; however, additional questions were sometimes asked for clarification in some cases and in other instances questions were left out. Both age and ability to communicate as well as emotional reactions to specific questions/question groups resulted in one or more questions being removed from the interview.

Thirty interviews were conducted from February to May of 2006. All informants were females who self-identified as natives of southern Appalachia. Informants were ages eighteen to ninety-four years, with the majority of interviews falling in the twenty to thirty year age range. Educational levels of informants varied from sixth grade completed to a PhD. A majority (twenty-three) of the informants report having attended a college or university, sixteen whom reported earning an associate degree or higher.

As broad a geographical range as possible was used in selecting informants so as to include individuals throughout the region. Time and travel restrictions, however, limited the geographic range. Interviews were conducted throughout east Tennessee with a few informants representing counties in Kentucky and Virginia.

Interviews were often conducted in the home of the informant, and when their home was not convenient the interviews took place in a location of their choosing. This was done to assure a comfortable atmosphere where the informant felt at ease and to make the interview process as convenient as possible. IRB standards were followed, and

all informants signed informed consent forms. All interviews were digitally recorded to assure accuracy and to create a record for the archives that may be of aid to future researchers. All informants agreed to allow their interview recording and its transcript to be stored in the Archives of Appalachia, with two informants asking to remain anonymous. Please see Appendix B for a listing of interview informants and their demographic information.

Extensive use of East Tennessee State University's Archives of Appalachia's Cavender Folk Medical Collection (CFMC) was incorporated into this study. This collection contains information gathered from interviews with natives of the southern Appalachian region on the topic of folk medicine spanning 1998 to the present. For the vast majority of informant interview files in the Cavender Folk Medical Collection, questions about women's health were not asked or, if asked, informants often declined to answer, interviewers would not ask the questions, or a comment similar to "that shouldn't be talked about" can be found. There were, however, 76 files in the collection that contained information on menstruation, contraception, and/or menopause. This population is older in age with informants' ages (calculated from year of birth given) ranging from 54 to 99 with the majority being 80 or older. Geographic range is slightly larger, encompassing more counties in east Tennessee and including counties in Virginia and North Carolina. Information on education was not always reported, but for the majority of CFMC informants it was indicated. The educational range is similar to that of the primary interview group in that it varies from 8th grade completed to college or university degree earned, and a majority reporting some college education. Please see

Appendix C contains a list of CFMC informants, listed by file number, and their demographic information, where provided.

Secondary sources were also consulted to identify information regarding the topics covered by the study for the southern Appalachian region and other populations in the United States so that comparisons might be made. Much of the literature concerning topics such as menstruation focus on various world cultures, giving little attention to the United States, or discusses topics not covered by this study. Additional research was done in the areas of gender and stigma for the purposes of data analysis. This secondary research is explored in the following chapter as well as in later chapters in an attempt to offer comparisons and interpret the information provided by the study.

Literature Review

Menstruating in America has long been a complicated endeavor, involving belts, pads, restrictions, and careful concealments. In her book *The Body Project*, Joan Brumberg examines the coming of age experiences of American girls throughout the nation's history. In her chapter on menstruation she discusses the experience of Ruth Teischman, a typical, white, middle class female, and uses her as an example of the typical American girl in the 1950s. Ruth is informed and has a casual attitude toward menstruation and sanitary napkins. She even goes as far as tracking her cycle using a calendar.¹ Brumberg also examines the experiences of immigrant and working class women concerning menstruation throughout the United States. For these populations, little was said to daughters prior to the onset of menstruation, leaving the role of educator to the schools and to friends.²

Southern Appalachian women, regardless of socioeconomic status and age, report experiences very much like those of working class and immigrant women nationwide. Appalachian women almost universally report nothing being said to them about menstruation by their mothers,³ leaving them confused and frightened when menstruation began. The reasons for this lack of communication are not specifically stated, but it is clear that in the Southern Appalachian culture, menstruation and other aspects of the female body were not topics for discussion and in some cases were never to be discussed. In his book *Folk Medicine in Southern Appalachia*, Cavender asserts that the myriad of names Southern Appalachian women created for menstruation demonstrates the uncomfortable and sensitive nature of the topic.⁴ He reports the use of the following terms: “period,” “the curse,” “falling off the roof,” “the miseries,” “the can’t help its,” “the courses,” “the pip,” “the clutches,” “female trouble(s),” “the cramps,” “the visitor,” “the monthly pain,” and “granny had come for a visit.”⁵ Embarrassment and sensitivity to the subject of menstruation is not exclusive to the Southern Appalachian region and the reasons for such sensitivity cross-culturally may be because of menstruation’s link to sexuality.

The medicalization of menstruation became a trend throughout the United States at the end of the 19th century, with doctors, mostly men, setting themselves up to be the authority concerning menarche and menstruation, both in treating women for and informing females about their menstrual cycle. Brumberg states,

In the work of bringing girls successfully into womanhood the doctor (typically male) assumed the role of biomedical strategist, and the mother was his chief assistant. He applied scientific knowledge to the mysteries of the female body; her role was to monitor habits and behaviors that would effect blood flow and reproductive capacity, such as bathing, dress, and exercise.⁶

The idea of controlling a young woman's menstrual cycle so that she would be reproductively sound supports the idea that the role of a woman is to reproduce. Emily Martin, in her book *The Woman in the Body: A Cultural Analysis of Reproduction*, describes how menstruation is described in medical texts as a failure, more specifically a failure on the woman's part to reproduce. Almost all of the vocabulary in medical texts concerning menstruation is negative and includes terms such as "degenerate," "decline," "withdrawn," "spasms," "lack," "weakened," "leak," "deteriorate," "discharge," "ceasing," "dying," "losing," "denuding," and "expelling."⁷ This failure to reproduce is often the way many American mothers explain menstruation to their daughters. This does not appear to be the case for the southern Appalachian region, which will be discussed in later chapters.

American women identified uncleanliness as yet another negative aspect of menstruation. As they began to menstruate, American girls and their mothers typically thought first about the external body, what shows and what does not, rather than the emotional and social meaning of the maturational process.⁸ Menstruation was not seen as an important marker in a girl's life; rather it was stressed in terms of keeping clean and avoiding soiled clothing. If menstruation was discussed at all, hygiene, not sexuality was the focus for most discussions.⁹

By the 1890s, Brumberg states, "homemade equipment was on its way out" with the store-bought or catalog-ordered napkins taking its place. Homemade napkins were made from sheeting, towels, and other fabric and were washed and reused for each menstrual cycle.¹⁰ Encouraging this movement was the growing popularity of the germ theory and the idea that menstrual blood was dirty, noxious, and a breeding ground for

germs.¹¹ Mariamme H. Whatley and Elissa R. Henken's book, *Did you Hear about the Girl Who?*, which examines contemporary folklore concerning human sexuality, addresses the belief that menstrual blood is dirty and filled with toxins, describing how many believe menstruation is the way a woman's body cleanses itself of this noxious material.¹² With the belief that menstrual flow is dirty and even toxic, it is no surprise that products were created to sanitize the process of menstruation. This focus on sanitization menstruation only worked to reinforce the idea that menstruation was dirty, something to be cleaned up and hidden. In an effort to clean up the process sanitary napkins were marketed along with Lysol, now a household sanitizer, as personal hygiene products.¹³

Across the country since as early as the 1920s, magazine advertisements and store displays of Kotex had become somewhat standard,¹⁴ and for many women nationally, store bought sanitary napkins had replaced homemade protection. Brumberg acknowledges that, "Well into the 1930s and 1940s, there were some American girls who had to make do with homemade protection."¹⁵ Homemade napkins were still being used on a regular basis by southern Appalachian women far later than the 1930s and 1940s.

Despite the unmentionable nature of menstruation, several treatments for its symptoms, such as cramps and headaches, and treatments for menorrhagia, dysmenorrhagia, and amenorrhea were identified. Some of these remedies that will be discussed later, were mentioned by only one informant and may be an instance of what Cavender calls "family-based" folk medical traditions in Southern Appalachia.¹⁶ While a few of the remedies are indicated for specific troubles, almost all are only designated for menstruation as a general affliction. Cavender mentions teas of wahoo leaves, beet

leaves, black snakeroot, parsley leaves, rue leaves, witch hazel bark, black cohosh root, and burdock root as remedies.¹⁷

Along with remedies for the symptoms of menstruation, Appalachian girls were also told about restrictions for menstruating women. Menstrual restrictions are not distinct to the Southern Appalachian culture and can be found in many world cultures. For many cultural groups menstruating women possess a spiritual power or are thought to be a source of pollution during menstruation and are feared and respected for the effect they might have during this period of time, and in response menstrual taboos are set in place. Southern Appalachia does have its own set of menstrual rules or restrictions, but according to Thomas Buckley and Alma Gottlieb, these restrictions should not be viewed as taboos. For a set of rules or restrictions to be considered a taboo, their foundation must be spiritual or mystical.¹⁸

Buckley and Gottlieb assert that there are different types of menstrual rules and taboos. Traditionally, all restrictions for menstruating women were seen as indicating menstruating women's danger to society. And while many restrictions point toward the fact that menstruating women are culturally marked as dangerous or damaging, others are clearly in place to protect the menstruating woman from danger or damage to herself.¹⁹

In other cultures menstruation is viewed in a more positive light, even elevating the status of young women. Often this transition is celebrated by rites of passage announcing to the young woman's community she is now fertile and able to reproduce.²⁰

Nationally, American mothers encouraged their daughters to refrain from exercise, wet feet, hot and cold baths, and to be especially careful during the time of menstruation.²¹ These same restrictions are also evident in the Southern Appalachian

region but are amplified and multiplied resulting in greater consequences. Some of the most frequently mentioned menstrual rules are those of refraining from bathing, swimming, getting in the rain, getting one's feet wet, or washing one's hair while menstruating.²² Side effects from coming in contact with water in any of these ways were stated to result in one's period stopping,²³ causing one to cramp.²⁴ Some people even believed that the menstrual blood would be forced back into the body, rushing to the brain and causing death or creating a deadly fever.²⁵ One of the informants for Stekert's research, which examined Southern Appalachian folk medical beliefs that had been brought to Detroit by out migrants from the Appalachian region, told of "quick TB" and how it was the most dreaded disease in her family. The woman described quick TB by saying "it was caused when a menstruating woman took a shower or was caught in a rainstorm. The blood flow would stop and 'back up,' resulting in a sudden hemorrhaging from the lungs and death."²⁶

Other restrictions included avoiding gardens. Most often cucumbers are mentioned as susceptible to death or having the vine rot.²⁷ Cavender reports that the belief about cucumbers is not distinct to the region and also indicates that sage was also believed to be in danger of a menstruating woman.²⁸ The contaminating nature of menstruating women also carried over to the kitchen, where preserving food of any kind by a menstruating woman was forbidden in many households since she would cause the food to spoil.²⁹ Foods mentioned most often as susceptible to menstruating women included sauerkraut and pickles.

