

**“This shame, it is everywhere:” Cross-generational Menstruation Experiences among Women Living in Florence, Italy**

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**Abstract**

Menstruation is a worldwide biological phenomenon that can have differing impacts based on what women were taught by their family members and friends. The purpose of this investigation was to understand menstruation experiences and communication, from menarche through menopause, in a sample of cross-generational women living in Florence, Italy. In-depth interviews ( $n = 28$ ) were conducted in English in May and June 2022 to investigate different aspects affecting menstruation throughout a woman’s lifetime. Most participants reported having received limited preparation for menarche, menstruation, and menopause. Education typically came from the participants’ mothers rather than school, which can be attributed to the culture and religion ingrained within Italian society. and menstrual health is still seen as a taboo by older generations. However, discussing these topics with friends and family is becoming more common for younger generations. Our results report Italian women’s experiences with menarche, menstruation, and menopause, including preparation, education, and openness and discussion. Findings reveal the changing perceptions and generational differences in Italian culture regarding women’s menstruation, thereby allowing educators, healthcare providers, and families to improve their understanding of what education is provided and where more is needed.

**Keywords:** Italy; menarche; menstruation; menopause; generational; communication

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**Introduction**

Menarche, menstruation, and menopause are experiences nearly all women will experience in their lifetime. For some, menstruation is a time of celebration, although for others, it is a time of shame and secrecy (DeMaria et al., 2020; Field-Springer et al., 2018). On average, women will experience menarche, the beginning of menstruation, at 12.5 years old (Ramraj et al.,

2021). This age is decreasing due to increased sedentary lifestyles involving less physical activity and more sitting (Ramraj et al., 2021). Research shows that early menstruation age can lead to health risks such as higher body mass index (BMI), osteoporosis, and breast carcinogens (Rigon et al., 2010). Factors such as nutrition, access to resources, overall health, socioeconomic status, race and ethnicity, family support, and others will impact how each woman

experiences menstruation (Morris et al., 2011). Menopause signifies the end of menstruation, which occurs, on average, around the age of 51.2 years old (Parazzini, 2007). During this stage, women experience an end to their monthly menstrual cycle (Field-Springer et al., 2018). There is a direct correlation between the age of menarche and menopause – a later onset of one will likely indicate the later occurrence of the other (Parazzini, 2007).

### **Menstruation in Europe and Italy**

Cultural and societal beliefs and preferences surround menstruation in Italy and Europe. Approximately 130 million women in Europe experience menstruation, which accounts for about 40 years of their lives (Eurohealth, 2018). In Europe, women are experiencing an increased number of menstrual cycles over their lifetimes due to factors such as menarche beginning at an earlier age, fewer pregnancies, and less breastfeeding (Eurohealth, 2018). Fruzzetti et al. (2008) investigated Italian women's feelings towards repressing bleeding during menstruation with oral contraceptives. The study surveyed 350 women of reproductive age and found 32% of women preferred to bleed regularly, every month, whereas 41.9% wanted to bleed less than monthly, and 26% did not want to bleed at all (Fruzzetti et al., 2008). In Europe, menstruation is still regarded as a taboo topic. This causes many women to endure menstruation in secrecy (Eurohealth, 2018). It is not uncommon for women to experience painful menstrual cycles, which make work and other tasks more difficult or even impossible. Italy was one of the first European countries to propose a "menstrual leave policy," but some believe these policies would further sexism and the unequal treatment of women, as it would perpetuate the stereotype women are weak

and need to take time off when they are menstruating (Eurohealth, 2018).

### **Comparisons across Generations**

To improve understanding about menstruation as a public health issue in Italy, it is pertinent to investigate the experiences of the generations of women who have undergone menstruation. Menstruation is a topic not typically discussed between individuals or groups, and it may or may not be taught between generations of women (Field-Springer et al., 2018). Other studies have discovered that discussion of menstruation is shifting from virtually non-existent due to a negative view of menstruation towards having open communication and conversation between mothers and daughters (Field-Springer et al., 2018). In particular, the discussion of menarche is increasing between mothers and daughters (Parazzini, 2007). The conversation about menopause between generations of women is also important, as various hereditary and environmental factors may play a role in menopause occurrence (Parazzini, 2007). Because of these concerns related to cross-generational discussions of menarche, menstruation, and menopause, the present study is vital to gaining insight into the culture surrounding women's reproductive and sexual health in Italy.

