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A peek behind the veil of secrecy
- The influence of cultural factors on menstrual behavior among Syrian women with migrant origin in Helsinki metropolitan area

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Menstruation is part of women's normal body function. To stay healthy and well-being, it is crucial to manage menstrual hygiene appropriately. Menstrual hygiene means access to clean sanitary materials and washing facilities, as well as access to a private space where sanitary pads or other menstrual protection can be changed safely. Adequate menstrual hygiene management is also a matter of safeguarding the dignity, bodily integrity and overall life opportunities of girls and women. Taboos and stigmas attached to menstruating women maintain a culture of silence around the topic. Especially in low- and middle-income countries girls receive little if any information about menarche prior their first menstrual bleeding. Women who come from countries where menstrual hygiene is a concern may have to confront contradictory thoughts about menstrual practices, when adapting to a new culture. Menstruation among migrant and refugee women has been less studied, as the focus of the past research has been on pregnancy outcomes, childbirth, and postpartum experiences. Thus, the aim of this qualitative study was to develop an understanding of the influence of cultural factors on menstrual behaviour.

The study participants (N=10) were recruited via a method called snowball sampling. The study participants were all immigrant women with Syrian origin, at least 18 years old and living in the Helsinki metropolitan area. The data was collected though face-to-face semi-structured in-depth interviews. The interviews were transcribed verbatim and analyzed by using thematic analysis.

Most participants received their menstrual-related information mainly from the members of their social environment, including female friends, sisters, and mothers. Almost all participants described menstruation as a topic they do not feel comfortable to talk about. At the onset of the menstruation most had lacked knowledge and felt surprised, guilty and, unsecured. Traditional beliefs and practices related to menstruation are based on experiences or what have been told to happen someone else. Through practices women try to achieve positive health outcomes or to avoid causing harm to themselves. Women are accurate in menstrual hygiene management. However, pain and heavy bleeding limit the everyday life of some women and help is not often sought. There is a lot of shame associated with menstruation, which can be seen, for example, in buying menstrual pads. After moving to Finland, the women changed some of their menstrual-related practices. The biggest change was experienced in the menstrual-related atmosphere.

In conclusion, menstruation is surrounded by a veil of secret on the level of society as a whole. Menstruation is a theme that should be hidden in all aspects: hiding takes place in verbal concealment, concealment of menstrual products, concealment of pain and other symptoms Changes in menstrual behavior after immigration was noticed in general atmosphere more than in practices.

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Abbreviations

MHM	Menstrual hygiene management
WHO	World Health Organization
UNHRC	United Nations Human Rights Council
FGM/C	Female genital mutilation/Cutting
THL	Finnish institute for health and welfare
WASH	Water, sanitation, and hygiene
UNESCO	United Nations Educational, Scientific and Cultural Organization

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1 Introduction

Menstruation is part of women's normal body function (Sommer et al. 2017). To stay healthy and well-being, it is crucial to manage menstrual hygiene appropriately. (Hennegan & Montgomery 2016, Shah et al. 2019) Insufficient menstrual hygiene management (MHM) has been documented across low- and middle-income countries, where over 50 % of girls are unable to manage menstrual hygiene adequately. (Hennegan & Montgomery 2016) In recent years the phenomenon has also been identified in European region (WHO 2018). The topic has gained global attention being not only a public health issue, but also related to human rights (Sommer et al. 2015, Kuhlmann et al. 2017).

Menstrual hygiene means access to clean sanitary materials and washing facilities, as well as access to a private space where sanitary pads or other menstrual protection can be changed safely (Sommer et al. 2013, UNICEF 2015). Most of the girls and women in high-income societies are capable to manage their regular or irregular bleeding comfortably. They have access to information resources and support, which are needed to MHM, although they may struggle to understand the menstrual cycle. Nearly all girls in such societies have also access to menstrual protection items, private and safe toilets, both at home and at school or work. However, this may not be the case for some groups of population, such as homeless, hard to reach girls and women, and migrants. (Sommer et al. 2017) In addition to other factors, appropriate menstrual hygiene management is influenced by taboos and shame on the issue (Shah et al. 2019). To study girls' and women's understanding of menstruation, sociocultural factors must be considered. (White 2013)

Sexual and reproductive health is a key part of women's right to health (OHCHR & WHO 2008) and sometimes menstruation may undermine the enjoyment of basic human rights due to cultural traditions. (WHO 2020) In many cultures, menstruation is surrounded by a pattern of silence. Menstruation is a theme, which is not to be discussed, not even with other women. (Hawkey et al. 2017, The World Bank 2018). Adequate menstrual hygiene management is also a matter of safeguarding the dignity, bodily integrity and overall life opportunities of girls and

women. Sometimes women are excluded from every-day activities, because of considered impure during their menstruation. Taboos and stigmas attached to menstruating women maintain a culture of silence around the topic. Limited information on menstruation and menstrual hygiene management affects girls' and women's health and dignity. (The World Bank 2018.)

Especially in low- and middle-income countries girls receive little if any information about menarche prior their first menstrual bleeding. The lack of menstruation related knowledge causes misconceptions, fear, and shame among girls, and poses them in unsatisfactory situation when menstruating at school. In some cultures, the onset of menstruation is celebrated and seen as a positive transition in becoming a woman, but still, girls are taught to hide the menstruation and manage it discreetly which describes a broader misunderstanding in the society about menstruation. (Hawkey et al. 2017, Sommer et al. 2017, Shah et al. 2019) Moreover, stigma and shame have been seen to be associated with embarrassment with other reproductive health issues, such as the use of contraceptives, and have an increasing impact on sexual risk taking. (Hawker et al. 2017)

Women who come from countries where menstrual hygiene is a concern may have to confront contradictory thoughts about menstrual practices, when adapting to a new culture. (Hawker et al. 2017, Sebert Kuhlmann et al. 2019) Understanding the experiences and the whole composition of menarche and menstruation could give a valuable knowledge for the provision of culturally appropriate reproductive health care and health promotion activities. Menstruation among migrant and refugee women has been less studied, as the focus of the past research has been on pregnancy outcomes, childbirth, and postpartum experiences. (Hawker et al. 2017) Since there are not many studies that consider migrant women's experiences of menstruation after they have settled in a new country of residence this thesis aims to develop an understanding of the cultural influence on MHM of immigrant women aged 18 and older in Helsinki Metropolitan area. The focus of this qualitative study is on migrant women with Syrian origin, them being a very specific and vulnerable group, considering the crisis in their home country that has lasted almost a decade.

2 Literature review

This literature review first looks at menstrual health from the perspective of individual rights and then describes menstruation from a physiological perspective and clarify the definition of menstrual hygiene management from different angles of the approach. The following parts of the literature review present menstruation in a cultural context: although menstruation is a universal phenomenon and affects almost all women in the world, it is experienced differently in different cultures and environments. Experience is influenced by menstrual related knowledge and perceptions that both further influence menstrual behaviour. In some societies, countries or environments, menstrual hygiene management is a concern. At the final part of this literature review, the focus is on menstrual health from the perspective of migrant women.

2.1 Menstrual health

The right to the highest attainable standard of health is a human right recognized by international human rights law. The right to health refers to the right to health care services, but also many other factors that are needed to achieve and maintain health, for example safe living conditions, healthy working environment, adequate health related training and information and gender equality. Certain groups or individuals, such as children, women, and people with disabilities, face obstacles in exercising this right. Barriers can be a combination of many factors, such as biological or socio-economic factors, discrimination, and stigma. Sexual and reproductive health is a key part of women's right to health. (OHCHR & WHO 2008) Equality and non-discrimination are foundational to all human rights protection and promotion - all types of violation, discrimination, harassment, exclusion, and stigmatization are violations of human rights which has impact on individuals' well-being. Every human being has the right to the highest attainable standard health, including sexual health. Everyone shall have the access to accurate and understandable information and education related to sexuality. (WAS 2014)

Menstruation and the capability to manage menstrual hygiene is strongly related to human dignity. However, menstruation may undermine the enjoyment of basic human rights due to

cultural traditions, gender inequality, extreme poverty, and humanitarian crises. The perception that menstruation is dirty or shameful, causes girls and women exclusion from public life through restrictions they face during vaginal bleeding. Gender equity is strongly linked to health (WHO 2020) and gender inequality is increased by the fact, that in some communities, women and girls are thought to have reduced physical or emotional capacity because of the menstrual cycle. Poverty limits girls and women access to menstrual products and safe, private washing facilities. (UNFPA 2020) Due to inadequate knowledge girls and women are poorly equipped to make informed personal decisions about their own health, including their sexual and reproductive health. World Health Organization (WHO) calls for collective action on the part of governments, development partners and civil society to support societal change, and strong political leadership, to construct national strategies and costed plans, that integrate policies on sanitation, environment, health, education, and gender. (WHO 2020)

In Finland, the provision of sexual and reproductive health services is protected by several laws and regulations. The goal of sexual and reproductive health promotion is to make the population aware of the factors that promote sexual and reproductive health and prevent it. The right to information and education plays a key role in sexual and reproductive health rights, and Finland follows the same principle in its national action programme for the promotion of sexual and reproductive health in 2014 – 2020: Up-to-date and high-quality information on sexual and reproductive health must be available to all. Finland's action plan is based on WHO standards for sex education. Sex education begins in early childhood and progresses into adolescence and adulthood. For children and young people, it aims to support and protect sexual development. (Klemetti &Raussilehto 2018)

Sexual health education at the national level makes it possible to effectively disseminate information to large groups of people and to direct information to a specific population group. However, sexual health education at the national level is one-sided and does not provide a direct opportunity to request additional information. Campaigns at national level raise issues that need more attention. In addition to this, dialogue is needed in sexual and reproductive health education, giving learners the opportunity to discuss issues with their teachers and ask

questions. Sexual and reproductive health education influences knowledge, skills, and attitudes. Such education can be provided to people of all ages in different situations and places, such as schools, occupational health care or elderly care services. (Klemetti & Raussilehto 2018) The third sector is strongly involved in health promotion in Finland. In recent years, menstrual health has become increasingly on the agenda of global actors, and menstrual issues have been brought in conversation at the United Nations Human Rights Council (UNHRC), where the human rights perspective of menstruation has become increasingly prominent. Similarly, in Finland, organizations have implemented projects related to the health of girls and women, in which the health of menstruation has been emphasized. The focus has been on bringing menstruation into the conversation instead of maintaining the culture of silence around the topic, breaking menstrual-related taboos, increasing menstrual-related information, and gender equality issues. (Plan international 2020, Fida international 2020)

To promote gender equality and enhance girls' and women's health, Finland is committed to complying with the Council of Europe Convention on the prevention of violence against women in their national legislation (the Istanbul Convention). (Finlex 2015) The objectives of the convention are to protect women from all forms of violence, to promote the elimination of all forms of discrimination against women and equality between women and men, and to empower women. The signatory countries undertake to incorporate the objectives into their legislation, to ensure, that they are implemented in practice. As required by the convention, countries will also take other necessary measures to promote changes in the social and cultural behaviour of women and men. The aim is to eliminate prejudices, customs, traditions, and all other practices based on the idea of the inferior status of women or schematic perceptions of the roles of women and men. (Council of Europe 2011).

The Istanbul Convention encourages the involvement of all members of society in the pursuit of the objectives, in particular men and boys, and their active participation in the prevention of all forms of violence. To achieve the goals of promoting equality and reducing discrimination, the themes will be incorporated into educational curricula and teaching materials. (Council of Europe 2011).

2.1.1 Menstruation

Menstruation is part of normal body function. It is also an integrated part of a woman's overall health because menstrual health can affect physical, mental, and social well-being. (Matteson et al. 2020) Menstrual bleeding begins at age of 8-12 and lasts from menarche to menopause, which women reach approximately at age of 52-60. Menstruation is a process where blood and other material from uterine lining discharge monthly, in average in 2-7 days. The bleeding can be accompanied by cramps, irritated emotions, and tender breasts. Women experience, in average, over 40 years of monthly bleeding, estimated 2400 menstrual-related bleeding days, the average cycle length being 5 days. (Sommer et al. 2017a)

Normal menstruation is described in terms of four domains: the frequency of bleeding episodes, the regularity and predictability of these episodes, the duration of episodes and the volume or heaviness of menstrual bleeding. As many as 30 percent of women do not have a normal menstrual period compared to the definition described above, but there are changes in the pattern or volume of menstrual bleeding. This is called abnormal uterine bleeding. (Matteson et al. 2020) Exceptions to menstrual cycle are caused by multiple reasons, for example stress, nutrition, endometriosis, and breastfeeding. Vaginal bleeding also occurs due other reasons than menstruation, such as during pregnancy, childbirth and postpartum, miscarriage, cancers, and endometriosis. Also, some lighter bleeding, called spotting, may occur at the situations described above. Girls and women require factual knowledge which enables them to differentiate between normal and abnormal bleeding and take care of their health and to seek health services. (Sommer et al. 2017, Matteson et al. 2020)

The risk of vaginal and reproductive tract infections may increase during menstruation. Prolonged use of pads, replacing pads with other material, or unproper use of pads such as rolling up to insert them in the vagina, increases the risk of infections. (UNESCO 2014) Disposable menstrual pads should be changed every 4-8 hours, or when the pad feels damp against the skin or smells bad. In case the menstrual bleeding is heavy, menstrual pad should be changed more often. Tampons are advised to change in every 2-5 hours and never used longer than for 8 hours. Menstrual cup can be used for up to 12 hours at the time and emptied about 2

to 4 times a day or as needed depending on the amount of bleeding. (Väestöliitto 2018) Female genital mutilation (FGM) poses girls and women in especially high risk of infections. FGM refers to procedures performed without a medical reason that injure a woman's external genitals. Due to genital mutilation a girl or a woman may suffer from blockages as the menstrual flow cannot exit from the vaginal aperture, particularly in case of infibulation. Blood clots behind the infibulated area may cause infection. (UNESCO 2014, Tiittala et al. 2020) As a long-term health hazard FGM has been found to cause menstrual ailments, like cramps. Other long-term health effects of mutilation include urinary incontinence, infections, scarring, fistulas, infertility, intercourse problems, and sexual problems. (Klemetti & Raussi-Lehto 2018, Tiittala et al. 2020)

Female genital mutilation is an issue to be considered among migrant women in Finland. According the research conducted by Finnish institute for health and welfare revealed the prevalence of FGM among asylum seekers and the foreign-born population from variety of countries of origin. The prevalence was highest among women from certain African countries (Somalia, Nigeria, Angola, Cameroon, the Democratic Republic of the Congo, Ethiopia, Eritrea, Ghana, Senegal, Gambia and Ruanda) being 34% in asylum seekers and 18% among foreign-born population living in Finland. According the survey some number of women from Afghanistan, Myanmar, the Dominican Republic, Ethiopia, Eritrea, Iran, Iraq, Morocco, Nigeria, Sudan, Turkey, and Egypt were reported to have undergone FGM, too. (Skogberg et al. 2019)