The belief that women could cause plants to wither and die or could cause the preserving of food to fail is not specific to the Southern Appalachia. In 1920 the theory

of “bacterial menotoxins” was presented by Dr. Bela Schick. He proposed that the menstrual blood of women contained toxins that could indeed cause plants to die and food to spoil. This controversial theory was abandoned and rediscovered several times, but to date no conclusive studies have been conducted to prove or disprove the theory. Buckley and Gottleib assert that menotoxins may be no more than a folk-biology of pollution.³⁰

For the most part it appears that the education of young women was left to the school system or girl’s organizations. The Girl Scouts of America pioneered menstrual education and required knowledge of the physiology of menstruation to earn its Health Winner Badge in the 1920s.³¹ Public schools also assumed the responsibility of educating young women and men about their bodies and the changes that would occur during puberty. Whatley and Henken explain that the nature of sex education courses varies in how clear and detailed content and instruction are. They point out that some girls leave these classes not knowing where the vaginal opening actually is.³² While young women and men were given a technical explanation of sexual intercourse and the process of conception, they received much of their information from friends and filled in the gaps left by their parents and the school.

Another topic that was unmentionable in Southern Appalachia was abortion, with many women claiming that they knew nothing of the subject. Despite this purported ignorance about abortifacients, many women knew of ways to end unwanted pregnancies and often helped each other perform abortions. Women were aware of back alley clinics, doctors, and midwives who would assist in this process.³³ More often than consulting an outside source, women resorted to their own methods, which usually involved some sort

of aggressive act. Stekert reports that women indicated using a splinter from an elm tree or a pencil to induce an abortion and that turpentine and quinine were also taken orally to abort a fetus.³⁴ Many of these abortifacients were widely known throughout the United States in the 19th century. Midwives were often feared for their power to certify stillbirths and their unmatched knowledge on methods of abortion.³⁵ Treatment for “female complaints,” a term that encompasses many afflictions including unwanted pregnancies, entailed a wide range of botanicals that were used both as emmenagogues and abortifacients.³⁶

“The Change of Life,”³⁷ or menopause, was yet another subject that was not discussed in the Southern Appalachian household, for it too was associated with menstruation and sex. Many women believed menopause to be a myth and indicate that they never remembered it happening to them and that they never experienced any of the symptoms of menopause with the exception of the cessation of their menstrual cycle.³⁸ Medically, menopause is described as a “failure,” “regression,” “decline,” “atrophy,” “shrinkage,” and “disturbance.”³⁹ It is not clear that what medical texts describe accurately portrays the experiences of women who in many cases enjoy the freedom from the worry of menstruation and pregnancy.

An interesting history has evolved concerning the female body and society’s attempt to understand and control it. Often these misunderstandings or interpretations lead to restrictions on female actions and confinement of its functions. Women are told to clean up and conceal those things that are solely attributed to women such as menstruation, pregnancy, and menopause. These messages are delivered directly through mass media and word of mouth and indirectly through actions and non actions. This

powerful socialization teaches women to be embarrassed, insecure, and ill at ease with their own bodies. The following chapters attempt to reveal and interpret the information given to southern Appalachian women about their bodies and explore the ramifications.

CHAPTER 2

MENSTRUATION

Communication

Throughout the 20th century, Appalachian mothers appear to have been neglectful in preparing their daughters for menstruation. This may be caused by a variety of reasons including their reliance on the public school system, embarrassment, a belief system that enforces silence, and possibly many others. The majority of the women interviewed stated that their mothers told them nothing about menstruation either before or after menses. Most often if anything was said it was a brief, evasive, and uninformative comment that usually directed the young woman to use feminine hygiene products. Some informants shared the information given to them by their mothers:

KS (age 25): “Mom something’s wrong with me, I think I’ve started my period.” And she was like, “that just means you can get pregnant now, let me go get you some sanitary napkins.”

LK (age 52): When I got my period my mother gave me a box of Kotex and the little booklet that came with it “what to tell your daughter,” and just gave it to me to read and that was it.

VS (age 53): She showed me the sanitary napkins and told me how to wear them, and basically that was it.

PP (age 67): She went in... course back then they didn’t have no sanitary napkins, I don’t guess. Cause we didn’t. She went and got me some rags and folded them up and told me what to do with them.

This is not to say that all mothers were uncommunicative with their daughters; some did attempt to explain menstruation. One informant (A1, age 27) described a more positive and informative experience with her mother: “she explained what was happening with my body and the changes I would be going through, that it was natural and

something that every girl would be going through both the technical and the emotional side.” Unfortunately, this type of communication was the exception rather than the rule.

During the interview session the women were asked about the way they had or would communicate with their daughter(s) or a young woman about menstruation. They were also asked if their communication with a young woman would be affected by the way they were communicated to about menstruation by their mothers. BS (age 75) said that her communication pattern had not changed from that of her mother’s as evidenced by what she told her daughter about menstruation, “I don’t think I told her too much. Don’t remember what I told her. I was too embarrassed to talk about things like that; things weren’t as free as they are now.” BK (age 53) makes this statement concerning the lack of communication in her household: “It was so bent into my mind that you don’t talk about this stuff and you don’t think about this stuff.” BS (age 75) expressed how the subject of menstruation continues to be embarrassing: “I guess I still don’t talk about. I don’t think about it; I don’t know, it’s just a phase of my life that I’d just rather leave off.”

Fifteen of the women responded that their mother’s communication pattern would/had affect(ed) their communication pattern. Several of the women stated that they would give or have given more detailed information concerning menstruation as KS described:

Again, I would just be more open minded and try to get at her [a daughter] at a young age, because I would hate it if a school or her friends were the ones educating her about sex and pregnancy. I would have to completely be more honest with her and pass on the things that people told me or that I wished they had told me.

All of the women who indicated that they would/had change(d) their communication pattern also indicated that little to no information had been given to them by their mother. BC (age 54) said: “I think it would have helped me more if my mother had talked to me about it.”

VS explains how she changed her communication pattern with her daughters:

ED: Did you talk to your daughters about menstruating.

VS: Oh yeah, I told them the whole nine yards.

ED: Like what?

VS: I told them, I just told them the story of menstruating. As a girl grows up her body changes and you have periods. And they sat and listened to me. I just told them about it. It's something that happens every month, don't let it scare you. And, they did good, I have to admit that. That's one thing they are proud of; I talked to them about everything.

ED: Did you describe it as a positive or a negative thing?

VS: No, I let them know it was a positive thing. I let them know it was positive. I didn't want any mental cases. (laughter)

ED: Do you think your experience with your mother affected the way you communicated with your daughters about menstruation?

VS: Yes.

ED: How so?

VS: Because my mom was really, really, she wasn't strict but there were things you just did not talk about. So I made a vow that if I ever had kids I would tell them everything. So that's what made the difference in me, I just tell them everything.

Not all of the women interviewed felt that they were left ill-informed by their parents. One informant indicated that she would change her communication pattern from that of her mother's concerning menstruation by giving less information. She felt that her mother had given too much information to her, too soon, and too often. TE (age 24) described her mother's “educational, womanly hour once a month” as scary. TE says she would “try not to be scary and try to be really honest, straight forward, and simple. I think it would be best to keep it simple, instead of rolling out the charts. I think she [TE's mother] was a little intense about it.”

Women were asked what they would tell a daughter or young woman about menstruation. Frequently their responses lacked detail and were general or vague comments about “something” that was going to happen:

SY (age 21): It’s a process your body goes through every month. It cleanses your body. I know some people think that blood is gross. I would let them know that the blood that is taken out is dirty blood and so your body is actually cleansing itself so that it good. I think that is all I would probably say.

SD (age 58): That it’s just a part of being female and this is the way when you get married and you want to have children, it’s just a cycle of life. It’s nothing bad. It happens once a month and then it’s over. There’s nothing negative about it.

LK (age 52): I would tell her everything. I guess when she got a certain age, I don’t know if girls are starting earlier than they use to, with the hormones in food. I would just tell her that this is going to happen. [Having read about other cultures] I would tell her about all of the puberty rituals and I would probably have some sort of celebration that the two of us would have, and friends if she wanted to. Like that poster of the young girl getting corn pollen put on her head, I wish we had rituals like that when we went into puberty. So I’d probably do something kooky like that.

BS (age 75): It’s a monthly thing that all women have to suffer through. That’s about it. It’s a part of life. That’s about all. I mean what can you tell them?

In comparing these responses to the explanations given by the informants in Emily Martin’s 1987 study of women in Baltimore, there are some notable differences. Martin reports that women of middle class status almost always produce a scientific view of menstruation, talking about organs and their functions, whereas working class women explained menstruation through experiences or as a life change.⁴⁰ The responses of informants for this study almost always followed the working class model of Martin’s study regardless of socioeconomic status. Martin also indicates that the working class informants showed a reluctance to share a medical explanation of menstruation even

when prompted.⁴¹ This reluctance was also present in interviews across socioeconomic rankings for this study. Women were often asked several questions in an attempt to illicit a more detailed and/or medical explanation to no avail. Only one informant gave a detailed, medical description for menstruation and this may be attributed to her medical academic focus.