### **Study Purpose**

In this investigation, we aimed to explore the generational attitudes of Italian women towards menstruation, from menarche to menopause. Many studies explored one aspect of menstruation in Italian women, such as menarche or menopause alone. Our study aimed to explore the entire experience of women throughout all stages of menstruation. There are limitations regarding the representation of women of all ages in

these investigations, as well as potential recall bias in the recollection of this development period. For example, many studies only included women of reproductive age as participants, excluding women who have experienced menopause. We aimed to bridge those knowledge gaps to improve understanding of the cultural changes so menstruation may be de-stigmatized, and women may feel supported.

## **Methods**

The study was part of a large study investigating myriad menstruation-related topics, including communication, marketing, body image, cultural constructs, and more. In-depth interviews ( $n = 28$ ) were conducted in English in May and June 2022. Eligible participants were those aged 18 years and older, living in the Florence geographic area, fluent in conversational English, and having experienced menstruation. Those outside of these criteria were excluded.

Researchers recruited participants through in-person and snowball sampling (participants suggested other people within their network to participate in the study) (Rubin & Rubin, 2011). A participant identification number identified each person, and their personal information was kept privately from other participants, to maintain anonymity. Consent forms were given to each participant for approval of the interview and the audio-recording. All 28 participants read the consent form, had the opportunity to ask questions about the study and their participation, and then signed and returned the form prior to their interview. Interviews were audio-recorded using Otter.ai, a computer-based platform for recording and transcribing. Following the interview, participants completed a demographics form and were given 20 euros for their time.

Interviews followed a semi-structured protocol, giving the researcher flexibility to

alter and/or add questions, as well as to allow participants to expand upon the topics discussed within the context of the research objectives. To build rapport between the researcher and the participant, each interview started with broad questions about the participant and their health to increase their comfort (Table 1) (Rubin & Rubin, 2011). The participants discussed their menstruation experiences and the topic of menopause. The range of interview questions aimed to create a fuller understanding of the experiences throughout menstruation among our participants.

## **Research Team**

Twenty-eight undergraduate students collected and transcribed data as part of a research-based study abroad program based in Italy. Students were immersed within the Italian culture and trained to complete graduate-level qualitative research methods including practice interviews, familiarizing the students with recording and transcription software, and online training and certification of ethical research practices. Four undergraduate students from the study abroad program completed the coding and analyses for the current paper. A principal investigator (PI) oversaw the procedures and outcomes to ensure the data's reliability.

## **Data Analysis**

We analyzed the data using a theoretical framework of thematic analysis. We first conducted immersive, full content review to ensure familiarity with all data, noting immediate patterns or ideas for potential codes and themes (Braun & Clarke, 2006; Roberts et al., 2019). Then, we used deductive and inductive approaches for codebook development to ensure all data were sufficiently represented in the analysis and coding process. We created a preliminary

**Table 1**  
*Interview questions*

Topic	Primary Question	Probing Questions
<b>Menstruation Education/Experiences</b>	How would you say menstruation experience and attitudes differ today than in the past, if at all?	<input type="checkbox"/> How do you feel menstruation education has changed over time in Italy? <input type="checkbox"/> Between previous and current generations, has it ever been a "taboo" subject?
<b>Menopause Education/Experiences</b>	What information do you have about menopause? When and where did you receive this information?	<input type="checkbox"/> Did you feel prepared? <input type="checkbox"/> What current thoughts and feelings do you have toward menopause? <input type="checkbox"/> Have you experienced menopause? [if yes] How old were you? <input type="checkbox"/> Describe the memories you have associated with this experience. <input type="checkbox"/> What was your initial attitude toward menopause? <input type="checkbox"/> How has this changed over time? [if no] At what age do women in your family typically experience menopause?
<b>Communication and Marketing Affecting Menstruation and Menopause</b>	How do you find menstruation is talked about in the media? How do you find menopause is talked about in the media	<input type="checkbox"/> What audiences are these messages typically targeting? <input type="checkbox"/> How often do you see advertisements for menstruation products (tampons, pads, cups, etc.)? <input type="checkbox"/> Where do you see these (magazines, TV, books, social media)? <input type="checkbox"/> What have you learned about menstruation from the media? and What have you learned about menopause in the media?

codebook by compiling deductively generated initial codes. The inductive approach promoted a flexible analysis process, in which codes could be adjusted or added to ensure emerging themes were represented. The coding process, including codebook development and coding, was conducted on the platform HyperRESEARCH 4.5.1 by the four

undergraduate students enrolled in the research program who led this paper. We conducted multiple rounds of coding until saturation was reached (i.e., no additional new codes were being added to the data set).