As a result of immigration, the tradition of female genital mutilation/cutting (FGM / C) has spread in Europe and is more common in Finland than previously assumed, especially among women of Kurdish origin. The subject is sensitive and therefore faces certain challenges in research: Women with FMG/C often do not complain about the discomforts they have, and the negative health effects can be underestimated. Not all interviewees are able or willing to talk about the situation in the interview. Respondents may also know that female genital mutilation/cutting is prohibited in Finland, which may affect the reporting. It is also possible that some women may not associate their health symptoms and discomfort with FMG/C. A study of the health and well-being of migrants, conducted in Finland between 2010 and 2012, found that prevalence of

FGM/C was 69% among participants of Somali origin and 32% of Kurdish origin (N=165/224). (Koukkula et al. 2016)

For asylum seekers, access to reproductive health services may have been deficient in countries of origin and during displacement. In this case, some of the health problems and menstrual troubles are possibly untreated. There may also have been challenges in accessing menstrual pads. (Tiittala et al. 2020)

2.1.2 Menstrual hygiene management

Managing vaginal bleeding hygienically requires adequate water, sanitation, and hygiene (WASH) facilities and supplies such as soap and sanitary products. In addition to these essentials, managing vaginal bleeding vary greatly depending on age, previous life experiences and physical and social environments, where girls and women live. The features of menstrual hygiene have been studied and understood from a broader perspective in recent years. (Sommer et al. 2017) Menstrual hygiene management (MHM) has been defined as: "Women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials". (UNICEF 2015)

In addition to those mentioned above, there are other factors that impact menstrual hygiene management such as accurate and timely knowledge. In many counties, girls begin menstruating without any knowledge of it. To inform girls about sexual and reproductive health and rights, through education programmes that strengthen critical thinking in gender norms and power in intimate relationships have resulted in good health outcomes. These findings confirm the view that it would be beneficial to link menstrual education to a rights-informed, skills-based health education curriculum. Teachers and health professional have a significant role in educating girls and women about menstruation. They should be capable to talk about menstruation and menstrual hygiene management in accessible and comfortable way. (UNESCO 2014)

To construct good public policy in menstrual hygiene management positive social norms are needed. The topic should be better understood by women and men to alleviate misconceptions and break myths. Eliminating shamefulness and taboos around the topic would be essential to increase the understanding. Sensible, affordable, and sustainable solutions are needed to tackle the range of challenges women face and to develop good policy in menstrual hygiene management. (UNESCO 2014)

When women do not meet the facilities to manage their menstrual hygiene due the lack of sanitary items or insufficient of false information they are forced to improvise. Coping strategies and means vary depending on country, personal preferences, resources available, local traditions and cultural beliefs. The methods used instead of proper menstrual protection products may be unhygienic and inconvenient, especially in poor settings. (Sumpter & Torondel 2013.) Lack of proper menstrual hygiene management has been associated with infections (Sumpter & Torondel 2013) and poor health-related quality-of-life (Sveinsdóttir 2018). Poor MHM has been understood to result in school absenteeism and to impact adult women's occupational attendance, too. (Hennegan & Montgomery 2016)

In exceptional circumstances, such as and in refugee settings women and adolescent girls try to deal with menstruation in very challenging environment. They carry a huge burden as they attempt to cope with it amid the total loss of privacy and limited access to resources. This influences on their menstrual hygiene management and menstrual health. In addition, it also may have adverse effects on their safety, privacy, and dignity. (Majed & Touma 2020)

2.2 Menstruation in cultural context

Menstruation is a universal phenomenon and some feelings about it are similar across cultures. However, cross-cultural studies have shown that the experience of menstruation is influenced by cultural factors. (White 2013) Culture is defined as an upper concept of socially transmitted behavioural patterns. Those patterns are such as arts, beliefs, values, customs, and behavioural

styles. Also, all other things, that guide a person or a group of people in their worldview, and hence decision-making, are cultural patterns. Language and dialects as much as nonverbal communications are important components of culture. (Purnell 2013) The definition of culture includes religion, beliefs related to economic and social relations, political organization and legitimacy, and all the norms and standards the society deems important, that people follow to become a functioning member of that group (University of the Pacific).

Cultural patterns are primally learned and transmitted within the family and are shared with the most but not all members of the culture (Purnell 2013). Some aspects of each culture are visible to outsiders, such as wearing certain types of clothes, things that can be seen or observed. Some aspects of culture are rules which only members of the culture know, such as behaviour. Some aspects can only be suspected, imagined, or intuited. (Purnell 2013, University of the Pacific.) Cultural practices are shared within a specific group. They also can be shared across groups but not always are. (Terry & Irving 2010) Culture is learned in interaction with other people; it needs communication to be learned. In interaction with others within the community, an individual learns the fundamentals of culture. Those are, for example, language and rituals considering communication and behaviour routines. (Kaikkonen 2001) Each person is an individual leaner of the culture, and there are differences even inside one culture. (Purnell 2013, Kaikkonen 2001) Persons experience the surrounding world differently although they live in the same community. (Kaikkonen 2001) Cultural patterns are phenomena that change in response to a global phenomenon. Cultures are always changing because the surrounding environment and individuals in it are always changing. (Purnell 2013)

2.2.1 Menstrual related information

Throughout the life course girls and women experience vaginal bleeding, which, in many societies is handled in secrecy. Taboos regarding menstrual bleeding in many cultures maintain a culture of silence around the topic and restrict information. The culture that hinders open discussion of menstruation leads to misinformation (Sommer et al. 2017, The World Bank 2018) which continues spreading further as unproperly educated girls and women continue spreading

it to peers, younger siblings and finally to their own daughters (White 2013). Especially during the first years of menstruation, the bleeding may be irregular. However, girls may be afraid to talk about irregular bleeding because they are afraid that they will be punished, or that they will be considered as being infertile, which will affect the girl's possibilities to get married. (Sommer et al. 2017) Not understanding the menstruation poses especially adolescent girls in a position where their ignorance makes them develop feeling of shame about their reproductive functions and risk taking in sexual behaviour at an earlier age. (White 2013)

Especially in low- and middle-income countries, girls receive little if any information about menstruation before menarche. (Hawkey et al. 2017) Also, research from high income countries has shown that adolescents do not have a full understanding of why they menstruate. (White 2013) For example, in Bangladesh menstrual related education is provided in only six percent of all schools. Lack of education results in a low level of knowledge of menstruation and has been documented to affect girls' school performance. (The World Bank 2018.) Not explaining things properly has been shown to given young women erroneous information such as any contact with men during menstruation can make a woman pregnant. In many cultures girls often receive advice not to "do a mistake", or "play with boys" after they start to menstruate. (Hawkey et al. 2017)

According to international literature and cross-cultural studies, menstrual related information comes from multiple sources such as mothers, female siblings, peers, teachers, and media. Most research agree that the primary source is, however, the mother. What poses a challenge is that many mothers are unprepared for the task of educating their daughters; they lack the knowledge themselves or cannot act emotionally supportively enough. (White 2013, Spadaro et al. 2018, Ssewanyana & Bitanihirwe 2019, Majed & Touma 2020) The role of the mothers is significant, because according to the research, even when a teacher is the main source of information, girls mostly prefer asking advice from their mothers. Sometimes different actors may think differently about who is responsible for teaching menstrual-related information. Mothers may think that it is a duty of teachers to educate their daughters about menstruation, while teachers call for the need to talk about the topic at home. Mothers may think that teachers

have more knowledge about menstruations than they do, and in addition, they have books as sources of knowledge. (Shah et al. 2019)

UNESCO (United Nations Educational, Scientific and Cultural Organization) policies emphasize that both female and male teachers should be competent to educate about menstruation and menstrual hygiene management. (UNESCO 2014) In Shah's et al. (2019) study in rural Gambia teachers said they felt very embarrassed to talk about menstruation. The task was mostly given to female teachers to make it more uncomfortable, but not all schools had a female teacher. Study participants reported shame and even panicked feelings, when they heard someone mentioning menstruation and more if the person was male. Some of the girls told in the interviews that menstruation is too private theme to share even with their own mothers and more with teachers.

In Shah's et al. (2019) study majority of the participants, did not know why women menstruate. The group of interviewees for the study consisted of adolescent girls and boys, their mothers, and teachers. None of the participants linked menstruation to hormonal changes. Shah et al. revealed many misconceptions in their study, especially among pre-menarche girls. From both pre-menarche, and post-menarche girls, a third thought menstruation was a disease and 23% were not sure whether menstruation is a disease or not. There was a lack of knowledge among all girls participating, where the menstrual blood comes from; less than half of the participants knew it came from the uterus. Also, the fact that pregnant women or old women do not menstruate was not clear for the participants. A study conducted with Syrian refugee women in Lebanon revealed similar findings: many women and girls reported to have some basic information on menstruation, but often a great part of the knowledge was false information such as cultural beliefs among the population or adolescent girl's misunderstandings about menstrual hygiene. (Schmitt et al. 2017, Sommer et al. 2017b) Several Syrian girls and women had not learnt about menstruation at all before their menarche and had experienced the first time they had menstrual bleeding terrific. Although for some girls and women, basic information around menstruation had been part of their school curriculum in Syria, more than half of them

believed that the information was insufficient or inadequate at the onset of menstruation. They also did not feel confident asking for further information. (Majed & Touma 2020)

The taboo nature of menstruation results in misinformation and leaves adolescent girls with many unanswered questions since they do not receive appropriate guidance about menstruation and puberty. (Schmitt et al. 2017, Sommer et al. 2017b). Instead of providing proper information or explaining reasons behind the restrictions or habits, mothers pass on cultural norms and practices to their daughters, which sometimes unintentionally maintains stigma around menstruation. Adolescent girls have reported questioning some of the restrictions and demanding arguments for them in research literature but were not able to receive answers from their mothers. (Sommer et al. 2017, Majed & Touma 2020).

Hawkey et al. (2017) studied experiences and constructions of menarche and menstruation among migrant women in Australia and Canada. Participants were from Afghanistan, Iraq, Somalia, South Sudan, Sri Lanka, and varying South American countries. According to their findings, many immigrant women would like to support their daughters in menarche, but they lack the knowledge and confidence to do so. Mothers are uncapable of educating their daughters, since their own experiences of menstrual education are poor. Some women described receiving knowledge from other relatives, such as from their older sisters or aunties, which prepared them to menarche. Women from diverse backgrounds reported they do not want their daughters to experience the same as they had, but they do not know what to say, when to say and where. Some immigrant women in the same study have sought and received menstrual related information and help from migrant resource centres. Such services were described encouraging and helpful. Also, in emergency environments such as in displacement camps, women have highlighted the need for education in menstrual matters. They have especially brought out the need to be better prepared to communicate with their daughters and support them in reproductive health topics. The personnel working in the field have reported lack of materials to give to these women to increase their knowledge. (Schmitt et al. 2017, Majed & Touma 2020)

Many women in the study of Hawkey et al. (2017) stated that menstruation is a theme they do not talk with family and friends because of the shame. Women described that they rather keep away from discussions, as talking about menstruation is seen disrespectful, and girls and women who do so, are seen naughty. Women said in the interviews that even listening to someone else's conversation regarding menstruation is shameful and therefore not allowed. By avoiding participation in menstrual related conversations, women in fact regulated their own reproductive health information. (Hawkey et al. 2017)

2.2.2 Menstrual related perceptions

In many cultures, menstruation is an issue that, although being a part of every women's life, needs to be hidden and made invisible. (Majed & Touma 2020) Menstruation is surrounded by a variety of cultural beliefs, social norms, misconceptions, and taboos. Menstruation related conversation takes mostly place in private and is practiced in secrecy, which gives notions of shame and embarrassment and is associated with humiliation. (Schmitt et al. 2017, Sommer et al. 2015, Sommer et al. 2017b)

White (2013) points out in her article that in U.S the stigma of menstruation encompasses three specific menstrual taboos being concealment, activity, and communication. All these affect menstrual attitudes negatively. The concealment taboo refers to an idea that menstruation should be kept secret and hidden. The activity taboo limits physical behavior of a menstruating women and the communication taboo restricts the open discussion of menstruation which may lead to inadequate base of menstrual knowledge. All these aspects may influence the development and propagation of untruth perceptions about menstruation. In the same article White introduces results of her study where adolescents were asked about their knowledge of why girls get their period. She found out that regardless of the correctness or incorrectness of the answers, most of the responses (64%) were negative in tone. The answers given by participants included phrases such as "bad", "dirty" and "infected" when describing menstrual blood. In Whites study higher income participants reported more positive feelings toward menstruation compared to lower income participants.

In research literature the aspect of impurity recurs in many studies when women are interviewed about menstruation and their menstrual hygiene practices. (Shah et al. 2019, Majed & Touma 2020) Impurity manifests in restrictions during menstruation, in certain cultures and are for example linked in Islam. In some cultures, there are beliefs related to blood, such as if someone else sees the used sanitary pad, a woman can be cursed and will not be able to bear children. (Shah et al. 2019) Mentioning a word blood itself in conversation, can be interpreted as shameful, too. (Majed & Touma 2020)

Seeing menstruation and menstrual blood polluting has also been documented in studies from Pakistan and South Asia in general. In India, for example, women have typically been considered dirty during menstruation, which has led to several taboos and socio-cultural restrictions. Restrictions there have been related, for example, to participating in religious rituals during menstruation. In research literature there have also been observations of restrictions regarding women's bathing or showering, during menstrual bleeding in diverse cultures. In a recent study of Mumtaz et al. (2019), restricting bathing during menstrual bleeding is associated with communal or shared bathroom pollution.