Along with the questions about communication, interviewees were also asked if they felt that the way their mother had or had not communicated with them about menstruation affected the way they viewed their own body or themselves as women. Almost all of those who answered indicated that they felt it had in some way, even when they were unable to indicate how. ST (age 19) describes how her mother's actions were a more powerful communication tool than were her words, "In Mom's words she tried to give me a positive self-image, but in her actions I've got a little bit of self-doubt." For others the influence came from the lack of communication altogether, as VS described,

ED: Do you think the silence about menstruation and your own body affected the way you view your body?

VS: Yes, yeah, well to me it was shameful, it was shameful. I just didn't feel good about it, not for a long time, that's basically how they made me feel, because they never talked about it.

In her study of menstrual attitudes and beliefs, Susan Stoltzman asserts that mothers constitute the primary source of information concerning menstruation. She states that the second major source of information is female friends, and the third is a combination of health education classes and media.⁴² It appears that in southern Appalachia this trinity of information sources continues to exist but not in the same order. With a number of women in all but the youngest age groups reporting that their mothers

offered little or no information, mothers could hardly be considered the primary source of direct information.

However, when it comes to indirect information about menstruation and the female body, it is clear that mothers conveyed a great deal. The mother's actions, avoidance of the topic, body language, and obvious embarrassment successfully conveyed that the same was expected of the daughter. KS describes this indirect communication: "No there was nothing that she said. She was never comfortable and you could tell she was uncomfortable talking about stuff like that. And so you're, well, you're uncomfortable about it so I'm uncomfortable about it." In discussing socialization during menstruation, Stolzman reports that,

A girl's identification with her mother may be particularly intense at menarche, when she can biologically fulfill the role of mother, thus, maternal beliefs, communicated by both word and action may be a powerful variable in the socialization of beliefs about menstruation as well as in the development of a girl's sexuality.⁴³

The women in this study all indicated that they informed their mother about starting their period and in many cases went to their mothers first after discovering that they had begun their first cycle. Rather than asserting themselves as the primary information source, Appalachian mothers often avoided or rejected this role. As discussed later, the public school's sex education classes became the primary source of information for young pre- and postmenarcheal girls and the role of secondary source was filled by female friends and sisters.

This trend of communication appears to be changing with younger informants reporting that they have or will assert themselves as the primary source of information for their daughter(s). Often this change is inspired by what they perceived as a negative

experience and their wish to prevent their daughters from being subjected to the same. Though many of the women indicated a desire to be more communicative and informative with their daughters, few could actually articulate what they would tell the young woman. This could be because of the fact that many of the women had given this question little prior thought and that they themselves continue to be ill informed.

Experiences with First Menstruation

With no prior knowledge of menstruation, the onset of menses proved to be a horrifying experience for some women, leaving them to think that they were injured, dying, or had done something terribly wrong. When asked about their first experience with menstruation, several respondents expressed fright.

BK (age 53): You didn't talk about it. It was never discussed. When I started my period I thought I was dying. I mean I thought something was bad wrong with me. Good Lord I was bleeding. I was hiding stuff, you know, like I would stick rags in my britches trying to hide it, and finally momma caught it.

VS (age 53): No it wasn't happy. It was kind of scary, it was kind of scary. Cause I told her I had started bleeding and she handed me one of the sanitary napkins and said this is what you wear. Other than that, that was about it.

SD (age 58): I was scared! Because I was bleeding, and I was only 9 years old, you know, you think you were going to die or I did something wrong. I was very scared of my mother and I thought I've done something wrong.

AD (age 77): I was 12, and I had a mole on my leg right there (points to the inside of her leg) so I thought I had scratched it. My mom had told me that if you scratched it, after I scratched it I told her "what made me do that" and she said "get in there and get a rag on" (speaks with angry tone), and I thought I don't know what I'd done. So I realized then that that wasn't the cause of my bleeding. So I did what mom said to do and I didn't know what else to do.

ED: She had told you if you scratched a mole you'd bleed to death and that's what you thought you had done?

AD: Yes. That's what I thought. So, the next month I was at school, and I looked behind me, and I had all this blood, so I went down to my sister

(she lived down below the school), and she told me what to do. I said I just don't know what to do.

BS (age 75): Scared, scary feeling, I never could talk to mom. Cause it was always "you're a whore."

These types of experiences where there was an absolute lack of knowledge of menstruation before its onset was only found with women over the age of 50. For women of younger ages who were given no information by their mothers, it appears that they received forewarning of menstruation through friends, sexual education classes, and/or mass media. While not eliminating fears and misunderstanding, this prior knowledge did eliminate the misconception that menstruation meant that they were dying or that they had done something wrong.

Some young females in Southern Appalachia had better experiences than others and actually looked forward to their menstrual cycle. They anticipated both the event of becoming a woman and the assurance that they were normal, especially if their friends and peers had already begun menstruating. SL (age 30) describes her first menstrual cycle and the emotions surrounding it,

ED: Can you describe your first experience with menstruation?

SL: Yes, I can remember it very well. It was August the 16th of 1988. I had just turned 13 and I woke up that morning and went to the bathroom and saw the blood and was very excited. I immediately told my mother. I went to the childcare center that my mother owned and told all the ladies who worked for my mother. Then I called my aunts and my older sister.

ED: How did they react when you told them?

SL: I think they thought I was retarded. They were like, "oh, well great," I was way more excited about it than they thought I should be.

ED: What kinds of emotions did you feel during this experience?

SL: I was happy, I couldn't wait. And that first one was a lot of fun and it kind of got old after that.

ED: What made it so that you were so excited about it?

SL: I was older than everybody else and I felt a little excluded from something I guess. And plus there was that great fear that it wasn't going

to happen and that I was really a man or something and that I had man parts and didn't know it.

TE (age 27) shares this sentiment: "I was afraid my lady parts weren't working." All informants with a positive memory of beginning menstruation are currently eighteen to thirty years of age. This could be an indicator of how communication patterns have recently changed in Southern Appalachia.

Names for Menstruation

Though it was rarely done, women did communicate with each other about menstruation, and when they did they often used other names for menstruation that they created themselves or were told by other women. The following names for menstruation were reported by the informants interviewed: "period (all informants)." "falling off the roof (LK)," "my time (LK)," "the curse (ED, BC)," "riding the old gray mule (BL, GD)," "uncle bloody (SL)," "on the rag (PC,ED, BW, SB, MP, ST, SH, VS)," "raggin' (ST, SH)," "riding the crimson tide (SL)," "riding the red tide (SL)," "that time of the month (ED, BC, BK)," "riding the rag (BL)," "back in the saddle (BL)," "being stricken (ST)," "the flux (BS)," "it's time to tie a bucket around you (TE)," "Aunt flow (KS, MP)," "A visit from the aunt (ST)," "Herman (SB)," "Fred (KI)," "Henry (KI)," "Ms Red come to visit (PC)," "the infantry has landed (KS)," "the visitor (PC, A1, SH)," "the red flag (BC)," "grandma come to visit (BL)," and "the present by mother nature (SH)."

The most surprising element of the list is the frequency with which a male name appears as a nickname for menstruation. The respondents did not know why the male name was chosen, but in all cases of these cases the nickname was created by the informant or her friends. KI (age 47) said, "Girls gave it nicknames; I remember my

friends gave it nicknames, Fred, Henry, mostly guy's names. A lot of people used Fred but I don't know why."

Medicalization of Menstruation

The medicalization of menstruation seems to be missing, to a large extent, from the Appalachian culture. Only one informant reported being taken to a doctor who did nothing to educate or treat her for her menstrual cycle. After starting her menstrual cycle at the age of nine years, BK's mother became concerned: "She said she thought something was wrong with me." Her mother took her to the doctor who assured her mother that "some girls just start earlier," and the doctor left BK with the advice "keep your knees together." Even for someone as young as age nine the doctor's comments reflect the connection many people have with menstruating and becoming sexually active. As discussed later, some of the women explain the lack of communication concerning menstruation and menopause to the absence of conversation about sex. This reveals their and/or their parents' association between menstruation and sexual activity.

All 30 informants interviewed for this study responded that nothing was done for the absence of menstruation or for an excessive menstrual flow, even for those who regularly missed cycles. PP (age 67) says her view of menstruation today is "a bad thing, cause it hurts. I had a lot of cramps and stuff. And I never did do like everybody else, I didn't go every month. I'd skip, you know. I go every two or three months sometimes nine, ten. Sometimes I wouldn't go a whole year." When asked, "Was anything done for this?," she replies, "Not for me." PP was not alone in her menstrual irregularity, BS states; "I was very, very irregular. Sometimes I would go for four months and when I would have my period I would go for a week to ten days. No nothing was ever done."

This disregard for menstrual regularity indicates that there was minimal concern in Southern Appalachia about the reproductive health of its young women, unlike the preoccupation with regularity that Brumberg reports for the United States. It could also simply be a symptom of non-communication. If menstruation was never discussed, even between mother and daughter, then it was most likely never reported when a menstrual cycle was missed. Furthermore, it could be an indication that neither mother nor daughter was aware that cycles should happen on a regular monthly basis. This might be because of the lack of information, but may well be because of the fact that malnutrition, overexertion, and pregnancy all cause amenorrhea, and the pattern of a regular monthly cycle is a recent phenomenon.