We organized the results of the coding process into potential themes and subthemes, which the authors then reviewed in two stages. This review involved refining the data

**Table 2**  
*Participant characteristics*

<b>Participant Characteristic</b>	
<b>Age (years)</b>	
Age of participants	37.4 ± 11.5 (range = 25-60)
<b>Gender Identity</b>	
Identified as cisgender woman	28 (100)
<b>Place of Residence</b>	
Florence, Italy	26 (92.8)
<b>Sexual Orientation</b>	
Straight/heterosexual	26 (92.8)
Bisexual	1 (3.6)
Preferred not to answer	1 (3.6)
<b>Relationship Status</b>	
Single	11 (39.3)
One partner	17 (60.7)
<b>Highest level of education obtained</b>	
High school	4 (14.2)
Undergraduate education	12 (42.9)
Graduate education	12 (42.9)

Note.

Data presented as Average ± SD or n (%). Numbers that do not add to 100% reflect missing data. The age range is presented alongside the mean and standard deviation.

to include the most pertinent content. Theme development was data-driven and closely reflected participant responses (Braun & Clarke, 2006; Roberts et al., 2019). Authors collaboratively analyzed individual themes and incorporated relevant subthemes to ensure levels of meaning were differentiated. We resolved discrepancies through discussion and data review until all authors agreed upon final themes.

### **Research Participants**

The mean age of the 28 participants was 37.4±11.5 years (range = 25-60). All participants identified as cisgender women ( $n = 28$ ; 100%). A majority ( $n = 26$ ; 92.9%) of

participants lived in Florence at the time of the study. Twenty-six (92.8%) participants self-identified as being straight/heterosexual, with the remaining two participants identifying as bisexual ( $n = 1$ , 3.6%) and declining to answer ( $n = 1$ , 3.6%). Relationship status varied between single ( $n = 11$ ; 39.3%) and participants having one partner ( $n = 17$ ; 60.7%). Some participants ( $n = 4$ , 14.2%) completed high school, 12 (42.9%) completed undergraduate education, and 12 (42.9%) completed graduate education. Table 2 shows the participants' characteristics.

## Results

The purpose of this study was to investigate Italian women's generational attitudes towards menstruation, from menarche to menopause. Overall, three themes resulted related to preparation, education, and openness concerning menarche, menstruation, and menopause. Themes revealed a common thread of limited preparation for menarche, varied experiences in menstruation education, and the evolving dynamics of openness within families, schools, communities, and across generations. Themes and subthemes are presented below with representative quotes followed by participant ID number and age, e.g., (107, 28).

**“It wasn't not expected, but I didn't really know a lot:”**

### **Preparation for Menarche, Menstruation, and Menopause**

#### *Menarche*

Whereas familial dynamics and generational experiences varied widely between individuals and families, this study revealed a common theme regarding the level of preparation many Italian women received for menarche. Most women received preliminary education and preparation from their mothers, but this information was limited and did not fully prepare them for the onset of menstruation. As one participant noted, “It wasn't not expected, but I didn't really know a lot” (107, 28). Many women were told they were “gonna become a signorina, a lady,” (104, 29), but they were not informed of the biological processes occurring in the body. One participant was told “you will get some blood...and don't be scared because it's normal,” (116, 45). This trend occurred across generations within our

sample, as a 60-year-old participant also noted she was informed she was becoming a lady and was told “you're not a child anymore” (120, 60). Other women came from families who were more open to discussing menstruation. A few participants noted their mothers, and sometimes even their fathers, prepared them for menarche. One participant mentioned her father advised her, “Don't be scared because it's normal. It happens in every woman” (115, 26). Despite this, some participants indicated they did not receive any education about menarche before it occurred, or even after it occurred.