Mothers' negative reactions to menstruation have been seen affecting daughters' reactions, constructing them to be negative, too. Studies has also found, that when a mother holds a positive attitude toward menstruations the daughter is also better able to identify her mother as a positive model for womanhood and learn sexual identity through the interaction and observation in the mother-daughter relationship. Mothers have a vital role in preparing their daughters for menstruation. (White 2013)

Menstruation is associated with sexuality in many cultures, which makes it a taboo subject. Menstruation may not be discussed because of the desire to raise sexually "innocent" daughters. Another factor that maintains the culture of secrecy around menstruation is the need to protect young girls from early marriage. In many cultures, the onset of menstruation is linked to the idea that a girl is ready to get married. In the research literature, it has been reported, primarily in

rural areas of low-income countries, that mothers may conceal the onset of their daughters' menstruation from their husbands and other male relatives for this reason. Mothers also advised their daughters to do the same. Girls may hide the matter from their mothers for the same reason. In many cultures sexual activity outside of marriage is found to be very problematic. Parents may think that because the girl has started menstruating, she may be able to engage in sexual activity. (Mumtaz et al. 2019)

Sommer et al. (2015) uses the term 'menstrual etiquette', describing the way how girls are taught at the onset of menstruation. The etiquette advises them to act discretely and manage their menstrual bleeding in secret especially from boys and men. (Sommer et al. 2015, Majed & Touma 2020) In a study in Syrian refugee women the researchers noticed some intergenerational differences such as for younger women it was easier to talk about their menstruation related experiences than it was for the older women and they used the word blood in their conversation, which was noticed to be hard to hear for the older women. However, women of all ages used an expression of shamefulness at some point in the focus group interviews, for example. All women shared the experience and practice to hide their menstrual bleeding from boys and men and told how they had to find excuses or made-up stories to keep for that. (Majed & Touma 2020)

The perception in the community that menstruation is a secret matter has major implications for menstrual hygiene management. The taboo around menstruation creates a sense of fear among women and preclude them carrying out their daily activities as they are worried someone may see they are menstruating when they use same latrines with men or need to be worried for the possible menstrual leaks in their clothing. (Majed & Touma 2020)

Men are often left out of all menstrual-related conversations. To promote menstrual health, especially in patriarchal societies, increasing the knowledge of boys and men about menstruation could contribute to more open menstrual culture. (UNFPA 2020) The attitude of boys towards menstruation has been studied relatively little, but still to some extent - studies have shown that boys would like information about menstruation and are looking for

information even they are traditionally left out of the conversation and may lack education on the subject also at school. The fact that the subject is considered a girls' secret in many societies may increase the spread of misunderstandings. When boys have been interviewed about the subject for research purposes, they have expressed their astonishment of the girls' shame at menstruation and have highlighted the desire to know more about menstruation, to be able to support girls in this matter. (Gundi & Subramanyam 2020) To eliminate menstruation-associated stigma and discrimination and to promote human rights involving men in conversation about menstruation and gender equality as a wider topic is crucial. (UNFPA 2020)

2.2.3 Menstrual related practices

The research literature extensively lists menstrual-related habits that are partly similar in different societies and cultures and, on the other hand, very local and culturally related. In studies often recur themes related to menstrual protection items, access to these products and possible shame associated with purchasing them, as well as concerns about infections due to poor menstrual hygiene. Research also reveals menstrual-related habits in distinct cultures related to pain relief, eating, and restriction of certain activities during menstrual bleeding. (Hawkey et al. 2017)

Although menstruation is a biological event, it is experienced and perceived within a broader sociocultural context. A girl's or woman's ethnicity and social class may affect how she manifests the taboos related to menstruation existing in her culture and how those around her do. Women's knowledge, attitudes, and practices in menstruation with all aspects vary with their social location. (Johnston-Robledo & Stubbs 2013) To manage menstruation adequately and with dignity women need, among other things, positive social norms. (UNESCO 2014, Shah et al. 2019)

Women from Afghanistan, Iraq, Somalia, South Sudan, Sudan, Sri Lanka, and varying South American countries, who participated in Hawkey's et al. (2017) study reported some cultural related practices and restrictions. Tamil women, for example, told of period of seclusion during menstruation, which is, according one participant, needed for healing the internal wound, which

causes menstrual bleeding. Women from other origins named acts, which are prohibited during menstrual bleeding, such as cooking, dish washing and cleaning the house. The Sudanese participant stated the restrictions are because a woman is seen as impure during menstruation. In addition, sex during menstrual bleeding was stated to be strictly prohibited, by nearly all participants, from any culture. Sexual activities were seen unhealthy, dirty, and harmful, if practiced during menstruation. Similar findings are seen in other studies, for example, in India and in Syria; sexual intercourse during menstruation is a sin. Running, playing, washing clothes, or kneading flour among some other physical household chores were restricted during menstrual bleeding. In addition, avoidance of bathing was instructed. (Mumtaz et al. 2019, Majed & Touma 2020). Sometimes the only information a girl has received before menarche is the knowledge of restrictions. According to studies in Muslim cultures women are not allowed to touch or prepare certain foods, pray, touch the Quran, or enter the mosque during their menstruation. (Shah et al. 2019).

Social norms and attitudes influence menstrual hygiene management practices. According to research literature, women in many societies have reported they feel ashamed to buy menstrual pads, especially when there was a male serving at the shop counter. Women have reported to rather make several trips until there is a female serving than buy products uncomfortably. (Shah et al. 2019, Majed & Touma 2020) In a study of Syrian refugee women participants reported fear of harassment if they needed to buy menstrual products from a male shopkeeper. Some women said their husbands buy menstrual products for them, but others could not rely on that. Unmarried Syrian women reported their parents, either their mothers or sometimes fathers purchased menstrual products for them. Many women said that they would not ask for money for menstrual items, although their husbands do not prevent them from buying such products. They explained that menstrual products are not the household priority as their economic situation was not too good. Lack of financial resources forced women to choose cheaper alternatives instead of menstrual pads. They reported using nappies or pieces of cloths in that case. (Majed & Touma 2020)

Sometimes girls and women are unwilling to use commercial disposal menstrual pads because they have experienced or heard that someone has experienced allergies or skin reactions after using them. (Majed & Touma 2020, Mumtaz et al. 2019). In addition, in some environments the use of disposal menstrual pads has raised a concern that such productions may influence bleeding. (Mumtaz et al. 2019). Embarrassment to ask for disposable pads and lack of knowledge of how to use them have been reported to increase the use of cloths or other re-usable menstrual protection materials. (Shah et al. 2019

Menstruation being a taboo and hidden subject instructs girls and women wash and dry their re-usable menstrual items in secret which many times means other than ideal conditions for that. They may, for example, hide wet material under their mattresses not to be visible to anyone. (Mumtaz et al. 2019, Shah et al.2019) In Shah's et al. (2019) study very few of the participants (<1%) reported drying the material outside in the sun. The majority (72%) dried them in the bathroom which was only used by women. In rural Gambia they distribute pads in some schools, but a limited amount: girls change their pads less frequently to ensure to have enough pads for longer. Many use cloths. In Shah's et al. (2019) study the most frequently used material was reusable cloth (42%), then the disposable pads (35%) and then combination of both (23%). 59% of girls change the pads three or more times a day.

Instructions to avoid bathing or taking a shower during menstruation have been reported in research literature multiple times (Hawkey et al. 2017, Mumtaz et al. 2019, Majed & Touma 2020) and in a study from India researchers revealed that considering also washing the perineum. This is a particularly strong limitation in a culture where the genital and anal areas are washed with water after urination and defecation. At the same time as it is restricted, people who do not follow that method of washing are considered unhygienic. Girls and women with menstruation are considered "dirty". Bathing or washing up in bathrooms, which are also used by others, has been linked to polluting the space (Mumtaz et al. 2019) Some women say showering during menstruation would reduce menstrual blood flow, cause stomach pain, or result in infection. (Majed & Touma 2020)

According the research literature there is often a special relation to menstrual blood in many cultures. Blood is seen impure and there are beliefs bloodstained menstrual pads can be used for black magic purposes if left visible for others. Studies also report women's perceptions that men should not ever see blood because it is sin. (Mumtaz et al. 2019)

Lack of proper menstrual hygiene management may raise serious health concerns. In a study conducted in Syrian refugee women participants reported infections after their menstruation which, in all probability, was due to poor menstrual hygiene conditions. Women reported they had used bad-quality nappies, which caused them rash and urinary tract infection. Similar symptoms were reported after using old cloths, depending on laundry facilities and detergents. Women also reported experienced allergic reactions, itching, redness, and constipation. In addition to sometimes inappropriate menstrual products women reduced their visits to the toilet during menstruation, which increases the risk of medical complications. (Majed & Touma 2020)
There are references in the research literature to pain relief methods, food-related habits, and other practices that are related to a certain culture. For example, in studies made in Syrian women it has been found that women relieve menstrual pain by taking hot drinks such as herbal teas, cumin seed, thyme or lemon balm tea. Also, hot water bottles are used to ease pain and oral analgesics, when available. (Majed & Touma 2020)

Cultural beliefs also guide eating or cooking behavior during menstruation. In research literature women from Syria have reported they have advised not to eat yogurt or lemon, not to drink coffee or bake bread during menstruation. There are also references to avoiding eating onions, tomatoes, and spicy food during menstruation. (Majed & Touma 2020) In many cultures consuming cold foods is restricted or recommended to avoid during menstruation. Such foods include cold water, yogurt and Lassi, for example. (Mumtaz et al. 2019, (Majed & Touma 2020)

When moving from one culture to another, such as after migration, women face different menstrual-related attitudes, habits, and atmosphere in their new country of residence. They

might continue adapted versions of traditional practices or rituals with their daughters or dismiss certain rituals on arrival to a new culture. (Hawkey et al. 2017)

2.3 Menstruation and immigrants

Menstruation as part of sexual and reproductive health is an integrated part of a woman's overall health. However, among migrant and refugee women menstruation has been less studied and the focus has been more on pregnancy outcomes, childbirth, and postpartum experiences in previous research. (Hawker et al. 2017)

Finnish institute for health and welfare and Finnish immigration service conducted a study on the health and well-being of asylum seekers who arrived in Finland in 2018. The study was carried out as part of the national development project for asylum seekers (TERTTU) and it resulted in a unified operating model for assessing the health, well-being, and need for health services of asylum seekers. According to the study, female asylum seekers often had sexual or reproductive health problems or difficulties. In many areas of health and well-being, the situation of those from the Middle East and Africa was worse than those from other regions. (Skogberg et al. 2019)

When asked about menstrual-related themes, the researchers found menstrual pain and heavy menstrual bleeding to be common among women who participated in the study. One-third of all women in the study reported adverse menstrual pain. A quarter of women had heavy periods and one-third of women had irregular periods. Nearly half of the women in the study had experienced difficulties when giving birth. Researchers emphasize the importance of discussing menstrual related themes with asylum seekers. Their menstrual-related knowledge may be incomplete and in addition, menstruation may be associated with shame and stigma. (Koukkula et al. 2019)

According to the study, asylum seekers need appropriate information about menstruation and girls and women may need guidance on menstrual hygiene management. Professionals working

with this group of people may also need education in sexual and reproductive health issues to be able to support, advise and guide better. For example, in reception centres and antenatal care, where asylum seekers are referred to if needed, personnel would benefit from educating in such a theme. In addition, public health nurses in schools meet children and adolescents with the same kind of background and would benefit from education, too. (Koukkula et al. 2019)

The national development project for asylum seekers (TERTTU), as mentioned above, resulted in an operating model for assessing the health, well-being, and service needs. Model includes a tool and a handbook for initial health assessment for asylum seekers in Finland. Attached to the handbook there are age group-specific initial health forms (checklists) which can be utilized during a visit to health care. The handbook is designed primarily for healthcare professionals who carry out initial health examinations of asylum seekers in reception centres and for authorities monitoring the health of asylum seekers. Where applicable, the handbook can also be used, for example, in detention centres and in health checks on UN quota refugees. Initial health assessment model and forms have been developed for three different age groups, considering the needs of each age group and the right to health services: pre-school children (0–6 years), school children and adolescents (7–17 years) and adults (18 years and older). (Tiittala et al. 2020)

Questions in menstrual health are part of two age groups: school children and adolescents and adults. Girls and adolescent girls are asked if their menstrual bleeding has started. The alternative answers to the question are three: Yes / No / No information. Both age groups are asked if any menstrual related problems exist: None / Annoying pain during menstruation / Heavy menstruation / Irregular menstruation / Other ailments. Prior to questions about sex partners, asylum seekers are explained that the questions are asked, in order to provide information, research and treatment. They are also told that it is important to answer questions according to their own situation without thinking about what is generally accepted in their own culture or community. The initial health assessment tool guides to tell that no one may be discriminated against in Finland on the grounds of sexuality or sexual behavior. Instead, prior to

menstrual related questions, personnel are not guided in a structured way to introduce the subject before the question is asked. (Tiittala et al. 2020)

2.3.1 Definition of migration

A migrant refers to a any person who is moving or has moved away from his/her habitual place of residence, within a state or across an international border. Term migration is used to describe the movement of a person or a group of persons, which can be for many different reasons and may be voluntary or involuntary. Causes for the movement can be economic, such as work or studying, or seeking better place to live, family reunification, and many more.

The legal status of migrants and the length of stay vary. Immigration means a process where non-citizens move to a new country to stay there and settle. Asylum seeker refers to a person who immigrants because of persecution or serious harm and awaits a decision on the application for refugee status. When the migration includes threats to life and livelihood, man-made causes or arising from nature, it is called forced migration. (IOM 2020)

2.3.2 Migrants in Finland

According the statistics there were 402, 619 persons with foreign background in Finland in 2018 being 7,3% of the population. Persons with a foreign background, are those whose both parents, or the only known parent, were born abroad. By municipalities the share of people with foreign background is highest in Vantaa 19,3%, Espoo 17,0% and Helsinki 16%. (Statistics Finland 2019)

Another way to define immigrants is by nationality. At the end of 2018, almost 258,000 foreign citizens lived in Finland. At the end of the year, foreign nationals accounted for 4.7 per cent of the total population and their number increased by 3.3 per cent from the previous year, which is almost 8,200 persons. At the end of 2018, 180 different foreign citizenship groups lived in Finland, of which the largest group were Estonian citizens. The second largest number of foreign

nationals were Russian nationals and the third largest Iraqi nationals. Next in the citizenship statistics are the Chinese, Swedes, Thais, Somalis, Afghans and Syrians. (Statistics Finland 2020)

In addition, there are persons awaiting an asylum decision and persons who have been granted an asylum decision, as well as undocumented persons, the number of whom is difficult to estimate. The right to services of these persons varies greatly and can therefore have an impact on health. An asylum seeker is a person who seeks protection and the right of residence in a foreign state. A refugee is a person who has been granted asylum in a state. The number of asylum seekers in Finland in the 21st century has varied between about 1,500 and 6,000 per year. In 2015, a record number of asylum seekers arrived in Finland as a result of the refugee crisis, a total of 32,476 people. Since then, the situation in Finland has levelled off. (Ministry of the Interior, 2020)

The number of Syrian migrants has been increasing in Finland during the last years. In 2018, about 6,000 Syrians lived in Finland. (Statistics Finland 2020) The Syrian war has lasted almost a decade, which has led the refugee crisis, which is at an all-time high, with 6.7 million of the world's refugees originating from Syria. In 2018 106,092 Syrians applied for an asylum globally. Syria is one of the countries from which refugees are admitted under the UN quota. (UNHCR 2020).

2.4 Summary of literature review

The right to the highest attainable standard of health is a human right recognized by international human rights law. Certain groups or individuals, such as children, women, and people with disabilities, face obstacles in exercising this right. Barriers can be a combination of many factors, such as biological or socio-economic factors, discrimination, and stigma.