Embarrassment: Preventing Menstruation from Showing and Feminine Hygiene Products

Some women reported being embarrassed when others, especially boys, noticed blood on their clothing. Other women remember this happening to their friends. The fear that menstrual blood would show on clothing is usually expressed with the conviction that white or light colored clothing was not worn during menstruation. LK shared this story,

My mother wouldn't let us wear white clothes when we had our period, because her best friend in school got up in class one time and she had on white pants, and she had bled all over the pants. And my mother still to this day talks about it. My mother is 83. So it must have really made a, some sort of a humiliation. It wasn't even my mother, but she absolutely wouldn't let us wear white when we had our periods.

This sentiment is echoed by SH: "you have to think about what you're wearing because you can't wear light colored pants." Women who had to endure the bulky sanitary napkins or homemade rags commented about the fear that the napkins or rags would

show through their clothing, BL exclaims, “They would almost show through our clothes! I can’t understand that why somebody back then didn’t come up with something.”

For many Appalachian women store bought sanitary napkins, as late as the 1960s, were seen as a luxury, and homemade napkins were the standard. SL remembers homemade napkins being made at home in a pinch as late as the 1980s. Most often napkins were made out of old sheeting, baby diapers, clothing, and even flour sacks and subsequently called “rags.” BW remembered her mother making these rags on the day she started menstruating:

BW: I had started I think at school, but not much and then I came home and mom had to make all this homemade stuff for me because we didn’t have all this stuff out of the stores. I was afraid to tell her. I told her I thought something was wrong with me, and “that’s normal” she said. And she went to making me all these, a little belt thing to hold your pad up and they wasn’t store bought pads, they was rags.

All of the women who spoke of these homemade sanitary napkins looked back on them with disgust describing them as “nasty” and “dirty.” Like their store-bought counterparts, homemade pads were almost always attached to girl’s underpants with an elastic belt that fit around the waist and had two tabs with safety pins. Eventually, underwear was made that allowed girls to fit the pad into elastic straps sewn into the underwear and avoid the hassle of the belt. Several women indicated that they had forgone the belt or the specially designed underwear and safety pinned the pad directly to their panties. LK described her struggle with the belt: “The box and one of those horrible little, you use to have to wear this belt that had these little things, you had to weave the thing through that always cut into you. So then I just started using safety pins because the belt was just horrible.”

While store bought sanitary napkins could be thrown into the trash or burned, homemade napkins were washed and reused. Often used rags were held in a pail until wash day, where they were boiled and washed before reuse. BK (age 53) shares where the rags were washed and kept in her household:

BK: You washed them, and we had a wash house outside, later we got an automatic washer, but when I was real little there was a building outside the house you called the wash house. There was a big cast iron metal tub that set on something you could build a fire under. You put the water in it and built a fire under it and you used the water to put in the ringer washer. And we used that until I was in the 7th or 8th grade.

ED: You used the rags and then you washed them? Was there a place that you kept them? Or did you immediately go when you changed them and wash them out?

BK: You could hang them up in the wash house, cause you really didn't want to drag them out and hang them on the clothes line but you could hang them up in the wash house. Men didn't go in the wash house hardly ever anyway.

ED: Did you wash them as you used them?

BK: Well first you'd hand wash them out and then you'd put them over in something like a diaper pail type thing and then you did a wash. And sometimes you just had to wash them out by hand and hang them up to dry cause you might not have that much and you just washed once a week.

Feminine hygiene products were rarely discussed at home and were a source of embarrassment for almost every woman interviewed. Purchasing these products was made especially embarrassing when a male cashier or store clerk was involved. Some informants reported that purchasing these products was made even more difficult by the fact that they were kept concealed. GD recalled: "I had this friend who owned this store and he kept them in a brown paper bag on the shelf. Somebody would come and they'd ask for one of those bags and he would get them down." BL remembered her embarrassment in buying feminine hygiene products from a man behind the counter:

The gentleman who owned the store he kept them up on a shelf, way up high, already in a brown paper bag. So when we would go, we was embarrassed so we would just point that we wanted a pack of those up

there and he would get them down. And they were in a brown paper bag rolled down so nobody could see them.

Despite the continued nationwide marketing of feminine hygiene products and their liberation from the brown bag to the store shelf in small Southern Appalachian towns, the embarrassment persisted. The following are the responses of women to the question: What kinds of experiences have you had buying feminine hygiene products?

KI (age 47): I never liked to go in the store and just get that, I'd always come up with some bread or a pair of socks, you just didn't want to go up there with just one box of pads in your hands.

SH (age 23): I didn't want to go to a guy cashier; I made sure I was going to a woman. I didn't want a guy knowing I was using a tampon. It's not something they need to be thinking about.

MP (age 22): I was really scared to buy them by myself. I was afraid that I would run into the cute guy from school in the middle of Wal-Mart carrying around my Maxi pads.

SB (51): I remember being really, really embarrassed to go buy them by myself. I remember when they first started advertising Kotex on TV. The first time I experienced that my dad and I were sitting in the room together watching TV, my face was beet red. He didn't make any mention of it but I was really embarrassed.

KS (age 25): Embarrassed, you feel like the whole store is looking at you. You don't want everybody to know you have any. Naturally I think you forget that everybody goes through this, especially when it's so taboo for you to talk about at home, so it would be really embarrassing. I remember the first time I bought any thing I was so embarrassed.

ST (age 19): It never really bothered me. I don't particularly like to buy them from handsome young men. It's something that just seems like it should be something private.

The embarrassment experienced with menstruation centers on one main idea that others, particularly males, will know that the female is menstruating. This is expressed in two basic fears, that menstrual blood will show on clothing and one will be seen purchasing/holding feminine hygiene products. Whatley and Henken explain this

embarrassment: “The very fact that a girl is menstruating is the embarrassing issue because she is then identified as sexual.⁴⁴” This association between menstruation and sexuality/sexual activity are indicated clearly by the doctor’s comment of “keep your knees together,” insinuating that the young woman would now become sexually active, even at the age of 9.

Feminine hygiene products take on a peculiar role in this connection between menstruation and sex as the herald of the woman’s sexual state. In some instances, they are almost treated as a form of pornography. Concealment in brown bags and hidden under the counter, hidden in the bottom of shopping carts, and kept from the view of the opposite sex, feminine hygiene products induce a level of embarrassment one might expect from someone who was purchasing condoms or other sex related product.

Sex Education Classes

Sex education in the public school system played and continues to play a large role in informing Southern Appalachian youth about their bodies, puberty, and sex. This education focuses mainly on the technical aspects of puberty, the corresponding changes in and of the body, sex, pregnancy, and contraception. For many informants sex education classes were the only information they received about the topics of menstruation, sex, pregnancy, and contraception. For others, information gained at school supplemented the minimal information they had already received at home. The vast majority of respondents indicated that while they remember taking the class in school, they couldn’t remember the specific information that was given to them. And some became confused when the information they had been given at home or from

friends did not match the school's curriculum, all the while being too afraid to ask questions to clear up any misconceptions. BW (age 64) shares her story,

BW: At school they told us a tale, but they told it all different from what I thought it would be like.

ED: What kinds of stuff did they tell you? Do you remember?

BW: Well they just told that women did that and men didn't do it.

ED: How was it different from what you expected it to be?

BW: The first person who ever told me, told me that I would do that and that I would bleed every month and that men wore rubbers, and I thought they wore them all the time or at least once a month.

A second focus for many of these courses aimed at educating young women about menstruation was the use of feminine hygiene products, specifically sanitary napkins. Many young females left these classes not understanding their own anatomy, specifically the location of their vaginal opening. This was usually reported when women told of the difficulty they had with the use of tampons. This frustrating experience also caused embarrassment, fear, and anxiety:

SL (age 30): Ok, also my first experience with a tampon was not the most experienced. I tried to insert the tampon several times, but realized that after I finally learned how to do it that I was trying to insert it way to the front of my body, about an inch and a half to the front of where my actual vaginal opening was. Basically where I peed out of - I was trying to put it up there. I remember crying and crying and crying and crying some more and eventually one day I found it and realized that I was not a weird hermaphrodite with a horn and that I was actually a real woman who could use a tampon.

Tampons also carried a sexual connotation with several women reporting that they were told that tampons should not be used by a virgin as they will take her virginity.

HS (age 23): She's [her mother] Baptist and she thinks that it would make me feel more comfortable with my sexuality and make me a non-virgin because I was a virgin until whenever...she said only women use tampons who have sex and I don't want you to have sex.

BK (age 53): It was not until I was married that I put a tampon in. If you used a tampon you were never a virgin again. [she was told by her mother] “You can’t use those until after you have babies.”

ST (age 19): [speaking of her grandmother] She doesn’t think it’s ok for someone who’s a virgin to wear a tampon. She said, “The other night I had a nightmare that you were using tampons.”

Again, menstruation is linked with sex and has a curious ramification in sexual education classes. While a technical explanation is given about menstruation and pregnancy, inadequate attention is given to educating young girls about their anatomy. This is indicated in the confusion concerning the location of the vaginal opening that usually manifests itself when the young woman first attempts to use a tampon. Curiously, information on the use of sanitary napkins is given as a focus for sex education classes, while tampons, which have a sexual connotation, were not explained. This sexual connotation is vividly described by informants who clearly state that tampons were believed to take away virginity and were only used by sexually active females. This also supports the idea that feminine hygiene products herald the sexual nature of the female who is in possession of them, and by using, or knowing how to use them females become sexually knowledgeable.

The lack of clear, memorable, and useful information being given in sex education classes is disturbing considering the predominant role it plays in educating southern Appalachian youth. Alarmingly, there are public school systems that have no sex education program and others are minimizing the program they currently have. Considering the lack of formal, accurate information from other sources, public school sex education classes are extremely important and valuable. Not only should every school system have a sex education program, but moreover topics such as anatomy,

menstruation, sex, and pregnancy should be covered in more detail and repeated over several years of public education. Other topics including the woman's right to say "no" to sexual advances and rape should also be covered since these are topics wholly neglected by parents and friends.