#### *Menstruation*

This study revealed similar themes between preparation for menarche and menstruation. Menstruation preparation was noted much less frequently than menarche preparation, indicating most discussion surrounding menstruation took place in concurrence with menarche preparation. Some participants specifically noted their parents “don't speak” (121, 57) about menstruation, or “anything regarding sex” (110, 34). Instead, they gained knowledge about menstruation from other sources. Most participants noted learning from family members, with one explaining “Everything I know about the menstruation is because my sisters and my mother told me about it” (126, 28), but it may be limited to immediate family, as another participant elaborated “from my grandmother, nothing at all,” (102, 25), when asked about where they received menstruation education. Overall, preparation for menstruation was varied among participants.

#### *Menopause*

A common theme was that our participants received preparation for menopause from women who had already

experienced it. As one participant described, “I have friends who are either perimenopausal, whatever that means, or premenopausal and so they complain about what symptoms they’re having and, you know, update me on that” (117, 48). Another common theme was women who had not yet experienced menopause did not actively pursue education on the topic, and rather preferred to “stay far from that” (118, 48). Overall, education about menopause did not occur in a formal setting and was not as common as menarche education. As one participant explained, “Maybe when I get, go closer, I will get informed. And of course, but I’m thinking I’m far away” (113, 35). Another explained how she will “have to look for it if I want to read about that” (126, 28). However, one participant said, “We talked about this a lot” (109, 30) referring to her frequent conversations with her mom regarding menopause. Most participants explained they preferred to pursue menopause education once they began to experience menopause.

### **“It wasn’t enough:” Menarche and Menstruation Education**

#### ***Parents and Family***

Throughout the interviews, participants revealed they received little education regarding menarche and menstruation. The amount of schooling varied among participants, but was typically given by female family members, specifically participants’ mothers. One participant noted, “My mother, yes. She talked about these things. But I mean, just a few things. Nothing really expansive” (103, 48). One woman noted the conversation around menstruation started when she experienced menarche: “I heard about it because my mom told me because their mothers told her. And then when everybody had their periods, we

started to talk about it” (126, 28). Some women noted their families did not discuss menstruation at all, saying, “No one tell me because, you know, my family is one of the traditional, extremely old traditions, so they don't have to speak about this thing” (121, 56). The same participant mentioned the education received from her mother was the bare minimum and nothing more: “She gave me the necessary obviously. And then that’s it.” (121, 56). Other women reported they felt lucky in receiving lots of education and information from their mothers regarding menstruation – “But my mom explain me everything” (116, 45). When analyzing this theme, there was no apparent generational difference regarding the education provided by mothers to their daughters, as women of all ages received different information from their mothers.

#### ***School***

An absence of quality education about menarche, menstruation, and sexual health from schools was noted by the majority of participants interviewed. Menstruation is typically part of sexual health education in the United States, but the participants described having a different experience. One participant detailed, “We don’t have sex education. Not at all, like in school” (110, 34) and another said, “I mean health and sex ed are not part of school really” (117, 48). Other participants noted minimal or insufficient education from their schools. One participant explained, “I don't know about today, but 15 years ago, it wasn't enough. So, as I said, at school maybe we had like, one chapter about that. And that was it. But it wasn't very detail[ed]” (107, 28). Another participant received minimal education during elementary and middle school but said, “You study biology during the high school but it's not something that it was really...they tell you other reproductive

things happen but not really specific on menstruation and menopause” (114, 39). Another participant summed up her education by saying, “At school, we don’t talk about that enough” (126, 28). Regardless of the age of participants, there was uniform agreement that the information schools provided about menstruation was inadequate.

### ***Increasing Education for Children***

The theme of increasing education for children of participants, and of children living in Italy in general, was revealed in the data. Some participants stated their intention to explain these topics to their children, with one noting, “I will have to address with my daughter... what does it mean having menstruation and how to manage that” (114, 39), and another expressing, “I don’t want to hide anything. Like and it’s also not safe for them for me to hide anything from them. They’ve got to know what’s out there, what’s going to happen” (128, 27). One participant added that there “could be more” (103, 48) regarding education. Others noted they feel more education is available to children in their community, both from schools and other sources. One participant said adolescents in her community, including her son, “have like civic education” (113, 35) about menstruation and another said, “I guess girls nowadays, at least in the last year, know a lot more than we used to know at the same age. That’s for sure. But not only the school, there is a lot more information” (124, 37). Although participants noted their own minimal menstrual health education, they described this recent change in how younger generations are being educated on these topics.