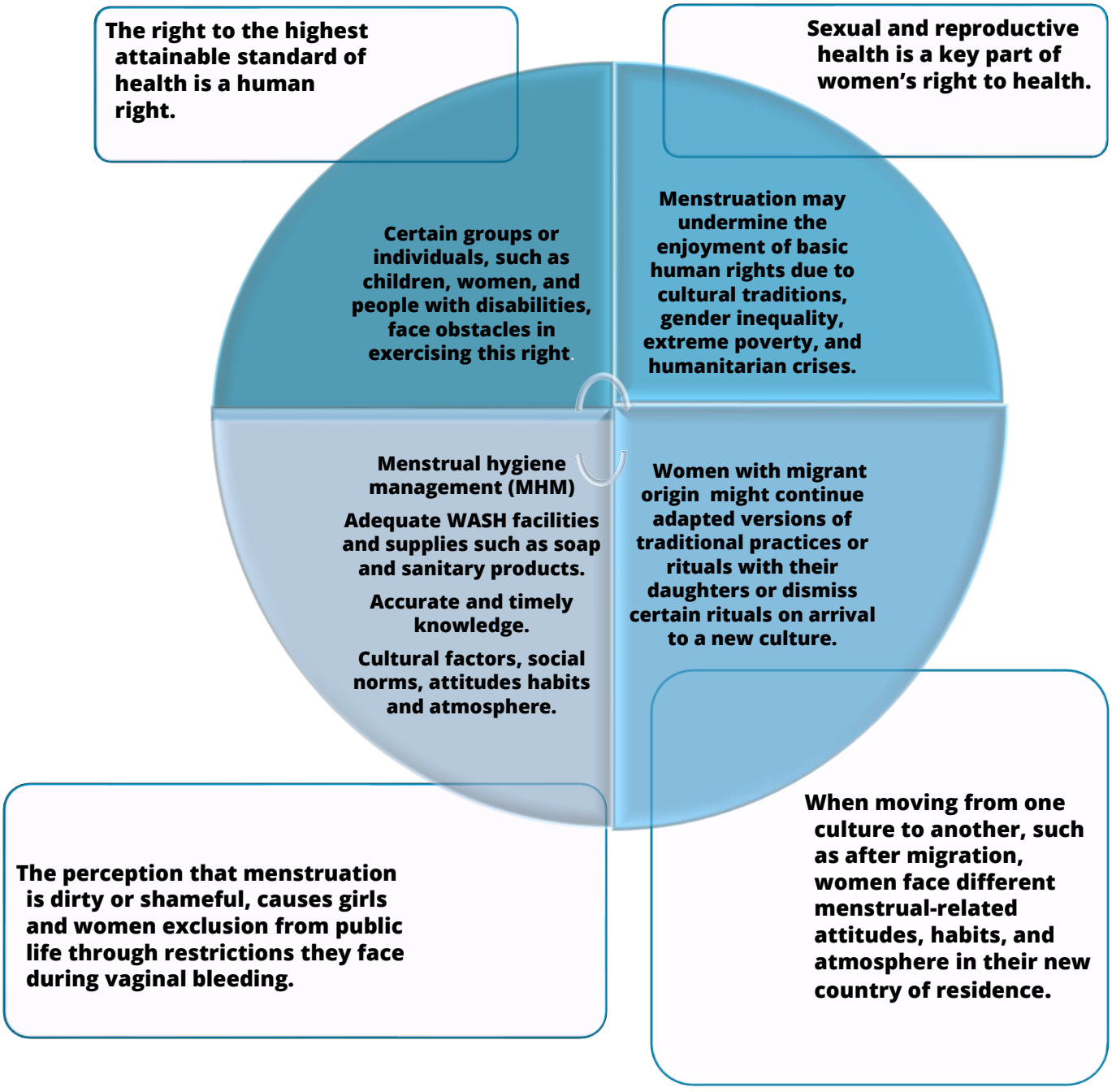
Menstruation is part of normal body function. It is also an integrated part of a woman's overall health because menstrual health can affect physical, mental, and social well-being. Menstruation and the capability to manage menstrual hygiene is strongly related to human dignity. However,

menstruation may undermine the enjoyment of basic human rights due to cultural traditions, gender inequality, extreme poverty, and humanitarian crises. The perception that menstruation is dirty or shameful, causes girls and women exclusion from public life through restrictions they face during vaginal bleeding.

Menstruation is a universal phenomenon and some feelings about it are similar across cultures. However, cross-cultural studies have shown that the experience of menstruation is influenced by cultural factors. Managing vaginal bleeding vary greatly depending on age, previous life experiences and physical and social environments, where girls and women live. Accurate and timely knowledge impact menstrual hygiene management. However, in many counties, girls begin menstruating without any knowledge of it because in many societies the theme is handled in secrecy. Taboos regarding menstrual bleeding in many cultures maintain a culture of silence around the topic and restrict information. Aspects of impurity and shame recurs in many studies when women are interviewed about menstruation and their menstrual hygiene practices.

Social norms and attitudes influence menstrual hygiene management practices. Girls are advised to act discretely and manage their menstrual bleeding in secret especially from boys and men. Research also reveals menstrual-related habits in distinct cultures related to pain relief, eating, and restriction of certain activities during menstrual bleeding. Lack of proper menstrual hygiene management may raise serious health concerns. When moving from one culture to another, such as after migration, women face different menstrual-related attitudes, habits, and atmosphere in their new country of residence. They might continue adapted versions of traditional practices or rituals with their daughters or dismiss certain rituals on arrival to a new culture. Sexual or reproductive health problems or difficulties has been identified among female asylum seekers in a recent research. Researchers emphasize the importance of discussing menstrual related themes with asylum seekers. Their menstrual-related knowledge may be incomplete and in addition, menstruation may be associated with shame and stigma.

2.5 The logical framework of the study



3 Aims of the study

The overall purpose of this study is to develop an understanding of the influence of cultural factors on menstrual behaviour among Syrian women with migrant origin aged 18 and older in Helsinki Metropolitan area.

Specific aims of this study are:

- To examine what kind of menstrual related information and from what sources migrant women receive, and how the information flows between persons.
- To explore menstrual behaviour of migrant women in menstrual hygiene management and possible changes in practices after immigration
- To investigate social and cultural factors influencing the perceptions of migrant women regarding menstruation and menstrual hygiene management

The information obtained from this study can be utilized to support and improve culturally appropriate health care and health promotion among a vulnerable group of migrant women.

4 Methodology

4.1 Study design

This is a qualitative study in phenomenographic design. Qualitative research was chosen as the research method for this study because it focuses on an in-depth understanding of experiences and events. (Burns & Grove 2010) Phenomenography is a study of people's experiences, which rather than investigating the phenomenon as such, focuses on the variation in people's way of understanding and comprising the phenomenon in the world around us. (Larsson & Holmström 2007) This approach made it possible to gather information from Syrian women with migrant origin as experts, based on their own thoughts and experiences. Participants in the study were willing to share in-depth information about the phenomenon under study, which provides insights and meanings about the experiences and attitudes about menstruation in this particular group. (Burns & Grove 2010)

4.2 Settings

This study was conducted in Helsinki metropolitan area, which includes four cities: Helsinki, Espoo, Vantaa and Kauniainen. According to the statistics there were 402, 619 persons with foreign background in Finland in 2018 being 7,3% of the population. By municipalities, the share of people with foreign background is highest in Vantaa 19,3%, Espoo 17,0% and Helsinki 16%. (Statistics Finland 2019)

4.3 Participants

Syrian women with migrant origin were selected as the target group for the study through a consultation process with organizations in the social and health field in Finland who have experience and fresh insights into the health of immigrants. The number of Syrian migrants has been increasing in Finland during the last years (Statistics Finland 2019b) and the need for a culture-sensitive approach among this group in sexual and reproductive health issues has been

recognized. (Vigor Project 2019) In addition, this particular group of migrants has been under-presented in previous research.

Sampling of participants was purposive which aimed to gain insight into a relatively new area of study and obtain in-depth information to increase understanding on the study topic. (Burns & Grove 2010) Inclusion criteria for study participants included: (1) being a migrant woman from Syrian origin (2) being 18 years old or older (3) having place of residence within Helsinki Metropolitan area. Initially inclusion criteria included the ability to participate in interview in Finnish or English language, but that eligibility feature was removed after piloting the interview guide.

4.4 Data collection process

4.4.1 Recruitment

The participants of the study were recruited using a method called snowball sampling, where initial participants identify others, who meet the inclusion criteria of the study. Further recommendations are asked then from each participant. (O'Leary 2017) To introduce the study for potential participants, and to them who could later assist in identifying other people, the primary researcher visited The Finnish - Syrian Friendship association. With their consent a brief presentation was given on the subject. The first participant was recruited via contact person in above mentioned association. By using the snowball technique, subjects who are hard to locate, or are possibly less integrated into the society, could be reached, and included in the study. (O'Leary 2017) In addition to snowball sampling technique, women were reached by posting short introduction of the study on social media platforms of actors from the third sector. Such research advertising carefully focused only on certain groups of immigrant women due to the sensitive nature of the research topic.

4.4.2 Data collection tool

The data was collected though face-to-face semi-structured in-depth interviews. The focus in the interviews was on social and cultural factors influencing the perceptions of menstruation and on menstrual behavior among the participants. Also, possible changes in practices after immigration were asked and questions related to mutual communication among women in the topic. In addition, data about sociodemographic factors and menstrual related knowledge was collected in a form of questionnaire. The questionnaire was filled out at the end of the interview, either by participant herself or asked orally by the researcher and fill on behalf of the participant. Individual interviews were used to improve the richness of the data because, according to the research literature, the topic of the study is very sensitive, and the group discussion could have limited the amount of data collected.

The interviews, except for two, were conducted in Arabic, being the language in which all participants were able to discuss comprehensively and naturally. The interviews were assisted by an interpreter. The interpreter had educational background in health care which ensured the appropriate vocabulary needed in the topic. She was also same gender with the participants and from similar cultural background which helped to build trust between the interviewee and the researcher. The need to use an interpreter was identified during piloting the interview guide, in which case interviews were conducted in Finnish and English, which was the initial plan. In the final data collection process, one interview was conducted in English and one in Finnish at the request of the participants, who did not want to use an interpreter. In these two cases, the discussion was fluent between the participant and the interviewer, despite the choice of the language.

Semi-structured in-depth interview method was chosen to generate a dialogue between researcher and the participant. The method enables to start with a defined questioning plan, but also to deviate with ease from the plan to follow the flow of the conversation as the sequence of questions is not fixed. Semi-structured interview has the advantage to collect the interesting data that may emerge during the interview unexpectedly – it allows the questions addressed in the interview to change as the researcher obtains insights from previous interviews and

observations. Respondents are given, and even encouraged, to raise important issues that the researcher may not ask. The goal of the researcher is to gain an authentic understanding of the participants 'experiences. (Burns & Grove 2010, O'Leary 2017) The interviews were conducted individually to allow the interviewees freely express their thoughts in a sensitive topic.

An interview guide (Appendices 1and 2) was developed for the interviews based on the earlier research literature and was reviewed in co-operation with persons working with Syrian women with migrant origin. Every section in the interview guide was introduced briefly for the participants before starting the section, to prepare them for the questions, and to build up confidence between the participant and the researcher. Explaining also aimed to increase understanding why such sensitive themes were asked. Women were informed that all collected information is confidential and will be collected anonymously. They were also informed that they cannot be identified from their responses and that the information they provide is for research use only. Participation in the study was voluntary and women were told that they may stop participating at any time if they wish without need to give any reason to quit. Each participant received adequate written and verbal information of the study before starting the interview and gave her verbal consent.

The interviews were conducted at venue which was the most convenient for the participant and at the same time, private enough to speak without fear to be listened or interrupted. All interviews were conducted at libraries in different parts of Helsinki or Espoo. At the library, workspaces booked in advance, were utilized to ensure privacy. The interviewees were recorded with consent of the participants. Data collection through the interviews continued until data saturation point was achieved, meaning the point when additional sampling provided only little or no new or relevant information. (Burns & Grove 2010)

4.5 Data analysis

The collected data was transcribed verbatim and then analyzed using thematic analysis. The development of the themes was driven by the data (inductive analysis) instead of a theory or

hypothesis. This approach was chosen because no previous studies existed on the study topic. (Elo & Kyngäs 2008)

The analysis was done manually and as the first step of the analysis, each transcribed interview was read through several times to organize the collected data. Organizing was done by gathering in a one Word document all the words, phrases, and expressions from each interview that answered the research questions. The analysis was continued by looking for similarities and differences in the organized data and forming sub-themes. The sub-themes were then further organized under larger themes and entities by combining them. The interconnection of themes to each other and the relationship to research questions were carefully examined in every stage of the analysis and finally models and theories were formed from them. (O'Leary 2017)

4.6 Ethical considerations

Throughout the research process, efforts have been made to follow good scientific practice from the choice of topic to the finishing of the research. The participants were informed carefully of the purpose and aims of the study and the voluntary nature of participation was emphasized. In addition, the participants were informed of the possibility to respond anonymously and that the confidentiality is secured throughout the study process. The research data was stored in a safe place where access to it was restricted from any other person than the principal researcher. (O'Leary 2017)

The topic of this study is very delicate and need therefore to be dealt with respectfulness. Before every interview, each participant was briefed on the main themes of the questions and asked to skip questions they did not want to answer. They all gave a verbal consent prior to participate and were aware of their right to suspend their participation at any time during the study without giving any reason to do so. The principal investigator carefully assessed the atmosphere when conducting the interviews and would have omitted the most intimate questions of all, if there had been a suspicion that it had made the interviewee feel too uncomfortable or embarrassed. In the presentation of the results, the original expressions are

masked in such way, that it is not possible to identify the participant. Participating in the study did not harm participants or their family members. (O'Leary 2017)

5 Results

5.1 Background information of the study participants

5.1.1 Sociodemographic characteristics

Ten women were included to participate in the study. The age range of the participants was 18-58 years, with an average of 41.5 years. Two of the women were over 50 years old and one was 18 years old. The time spent in Finland varied a lot among the participants: a few participants had only been in Finland for 10 months, which was the shortest period of stay. The longest stay was 15 years. On average, the women participating in the study had arrived in Finland approximately 5,5 years ago. The primary reason for six participants to move to Finland was the war situation in Syria. The primary reason for four participants was related to family relationships.

Most participants in the study were married. Partners of two participants had deceased and two women were unmarried. Half of the participants had children. Those with children had three to six children. More than half of the women had experienced miscarriages and half had experienced abortions. Each participant was asked about female genital mutilation, and everyone replied that the operation was not performed on her, nor is a custom to do for girls in her home area. Everyone replied that they knew what the term meant.

Most of the participants had completed some degree in education: half of the participants bachelor's degree and a few a high school diploma. A few participants had not received any degrees and educational background varied from six to nine years of basic education among them. Currently, most of the participants were studying. Some were looking for jobs, one was on maternity care leave and one was retired. As a child, in Syria, the mothers of almost all the participants in the study were housewives and the fathers worked in various job descriptions outside the home. The mother of two participants also worked outside the home and one on the family's own farm. Sociodemographic characteristics are presented in table 1.