Menstrual Rules

Menstrual rules reported that protected the menstruating woman's health include menstruating women should not swim (KS, BS, GD, BC, CB, TE, VS, KI), bathe (KS, BK, SD, KI, AD), go into water (BS), go in the rain (GD), wash hair (BL, GD, PP, VS), sit in water (SD), be active (CB, GD, KI), or get around animals (BK). Swimming seems to have two components to why it is a restriction. The first seems to lie in the belief that getting wet was detrimental to a menstruating woman's health, and the second is based more in hygiene and the social nature of swimming.

Menstrual rules reported that indicate the menstruating woman as harmful include the following: menstruating women should not can/preserve food, pickle food, cook kraut, (AD, ED, BW, GD, PP, BL, SL, BK) or go into a garden [particularly around cucumber vines] (ED).

Several informants indicated that they remember being told about restrictions but were unsure as to why they were enforced. BK gave this reason:

Nobody would justify it, but they wouldn't talk about it either. So, you never could get the why and I don't know if they knew why, but they weren't going to tell you about it, that's for sure, because you weren't suppose to talk about it.

While restrictions were reported, no informants indicated that they believed these restrictions should be followed or that they had enforced them with their own daughters.

The restrictions reported by Appalachian women do not indicate any spiritual or mystical

foundation; therefore, the restrictions should be viewed as menstrual rules rather than taboos.

Treatment of Menstrual Symptoms

Women learned quickly from their mothers, either through her actions or words, that menstruation and all that comes with it is not to be spoken of. For many women this meant that symptoms of menstruation had to be suffered through silently as one informant (age 64) recalled: “I had a real hard time because I guess we didn’t have any aspirins or nothing to take and I hurt real, real bad the first few years of my period.” And for some women the pains of menstruation were ignored or worked through no matter how painful they were:

BS (age 75): I didn’t know what cramps were. I never did know. I had some surgery, they told me my ovaries were scarred, that I had some severe cramps. I said well I never did cramp. They said you better believe you did. I didn’t know what cramps were; I believed if you cramped you went and worked it off.

Treatment for the symptoms of menstruation, specifically cramps and headaches, include the following: aspirin (PC, JC, SD, BC, KI, BL), Motrin (PC), Pamprin (PC), Tylenol (ED, KS, PC, A1, SB, SL, CB), Advil (ST, SL), Tea [no specific variety] (ST, AD), hot water bottle (BC, SL, KI), heating pad (PC, BC, CB), and Darvon [a prescription pain medication] (LK). There were no remedies given for any other symptom of menstruation or menstrual disorder such as menorrhagia, dysmenorrhagia, and amenorrhea.

Remedies mentioned in CFMC interviews include: Solomon’s seal tea, tansy tea, herbal tea, polka dot tea, bark tea, red raspberry leaf tea, willow bark tea, and ginger tea for cramps, menstrual regulation, and dysmenorrhagia. Peppermint tea remedies cramps.

Pennyroyal tea eases a painful and difficult menstruation and promotes menstrual discharge. Spice tea relieves menorrhagia, witch hazel tea remedies dysmenorrhagia, and catnip tea is taken for cramps. Sage tea is reported as being useful for cramps and also dysmenorrhagia. Other plant based remedies consist of chewing on yarrow leaves to regulate menstrual flow, chewing goldenseal for cramps, a wahoo concoction of inner bark taken for uterine troubles, drinking calamus root and whiskey, and drinking chamomile bitters (chamomile flowers in whiskey). Remedies for menstrual trouble also include Watkins liniment, Wine of Cardui, hot water bottle, aspirin, sitting with feet up and rubbing belly, a drink of red liniment, sugar and water, cardui tablets, soaking feet in water as hot as you can stand it with dried mustard and Epsom salts in it, a teaspoon of alum in 1/3 glass of water taken every four hours as a cure for menorrhagia, and taking flour by mouth for menorrhagia.⁴⁵

The difference in the number and types of remedies used between the informants of this study and the CFCM is dramatic. It appears that the traditional remedies concerning menstruation were either not passed down to current generations leaving contemporary women with little to turn to in material medica. This, however, may not be true for remedies concerning other ailments. It is a curious pattern since the magnitude of remedies in the older cohort would indicate that at one point there was more communication between mother and daughter concerning the menstruation, at least in this one area. It should be noted that the questions asked in both this study and the CFCM interviews were similar in nature, neither using specific prompts for each individual symptom.

Current Views of Menstruation

Informants were asked, “How do you feel about menstruation today?” Though their responses varied, they almost always include a negative sentiment.

LK (age 52): Well, most of my friends have already stopped. I’m 52; I’ll probably be in the nursing home still going strong. Other societies think that it is a time that a woman experiences when she is more open to the cosmos. Some people say you just get spacey. But I think that it does happen a little bit and I like the thoughts that I get sometimes. But then sometimes it’s a pain, when you have to stand all day teaching and you have cramps, it’s a pain. I’ve never wished that it wouldn’t be there. I’m always glad to know I’m not pregnant.

VS (age 53): It’s part of life. Every woman’s got to have it so that’s the way I look at it now.

KS (age 25): Just a natural thing. Every body has to do it, you hope to do it and you hope that your body is functioning right so you can have children one day.

PC (age 50): It’s just an aggravation.

HS (age 23): I hate it. I hate periods. If I didn’t have it I would be so happy!

MP (age 22): It’s a big pain in the butt. I feel like I smell

BL (age 61): I was glad when I quit. It can just make you feel nasty, make you feel dirty, no matter how many baths you take you don’t feel clean.

ST (age 19): I think it is a badge of womanhood, I’m really not that concerned with it. Like I said it’s not any real inconvenience to me because I don’t get the cramps. In times that I have been sexually active I have been anxious about getting it and extremely relieved when it comes.

SY (age 21): I quite enjoy it actually!

Women in the study were reluctant to classify menstruation in a completely negative or positive light, often going back and forth between the two. Usually they would characterize menstruation by describing a combination of positive and negative traits.

Negative comments usually included references to its unclean nature, pain and

discomfort, and the hassles of dealing with its regularity or its unpredictability. Positive aspects of menstruation were usually associated with its exclusivity to women, supposed cleansing effects, and its being seen as an indication that the female was not pregnant.

CHAPTER 3

PREGNANCY

Pregnancy, with its direct connection to sexual activity, was among topics left unexplained for many young Appalachian women. It is evident that if it was culturally discouraged for a mother to discuss menstruation and sex, it would be almost impossible and equally discouraged for a mother to talk about pregnancy. All informants were asked, “What were you told about how a woman can become pregnant?” Again the overwhelming response was that no information had been given to them by their mother. BS stated: “They always told me the stork brought them, and I never could understand the big bellies, but mom would never explain it to me.”

Even in large families where respondents had witnessed their mothers go through several pregnancies, very little explaining happened in their household. Most children were sent to stay with relatives or neighbors during the birth of their siblings and returned home to find a new baby. These events happened without the children being given a clear explanation as to the baby’s origin. BL (age 61) told of how she discovered her baby brother:

I was seven years old when my mom had my younger brother. I hadn’t even noticed that she was pregnant. He was born at home in the night. I got up the next morning and they wanted me to come in there and look at what momma had in the bed. And I go in there and she has this little baby. And my aunt was there and she told me to look at him. And I look at him and ask where did he come from? And she had her sewing machine there beside the bed, an old sewing machine that opened from the top, and my aunt told me that they found him in that sewing machine. And forever I’d go in there and look and see if there was another baby in there.

Some women had made the connection between the large stomach of their pregnant mother and the resulting baby, but still no questions were asked and no explanation was given, as PP described:

ED: Was pregnancy ever talked about in your house?

PP: Well, no, not really. Cause, see, mamma got pregnant when I was twelve years old. And she never did mention it to me that she was pregnant, but I knew she was, because I could see. And I knew what was fixing to happen. But she didn't mention it to me, and I didn't mention it to her.

This ignorance sometimes continued until the woman herself had become pregnant. Armed with little to no knowledge about the process of pregnancy and childbirth and culturally restricted from asking questions freely, the entire experience proved to be a confusing and possibly dangerous one. BK expresses the frustration she experienced, "I couldn't talk to her about it. And the whole time I was pregnant she wasn't able to help me with any of the pregnancy. I needed someone to talk to. I didn't know what was going to happen. 'How does this get out of me?'"

One informant reported outside of the interview about her sister's experience with pregnancy. The pregnant woman was unaware of her condition and was told absolutely nothing by her mother or any other person. Throughout her entire pregnancy she was unaware that she was going to have a baby and did not realize what was happening to her up unto the moment the baby was born. This is an extreme example but is not completely isolated. KH (age 94) described the confusion she experienced throughout her first and only childbirth experience:

Oh, they brought apples home with them the night before and I had eaten a lot of them. We had killed hogs the week before or something like that. I took a lot up there with me of extra. I had eat a lot. We had an outside bathroom, an outside toilet, an outhouse. It was down hill. I had run all day long. I thought it was from eating those apples. I hadn't said anything

to momma about it. And I had run all day long. Momma came in and said you're running up and down the hill. She said "K- out there on the screen porch there's a slop jar. Use it." She didn't tell me what was going on. About four o'clock the next morning I went downstairs. I said "Momma I am hurting so bad, do you have anything for my stomach?" And she jumped out of bed, after all the babies she'd had. She said, "Frank! Frank! Get up right quick and call the doctor!"

If menstruation and pregnancy are too sensitive a topic for discussion, that sex itself was never mentioned is no wonder. VS said sex "was something that never come in that house. We did not talk about it. We did not see it as far as television or anything like that, never!" Other parental responses were similar to the one given to BW: "You better not come in here pregnant. And if you did, that was it." BW went on to say, "When I was growing up, only the bad girls had sex."