### ***Religion and Community***

Italy is a predominantly Catholic country, and researchers noticed religion was a factor

in how menstruation and other topics (e.g., sex, period products, etc.) were discussed in the participants’ communities. One woman noted, “But in Italy, again, it’s this religion, even if it is subconscious, but this shame it is everywhere. You have to be ashamed to buy condoms or buy Tampax. It’s always like, I don’t know, like this shameful...” (108, 26). Another mentioned, “I think that’s because Italy is very Catholic, as well. So, I don’t know, this might also be seen as a taboo. So, there is not enough awareness about it.” (107, 28). Some women expressed discussion surrounding menstruation had changed over time, with the community being more open to talking about it than in previous generations:

*I think it's spoken a bit more now but I think it's still lacking depth. In fact, I feel like women are very aware of menstruation even before having that and fortunately, it is starting to get detached from religion. We have the Pope in our country, so we've been very hyper religious countries for centuries, but it's becoming more secular. I regard that as a positive change. Also, I don't think the Pope should interfere with laws regarding bodies of women. So, fortunately, you know, before in Italy when my grandma was young, when you had your first menstruation, you had to like show that to people (102, 25).*

Whereas most women across generations expressed religion still played a large factor in discussing menstruation, some also noted a slight change in the influence of the Church and community.

**“I mean, if I have to say it, I say it:”**

### **Openness and Discussion**

#### ***Parents/Mother/Father***

Menstruation-related discussions with family members had participants feeling

embarrassed or reluctant to discuss during childhood, but this appeared to change over time. As one participant noted about her mother, “It’s not because I feel that she wouldn’t support me. Just as my first experience with menstruation, it’s an embarrassment. There are some things that I wouldn’t feel okay or comfortable with to talk with my mom” (101, 30). Other participants noted a similar feeling during their childhood that has changed since entering adulthood, stating things like “Now I don’t care who I have in front of me. I mean if I have to say it, I say it” (124, 37). Another participant said she “actually asked her once” (103,48), referring to her mother, about which menstruation symptoms they shared. The general trend among participants was that discussion with mothers was open, and some participants also had an open line of communication established with their fathers or other family members. A few participants had never had an environment of open discussion with their parents, but a majority of participants felt they could discuss their reproductive health with at least one parent.

### ***Community and Friends***

Younger participants were more open to discussing menstruation-related topics with their friends and those in their communities than older participants in our sample. Many also commented on how discussion differs by age, with one woman stating, “Remember, I am 57 years old. So, we are extremely, in this case, we are extremely – we don’t speak about this” (121, 57). Similarly, a 29-year-old participant commented on this trend, “The new generation(s) are changing. But, maybe speaking about that with older in the south is a little bit difficult” (104, 29). The same participant elaborated, “When you speak about menstruation with a lady about, 50, 60 years old she will always feel embarrassed” (104, 29). Multiple older participants

explained menstruation is a topic they do not speak about with their friends or in their communities.

### ***Taboo***

When participants were asked whether menarche, menstruation, and other related topics were taboo in Italy, most noted they felt comfortable talking about these topics with female, but not male, friends. One participant shared, “I wouldn’t talk about it with a man, like my boyfriend or my brother, because they wouldn’t know” (109, 30). When discussing her family, one participant highlighted a common theme: “Between the family, you can talk about it, but outside the family, [it] is not a nice thing to talk about” (126, 28). When asked about the differences between generations, a participant said, “Unfortunately, I’m dealing with an old family so it comes with taboos. We don’t really talk about menstruation, but not at all about sex” (101, 30). Another participant mentioned one of these generational differences, “Talking with my grandparents, there’s been a change, so before was quite taboo and now is more like asking they talk about in schools or like the community in general” (115, 26). A few participants mentioned the topics of menarche and menstruation, among others, were still taboo in their families. A participant shared, “we never talked about this like in family. They were very, I don’t know, like closed” (107, 28). Despite this, most participants mentioned this topic has become less taboo over time, with the younger generations being more open to conversation.

