IS MENSTRUATION OBSOLETE? Coutinho, E. M. and S. J. Segal. *New York: Oxford University Press, 1999.*

This book was originally published in 1996 in Portuguese by the Brazilian gynecologist Elsimar Coutinho, under the title *Menstruation: A Useless Bleeding*. With co-author Sheldon Segal, the book has been revised and translated into English. The book promotes the idea that menstruation is a harmful artifact of modernity and should be suppressed by continuous use of oral contraceptives (OC). Initially, this is advocated mainly for current OC users. Later, they adopt the language of choice and suggest that any woman should be allowed to choose this option. At the end, the authors make it clear that they hope to herald a new paradigm that menstruation is obsolete except when seeking pregnancy.

The authors are medical researchers who specialize in pharmaceutical contraception. Coutinho discovered the contraceptive effects of Depo-Provera and Segal developed Norplant. Both products interfere with regular menstrual bleeding. Coutinho works at a university, and Segal works for the Population Council, a nonprofit research organization that develops and distributes contraception to women in the developing world. They are well-published and established scientists.

The book contains a surprisingly broad range of styles. There are long sections of historical narrative and hypothetical descriptions of prehistoric women’s lives. In other sections, it reads like a medical textbook, outlining medical situations and potential treatments. The common thread is a steadfast and unrelenting conviction that menstruation is useless and unnecessary. Anyone who believes otherwise is outdated and misguided.

A book authored by scientists could be expected to be meticulously documented. A reader, however, will be surprised at the difficulty she may have in verifying the claims made by this book. There are no footnotes, and the bibliographic essays at the end of the book often refer to secondary sources. There is no clear link between assertions in the text and the bibliographic materials. For example, we were surprised by the statement that:

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10.1300/J015v27n03_14 195
A 1998 study by the U.S. National Sleep Foundation found that 71 percent of women reported that their sleep was disturbed in the premenstrual days and during the first few days of their periods. On average, women reported that menstruation disrupted their sleep two or three days each month. (p. 68)

We have not observed this pattern in the hundreds of cycles of daily diary data that women have collected with us. However, the authors do not provide a reference to this study.

In their efforts to pathologize the menstrual cycle, Coutinho and Segal make some remarkable claims. They argue that the benefits of suppressing menstruation extend beyond a woman herself and into her community. Readers are invited to consider the impact of menstruation on a woman’s children and on her productivity as an employee. Through the cost of treating anemia, menstruation endangers public health in the developing world. PMS is now inflated to include all premenstrual events, even those that a woman herself does not notice.

We now know PMS is biological in nature, and laboratory and neurological tests can record some of these premenstrual events even if they are barely noticed or perceptible to a woman. (p. 67)

This is quite a change from the days when premenstrual symptoms were dismissed as “all in your head.” Of course, they argue that PMS is best treated with continuous OC.

The second platform of Coutinho and Segal’s argument is that menstruation is a modern anomaly and that today’s women only menstruate because they are no longer constantly pregnant or breastfeeding. We are not convinced. At the heart of these arguments is the mistaken belief that a woman who is menstruating regularly must also be ovulating regularly. Ovulatory disturbances are common, and often occur at the same time as women continue to have menstrual flow at regular, unremarkable intervals (Prior, Vigna, Schecter, & Burgess, 1990). The stresses that disturbed ovulation in prehistoric women were probably different from those that operate today, but the response of ovulation to stress was probably similar. Finally, compared with other animals, humans are not very fertile, so women may continue to menstruate for many cycles before conceiving.

Menstrual cycles do not leave fossil records, but we can learn from women who live in preindustrial societies today. Women in industrial societies do live longer, start menstruating earlier, have better control over fertility, and better nutrition. Dogon women, from an agricultural tribe in Africa, do have fewer menstrual cycles in a lifetime (estimates are 160 menstrual cycles, just over 12 years) (Strassmann & Warner, 1998). Menstrual cycles are more common today, but they are not a new phenomenon. This is confirmed by a modern
ethnographic study of the !Kung woman Nisa (Shostak, 1981). Nisa, as a young girl, knew that when her mother’s periods stopped, she was pregnant.