This silence and a deficient education from school sex education classes left women with little to no concept of sexual intercourse and its repercussions. BK describes her experience and how it inspired her to learn more about her own body and educate others,

Somewhere along the line I realized the way we were taught about our bodies, the way I was raised was totally wrong. I didn't even know how you got pregnant. The first time my children's father and I had sex in the back of a 55 Chevy he said something to the effect of, he had pulled out, and he said 'be careful and don't slide down in it.' I'll never forget it "be careful and don't slide over into it or down into it." I thought 'over into what?' I had no idea! I had no idea about sperm or about any of that stuff. And somewhere along the line I thought "this is ridiculous!" and I became more of a thirst for reading, more books, more books, more books about your body and I swore people should never be as ignorant as I was. People should know stuff, details!

The story of a special hug between man and woman or a book which gave this somewhat inaccurate description of sex seems to have been one of the most contemporary ways of explaining impregnation. This, too, left the young woman without any useful

information about her body or future experiences she may encounter. SL remembered this story being told to her:

ED: What information was given to you about how a woman becomes pregnant?

SL: Well (laughs), I got a story about a special hug that happens between a man and a woman. And when this special hug happens at just the right time a baby was made. And that's the story I received about how people get pregnant. It wasn't until much later in life that I actually knew what sex was and that sometimes there's hugging involved and sometimes not.

Informants reported stories they had heard in school and from friends about how it was believed a woman could become pregnant, aside from sexual intercourse.

Allegedly a female could become pregnant in a swimming pool where sperm was present (PC, BC, MP), from a toilet seat (MP, BC), from kissing a male (BC, A1), by touching stomachs with a male (SB), and drinking certain water (BC). Concerning the belief about being at risk of impregnation in a pool BC stated, "I thought if sperm got loose in the water it could travel anywhere."

In their study of vernacular sexual beliefs among Appalachian youth Caraway, and Cavender note the myths about the swimming pool, toilet seat, kissing, and many others. Caraway and Cavender reported other beliefs: a woman can become pregnant by performing oral sex on a male, jumping or standing on one's head after intercourse, participating in anal sex, being a virgin prior to sex, having sexual intercourse in water, contact with sperm regardless of vaginal penetration, climaxing during intercourse (female), penetration with fingers, and getting into a variety of physical positions after intercourse to insure conception.⁴⁶

Informants were asked if they were aware of any ways of determining pregnancy other than store-bought or physician given pregnancy tests. Overwhelmingly the response was no; however, a few methods were reported. MP and SY stated that they had been told that every time a woman dreams about a fish she is pregnant. MP went on to say how this had been true for every woman in one particular family. Other reports include that a woman automatically knows she is pregnant, missed menstrual cycle (LK, ED, GD, SB), and that other women looking at the pregnant woman could tell just by looking in her eyes (VS). KI remembered being told that if a pregnant woman urinated in a toilet filled with Comet cleaner the Comet cleaner would change color indicating pregnancy. One additional pregnancy test involved having a doctor inject a rabbit with the urine of a pregnant woman. If the woman was pregnant the rabbit would die (SD, ED, SL, TE).

Information about protecting oneself sexually and making safe and responsible decisions was also among those topics not discussed between mother and daughter. Some women did receive information from their mothers; unfortunately, it was usually vague, incorrect, confusing, and for some, like SD, more frightening than informative. While the following quote was given as a response to a question about pregnancy, it appears that SD's mother was attempting to tell her about rape.

ED: What information was given to you about how a woman gets pregnant?

SD: Not any at all really. I think after I got, I must have been about thirteen or fourteen, and I still didn't know how. I thought you had to be married, and once you got married then you had a baby, but I didn't know how it happened. I know, I don't remember what happened exactly. I was taking sewing lessons that summer and I would walk down to the Singer sewing machine center. They were giving free lessons. So I would go down there to take lessons. And I guess she thought that since I'm out by myself I should know if someone approached me. She gave me this horror

story. That if anyone comes near you start screaming and run because they'll stick that thing in you and it hurts! Of course my mother was uneducated and she didn't know how to, so I had a fear of men for a long time.

One informant spoke about how different her life choices might have been if she had been given appropriate and accurate information. Her response was given after being asked if the information or lack of information given affected the way she viewed her own body:

I really believe that if I had known about sex, and how you become pregnant, and all of those sorts of things and that I had the right to say yes or not or to participate in something or not, if I had that information it really would have changed my behavior. I could be wrong. I could be entirely wrong about that. But I believe that if I had had the information, some knowledge it would have changed the behavior. I was very self-conscious of my body, which also made it a mystery, then you almost wanted to explore it. I was having all of these feelings and I couldn't tell anyone about it. I really had no knowledge about what I was getting myself into.

The following statement from LK about sex was echoed by other informants, "I knew very little about sex. I didn't even know I'd had sex when I had sex, until I learned about sex, if you understand that statement." In such situations females were unarmed with the information needed to make healthy life decisions. BS (age 35) described during her interview how she wasn't sure what sex was even after she had sexual intercourse with two partners, "I just didn't know what was going on!" One of these sexual encounters resulted in a pregnancy that was aborted at the demand of her parents. The ramifications of not informing young women about sex and its possible consequences can clearly be seen in the statements of the informants. These women were left ill-prepared to make educated, responsible decisions concerning participation in sexual activity. Misconceptions and misinformation about pregnancy caused women to

worry about swimming pools and toilet seats while leaving them unconcerned about sexual intercourse. Furthermore, they were left unaware of the possibility of rape and were given no options of what to do if a rape did occur. An unmarried female involved in sexual activity of any nature was seen as sinful, dirty, and loathsome. In an attempt to separate oneself from these associations sex was not to be thought of or spoken of even to one's own daughter.

CHAPTER 4

CONTRACEPTION AND ABORTION

When asked about birth control, older informants responded by saying that nothing was done to prevent pregnancy and that they had never been informed of any contraceptive methods. BS offers this observation about birth control: “you didn’t think about it, it wasn’t talked about.” Modern or conventional methods of contraception were the most common response and consist of using condoms (KS, PC, SB, ED, ST, KI, CB, TE), diaphragms (PC, SB, ST), and the birth control pill (KS, SD, ED, ST, KI, CB, TE, LK). Other methods of contraception reported include: cotton placed inside the vagina (TE), vinegar soaked moss placed inside the vagina (TE), a quarter inserted into the vagina (KS), to douche with Coke after intercourse (ST, TE), abstinence (SB), withdrawal (PC, BK, TE), and the rhythm method (ST).

Informants were asked if they would give or had given their daughter(s) or young female information about how a woman becomes pregnant and birth control. Some said that they had/would so that their daughters could make informed decisions and know their options. SH (age 23) expressed that while she would most likely inform her daughter about birth control methods, she would make sure to stress that this would not constitute permission to have sex. Many women had previously stated that they were given no information about birth control prior to marriage because premarital sex was not an option or as KI stated, “we were good little kids so there wasn’t much need for that discussion.”

Much like the women of the study, CFMC informants report that they were never given any information concerning contraceptive methods.⁴⁷ As one woman put it, “Heck

no! Nobody knew and nobody told anybody.”⁴⁸ Modern or conventional methods of contraception were most commonly used and consist of condoms (often called rubbers), diaphragms, spermicidal jelly, birth control pill, and “having your tubes tied.”⁴⁹ Other less mainstream methods used include a sponge soaked in alcohol and placed inside the vagina, cotton placed inside the vagina, vinegar soaked moss placed inside the vagina, pennies inserted into the vagina, breast feeding, douche of Coke, Vaseline, sheep guts, refraining from sex until a specific number of days after your period (3days and 5days were both given), and a drink of solomon seal leaves crushed and made into a tea.⁵⁰ Abstinence and withdrawal were also commonly used methods.⁵¹

The most common response when asked about abortion was that it was never heard of and that the informants never knew that there was such a thing until they had gotten older. Nineteen informants, across all age groups, indicated that their mothers did not talk to them about abortion. Abortifacients mentioned include drinking turpentine (SL) and breaking the embryonic sack with either a wire coat hanger (ED, SL, GD, ST) or knitting needle (SL).

Similarly, CFMC interviews indicate that abortion was not spoken of and that the informants did not know that there was such a thing as abortion until they had gotten older. Informants reported hearing about abortion being induced by inserting various objects into the vagina to rupture the embryonic sack. The most commonly mentioned tool was a wire coat hanger. Others include hot poker, sharp object, #10 crochet hooks, and knitting needles.⁵² Additional means of abortion included drinking turpentine, rubbing turpentine on the navel, drinking castor oil, drinking black draught, taking quinine tablets, ingesting excessive amounts of salt, swallowing gun powder, drinking

May apple tea, using various douches, eating saltpeter, taking black pepper capsules, taking mustard baths, drinking sarsaparilla tea, jumping off a high porch, jumping high into the air, hitting or jumping on the stomach, lifting heavy objects, running, experiencing extreme temperatures, riding horses, and falling down stairs.⁵³

When abortion was talked about in Southern Appalachia, an element of fear was incorporated. Many of the stories tell of the death of the woman having the abortion and that they were only performed if the life of the mother was threatened. Abortion was seen as a sin and something that a good Christian would not do. Some parents went as far as to scare young women with tales of punishment after death if an abortion was performed. One woman indicates being told that if she had an abortion, “when she went to die they said she would scream that these babies were scratching her eyes out.”⁵⁴

Though it is clear that contraceptives and abortifacients were used, few women would readily admit to using them, with the exception of contraceptives by married women and the youngest women interviewed. Contraceptives, though more readily accepted today, are linked with abortion, as SD describes:

Adults talked but not to children, but adults talked and I would listen, because I didn't get out and run around like the other kids did. But I remember there was a lady that lived a couple doors from my grandmother. And they were talking, it was just when the birth control pill came out, and that she was taking it and they thought it was such a bad thing. It was almost like people today having abortions, that you're preventing life and that kind of thing.

Contraceptives made sex simply for pleasure an option for women by removing the possibility and purpose of pregnancy from sexual intercourse. In admitting that one knew about or actively used contraception, was also admitting one's sexuality and creating a link between themselves and sin. Abortion carried a much larger social and religious

burden since it continues to be viewed by many as murder. It is clear, however, that despite strong community or personal beliefs about the wrongness of abortion, women continued to find ways of aborting unwanted pregnancies, even at the risk of losing their lives.