### **Discussion**

For this study, we aimed to investigate cross-generational menstruation experiences among women living in Italy. Data were gathered from 28 interviews conducted in

Florence, Italy, in English, during May and June 2022. All participants lived in or near Florence during the study, spoke English, and had experiences across the continuity of menstruation. An interdisciplinary team of researchers gathered data for a research-based study abroad program focused on research methods and cultural immersion.

There was marginal variability in the amount of preparation women received for menarche, but overall, most women received a small amount from their mothers and little preparation elsewhere. Generational differences did not emerge in the data for preparation of menarche, as older participants followed the same trend of limited preparation as younger participants did. Most participants in this study relied on their parents to prepare for their first instance of menstruation and needed clarification. Many participants experienced menstruation and menarche being grouped into one discussion intended to answer all questions. This further perpetuates the notion that these topics should only be discussed occasionally. In turn, this eliminates the potential to share new knowledge or gain further preparation beyond the initial discussion, and only a few participants were left to learn through experience.

Out of all menstrual experiences, participants were the least prepared for menopause. These participants expressed having received their preparation from women who had already experienced menopause. Many participants described a reluctance to learn about menopause, as they did not want to consider this topic until it happened to them and instead chose an “out of sight, out of mind” approach. For our sample, the lack of discussion surrounding menopause was attributed to a negative connotation of menopause. Older participants appeared to feel more negatively toward menopause than younger participants, presumably because they were closer to

experiencing menopause and felt more strongly about the topic. Younger generation participants were more comfortable with discussing menstrual health.

Previous studies have noted menstruation education is sometimes taught between different generations of women (Field-Springer et al., 2018), and an open line of communication between mothers and daughters about menarche, in particular, is increasing (Field-Springer et al., 2018; Parazzini, 2007). In this study, most participants noted minimal or insufficient education. Although usually limited, the mother offered most of the education provided by family members. Because a young woman’s education is primarily received through her mother, attention should shift to preparing mothers with accurate information to pass down to their daughters. Breaking down the social stigma of menstruation and helping mothers establish an open line of communication with their daughters will help children be more prepared and educated than other generations about these crucial topics.

Most of our participants noted they received some level of menstrual and sexual education, but it was minimal or insufficient. Italian schools provide some education, but participants noted a lack of depth or detail in the information presented to them regarding menarche, menstruation, and sexual health. Evidently, schools are not preparing their students for these experiences and more in-depth, holistic, and quality education is needed. However, there is a trend emerging for Italian children to receive more education than what was experienced by previous generations (Lanfranco, 2021; Lo Moro et al., 2023; Michielsen & Ivanova, n.d.). Participants noted this shift by explaining how they want to educate their children about sexual and reproductive health through open and honest conversations. Whereas participants noted the insufficient quality and

depth of education, this shift shows that the availability of education is increasing, and younger generations are seeking it out. Finally, Italy is still primarily a Catholic country, influencing many aspects of Italian society, specifically from the southern part of the country (Kieser, 2017). Although the grasp of the Catholic Church is evident in almost all areas of life in Italy, participants noted an increase in secular thought about menstrual and sexual health. This fact alone shows a small step toward increased awareness of these topics, eliminating the stigma established by the Church (Kieser, 2017; Lanfranco, 2021).

Our participants frequently noted the discussion around menarche, menstruation, and menopause was limited and could be considered a taboo topic. This supports prior data stating menstruation is often associated with shame and secrecy (DeMaria et al., 2020; Field-Springer et al., 2018). Discussion between family members was limited, usually only occurring between mothers and daughters after menarche had begun. Fathers and boys were often kept out of these conversations, only participating in a few families. However, there was a clear consensus that these topics have become less taboo through the generations. For younger generations, communication also occurred between friends and siblings. Our study contrasts with previous studies, as we specifically emphasize this trend's occurrence in Italy.

### **Strengths and Limitations**

We used qualitative research methods throughout this study, which allowed researchers not only to hear individual insights and perspectives from each participant but also allowed for a holistic framing of the data. Participant ages varied from 25 to 60 years old, thereby permitting accurate cross-generational analysis.