**IS MENSTRUATION AN ORAL CONTRACEPTIVE DEFICIENCY DISEASE?**

The idea that women can safely suppress menstruation with daily oral contraceptive use over long periods of time (long OC) has a life beyond this book and needs to be addressed in its own right. We do not believe that government regulating agencies, physicians, or women currently have enough information about the effects of long OC to make a decision about safety. We are also cautious because there is a clear profit motive to promoting the use of OC by all women. Finally, women are vulnerable to exploitation because of the cultural distaste for menstruation (Laws, 1990). From a marketing perspective, the timing of this translation is interesting. A new birth control pill called Seasonale, which is taken daily for many days, is soon to be released. The inventor hopes to gain as much as 20% of the 1.6 billion dollar annual market for oral contraceptives (Anonymous, 2000).

**APPROPRIATE TESTING OF “LONG ORAL CONTRACEPTIVES” (LONG OC)**

Conventional OC were initially tested solely for their contraceptive effectiveness. Perhaps in the 1950s regulators were unaware that in the 1990s nearly 90% of young women would use them for an average of 6 premenopausal years (Prior et al., 2001). They certainly were ignorant of how high and harmful estrogen levels were in initial OC. The governmental pharmaceutical regulatory bodies that originally allowed OC onto the markets ignored the effects of supra-physiological doses of synthetic ovarian hormones on every tissue of the body. Although we agree that contraception aids are needed to support a woman’s control of her fertility, we believe that those regulatory decisions were short-sighted. For example, it is now clear that the first generation of high dose OC put healthy young women at risk for blood clots, strokes, and hypertension (Meade, 1988). The issue of whether OC use increases breast cancer risk has not yet been resolved, although evidence suggests that, like lower dose ovarian steroids given as “replacement” after menopause, breast cancer risk increases (Writing Group for WHI, 2002) particularly for women with a family history of breast cancer (Grabrick et al., 2000). Further, there is a trend over the last 5 decades for a population increase in estrogen-receptor positive breast cancers that may reflect exposure to high dose exogenous estrogen through OC. Although most clinicians believe OC are “good for bones,” recent epide-
miological data show lower baseline bone mineral density (BMD) values in women who have ever used OC compared to those who haven’t (Prior et al., 2001). Epidemiological data also relate OC use to increased fracture rates (Cooper, Hanaford, Croft, & Kay, 1993; Vessey, Mant, & Painter, 1998). In short, although we now know that OC use does not increase mortality (Beral et al., 1999) and does significantly decrease ovarian cancer, it may increase risks for breast cancer and osteoporosis.

It is common to assume that ovarian hormonal effects are restricted to reproductive organs and processes. However, estrogen and progesterone affect tissues throughout the body. There is surprisingly little information on patterns of ovulation and hormone levels during a healthy woman’s lifetime. Nor is there adequate information on the long-term health effects of women’s own hormonal rhythms. Already only a minority of premenopausal women in Canada have never used OC. We are losing the chance to investigate the epidemiology of natural variation in women’s cycles.

**LONG OC USE AND NORMAL DEVELOPMENT**

One concern is the effect of long OC use on normal developmental processes following menarche. There has been little research on the effects of OC use during the developmental changes of menarche. OC use overwhelms endogenous hormonal signals. Could OC use during puberty affect women decades later during the menopausal transition? Possibly yes. In current use, OC are interrupted for 7 days per month. How important is this hormone-free window to development of a normal self-regulating system? Maturation often involves a critical feedback window. We don’t know, but it seems possible that long OC may influence women’s reproductive maturation.

Therefore, we believe that the federal Drug Administration in the USA and the Health Protection Branch in Canada must require that long OC be tested for safety prior to marketing. Randomized, double-blind, placebo-controlled testing should take into account the effect of continuous, long OC on bone, endometrium, breasts, and the cardiovascular system. It should also enroll women at different life stages: as young women within 5 years of menarche, premenopausal women, and women in perimenopause. These studies should also monitor women’s feelings and experiences with a daily diary self-report instrument (including feelings of frustration, depression, self-worth, energy, anxiety, as well as fluid retention, spotting, migraine headaches, and breast tenderness). Safety monitoring must also follow women after they stop taking long OC to measure how long it takes to initiate normal ovulatory cycles. Finally, because some women experience premenstrual exacerbation of epileptic seizures and migraine headaches, long OC must be placebo-tested in these susceptible women.
CONTRACEPTION AND HUMAN RIGHTS