Table 1. Sociodemographic characteristics

Variable		Number(N)
Age (years)	***18-20***	***1***
	21-30	***1***
	31-40	***2***
	41-50	***4***
	51-60	***2***
Number of years in Finland	***Less than one year***	***3***
	1-5 years	***4***
	6-10 years	***1***
	11-15 years	***2***
Reason to move to Finland	***War***	***6***
	Family relationship	***4***
Marital status	***Married***	***6***
	Unmarried	***2***
	Partner deceased	***2***
Number of children	***No children***	***5***
	1-3	***1***
	4-6	***4***
Miscarriage/s	***Yes***	***6***
	No	***4***
Abortion/s	***Yes***	***5***
	No	***5***
FGM	***Yes***	***0***
	No	***10***
Education	***University degree***	***5***
	High school diploma	***2***
	Basic education (6-9 years)	***3***
Current position	***Studying***	***5***
	Working	***2***
	Looking for job	***1***
	Maternity care leave	***1***
	Retired	***1***
Parents' occupation	***Mothers***	
	Housewife	***7***
	Working outside the home	***2***
	Working at family's farm	***1***
	Fathers	
	Working outside the home	***8***
	Working at family's farm	***2***

5.1.2 Menstrual related knowledge base

Slightly over half of the participants had received some menstrual-related information before the onset of their menstruation. The rest of the participants knew nothing about menstruation before their first menstrual bleeding. Those who knew about menstruation prior to their own experience of first bleeding had mostly heard of it at school from other girls, some from teachers and one from her mother.

Study participants mentioned the following reasons for menstruation: hormones, ovulation, fertility (and maturity), women's biology and anatomy and cleansing the body. All the responses were consistent in that menstrual blood was reported to come from the uterus.
According to the answers the term menstrual cycle was not familiar to everyone. The responses emphasized, that women know, that menstruation comes regularly once a month in a certain cycle. Menstrual cycle was associated with fertilization of an ovum and with cleansing the body and bad blood.

Both perspectives were seen in the answers: that women can have sex during menstrual bleeding and that women cannot have sex during menstrual bleeding. Some participants mentioned they only tell their own opinion, or that they do not know for sure what is the right answer. The view, that sex should not be practised when there is blood, was also mentioned in the responses.

Both perspectives were seen in the answers: that women can get pregnant during the menstrual bleeding and that women cannot get pregnant during the menstrual bleeding.
The fifth day after menstruation has begun, was mentioned in answers several times as meaning the time after which one can become pregnant. Also, that at the end of the menstrual bleeding period women may get pregnant was mentioned: women brought out in their responses that this is what has happened to someone they know or have heard to happen to someone.

> *"Sometimes I have heard that a woman has got pregnant, but I don't know if it is biologically proven."*

"On the fifth day after menstruation, a woman can get pregnant."

"Yes, I heard one friend got pregnant. But I don't know why. It is very weird."

Participants told that if menstruation does not occur, they would wait for some time before taking any actions. The lack of regular menstrual bleeding was associated to the possibility of pregnancy. Asking for help and seeking medical attention were mentioned in the responses. Menstrual delay was reported to cause a feeling of depression or fatigue. Also, the idea that delayed menstruation may be due to, for example, depression or other reasons emerged in the responses. Delaying or missing menstruation can, according to respondents, cause both: uncertainty about *"what should I do"* and being normal at a certain age *"menstruation ends at some point in life"*.

5.2 Menstrual related information

Thematic analysis revealed four main themes about menstrual related information:

- Sources of information
- Content of the information
- Adequacy of the received information
- Information flow between people

5.2.1 Sources of information

The main source of menstrual-related information for the women in this study were members of their social environment, including female friends, sisters, and mothers. Other sources of information were written materials such as books, magazines, and religious/holy books. For the younger participants internet, especially Youtube, was source of menstrual related information. Particularly slightly older women among the participants reported having acquired menstrual-related information from books or booklets, such as one called "Medical matters", mentioned by

one participant. It was a once-a-month published booklet focusing on health available to buy. One of the participants told about this booklet:

> *"It was really expensive, but I still always bought it. Not everyone could buy it, so when we had read it, we gave it for the next girl to read."*

5.2.2 Content of the information

Participants reported they all had received menstrual related information at school: either formal information which consisted of the information received in lessons from teachers or nurses, or informal information which consisted of conversations with other students (Model 1). The content of the information varied between biology and anatomy specific teaching of the topic to instructions of menstrual hygiene management and traditional beliefs.

Teaching at school in menstrual related themes varied greatly, according to participants. Some participants said that during the biology class, the teacher explained the anatomy and physiology of the woman and how the baby is born. According to some other participants, the biology class did not address menstrual or reproductive health issues at all. In some schools, teaching included guidance and counselling related to health more broadly, and then one of the areas was menstruation. In that lesson, participants said the importance of hygiene during menstruation was emphasized to avoid inflammation, and that "care must be taken", without opening the purpose of this sentence any further. One of the participants described that the inflammation was told to be particularly troublesome if one is not yet married, and therefore the inflammation cannot be treated with an antibiotic.

> *"We were taught that hygiene must be taken care of because otherwise one can get an infection. And it's really important, because it was said, that when you are still a miss (unmarried), you can't get an antibiotic. You have to be really careful."*

Some of the participants had been taught menstrual-related customs in the teaching of religion while some had been forbidden to participate in the teaching of religion when they were menstruating. Substitutionary activities were arranged for the duration of the teaching.

Some study participants said they had never received menstrual-related teaching at school. The experiences of those, who had received teaching on the theme varied widely. Some thought things had been deliberately told very briefly, as one participant described:

> *"Because they don't want students to know too much on this subject."*

Others had found teaching very useful. The timing of receiving information also varied and affected how useful it was perceived: many felt that they had received the information too late, that is, only when their period had already begun. For some of the participants, participating in the teaching caused a conflicting feeling and they said they were wondering if the menstruation related issues could be spoken out loud. One of the participants said that this contradiction leads to situation in which some girls never participate in education when talking about these themes:

> *"Not everyone participates at all. Because if the girls hear, they will say that we will be punished if we talk about these things. That we must not talk, that it is a shame and a private matter."*

The atmosphere on teaching was, according to the study participants, mostly confusing and embarrassing. Some said no one asked questions during the class, even though a chance had been offered. A few participants said that questions were asked, and no problems was seen in that. In particular, communication seemed to be encouraged by the situation, when everyone in the class were female, both students and teachers. Many said they felt very shy and ashamed during teaching.

> *"I would never have asked anything. Everyone was embarrassed at how someone could talk about it. I felt very shy and ashamed."*

As mentioned above, participants reported they had received information about hygiene during menstruation at school as a part of the formal teaching, which included, for example, instructions on changing the menstrual pad often enough. Instead, instructions on menstrual

related habits and practices participants reported received mostly from other girls at school or at home from female family members, mostly sisters, sometimes from mother or aunts.

5.2.3 Adequacy of the received information

Most study participants felt that they had received sufficient information regarding menstruation. Some responded to the interviewer asking, why should they have sought more information, they had not experienced the need for looking information. Some said, that now, when they think about it, more information would have been useful and even needed, but the living environment or young age at the time, did not encourage to search. Participants described as the follow:

> *"When you live in an environment where everyone refuses talking about it, it doesn't come to your mind to look for more information or ask, but to focus on other things."*
>
> *"At young age, it does not come to your mind to think about these things".*

In most cases, more menstrual-related information had been sought in connection with deviations such as unusual number of bleeding days. Most of the participants reported they had asked from a friend, some had visited a doctor and some, younger participants had used the internet as a source of information. Participants 'views on where the most reliable menstrual information came from varied widely. Some said that from a sister or mother because they have experience. The experience was compared in many interviews to the idea, that if someone has had the same situation, she now wants to help and tell how she herself survived the situation. Few, but a few participants mentioned that they do not always trust the information they receive from a friend because the friend is not a health care professional.

5.2.4 Information flow between people

For most of the participants menstruation is a subject they do not feel comfortable to talk about. Couple of the participants told they talk about menstruation with anybody regardless of the age or gender. However, for most of the participants, conversation on the topic was much more

limited in a certain group of people, or for some so private theme it was not talked with anybody. A few said they would not even talk about the subject even if they needed help. Many reported they could talk about menstruation in private with a close friend but did not do that in a larger group of people such as at school. Some told they would ask help or advice from a sister or a friend if very much needed but try to avoid the conversation in any other situation. Couple of women, who were more open to discuss about the topic, told they also like to advise other women and are used to do it. One of them told she is used to give advice due to her work in a pharmacy.

Women in the study reported of using secret expressions when talking about menstruation. A couple of participants mentioned that when a girl gets her first menstrual bleeding women may talk about *"flower bursting"* or *"blooming flower"* and not to use the word menstruation or menarche. Also, participants reported of using covering terms for menstruation such as "a friend came to visit" or among girls of the same family had agreed to use a certain name when telling to other one is menstruating. One participant explained:

> *"We always said that someone's mother came to visit, for example, I could say: Maria's mum came to visit. And then my sisters knew I had my menstrual bleeding at that time."*

Most of the women in the study told they only talk with females about the menstruation. For some also age made a difference: they preferred to talk for females in the same age group as they were themselves. Very few participants said they talked to men about menstruation. Over a half of the participants mentioned all men as the persons they would never talk about the topic. Most of the participants who were married, did not tell their husbands about menstruation. Those who told, stated that husband must know when a wife is menstruating to avoid sexual intercourse. Some married women mentioned that they had never talked about their period with their husbands during decades of being together. Other factors preventing discussion on the topic, besides of the men gender, were group sessions, for example at school, and fear that it is not allowed to talk or listen menstrual related conversation. One participant shared her experience when she accidentally hit a situation where two female teachers were talking about menstruation and she felt very confused and run to her mother to tell about it:

> *"I went to tell my mum that those adult women were talking about menstruation. My mum said okay, you heard such a thing now, but don't tell anyone about it. It is a private matter. It must not be talked about or you may be punished if you speak."*

Two of the participants said boys are taught about menstruation at school equally with girls. The rest of the participants did not know or were not sure if boys received any information of menstruation in their education.

The sharing of menstrual-related information with their own daughters was perceived by participants as twofold: some said they had not spoken and did not intend to speak to their daughters on the subject, while others had already spoken or said they will intend to speak when their daughter become older. Some women, who were mothers of daughters explained that they do not feel any need to talk about menstruation as they know their daughters receive adequately information at school. Especially those women whose daughters attend school in Finland were confident with the information provided at school. Some mentioned they are happy their daughters have more open attitude in menstruation than themselves. Some of the participants told they lacked the knowledge or skills to talk to their daughters although they wanted to share their information they had. Other participants told they feel the need to talk, because they lacked the knowledge themselves when they were young and wanted now to help their daughters not to experience the same.

> *"I do not speak, because no one never talked to me. They (daughters) attend a health information class at school and get the information, I don't need to be worried or tell anything else."*

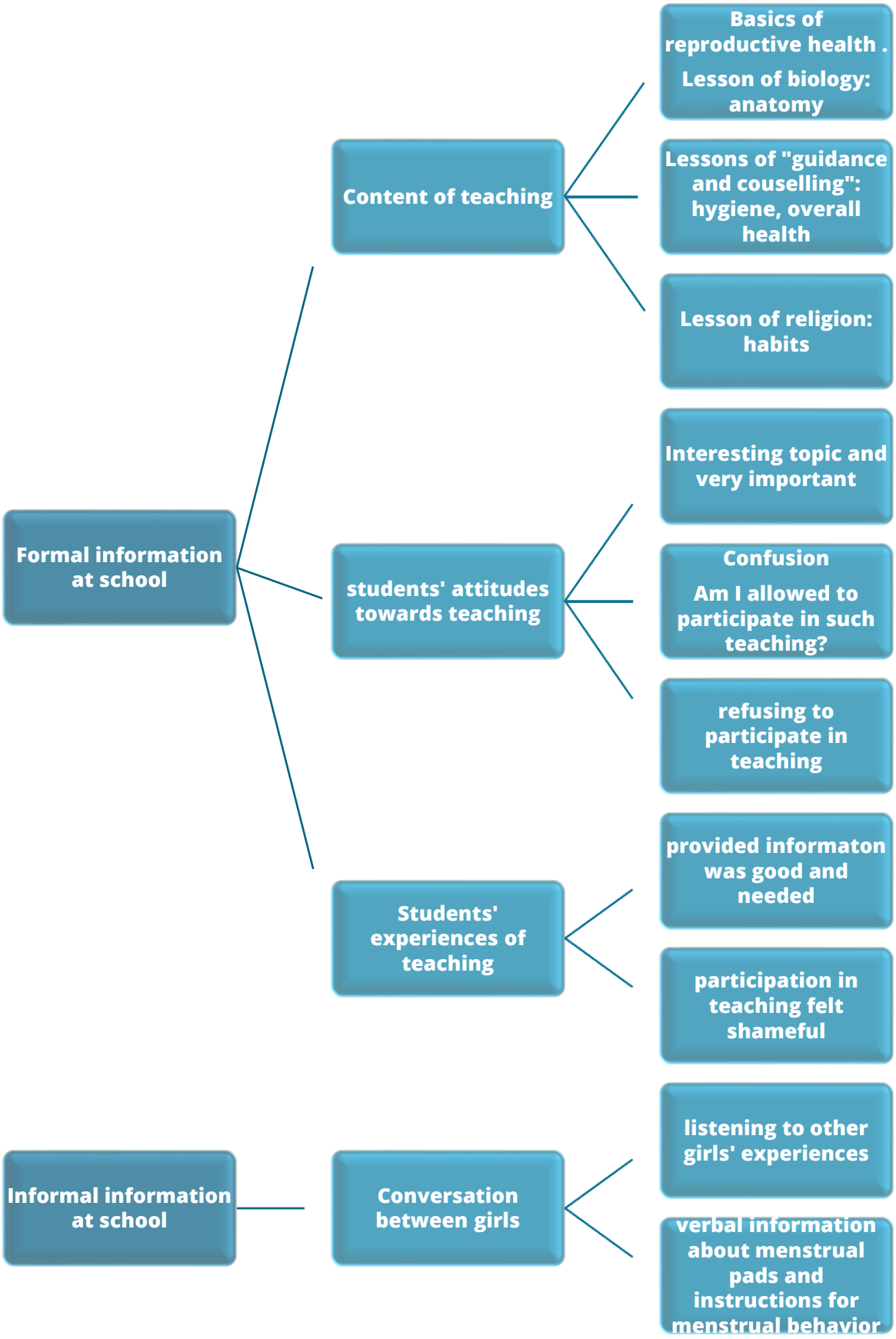
> *"I never talk to my daughter, but once she came home from school and told me they had been taught about menstruation there. I also know that she talks with her friends – I think it is good. "*

The same intergenerational flow of information was audible from participants 'stories. For example, one participant reported that when she was young, yet already married, they were visited by an older guest lady in the village while the participant's husband was travelling. There were other women from the family present in addition to the participant, and someone

mentioned that her period was already several months late and that maybe she is pregnant. The participant told:

> *"This old lady said I had to go to the doctor. I answered that I will not go. But that old woman just repeated that I had to go, and when I finally went the doctor gave me medicine and it all came out. Because this woman, you know, she had had the same situation and her uterus had gone so bad, that she could no longer have children. She helped me."*

Model 1 illustrates the menstrual-related information obtained at school by study participants and what the different components of it consisted of. The model also introduces perspectives and experiences related to participation in teaching as well as the content of teaching and discussions in outline.