However, little can be told from this study about the conversation surrounding menstruation among those younger than 25, e.g., school-aged children. A surfacing limitation to this study was a few participants needed more conversational English skills. Due to this, the amount of depth in conversation desired by researchers was not reached, questions were misunderstood, and we were unable to generalize our findings across all women living in Italy. Additionally, as this was a part of a more extensive study exploring different topics related to women's health, data collection was limited to a few questions out of the entire interview pertinent to this topic. Feedback from participants regarding the identified themes and conclusions was not obtained due to the short six-week timeframe of the study abroad program. Also, participants identified themselves as heterosexual, cisgender women who were living primarily in the Florence city center and did not identify as people of color. Finally, the participants reported having high levels of education which may limit the generalizability of the findings. Due to these group attributes, results for this study may not be generalizable to those outside of the sample who are geographically or demographically unlike our participants.

### **Future Research**

Future research could investigate these topics using female and male participants instead of just female participants. Our study was limited to 28 cisgender females, who have experienced menarche and menstruation themselves. Having a male perspective could give researchers insights into how taboo menstruation is among men, how much education males receive about menstruation, and how men view policies that support menstruators. Also, future research could investigate women throughout

Italy, as our study focused on the geographical area of Florence, Italy. Although not emerging in our themes, some women who grew up in other areas of Italy mentioned possible differences between regions regarding education and openness. Finally, future researchers should strive to contain a racially diverse sample, as well as participants with diverse sexual identities and preferences. Further studies could explore these areas to improve understanding of how Italian society views menarche, menstruation, and menopause.

## **Conclusion**

Results described Italian women's experiences surrounding menarche, menstruation, and menopause, including preparation (i.e., menarche, menstruation, menopause), education (i.e., parents and family, school, increasing education for children, religion, and community), openness and discussion (i.e., parents/family/father, community and friends, taboo), and menstrual health management (birth control, type of doctor, frequency of gynecological visits, pain management and treatment, cleanliness). Findings revealed the changing perceptions and generational differences in Italian culture regarding women's reproductive health. This will allow school systems, healthcare providers, and families to have a better understanding of what education is currently being provided and where more is needed.

## **Implications for Health Behavior Research**

This study highlights the importance of understanding the generational differences in the communication about menstruation. These findings can help us learn the specific preparation methods needed to discuss the continuum of menstruation for all age groups,

which few studies have focused on. Familial education is not universal; therefore, comprehensive teaching within schools is necessary to increase feelings of preparedness for the different stages of menstruation. Whereas this call to action focuses on education, many participants indicated they first began discussing menstruation in school. The systemic and deeply engrained taboos towards menstruation, seen around the world, can be broken only by cultivating a framework of supportive communication from an early age (Gottlieb, 2020; Rubinsky et al., 2020). Organizational and governmental policy change can promote instrumental and informational support leading to the desocialization of menstrual-related shame and embarrassment. This will reduce the stigma and taboo surrounding reproductive health topics, such as menstruation, thus promoting well-informed conversations between individuals. and reducing reproductive health issues that arise due to a lack of knowledge.

Additional implications of this study support health behavior researchers in any field. Such researchers can use similar approaches to understand the values, beliefs, and lived experiences of distinct populations to aid in developing surveys or interventions, driving health behavior change and enhancing health communication. By opening new lines of communication, fostering support, and uplifting diminished voices, researchers will reinforce the positive ideology that, specifically menarche, menstruation, and menopause, are natural, developmental processes that most women experience in their lifetimes.

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### Ethics Approval

The Purdue University Institutional Review Board (IRB) approved the study.

### Conflict of Interest

The authors have no conflicts of interest to declare.

### Discussion Questions

Our findings demonstrated that menstruators living in Florence, Italy felt their school education did not prepare them for menarche, menstruation, or menopause. What plausible methods could school- or government-based programs implement to instruct school-aged children about these processes more effectively?

This study was conducted in Florence, Italy, where some participants expressed that Italy's conservative culture influenced the communication and discussion surrounding menarche, menstruation, and menopause. Which aspects of your culture impact the discourse on these topics?

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