It is a fundamental right for women to have access to effective contraception and control of reproduction. However, significant human rights violations have been uncovered, both in the initial testing and in more recent distribution of pharmaceutical contraception. Coutinho and Segal cannot be unaware of feminist concerns that women in psychiatric institutions have been forced to use Norplant or Depo-Provera and about the questionable promotion of these methods in the developing world. OC at least can be stopped without the intervention of a health care provider.

THE CULTURAL CONTEXT:
LOWER STATUS OF WOMEN AND DENIGRATION OF NATURAL PHYSIOLOGY

This book has been widely publicized because it says in a new way what our culture believes: women’s menstruation is smelly, painful, disruptive, and in short, negative. Western culture has viewed women’s reproductive system as abnormal and deficient primarily because it differs from men’s. This negative view is a self-fulfilling prophecy. If we ask why menstruation is sometimes distasteful, symptomatic, and abnormal, as Coutinho and Segal assert, the primary answer is the lower status of women in society.

The word menstruation means something diametrically different to the authors than it means to us. Menses in an ovulatory cycle are no more objectionable than changing the diaper of a breast-fed baby. The smell is salty and clean, the flow is modest, and often is accompanied by predictable premenstrual symptoms and some cramping. The authors are talking about menstruation from non-ovulatory cycles with high estrogen levels in which the flow is flooding with clots, smells like spoiled fish, is preceded by PMS, and accompanied by severe cramps. We agree that abnormal, non-ovulatory menstruation is unnecessary and should be obsolete!

In addition, ovulation is vulnerable. Ovulation disturbances commonly occur during the first 9 months (on average) after standard OC are discontinued (Bracken, Hellenbrand, & Holford, 1990). School stress can alter both ovulation and menstrual cycle intervals in young women students (Nagata, Kato, Seki, & Furuya, 1986). During the 12 years after the first menstrual period, and in the years leading up to the last menstrual period, ovulation is less consistent than during the premenopausal years (Vollman, 1977). The ovulation disturbances in adolescence and perimenopause seem to be part of the natural pattern of development. In adolescence, ovulatory disturbances are probably only a concern if the young woman is also inactive, overweight, and subject to so-
cial stress. During the menopausal transition, ovulation disturbances (often coupled with high estradiol levels) (Prior, 1998) are common (Prior, 2002; Santoro, Rosenberg, Adel, & Skurnick, 1996). Ovulation disturbances in women during the mid-reproductive years are strongly related to the prevalent cultural demand that women be thin. This demand for low weight translates itself for some women into cognitive dietary restraint (worry that eating a particular food will cause obesity). Cognitive dietary restraint is a common psychological stress, disturbs ovulation in women of normal weight, and is associated with high cortisol levels (McLean, Barr, & Prior, 2001a). Cognitive dietary restraint probably causes ovulation disturbances in healthy women (Barr, Janelle, & Prior, 1994; Barr, Prior, & Vigna, 1994). It has also been associated with negative bone changes despite exercise in university students (McLean, Barr, & Prior, 2001b).

Traditionally Medicine (as a sociohistorical entity) and Obstetrics and Gynecology (as a surgical subspecialty devoted to women’s pelvic organs) have considered themselves to be the legitimate holders of knowledge about and power over women’s reproduction—menopause, pregnancy, and menstruation. All three are prime targets for control. It is not surprising that menstruation is a new frontier for the control of women. This is manifested clearly in the misogyny of *Is Menstruation Obsolete?*