Model 1. Formal and informal menstrual related information at school.

5.3 Experience of first menstrual bleeding

Participants shared their experiences of the first menstrual bleeding in the interviews. Thematic analysis revealed four main themes about the experiences of menarche which were:

- Feeling insecure
- Coping with the situation
- Culture of not speaking
- Support structure

5.3.1 Feeling insecure

One of the participants told, when asking about the onset of her menstruation, that the topic was so familiar to her, everything was quite clear. She had both heard her sister talk about the menstruation and received teaching at school and read about the theme. She said she already knew what to expect because she was 16 when she started menstruating. All other participants described their experiences through a variety of emotions that were mostly negative. Many described the feeling as terrified and insecure. Many of the participants lacked menstrual related knowledge: slightly more than a half of them had received some menstrual related information prior their first menstrual bleeding, but mostly limited on the existence of the matter without broader understanding. The other almost a half of the participants told they did not know anything about menstruation when they had the first bleeding.

> *"I was really shy and puzzled. I didn't know what to do. I was at school and I just wanted to go home - I felt very shy"*

> *"I didn't know anything about it. It was confusing. Or I kind of knew it was menstruation because my older sister had explained it to me, but I felt I was still a kid, so I wondered why it happened to me."*

Most of the study participants described their feelings as surprised and asked themselves questions like: *"what is this? Why is this happening? Am I sick?"* Also, those participants who said they knew something about menstruation, told been unsure how long the bleeding is going to last, is it going to happen more times than once and how should one act to manage the

bleeding. Many of the participants told they felt fear and guilty – asking themselves if they had done something wrong and were punished now. Many told they felt ashamed. In addition to the confused feelings, the insecurity was perceived as the lack of menstrual protection products and as uncertainty to whether the matter should be reported to anyone. Some of the participants told they knew what it was, but they also knew it was a topic not to talk to others about, which posed them in a challenging situation to ask for help.

> *"I finally told my sister. She said she had seen a bloody piece of cloth and that she thought it was not our mother's. I felt really guilty. But in the end, my sister helped me."*
>
> *"I was wondering if I could tell my mother. I felt really guilty and I was afraid she would hit me"*

5.3.2 Coping with the situation

Every participant remembered her first menstrual bleeding very well. Most of the participants told they first used a replacement items instead of a proper menstrual protection product. For couple of participants it was toilet paper, before they arrived home from school and changed that for a menstrual pad, but for many it was a piece of cloth for a day or a couple of days. Participants described their experiences and first steps in menstrual hygiene management like this:

> *"I was in the bathroom and didn't realize what was happening, whether it was a pee or what. I didn't know what I should do. Instinctively, I washed the blood off and went secretly, hiding myself from everyone else, into the bedroom. I didn't know at all how should I protect myself from bleeding. I had dolls, which had clothes and small fabrics as blankets. I took and used them, and I still remember that I was really sad."*
>
> *"I was 13 years old and I was at home doing the dishes. Then I felt something hot. I cried, I really thought I was going to die, that it was some disease. I went to my sister because I knew I couldn't go to my mother on these things. She gave me pads. They were not like the pads are now. They were cloth. My sister said I must calm down and be quiet."*
>
> *"I ran to my mother. Bleeding continued. My mom couldn't advise me either. I changed my underwear and then my friend came to me. My mother had asked her to help. It wasn't until much later that my mother advised me on how to work with menstrual pads,*

> *for example, to wash them. We didn't have these pads we have now but a good, clean pieces of cloth."*

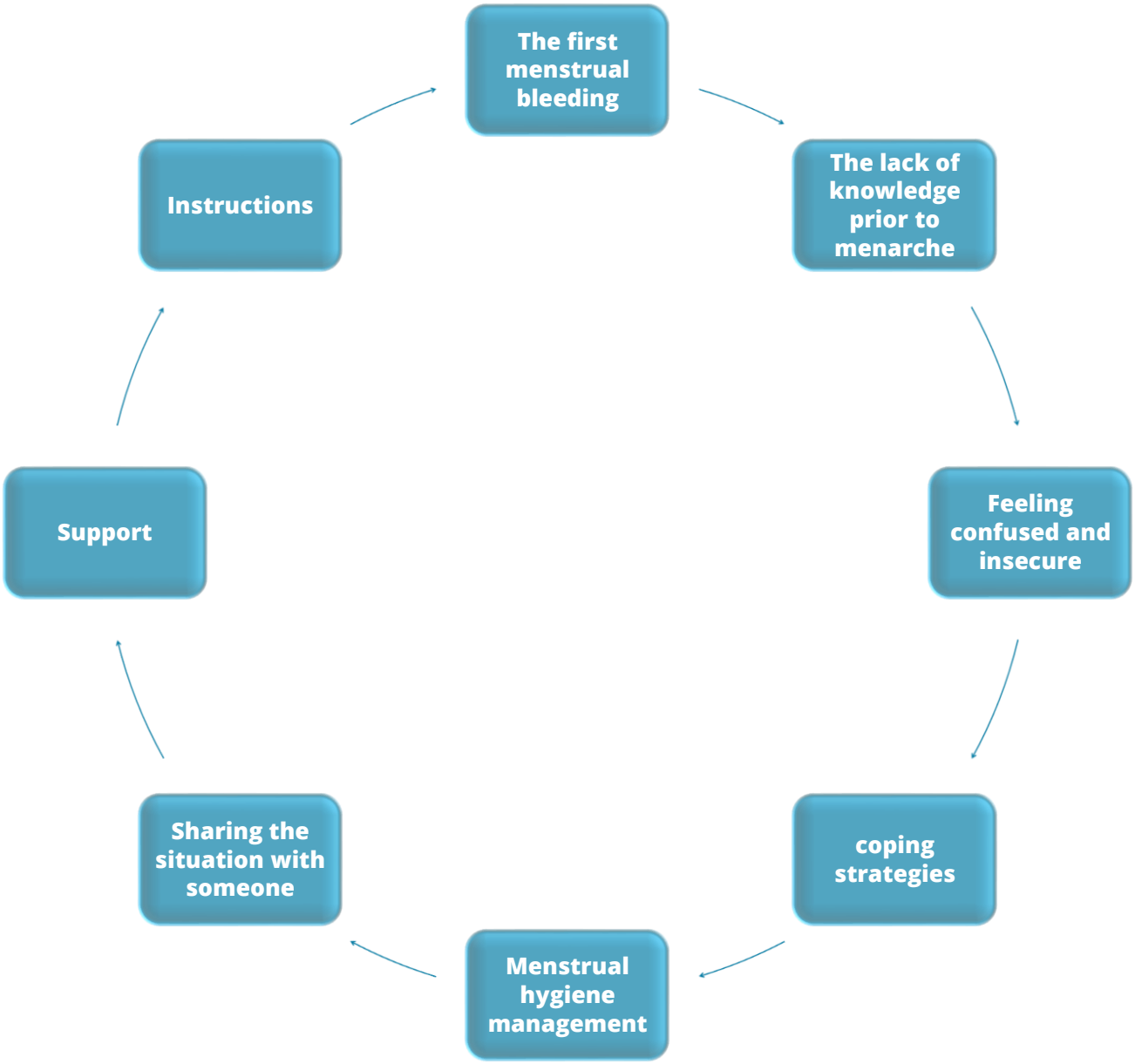
In addition to "the first aid" with menstrual protection products participants told they received support to cope with the acute situation and some instructions. Some person close to them, most often a sister or friend, told how to use a menstrual pad and that it should be replaced with a new one a few times per day. Participants said that they also received instructions regarding the disposal of a used menstrual pad, mostly emphasizing the point of view, that no one should see blood-stained menstrual pads. Many said they had received brief but calming information that bleeding is normal and something that happens to all girls. Also, the fact that the menstruation will recur once a month until getting pregnant was often included in first information the participants received. Some of the participants were encouraged by the older sister or mother to always tell them whenever they need a menstrual pad, so they could help with them. The instructions received at the beginning were related to behavior: you have now grown up, you should behave appropriately and be careful, not to talk to boys. A few participants told they were instructed, that light-colored clothing should not be worn.

5.3.3 Culture of not speaking

Some study participants did not tell anyone about the onset of menstruation. A few reported a situation where one of the family members found a forgotten menstrual pad in the toilet and the matter came to the attention of others through it. A couple of participants said they had intentionally left the menstrual pad in the toilet so their mother or sisters would notice the situation. Some said they had taken care of the whole thing so independently, that even now they did not know, if their mother ever noticed. Some reported acquiring disposable menstrual pads or reusable cloths on their own, and always washed them in secret from others, for example, late at night.

5.3.4 Support structure

Many participants reported, that although their never talked about menstruation with their mothers, or got any verbal support, they knew that their mum followed in the background and would have guided or helped if she had noticed something where the daughter needed help. For example, one participant mentioned that the mother would most certainly have taken care if there had been stains on the daughters 'clothes or sheets. Participants' experiences of the first menstrual bleeding are summarized in the figure and presented in chronological order in Model 2.



Model 2. Experiences of the first menstrual bleeding.

5.4 Menstrual behavior and changes in practices after immigration

Thematic content analysis revealed five main themes about menstrual behavior which were:

- Management of menstrual bleeding
- Management of menstrual pain
- Traditional beliefs,
- Reflection to traditional beliefs
- Changes in practices after immigration.

5.4.1 Management of menstrual bleeding

Study participants reported that earlier it was very common to use cloths for menstrual protection. Almost all participants had used them for some time at least. They mentioned some reasons to do so which were the lack of other products, lack of money and shame to buy disposable menstrual protection products. Disposable menstrual pads were used in special occasion only, for some participants, such as events outside home. A couple of the youngest participants had used only disposable pads from the beginning of their menstruation, most had used re-usable pads for years, and some always when living in Syria. One of the participants continued to use them in Finland as an extra protection for very heavy bleeding days.

Participants described things that affected the access to menstrual protection items they used and how they were acquired in Syria and compared that to the current situation in Finland. Buying menstrual pads in Syria was described causing shame of discomfort for many of the participants. Products were mostly obtained hidden from the eyes of others. Women told they felt shame especially if the cashier was a male person. They described different ways of accessing menstrual protection products:

> *"My mum never bought then, my sister's friend worked in a market and she brought pads for us all, I felt shame especially if the cashier was male, I would not have bought if the cashier was male."*

> *"I bought pads if I went to the city centre – somewhere nobody knew me. When I was so young, I even didn't understand what I bought, my mum or sister sent me to buy menstrua pads."*

> *"I bought it myself from a grocery store or pharmacy. In pharmacy the products are better quality. In grocery store I was afraid of bullying".*

Two of the participants told they never bought pads in Syria, but used cloths instead, because they didn't have money for buying disposable ones. They both told starting to buy them here (in Finland).

For some of the participants buying menstrual protection items included no special features at all and was described as *"just a normal thing".* Those women who described feeling no shame to buy often told they bought pad for their younger sisters or as one of the participants, for er mother, too. These participants described menstruation as a normal thing:

> *"Every woman has menstruation: if a male person sees me buying, I think that also his mum, wife, daughter menstruate."*

Whether women's husbands bought menstrual pads for their partners or not was described very twofold. Some replied that men absolutely do not buy them: *"My husband could never even go to the department in the supermarket, where the product is sold".* And others said that yes, that's just normal, they also buy other products like body hair removal supplies. Many said that in Syria, protection items for postpartum bleeding must be obtained by the patient, they are not offered from the hospital, and at least then husbands must go buy such items and bring them to their wives.

Of those participants who told about discomfort of buying menstrual protection items in Syria most said they still feel shy in Finland especially what comes to men, and more specifically to men from the same culture with themselves.
One participant described:

> *"I always check that there is not a male person from my own culture there – Finnish ones does not matter."*

Many of the participants said they always hide the package of pads under everything else in my shopping basket. On the other hand, some described they feel the atmosphere of buying menstrual protection items is different in Finland than back home:

> *"Here I don't care at all – I have noticed nobody cares what you buy. "*

Participants who reported using re-usable pads told in the interviews about their washing practices which was surrounded with the same aspects as obtaining protection items: it was described being a secret among women and done hidden form the eyas of male members from the family. Washed pads were also hidden – they were hanged under something else such as towels or bed sheets. Participants told the same practices were followed with underwear, for example. One participant described:

> *"The hardest part was when I had to wait for the others to go to sleep and then I went to wash the re-usable pads. I dried them outside, and in the morning, I went to pick them up before the others woke up."*

Some of the older participants told they also washed disposable menstrual pads before throwing them away to avoid others to be able to see the blood in them. Some said they burned them, to be sure no-one could ever be able to see or use their blood for black magic purposes. For most of the participants there were not any special practices in use what comes to disposing the used pads; they were disposed among a mixed waste.

Heavy bleeding was reported to limit access to work or school, and as mentioned above, one of the participants reported using extra protections as cloths besides of disposal pads in such days. Other participants who reported of heavy bleeding and the limitations it caused for them said they do not use any special protection items but prefer to stay at home to avoid the risk of stains in their clothes that somebody could possibly see.