CHAPTER 5

MENOPAUSE

Often known as “the change” or “the change of life,” menopause was described by many Southern Appalachian women as just that: a change in a woman’s life. Much like menstruation, menopause was rarely discussed and was associated with sex. BK stated, “Menopause was connected with sex and periods and women’s bodies and it was kept very, very quiet.” VS alludes to this same idea during her interview:

ED: Did your mother ever talk about it when she went through menopause?

VS: No, didn’t have a clue, didn’t even know that’s why I don’t know nothing. When the doctor’s ask how old your mom was [when she went through menopause], I don’t have a clue. Cause it was never discussed, of course sex was never discussed.⁵⁵

With so little information being given, women resorted once again to educating themselves through books, magazines, and television. Television, particularly The Golden Girls, played a role in not only informing women and young girls about menopause but also making it an appropriate topic for discussion. SL recalled its impact on her understanding of menopause,

ED: Was menopause ever discussed?

SL: No, the first time I heard about menopause was on The Golden Girls when Blanch went through the change. And I still didn’t really know what that was. And then when I turned about fifteen my mother went completely nuts for about three years, and finally she got on the hormones as she calls them, and she was fine after that. And that was my first brush with menopause, truly, but what I knew about it was from The Golden Girls. Like a latch key kid learning from the television.

ED: What information did you pick up from that?

SL: Well, that Blanch was really disgusted by the fact that she was going through menopause and that she wouldn’t be a woman anymore. So I thought that something happened and you weren’t a woman anymore. But I didn’t really know what that was until I was older; that you stopped having your period and everything sort of dries up.

The idea that a woman has lost something of her womanhood or is no longer a woman appears less frequently than does the belief that a woman might go crazy, losing - her mind and control of her nerves during menopause. Kathryn Kreynebuhl-Gardner, in her thesis *A Sociological Analysis of Premenstrual Syndrome*, discusses this insanity as a “culture-bound syndrome” and reports that “involitional melancholia” that was treated with tranquilizers and listed in the DSM-I until 1963.⁵⁶ She traces this belief back to the Victorian era, where the medical understanding of a female’s body indicated that there was a connection between a woman’s reproductive organs and her central nervous system.⁵⁷

Several women recalled either thinking that a loved one had lost her mind or felt that her loved ones believed she lost her mind during menopause. Most women indicated that this was a temporary state of nervousness or insanity and not a permanent condition. Some indicated that their mother became nervous, depressed, and acted crazy without explanation, and no cause was known until years later when they realized it must have been menopause. BK gave this example:

...when my mom, she had this really nervous build-up going on. She got worse; she had this nervous condition that really kicked in when she went through menopause. She went through this spell that required medication and stuff because she was so upset and so nervous and had all kinds of problems. I realize now she was going through menopause.

A different twist on this belief is that the hormone replacements themselves caused the insanity of the menopausal woman, as SD recalls, “they could give you medication, which would be hormones, which would help you get through it, but those things will drive you crazy, they would make you crazy. Or that was what I was told, well heard, not told.”

Martin explores the concept of the menopausal women being out of control,⁵⁸ which Appalachian women report as craziness and/or nervousness.⁵⁹ She shows how this interpretation of menopausal women is often from outside sources rather than the woman herself and gives examples which show this out of control behavior. These examples show menopausal women rejecting their role as house wife, servant to husband and children, and other culturally defined roles. She states,

In sharing the perspective that women in menopause are out of control, younger women may be unwittingly perpetuating a bias that when women step out of an accustomed--even if no longer wanted--role and protest, resist, or act in the world, they are defined as sick and weak (just as women with PMS are).⁶⁰

Women reported that they did not recall ever having gone through this change. That is to say, the women recall that at some point their menstrual cycle stopped, though for some it is unclear when this occurred, but they do not remember having any symptoms or problems. When asked if she talked to her daughter about menopause, KH responds, "No, I never did, I didn't believe there was such a thing as menopause."

Despite the fact that some women discounted it and almost all informants knew little to nothing about menopause, hot flashes were almost universally reported. To alleviate symptoms only one treatment was identified, hormone replacement therapy.

Hot flashes are an almost universally known symptom of menopause, and Martin asserts that there is "no good way of separating the purely 'physical' aspects of hot flashes from their social and cultural contexts."⁶¹ She explores the concept of hot flashes by comparing them to the symptoms associated with embarrassment such as blushing, sweating, quavering speech, etc.⁶² It is interesting to note that while embarrassment was

mentioned in conjunction with all other topics, no informant associated embarrassment with menopause, even when discussing hot flashes or other symptoms.

Women whose interviews were a part of the Cavender Folk Medical collection also reported hot flashes as a symptom, which for one indicated a connection between this life event and her spirituality: “The hot flashes were believed to be a fight going on between lust and Jesus; Jesus would always win.”⁶³ CFMC informants identified the following remedies for the symptoms of menopause: hormone replacement, bitters (a tea made from an unknown bark), Wine of Cardui, aspirin, sitting in a cool breeze, Lydia Pinkham’s Vegetable Compound, Dr. Pierce’s Favorite Prescription, rabbit tobacco tea, ginseng tea, and tying a string around your waist.⁶⁴

After asking women in the study what information had been given to them from their mother concerning menopause, almost all reported that no information was given. A few women indicated that they had discussed menopause with their mothers, usually when the mother or the daughter had entered or was close to entering menopause. For others it was unclear as to when their mothers had gone through menopause. A few assumed that a hysterectomy may have taken place at some point in their mother’s life time but indicated that again it was not a topic to be discussed.

These same women were asked what they, in turn, had told their daughter(s) or would tell their daughter(s) or a young female about menopause. Overwhelmingly, the response included little more than the statements like, “this is another change in your life,” “your menstrual cycle will stop,” and “you will have hot flashes.” Though sixteen women indicated that they would tell their daughters about menopause, several stated that they knew very little about it and were unsure as to what they would tell their daughter.

Despite the ignorance about menopause, very few indicated that they would seek to further educate themselves on the topic. A common response was that the young female would have plenty of time to learn about menopause and that there was no hurry in educating the young woman or oneself.

When asked if menopause was viewed positively or negatively, the majority of informants reported it as neutral, often stating as SB did: "It's just a natural part of life." When indicated as a positive aspect in a woman's life, it was usually because of the cessation of the menstrual cycle and was viewed as something to welcome and look forward to. Even with the reports of uncomfortable symptoms, no informant, when asked directly, labeled menopause negatively. Martin reports similar responses from her Baltimore informants regardless of socioeconomic ranking and describes how women, despite the negative medical explanation for menopause as "decline," "regression," and "decay," do not see it negatively.

CHAPTER 6

CONCLUSION

For many southern Appalachian women, Christianity is fundamental in their lives, shaping their beliefs and creating a social and political network for their community. They are often taught that they are subordinate to men and through the story of Eve they are informed of their role in creating sin. The story of Eve describes how women are punished for their sinful nature by being given menstruation and painful childbirth, making a direct connection between their bodies and sin. Kreyenbuhl-Gardener discusses this sexual stigma:

It is also important to recognize that the precept of original sin in Christianity stigmatizes sexuality and, therefore any sex act that is not sanctioned as reproductive in nature, is sinful. According to Genesis, because women brought evil sin into the world, they are stigmatized by menstruation yet venerated as mothers. Through the process of bleeding this sin is made visible to the world and many women are thus uncomfortable when they are reminded monthly of their sin.

It is then no wonder that southern Appalachian women are assigned a sexual stigma that is associated with all things specific to women; menstruation, pregnancy, and menopause.

In discussing stigma Erving Goffman states,

The primary issue in the eye of nonstigmatized persons, is one of responsibility; what or who caused the stigma to develop in the first place? More often than not, the blame for the stigma's existence is attributed, at least in part, to the personality of the stigmatized person himself or herself. It is assumed that the person has committed some immoral act and that the stigma is punishment for this moral transgression. By implication, those who remain morally pure will avoid the punishment of stigmatization.⁶⁵

In an attempt to distance themselves from this sin and to be viewed as righteous, Christian women, they spurn anything associated solely with the female body; especially the sexual female body. It may even be assumed that their lack of communication with

their daughters on all subjects female is an attempt to remove their daughters from this sinful association and protect their virtuous state. Because this sexual stigma is associated directly with the Christian religion, these same beliefs and practices concerning the female body are most likely to be found throughout the United States and other Western countries. This would indicate that these beliefs are not distinct to the southern Appalachian region. This contradicts the idea that women of this region hold antiquated beliefs found nowhere else; furthermore, it shows that they hold many of the same beliefs as other women throughout the nation.

Edwin Schur, in his book *Labeling Women as Deviant: Gender, Stigma, and Social Control*, describes the connection between stigma and social power,

Women's vulnerability to stigmatization rests on their general social subordination, their relatively poor power position. At the same time, when women are effectively stigmatized, that reinforces their overall subordination and makes it more difficult for them to achieve desired goals.⁶⁶

In a religious culture that places women subordinate to men and insists on their obedience, the sexual/sinful stigma only works to increase the level of subordination and encourage it to continue. By embracing their bodies women not only damn themselves socially but spiritually and in denying their bodies they are disconnected from one another and from themselves. Simply associating oneself with anything dealing with female sexuality or the female body labels the woman as sexual and, therefore, sinful. The spiritual peril a woman encounters by understanding and celebrating her body indicates, by the standards of Buckley and Gottlieb, a taboo.⁶⁷

It is encouraging to note that there is a dramatic shift in the attitude toward communicating about the female body and in the expressed intent to inform and prepare

young southern Appalachian women for menstruation, pregnancy, and menopause.