**STRATEGIES OTHER THAN LONG OC TO TREAT OR PREVENT ABNORMAL MENSTRUATION**

Certainly there are circumstances in which abnormal menstruation should be treated for health. However, there are many strategies to treat abnormal menstruation, and all of them are more physiological and less potentially harmful than long OC. First, we need more data on the prospective epidemiology of ovulation. This accurate information needs to be taught to young women in a positive, woman-affirming context. Second, menstrual cramps can be eliminated and flow decreased by use of anti-prostaglandin medications (e.g., ibuprofen). Third, for women with anovulatory androgen excess (aka polycystic ovary syndrome), replacement of progesterone/progestin that is missing (Prior, 1997) and the addition of spironolactone as an anti-androgen will improve cycles and reduce acne and excess hair. For women with hypothalamic ovulation disturbances, cyclic therapy with progesterone or progestin and the daily diary recording and reframing of negative ideas about menstruation are associated with a 50% one-year recovery rate (Prior, Vigna, Barr, Rexworthy, & Lentle, 1994). Premenstrual symptoms are decreased by mild and increasing exercise (Prior, Vigna, Alojado, Sciarretta, & Schulzer, 1987). Symptoms are also improved by cyclic progesterone (Dennerstein,
In puberty when ovulation is being established, cyclic progesterone therapy may not immediately lead to normally ovulatory cycles but will provide normal physiology. In perimenopause, when hypothalamic-pituitary-ovarian feedback is disturbed (Prior, 1998), cyclic progesterone, often in high doses, will control heavy flow, night sweats, and some of the other unwanted symptoms of the menopausal transition.

Effective contraception is an important component of health for women, and oral contraceptives are very effective. Complications from pregnancy are a major source of mortality for women under age 25, particularly women with poor access to medical care. Controlling family size is necessary for a woman’s quality of life. However, women do have other choices. One important choice that the authors of this book do not mention is “the morning after pill.” This emergency contraception method involves taking several oral contraceptive pills immediately (and again 12 hours later) within 72 hours following a rape or a barrier method failure, and it is available, well-tolerated, and effective (Glaiser, 1997).

Is it safe to suppress menstruation with long-term, continuous oral contraceptives? We do not believe that the data are currently available to decide. There are safer ways to reduce menstruation-related discomfort. There is a great deal of money to be made from the current OC user market, and even more money potentially from women who dislike menstruation and do not need contraception. As baby boom women pass through the perimenopausal transition, OC are touted (with little data) to control heavy bleeding—this is another large potential market.

In summary, this book is not a balanced, scientific consideration of the issues, but rather a polemic against menstruation. Exaggeration is frequent, and it is difficult (or impossible) to verify the claims made in the text. Menstruation with ovulation is an important physiological part of women’s lives. It is neither detrimental nor obsolete.

Reviewed by Christine L. Hitchcock and Jerilynn C. Prior

NOTE

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REFERENCES

Anonymous. (2000, July 10). EVMS begins clinical trials of new birth control concept. Available at http://www.evms.edu/about/news/07-10-00.html (retrieved Sept. 5, 2000).

Barr, S. I., Janelle, K. C., & Prior, J. C. (1994). Vegetarian versus nonvegetarian diets, dietary restraint, and subclinical ovulatory disturbances: Prospective 6 month study. American Journal of Clinical Nutrition, 60, 887-894.

Barr, S. I., Prior, J. C., & Vigna, Y. M. (1994). Restrained eating and ovulatory disturbances: Possible implications for bone health. American Journal of Clinical Nutrition, 59, 92-97.

Beral, V., Hermon, C., Kay, C., Hannaford, P., Darby, S., & Reeves, G. (1999). Mortality associated with contraceptive use: 25 year follow up of cohort of 46,000 women from Royal College of General Practitioners’ oral contraceptive study. British Medical Journal, 318, 96-100.

Bracken, H. B., Hellenbrand, K. G., & Holford, T. R. (1990). Conception delay after oral contraceptive use: The effect of estrogen dose. Fertility and Sterility, 53, 21-27.

Cooper, C., Hannaford, P., Croft, P., & Kay, C. R. (1993). Oral contraceptive pill use and fractures in women: A prospective study. Bone, 14, 41-45.

Dennerstein, L., Spencer-Gardner, C., Gotts, G., Brown, J. B., & Smith, M. A. (1985). Progesterone and the premenstrual syndrome: A double blind crossover trial. British Medical Journal, 290, 1617-1621.

Glaiser, A. (1997). Emergency postcoital contraception. New England Journal of Medicine, 337, 1058-1064.