5.4.2 Management of menstrual pain

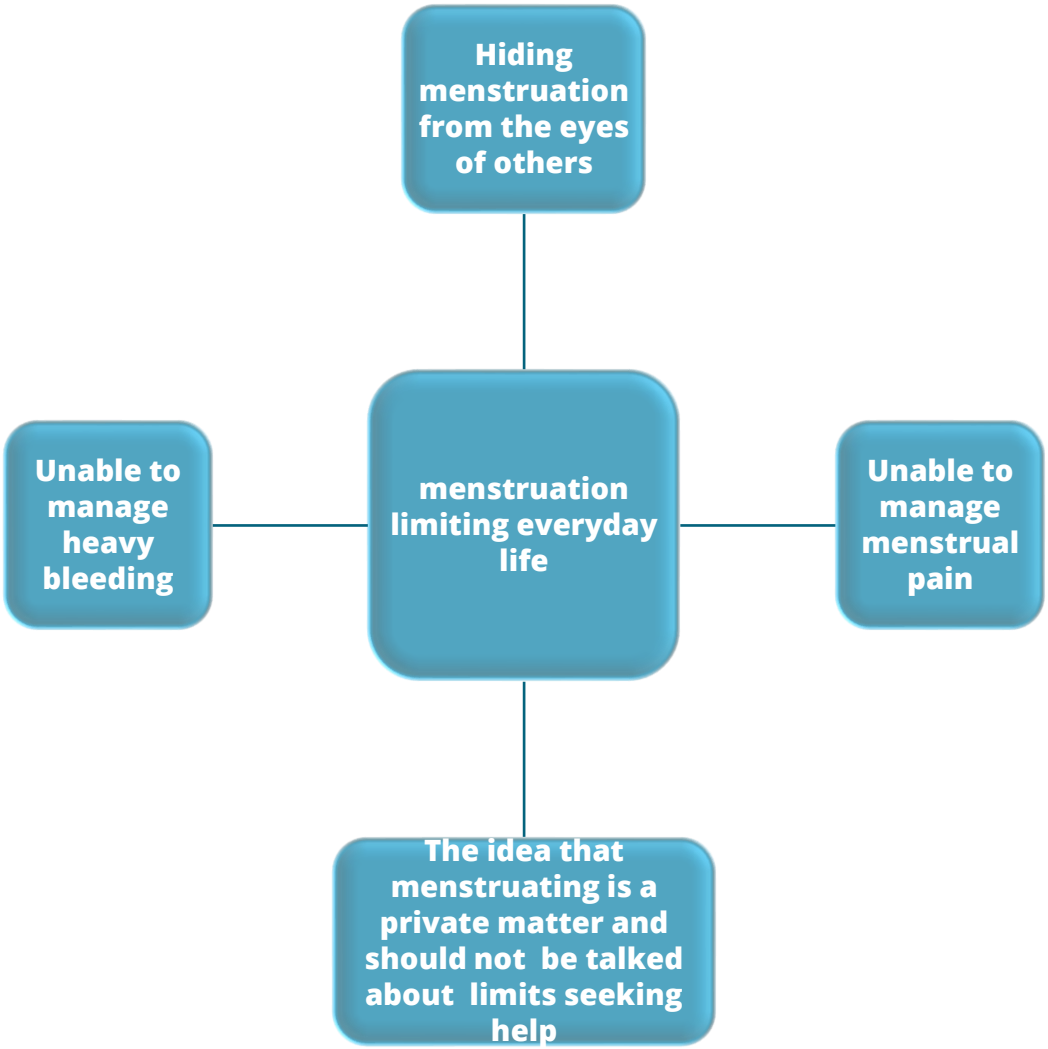
Another thing limiting everyday life and attending school, work of household practices is menstrual pain. All participants reported having at least some pain during their menstrual bleeding. Couple of the participants said the pain is so strong they always stay at home for the 1-2 first days of the bleeding. Most of the participants said they do not mention of the pain for others and some said they would never show the pain to anyone no matter how strong it is. Only a few of the study participants had visited a doctor for pain. Instead most said they would never do so. Those who had visited health care in menstrual related matters had either got a prescription for painkillers, instructions to avoid certain food products or drinks such as coffee or had experienced that their pain was totally ignored, although it was the initial reason to the visit.

Those participants who said they would never tell anyone about the pain described when talking about it, that menstruation is such a private and intimate thing that you can't talk about it to others, and that it's not a reason to be lazy and not participate in household duties like cooking for family. One participant described:

"It is not a reason to leave others to do everything but to keep helping at home".

Study participants reported several methods they used to relieve menstrual pain. Almost all participants said they had herbal drinks, especially mint and chamomile. More generally, women mentioned all hot drinks and all green drinks as good methods to relieve pain. There were contradictory views for some drinks: some women said that cinnamon helps with pain and others mentioned that cinnamon should by no means be used to relieve pain. The same peculiarity was associated with the use of heat in pain relief: some said no heat should be used and some favored it. The restrictions were said to be related to the fact that those means affect the bleeding. Participants reported that cinnamon has been said to reduce menstrual bleeding and heat to increase it.

In addition to hot drinks painkillers, resting and vitamins were the most reported pain relief methods among the participants. Model 3 describes how menstrual-related pain and heavy bleeding limit the everyday life of women participated in the study.



Model 3. Menstruation limiting everyday life.

5.4.3 Traditional beliefs

According to study participants traditional beliefs and practices related to menstruation are based on experiences or what have been told to happen someone else. Through practices women try to achieve positive health outcomes or to avoid causing harm to themselves. As mentioned earlier the main sources of menstrual related knowledge among participants of this study are members of their social environment, including female friends, sisters, and mothers. Women reported following some practices because a friend has recommended to do so based on her own experience or someone older woman has given advise to help a younger one who may lack experience herself. In interviews and women's stories, the idea was repeated, that *"when you follow instructions from others, you stay healthy".*

Participants reported some traditional practices are followed to avoid a negative health outcome such as infertility and infections. They described such things are related to practices that are told to reduce or stop bleeding - then the menstrual blood stays inside, has been explained, and may cause infection because blood is impure. In the in-depth-interviews participants described practices, told about instructions and restrictions they have learned, heard of followed themselves and were then asked to discuss about the reasons behind the practices. Practices were mostly related to physical activities, religious practices, eating and drinking habits and showering or bath taking.

> *"It is said that one should not take a shower so that the uterus does not become ill."*
>
> *"It was said that the shower affects the menstrual bleeding and stops it. It was also said that it affects fertility - then maybe you can no longer have children."*

Majority of the women were taught not to lift or carry heavy items during their menstruation, not to jump, not to squat or to exercise any hard sport. Most of the participants explained these restrictions were related to women's anatomy and heavy exercise may cause prolapsed uterus, increase the bleeding or other way harm woman's body which is softer and more sensitive during the menstruation than during other time of the month. For example, the risk of suffering of back pain later in life, when ageing was mentioned, if exercise was practiced.

Some of the participants stated that women cannot have sex during menstrual bleeding. Most of the participants who said so mentioned this instruction is based on religion and having sex during menstruation is a sin. Most also mentioned that religion instructs not to pray during the menstruation. Some mentioned that avoiding sex during the bleeding is also related to the blood itself which is considered as impure – no-one should see or touch the blood. Other instructions linked to religion and related to menstruation the participants mentioned were that girls begin to wear a headscarf after a menarche.

Many of the participants mentioned not to drink coffee during their menstruation, not to have any cold beverages or not to touch cheese or olives. Food or drink related instructions were not explained, but mostly said "that is what I have heard".

Many participants told they had been instructed not to wear any white or light-coloured clothes during menstruation. They told that was one of the first thing they were taught to avoid visible stains and to avoid shame.

> *"My mother's first advice to me was not to wear white clothes. It would be horrible if someone sees blood in clothes. That would be awful.*

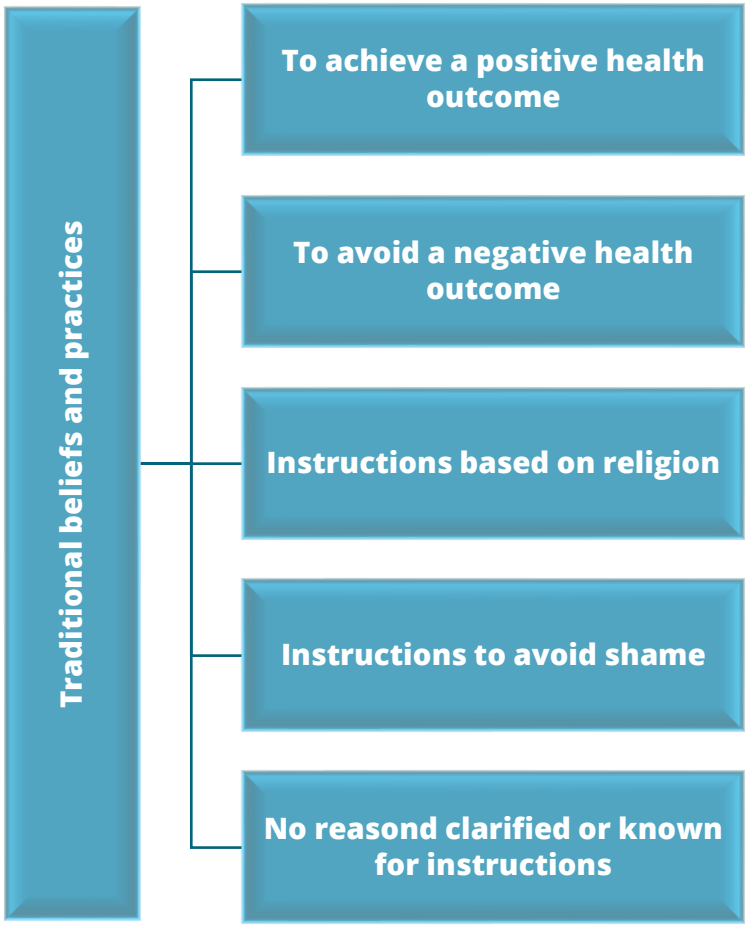
Majority of the participants told they have been taught to practice different bathing or showering practices during their menstruation than other times. Some of the participant were told not to take a shower or bath at all, majority of the participants were taught to take either a shorter shower than normally, use colder water than normally or avoid showering for the first and heaviest bleeding days only. Many told they follow these instructions partly, and some that they try to follow but, found it very hard especially in hot weather. Women described the instructions existing for the same reasons as other ones: to stay healthy, or more specifically to avoid a negative health outcome such as infertility and infections.

Almost all women said they had considered this issue and were discussing it with either their mother or friends. Also, in the in-depth interview, the women spoke in a reflective tone and often mentioned that it is a bit difficult to follow the instructions. In some of the women interviewed,

their own mother advised them to act differently than, for example, relatives have instructed them to do. Almost every interviewee said they were considering things related to showering during menstruation. A few interviewees mentioned that in the past there were stricter instructions in the bathing issue and there may also be a difference between rural and urban bathing patterns and habits. A few participants mentioned that they had asked the doctor about the matter and couple of them had been told to take a shower as normally, but also a contradictive response had been received. According to the participant the doctor had based his advice to avoid showering during menstruation in the fact that a long shower could affect bleeding. Study participants brought out following aspects about taking a shower or bath taking during menstruation:

> *"I have been told that one should not let soap to get inside the uterus, because if that happens, you may not have children"*
>
> *"People think, that taking a shower causes an infection in the uterus. Especially if you use a lot of water it may stop the menstrual bleeding which is not good. I used to avoid taking a bath but later I talked with other girls at school and they also told they cannot follow this instruction"*
>
> *"My mum advised me to avoid showering for two days not to stop the bleeding. I have tried it and it is true: if I take a shower the bleeding is less"*
>
> *"Sometimes I use warm water and sometimes I do not. I try to take just a 5 minutes showers. My mum told me that although all our relatives say you should not take a shower when you a bleeding I can take. They live in the countryside and we live in the city – my mum says people are different there".*

Model 4 presents background ideas and reasons for the traditional beliefs and practices, expressed by the women participated in the study.



Model 4. Menstrual related tradition beliefs and practices.

5.4.4 Reflection on traditional beliefs

Women of all ages who participated in the study seemed to reflect a lot on the traditional practices associated with menstruation. This emerged when they were asked to consider the reasons behind a particular type of behavior. A few participants said they didn't believe things their friends said about menstruation, for example, because they did not have professional training on that issue. In particular, younger participants mentioned that the information may sometimes have conflicted with information from other sources of knowledge. Many slightly older participants reported that things have overall changed in every culture and society since they were young compared to nowadays and that menstrual-related behaviors may have changed as a result. Some participants associated the reflection and questioning of traditional

models of practices on their own age, in addition to the change related to the general passage of time, and some directly on their migration to a different culture and Finland.

> *"I have thought a lot of those things during years: I don't believe everything is true: for example, that coffee could affect the bleeding, but showering I think can – it is more logical."*

> *"Since I came to Finland I have so much time to think these themes I started questioning them and looked for information. I also studied health care."*

5.4.5 Changes in practices after immigration

The answers of the women who participated in the study on whether they have changed their menstrual-related behavior after they moved to Finland were diverse. Some said they changed "just about everything", some said they changed nothing, and some said they changed some things in their behavior but that they kept some things the same as in Syria. The fourth model that emerged was behavior customizing in which the basic behavior remained the same but realized in practice in a different way. This was especially true for pain relief. All study participants said that the general atmosphere associated with menstruation is different in the new home country than in the old one. Some mentioned that they were already so old when they moved to Finland that they no longer changed their behavior, even if they noticed that things are done differently here. Issues related to the general atmosphere were described by the participant as the follow:

> *"Everything in the atmosphere is different. No one is bullying. No one cares what you buy (=menstrual pads). Information is provided at the school."*

> *"I don't feel need to change my practices, but I feel more free."*

> *"I have not changed a thing, but here I don't need to feel shame (when buying menstrual pads) as nobody knows me"*

Changes in practices were sometimes related to women's own situation such as having more time to think the issue or study and practice different profession than in Syria. Couple of the

participants had studied health care after they settled in Finland and mentioned that being an effective factor in changing their practices. These women also mentioned that there are now better able to advise their family members such as sisters who still live in Syria. A few of the participants mentioned that many things in their way of thinking have changed since they moved to Finland and menstruation is one of them. As one of the participants described:

> *"It started to feel annoying here, and realized that I was just following people, all my life, but I did not know where the rules come from. I realized I must think about why I am doing this."*

The most concrete changes in behavior, that women described were related to taking a bath and showering during menstruation and to menstrual protection items. A couple of participants continued to adhere to the shower restriction during menstruation in the same way as they did in Syria. Some said they now take normal showers despite menstruating, which they did not do in Syria. Some said they were partially following the instruction still, for example by taking shorter showers during menstrual bleeding than on other days. They were processing the idea to discontinue the limited showering practice, as many of them had thought already in Syria - the issue seemed to arouse a lot of reflection among the participants. Reusable menstrual pads were used less after immigration and settlement in Finland than when living in Syria. Models that had been modified from both cultures were most associated with menstrual pain management such as using an oat pillow instead of hot water bottle to relieve pain or taking some other hot beverage than back home in Syria. Model 5 describes the factors that influence menstrual-related practices from two sides: the impact of the previous home country in the form of traditional beliefs and the impact of the new social environment from the other side.

Model 5. Changes in menstrual related practices after immigration.

5.5 Social and cultural factors influencing the perceptions of menstruation

Thematic analysis revealed three main themes of the social and cultural factors influencing the perceptions of menstruation:

- Lack of knowledge prior to menarche
- The veil of secrecy
- Becoming a woman.