While there continues to be negative associations and embarrassment tied to menstruation and menopause, there appears to be an attempt by women to change this perception in the next generations by speaking of these events in a positive way. This shift may be an indication of the increasing social power of women and the rejection of the sexual stigma associated with the female body, at least among young women with some college education. It would be interesting to find out if these same trends were also present with young women who have not attended college or who may more strongly identify with a fundamental Christian belief system.

The mass media undoubtedly plays an increasing role in educating young women about their bodies, menstruation, and sex through magazines, advertisements, television, etc. What these messages are and how they work with or against the cultural beliefs of the region is an area for future research. It is clear that much more research needs to be done to develop a better understanding of beliefs about the female body not only in southern Appalachia but in the rest of the United States as well.

ENDNOTES

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- ⁴ Anthony Cavender. *Folk Medicine in Southern Appalachia*. (Chapel Hill: The University of North Carolina Press, 2003.), 127
- ⁵ Ibid,
- ⁶ Joan Jacobs Brumberg. *The Body Project: An Intimate History of American Girls*. (New York: Vintage Books, 1998.), 34
- ⁷ Emily Martin. *The Woman in the Body: A Cultural Analysis of Reproduction*. (Boston: Beacon Press, 1987.)47-48
- ⁸ Joan Jacobs Brumberg. *The Body Project: An Intimate History of American Girls*. (New York: Vintage Books, 1998.), 29
- ⁹ CFMC, 7,81,84,105, Joan Jacobs Brumberg. *The Body Project: An Intimate History of American Girls*. (New York: Vintage Books, 1998.), 30
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- ¹² Mariamne H. Whatley and Elissa R. Henken. *Did you Hear About the Girl Who?: Contemporary Legends, Folklore, & Human Sexuality*.(New York: New York University Press, 2000.),47
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- ²⁵ CFMC 34,44
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- ⁶⁴ CFMC 32,37,44,56,58,80,36
- ⁶⁵ Stephen C. Ainlay, Gaylene Becker, and Lerita M. Coleman, *The Dilemma of Difference : A Multidisciplinary View of Stigma* (New York: Plenum, 1986).125.
- ⁶⁶ Edwin M. Schur, *Labeling Women Deviant : Gender, Stigma, and Social Control* (Philadelphia: Temple University Press, 1983).
- ⁶⁷ Thomas Buckley and Alma Gottlieb, ed. *Blood Magic: The Anthropology of Menstruation*. (Berkeley: University of California Press, 1988.),10

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APPENDICIES

APPENDIX A
Research Questionnaire

Date of Interview: _____ Name: _____
Sex: _____ Age: _____

Place of Residence:(city, county, state) _____

Place of Birth: _____ Marital Status: _____

Number of children: _____ Sex/Age of children: _____

Occupational/Educational History: _____

The first section of this interview will deal with folk medical beliefs and practices concerning menstruation. I'll then ask you questions about pregnancy, birth control, and menopause. Remember that you don't have to answer any question which you don't want to.

1. Did your mother talk to you about menstruation?
2. What did she tell you?
3. Was menstruation explained as a positive experience or a negative one?
4. Could you describe your first experience with menstruation?
5. What emotions did you feel during this experience?
6. Were the symptoms of PMS/Menstruation such as cramps, headaches, etc.. treated at home?
7. Was anything done for an absence of menstrual flow?
8. Was anything done for and especially heavy menstrual flow?
9. Who told you about these remedies?
10. Do you believe any of these remedies to work?

11. Were there any restrictions for a menstruating woman, such as bathing, cooking, working, or activities?
12. Why were these restrictions enforced?
13. Who told you about these restrictions?
14. Do you still follow any of these guidelines?
15. Did you talk with your sisters or girlfriends about menstruation?
16. What did they tell you about menstruation?
17. If your mother, sister, or girlfriends did not discuss it with you; who told you about menstruation and explained it to you?
18. If no one explained or discussed menstruation with you, how and where did you get your information about it?
19. Did you use home made feminine hygiene products? How were they made? How were they cleaned or disposed of?
20. Did you buy feminine hygiene products from the store? What kinds of products did you purchase? How were these products cleaned/disposed of?
21. What kinds of experiences have you had buying feminine hygiene products?
22. How do you view menstruation today?
23. How did the information you were given or lack of information affect your views
24. about your own body?
25. How did your experience with your mother concerning menstruation affect the way you communicated with other women about menstruation?
26. How did your experience with your mother concerning menstruation affect the way you communicated with your daughter about menstruation?
27. Did you/would you tell your daughter about folk remedies for symptoms of menstruation and pre-menstrual syndrome?
28. Did you/would you tell your daughter about folk beliefs on restrictions for menstruating women?

29. Was pregnancy discussed?
30. With whom did you discuss pregnancy?
31. What information was given to you about how a woman becomes pregnant?
32. What information was given to you about how to refrain from becoming pregnant?
33. Were there any home made pregnancy tests?
34. How were they made/used?
35. How would you/have you discussed pregnancy and the causes of pregnancy with your daughter?
36. What would/did you tell her?
37. What information was given to you about birth control/abortion?
38. Did you ever discuss birth control/abortion with sisters or girlfriends?
39. How did you hear about abortion?
40. How would you/have you discussed birth control/abortion with your daughter? What would /did you tell her?
41. Was menopause discussed?
42. What information was given to you about menopause?
43. Who told you about menopause?
44. With whom did you discuss menopause?
45. How would you/have you discussed menopause with your daughter? What would/did you tell her?

APPENDIX B
Research Informant Demographic Chart

Name (Initials)	Age	Location	Education completed
LB	20	Greenville, TN	some college
SB	51	Greenville, TN	masters
CB	24	Gate City, VA	masters
JC	18	Dandridge, TN	some college
PC	50	Dandridge, TN	college
BC	54	Rogersville, TN	some college
ED	26	Johnson City, TN	masters
SD	58	Erwin, TN	secretarial school
AD	77	Rogersville, TN	grade school
GD	58	Rogersville, TN	high school
TE	24	Greeneville, Tn	bachelors
KH	94	Dandridge, TN	11th grade
SH	23	Blountville, TN	college
KI	47	Newport, TN	college
LK	52	Bristol, TN	PhD.
BK	53	Johnson City, TN	masters
A1*	27	Harlan Co. KY	masters
BL	61	Rogersville, TN	associates
A2*	21	Rogersville, TN	high school
SL	30	Mountain City, TN	PhD.
MP	22	Knoxville, TN	college
PP	67	Rogersville, TN	6th grade
BS	75	Dandridge, TN	some college
KS	25	Knoxville, TN	masters
BES	35	Clifton Forge, VA	masters
VS	53	Johnson City, TN	high school
HS	23	Gatlinburg, TN	college
ST	19	Mountain City, TN	some college
BW	64	Rogersville, TN	high school
SY	21	Oak Ridge, TN	some college

* A1 and A2 represent the two informants who asked for their names to be removed from their interview materials.

APPENDIX C
CFMC Demographic Chart

CFMC File number	Age	Location	Education completed
2	82	Greenville, TN	11th grade
12/4	90	Avery Co., NC	college
5	99	Johnson City, TN	8th grade
6	91	Scott Co, VA	2yr college
7	89	Flag Pond, TN	high school
8	76	Ridgeway, VA	1 yr college
9	79	Murfreesboro, TN	3 yrs college
10	90	Johnson City, TN	8th grade
11	79	New Tazwell, TN	8th grade
12	90	Newland, NC	high school
13	72	Gatlinburg, TN	high school
15	67	Knoxville, TN	college
19	58	Philadelphia, TN	3yr college
20	81	Johnson City, TN	some college
22	84	Butler, TN	9th grade
23	93	Jonesborough, TN	high school
24	68	Jonesborough, TN	college
25	96	Fall Branch, TN	college
30	85	Crossville, TN	2yr college
31	96	Kingsport, TN	
32	?	Washington Co, TN	
33	?	Cumberland Co, TN	
34	72	Johnson City, TN	8th grade
35	61	Crossville, TN	2yr college
36		Russell Co, VA	MD.
37	72	Knoxville, TN	2yr college
38	93	Loudon, TN	high school
40	65	Telford, TN	high school
41	80	Norton, VA	8th grade
42	80	Kingsport, TN	11th grade
43	81	Roan Mtn, TN	high school
44	57	Hampton, TN	high school
45	94	Hampton, TN	
46	58	Kingsport, TN	associates
51	73	Greeneville, TN	9th grade
53	79	Greeneville, TN	high school
54	78	Greeneville, TN	associates
56	84	Gate City, VA	8th grade
57	54	Jonesborough, TN	some college
58	68	Johnson City, TN	high school
59	75	Johnson City, TN	
60	98	Limestone, TN	10th grade
64	81	Lenior, TN	college
65	86	Bristol, TN	college

66	75	Elizabethton, TN	1yr college
68	70	Johnson City, TN	college
69	89	Johnson City, TN	college
70	96	Johnson City, TN	
71	55	Clay County, TN	high school
72	77	Coburn, VA	
74	82	Kingsport, TN	
75	66	Kingsport, TN	
77	86	Parrottsville, TN	
78	82	Del Rio, TN	
79	74	Del Rio, TN	
80	66	Fonde,Ky	
81	60	Richlands, VA	
83	?	Cedar Bluff, VA	
84	86	Kingsport, TN	
86	70	Kingsport, TN	
87	86	Tellico Plains, TN	
90	97	Oneida, TN	
91	90	Huntsville, TN	
96	86	Greeneville, TN	
97	77	Kingsport, TN	
100	99	Hampton, TN	
101	?	Sparta, TN	
105	89	Clinton, TN	
103	?	Fentress Co, TN.	
106	76	Lee Co, VA	
110	86	Unicoi co, TN	
113	77	Johnson City, TN	
114	69	Johnson City, TN	
122	88	Hancock co, TN	

VITA

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Building Coordinator – Department of Housing & Residence Life: East Tennessee State University Fall 2000–Spring 2004
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