Grabick, D. M., Hartmann, L. C., Cerhan, J. R., Vierkant, R. A., Therneau, T. M., Vachon, C. M., Olson, J. E., Couch, F. J., Anderson, K. E., Pankratz, V. S., & Sellers, T. A. (2000). Risk of breast cancer with oral contraceptive use in women with a family history of breast cancer. Journal of the American Medical Association, 284, 1791-1798.

Laws, S. (1990). Issues of blood: The politics of menstruation. London: MacMillan.

McLean, J. A., Barr, S. I., & Prior, J. C. (2001a). Cognitive dietary restraint is associated with higher urinary cortisol excretion in healthy premenopausal women. American Journal of Clinical Nutrition, 73, 7-12.

McLean, J. A., Barr, S. I., & Prior, J. C. (2001b). Dietary restraint, exercise, and bone density in young women: Are they related? Medicine and Science in Sport and Exercise, 33, 1292-1296.

Meade, T. W. (1988). Update: Cardiovascular effects of oral contraception and hormonal replacement therapy. American Journal of Obstetrics and Gynecology, 158, 1646-1652.

Nagata, I., Kato, K., Seki, K., & Furuya, K. (1986). Ovulatory disturbances: Causative factors among Japanese student nurses in a dormitory. Journal of Adolescent Health Care, 7, 1-5.

Prior, J. C. (1997, February). Ovulatory disturbances: They do matter. Canadian Journal of Diagnosis, pp. 64-80.

Prior, J. C. (1998). Perimenopause: The complex endocrinology of the menopausal transition. Endocrine Reviews, 19, 397-428.
Prior, J. C. (2002). The ageing female reproductive axis II: Ovulatory changes with perimenopause. In J. D. Veldhuis & Z. Laron (Eds.), *Endocrine facets of ageing in the human and experimental animal* (pp. 172-192). London: Wiley.

Prior, J. C., Kirkland, S., Joseph, L., Kreiger, N., Hanley, D. A., Adachi, J. D., Vigna, Y. M., Berger, M. S., Blondeau, L., Jackson, S. A., & Tenenhouse, A. (2001). Oral contraceptive agent use and bone mineral density in premenopausal women: Cross-sectional population-based data from the Canadian Multicentre Osteoporosis Study. *Canadian Medical Association Journal, 165*, 1023-1029.

Prior, J. C., Vigna, Y. M., Alojado, N., Sciaretta, D., & Schulzer, M. (1987). Conditioning exercise decreases premenstrual symptoms: A prospective controlled 6 month trial. *Fertility and Sterility, 47*, 402-408.

Prior, J. C., Vigna, Y. M., Barr, S. I., Rexworthy, C., & Lentle, B. C. (1994). Cyclic medroxyprogesterone treatment increases bone density: A controlled trial in active women with menstrual cycle disturbances. *American Journal of Medicine, 96*, 521-530.

Prior, J. C., Vigna, Y. M., Schecter, M. T., & Burgess, A. E. (1990). Spinal bone loss and ovulatory disturbances. *New England Journal of Medicine, 323*, 1221-1227.

Santoro, N., Rosenberg, J., Adel, T., & Skurnick, J. H. (1996). Characterization of reproductive hormonal dynamics in the perimenopause. *Journal of Clinical Endocrinology and Metabolism, 81*, 1495-1501.

Shostak, M. (1981). *Nisa: The life and words of a !Kung woman*. New York: Vintage Books.

Strassman, B. I., & Warner, J. H. (1998). Predictors of fecundability and conception waits among the Dogon of Mali. *American Journal of Physical Anthropology, 105*, 167-184.

Thys-Jacob, S., Starkey, P., Bernstein, D., Tian, J., & Group, T. P. (1998). Calcium carbonate and the premenstrual syndrome: Effects on premenstrual and menstrual symptoms. *American Journal of Obstetrics and Gynecology, 179*, 444-452.

Vessey, M., Mant, J., & Painter, R. (1998). Oral contraception and other factors in relation to hospital referral for fracture: Findings in a large cohort study. *Contraception, 57*, 231-235.

Vollman, R. F. (1977). The menstrual cycle. In E. A. Friedman (Ed.), *Major problems in obstetrics and gynecology* (vol. 1, pp. 11-93). Toronto: Saunders.

Writing Group for WHI. (2002). Risks and benefits of estrogen plus progestin in healthy postmenopausal women: Principal results from the Women’s Health Initiative randomized controlled trial. *Journal of the American Medical Association, 288*, 321-333.
THE CURSE: CONFRONTING THE LAST UMENTIONABLE TABOO—MENSTRUATION. Houppert, K. New York: Farrar, Straus, & Giroux, 1999.

_The Curse_ is a well-researched, intriguing compilation of information about menstruation from journal articles, advice columns, news reports, advertisements for feminine hygiene products, focus groups, magazine articles, books, movies, and public relations campaigns. The tone of the book is humorous yet stern, and the author strategically mixes personal experiences and historical facts. Houppert is a journalist who uses her investigative skills to present a “behind the scenes” look at political and cultural messages about menstruation, sexuality, PMS, and menopause. _The Curse_ is divided into four sections: the industry, the adolescent, the adult, and the menstrual subculture.

In the first section, Houppert reviews the motivations of the 8 billion dollar menstrual products industry. She examines how “our culture conspires to transform monthly bleeding from a benign inconvenience into a shameful, embarrassing and even debilitating event” (p. 10). Houppert playfully wrote, “Blood is kinda like snot. How come it’s not treated that way?” (p. 4). Fear of discovery fuels the menstrual products industry. If girls and women are ashamed of menstruation, they will pay for products that conceal monthly flow.

Houppert discusses the research on dioxin poisoning from tampon use and the lack of public knowledge about these risks. She states that despite findings that support the link between tampons and the toxic effects of dioxin, the industry claims that dioxin found in their products is not a health threat. Are they simply naïve? It’s more likely that the industry would prefer that the data about dioxin were not publicized because they risk losing consumers and would need to invest in research on alternative materials for tampons.

The second section contains information about adolescents’ experiences with menarche, their sources of information about it, and cultural stereotypes about menstruating women. Houppert’s interviews with 9-10-year-old girls reveal the importance of concealment, a lack of knowledge, and the prevalence of myths about menstruation. She found that girls are curious about menstruation; however, they have little knowledge about the menstrual cycle. We need more open discussions about menstruation in order to refute myths about menstruation and help girls feel comfortable about their bodies and their emerging sexuality.

In the third section, Houppert focuses on adults’ experiences with menstruation. She gives an historical account of Premenstrual Syndrome (PMS) from 1878 to today’s culturally accepted concept of PMS as an excuse for women’s anger and moodiness. The medicalization and socialization of PMDD and PMS are discussed. Houppert concludes that the major theme in PMS literature is that women are afraid of feeling “out of control.”
The final section challenges the culture of concealment of menstruation. Houppert found only three adult resources that attempt to reframe attitudes toward and education about menstruation: a new menstrual products company (InSync Miniforms), a collection of goddess-feminists who celebrate their cycles, and the Museum of Menstruation. InSync Miniforms are pad-tampon hybrids that are held in place by a woman’s own anatomy. The goddess-feminists hope to “reclaim a time when the feminine cycle was integrated into our common experience of life” (pp. 215-216). The Museum of Menstruation (MUM) is Harry Finley’s personal collection of menstrual paraphernalia. His collection is both virtual (http://www.mum.org) and real (displayed in the basement of Finley’s house). He has had many visitors to his museum, and he is an enthusiastic one-man movement for openness and education.

Houppert conveys a witty understanding of the history, politics, and socialization of menstruation. *The Curse* is enlightening, thought-provoking, and accessible. Houppert’s extensive critique of the menstrual products industry is as fascinating as Jean Kilbourne’s analysis of the diet industry. I would recommend *The Curse* to anyone interested in women’s health. It is ideal for researchers and women’s studies classes. It’s also an excellent resource for therapists who work with adolescents; however, parts of the book are too advanced for younger girls to comprehend. *The Curse* is a critique of the sociocultural aspects of menstruation. Houppert leaves readers wondering, “Why don’t we just treat menstruation like the common cold?” (p. 243).

 Reviewed by Jennifer Gorman Rose

NOTE

Jennifer Gorman Rose, MA, is a full-time lecturer in psychology at Connecticut College. She is a member of the Society for Menstrual Cycle Research, and she has presented the results of her research on women’s menarche stories, educational pamphlets about menstruation, and the socialization of menstruation.
BEFORE SHE GETS HER PERIOD: TALKING WITH YOUR DAUGHTER ABOUT MENSTRUATION. Gillooly, J. B. Los Angeles: Perspective Publishing, 1998.

PERIOD: A GIRL’S GUIDE. Loulan, J. and B. Worthen. Minnetonka, MN: Book Peddlers, 2001.

Many mothers dread the responsibility of explaining menstruation to their daughters. When is the right time to begin such a discussion? How will I know when she’s ready? What does she know already and what information does she need from me? What if she seems embarrassed or disinterested? Gillooly’s Before She Gets Her Period: Talking with Your Daughter About Menstruation addresses these concerns and provides the encouragement that some mothers may need in order to begin a dialogue with their young daughters about menstruation.

Although the biological basics are covered, the emphasis of this book is on the emotional implications of menarche. Gillooly encourages mothers to recall their own first period in order to better relate to their daughter’s feelings and concerns. In fact, all of the advice and wisdom in this book is supplemented with firsthand accounts from young girls, adult women looking back on their first periods, and even fathers and brothers recounting their experiences when their daughters and sisters began menstruation.

One of the most unique and valuable features of this book is its emphasis on the influence of culture on attitudes toward menstruation. The suggestion is that when mothers openly talk with their daughters about menstruation, they will help them to view it as a natural process and a rite of passage. Gillooly suggests planning some type of ritual, maybe a special dinner or evening out, to celebrate the beginning of a daughter’s transition to adulthood.

Tips about how much to cover in one sitting, what type of information is most valuable to young girls, and how to handle emotional outbursts are included. Common fears, such as having “it” arrive while at school, are also addressed. What is most emphasized, though, is the importance of beginning this sort of dialogue early. Establishing open communication is important during preadolescence, but will be even more valuable as daughters mature and face bigger and more difficult challenges.

Gillooly also encourages open discussion with boys and men. This is especially important to fathers who will want to learn how to relate to their adolescent daughters and to brothers who are inherently curious and want to be included. Teaching boys about menstruation and including them in this way may discourage the teasing that many young girls face and may encourage bonding between brothers and sisters.

Despite the encouragement and supportive tone of Gillooly’s book, some mothers may still believe that they need an easier way to begin a dialogue about menstruation. For these mothers, a basic book written for girls may be a
good starting point. *Period: A Girl’s Guide* provides practical information for
the young girl who is anticipating her first menstrual period. Loulan and
Worthen have provided a comprehensive guide to the menstrual cycle in lan-
guage that is accessible to the average 8-12-year-old girl. This “child-friendly”
resource is filled with delightful line drawings and information that is pre-
sented in a straightforward, yet supportive manner.

In addition to the biological explanation of the menstrual cycle, practical is-
issues such as how to use menstrual management products and what to expect
emotionally are addressed. A brief description of what goes on during a pelvic
exam is also included to take some of the mystery and fear out of a girl’s first
visit to the gynecologist. *Period* is a good beginner’s source of accurate informa-
tion about menstruation and the related issues of body image and self-es-
tem.

Although technical and practical information remain important, what
makes this book special is its emphasis on the wide range of experiences that
are considered normal. The authors reassure girls that it is normal for some
women to experience menstrual cramps and for some others to have painless
periods. Readers are reminded that some women experience mood changes,
but others do not. The individuality of each girl is celebrated throughout the
text and in the illustrations.

The physical and psychological changes that come with the onset of men-
struation can be both confusing and stressful. Knowledge can help to ease this
transition. Whether mothers choose to provide their daughters with an intro-
ductive book or to take on the task of explaining menstruation themselves, pre-
paring young girls emotionally by providing them with an idea of what to
expect is what matters most. Both *Period* and *Before She Gets Her Period* can
be helpful tools for mothers who must take on this important task.

Reviewed by Elyse A. Warren

NOTE

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