The main themes constructed of the following sub-themes:

- Verbal concealment
- Concealment of menstrual products
- Concealment of pain and other symptoms
- Menstrual related traditional beliefs and advices
- Desire “to do everything right”
- Fertility

5.5.1 Lack of knowledge prior to menarche

Slightly over half of the participants had received some menstrual-related information before the onset of their menstruation. The rest of the participants knew nothing about menstruation before their first menstrual bleeding. Those who knew about menstruation prior to their own experience of first bleeding had mostly heard of it at school from other girls and received information was rather experience-based than knowledge-based. All except one of the study participants described their experience of first bleeding with feelings of insecurity. Many told they felt ashamed and surprised. Most participants told that one of the first instructions they received was that as they have become a woman now, they should behave appropriately and be careful. Some of the participants told they knew the bleeding was menstruation but did not have deeper understanding of the topic. They also knew it was a topic not to talk to others about, which posed them in a challenging situation to ask for help or further information. Women described their first thoughts and feelings when menstruation began, for example:

> *"I cried. The whole thing was a complete surprise to me."*
>
> *"I was terrified - wondering if I was sick. When I realized it was menstruation, I wondered if this would continue throughout my life."*
>
> *"I didn't know at all what to do. I kept it a secret for many days and was really sad."*

5.5.2 The veil of secrecy

Women who participated in the study repeated the same theme in many of their answers – menstruation in a theme that should be hidden in all aspects and so they have been taught since young age. According to study data, menstruation is a topic that is only addressed among female members of society. Women described how they have secret expressions between them for the situations menstruation as a word must be used. They also described their practices in obtaining menstrual protection items – buying was mostly done hidden from others' eyes and the maintaining of re-usable menstrual pads has its' own features, also practiced in secret.

Verbal concealment emerged from women's responses as they described their sources of information. Many said that either menstruation was not talked about at all or sometimes when it was talked it was vaguely described that "the matter that should be taken care of" without revealing the reasons behind the instructions. The women described the feeling of uncertainty as to whether menstruation could even be heard to be talked about - so they could take part in the lessons at school - and sometimes after asking their mother, for example, the participant was advised not to talk or take a part such conversation. In the interviews of the participants, the instruction not to talk about the topic was repeated various times.

Culture of verbal concealment also emerged when participants described the moment when they first menstruated. A few participants said they had intentionally left the menstrual pad to be found by others so that the matter would come to others knowledge in that way instead of talking about it. Many mentioned during the interviews that it is important that the interpreter is a woman. The same thing had been mentioned in the interview also earlier when considering the information flow between persons: menstruation is only talked about among women. Most of the participants who were married, did not tell either their husbands about menstruation. Some married women mentioned that they had never talked about their period with their husbands during decades of being together

In addition to verbal concealment menstrual products were described to been concealed. The products were described being bought in secret, hidden in a shopping basket under something else and hidden at home, for example, when washing and drying reusable menstrual pads. Some of the women in the study said that they continue to hide products in Finland too, especially for male belonging to the same culture as they do. Many participants stated - after thinking the differences between the two cultures - that

"that is what has been taught to us and it sits so deep inside me".

The third aspect on concealment is to hide menstrual pain and other symptoms "no matter how strong they are". Participants described that menstruation is such an intime matter it should not be talked to others, (verbal concealment) and that

“it is not a reason to be lazy and not to participate in household duties”, for example.

Shame, or learned model of silence around the topic was described in the participants’ interviews to limit seeking help for menstrual pain or heavy menstrual bleeding even it limited everyday life.

5.5.3 Becoming a woman

As mentioned in previous chapters, when menstruation begins, the girl is thought to have grown into an adult woman. She is sexually mature and should begin to behave accordingly. Menstruation involves a lot of guidance and advice that older women give to younger ones. Cultural instructions, information - formal or informal - is shared between women to help each other. The women in the study described several situations where:

“my mother makes sure I don't experience the same as she has been through"

or

"an older woman told me she had problems with this, so she advised me to take care of it”.

Many of the themes mentioned in interviews are related to fertility and desire to do everything right cherishing it.

Throughout the interviews, participants mentioned several times that some practices are followed to avoid a negative health outcome such as infertility and infections. They described such things are related to practices that are told to reduce or stop bleeding - then the menstrual blood stays inside, has been explained, and may cause infection because blood is impure or for example, soap may be harmful for the uterus an cause infertility. Practices that were told to stop the bleeding were strongly avoided and the conversations strongly reflected a desire to ensure fertility.

Some of the traditional beliefs the participants describe are related to the idea of impurity of blood and that menstruation cleanses the body once a month as menstrual bleeding occurs. Many participants mentioned either one or multiple times during the in-depth interviews that blood "*must come out"* once a month. Some of them further explained that they feel tired or depressed if menstrual blood "*stays inside",* for some reason, meaning that menstruation is missed. Couple of the study participants mentioned this aspect, when describing what had happened since they had received an intra uterine device (IUD) as a birth controlling method. They explained that it had to been removed because they felt unnatural to let the blood stay inside instead of bleeding out as the IUD effects menstruation sometimes by ending them completely. Some women described their relation to blood also in connection to disposing menstrual protection products or washing the re-usable menstrual pads. Interviewees described blood being perceived as dirty or, as brought out from the part of some participants, may be used to black magic purposes to harm a person.

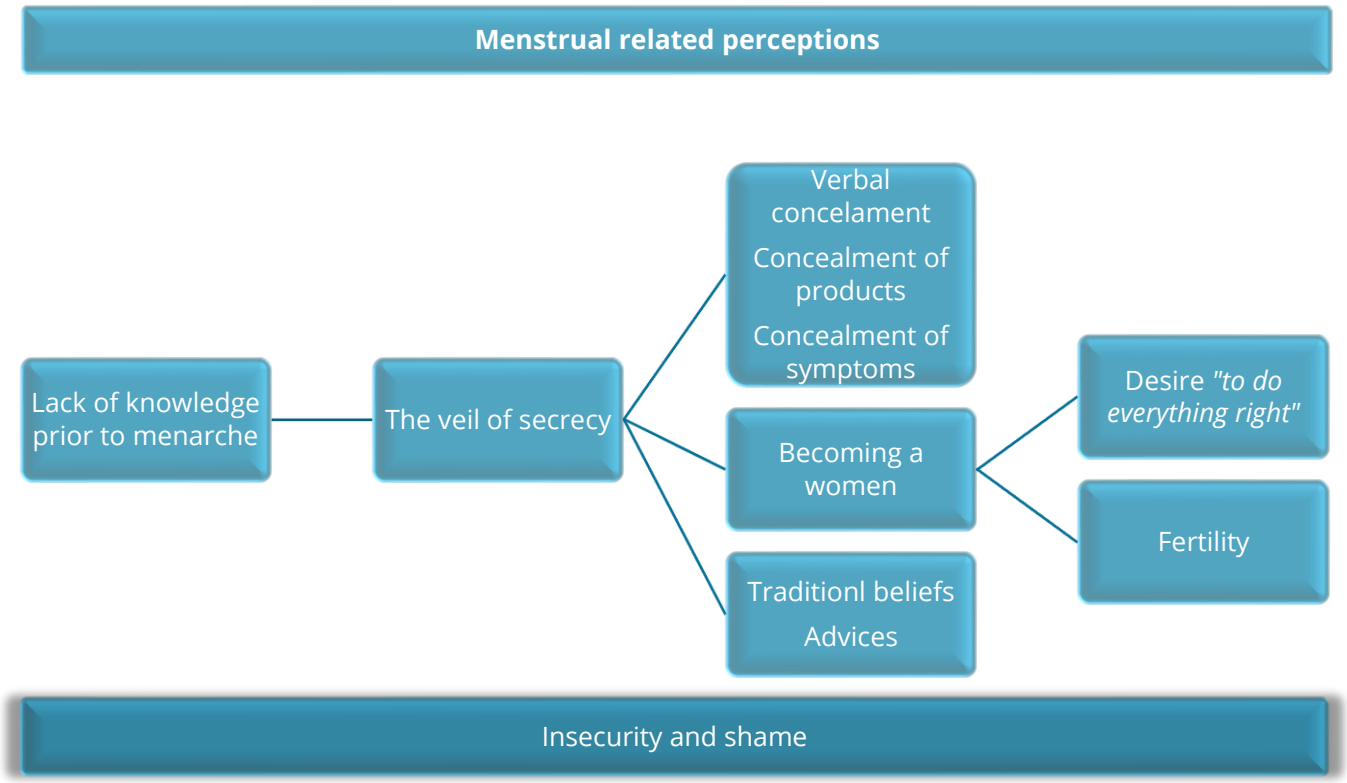
> *"My doctor explained to me that menstruation cleanse the uterus. The old blood must come out"*

> *"It is a cleansing of the body. For example, I get stress before menstruation and feel unwell and when menstruation begins, I feel better, because the blood comes out. The blood must come out or it may cause an infection"*

None of the women in the study had a celebration due to the onset of menstruation, but most of them had heard about it. Many mentioned that organizing celebrations was the custom used in the old days, years or decades ago. Some had heard of the celebrations being held in neighbouring countries, but not in Syria. Women said that the celebration is about celebrating becoming a woman.

> *"Those families from Turkey have a party at Hamam Spas, they take a lot of food there and celebrate."*

Model 6 describes a multifaceted network of social and cultural factors surrounding menstruation that influences menstrual perceptions.



Model 6. Social and cultural factors influencing the perceptions

6 Discussion

6.1 Discussion of the findings

This study explored the influence of cultural factors on menstrual behaviour among Syrian women with migrant origin living in Helsinki Metropolitan area. Our study was the first of its kind to examine this particular group of immigrants living in Finland and many of our findings are consistent with previous research of menstrual related aspects on either within one culture or across cultures, for example, in the context of immigration.

One of our key findings was women obtained their menstrual related information from multiple sources. Members of their nearest social environment, including female friends, sisters, and mothers were identified as the main source of information which is in line with previous research. (White 2013, Spadaro et al. 2018, Ssewanyana & Bitanihirwe 2019, Shah et al. 2019, Majed & Touma 2020)
In addition, our study found, that participants partly lacked basic knowledge in menstruation or had received knowledge which consisted partly from inaccurate information such as cultural beliefs or adolescent girls' misunderstandings about menstrual hygiene rather than appropriate information. Similar findings are reported in previous studies focusing on girls and women in low- and middle-income countries. (Hawkey et al. 2017, Schmitt et al. 2017, Sommer et al. 2017b, Shah et al. 2019)

In our current study most study participants felt that they had received sufficient information regarding menstruation at school, but the timing of the information was wrong – it would have been needed earlier. At the onset of the menstruation most had lacked knowledge and felt surprised, guilty and, unsecured. They received "first aid" from a sister, friend, or mother for menstrual hygiene, which meant instructions regarding menstrual protection products and some brief instructions on how to behave unobtrusively in the matter. Many said they were instructed at the onset of menstruation to *"behave discreetly, you are a grown up now".* Advice such as that described above by our study participants, which emphasize restrained behavior after the onset of menstruation, is a good illustration of the tradition of keeping the theme in the shadows and is very much reminiscent of "menstrual etiquette" described in the research

literature in various social contexts, such as Sommer's et al. (2015) article in which they looked at menstrual hygiene management from a public health perspective as well as a study by Majed & Touma (2020) conducted in Syrian refugee women in Lebanon.

In our current study, most participants described menstruation as a topic they do not feel comfortable to talk about. Many, as well, told about conflicting feelings what comes to participating in teaching or menstrual related conversations - Overall women in our study described the feeling of uncertainty to whether menstruation could even be heard to be talked about all or will they be punished because of doing so. They stated the atmosphere they lived in, did not encourage to ask for further information about menstruation although things were nor clear. Our study findings confirm the outcome Hawkey et al. (2017) pointed out on their study from Australia and Canada conducted in women with migrant origin from variety of countries: women in fact regulate their access in reproductive health information by avoiding participation in menstrual related conversations.

Many studies have reported that mothers do not know how to talk to their daughters about menstruation, even if they wanted to. (White 2013, Spadaro et al. 2018, Ssewanyana & Bitanihirwe 2019, Majed & Touma 2020) In our study we did the same finding and further discovered that mothers were pleased their daughters are now growing up in a culture where it is certain that they will receive menstrual knowledge at school and have a more open attitude to menstruation than they have had. The descriptions of the participants in the study exuded relief in this regard.

In our study, the concealment of the topic was not only seen in communication, but also in relation to pain and other symptoms and menstrual products. The findings of our study showed that menstrual-related pain is effectively hidden from others and not being a reason to escape from household duties. Thematic analysis revealed both heavy menstrual bleeding and menstrual pain being factors that limit women’s everyday life and the culture of concealment limits seeking help for those symptoms.

In studies of menstruation and cultural factors, menstrual pain has been addressed through pain relief methods (Hawkey et al. 2017, Majed & Touma 2020). There seems to be less researched information on how pain is experienced and dealt with in the social habitat. However, our study found that pain limited women's daily lives and the pattern of not seeking help was based on the idea that menstruation is too private theme to speak - it was considered shameful - and menstrual pain is not that kind of pain overall, which would justify seeking aid. Some participants some said they would never show the pain to anyone no matter how strong it is. And many they would never visit a doctor for pain. Koukkula et al. (2019) found menstrual bleeding to be common among asylum seekers in their study. They consider it important to discuss menstruation with this group of women. At the initial health assessment for asylum seekers after arriving Finland, a few questions are asked about menstruation. However, based on our current research data, the questions may be such that they may be difficult or impossible to answer for women who recently arrived from a culture where menstruation has never been spoken of. The definition of "annoying pain during menstruation" may have a different meaning for people from different cultures. More specifically, if the expression of any kind of pain is not considered appropriate, even severe pain may not be reported and thus remains untreated and possibly limiting everyday life. Koukkula et al. (2019) recognized the same shame and stigma of menstruation as we did in our study. The perspective through which the theme is examined in different cultures can vary a lot: nowadays in Finland, menstruation is viewed from the perspective that they should not restrict women's lives in any way.

In our study, buying menstrual protection items was perceived shameful for many of the participants when they still lived in in Syria. Especially in cases where the cashier was a male. This matter received different shades after immigration in different kind of social environment: in Finland buying menstrual products was perceived shameful only in case it was seen by a male person from the same cultural origin. The cashiers themselves, instead, made no difference in relation to the feeling of shame, whether they were male or female. That is a part of the key findings of our study in changes women made in their menstrual behavior after immigration which actualized more at the level of mindset than at the level of action. In other studies, on immigrant women on this same subject, which are still very few, this aspect has lagged in minor

role, if studied at all. The findings have focused, for example, on how certain cultural customs, such as menstrual related diet practices, have changed since settling in a new country. (Hawkey et al. 2017)

In our study, the women explained in more detail what the different general atmosphere related to menstruation in the new home country means: No bullying, feeling free and no need to feel shame. A few participants, on the other hand, mentioned that their point of view have changed in many things since they moved in Finland and menstruation is only one of them. Thus, the shaping of the mindset can be thought on a larger scale in a new social environment. Regarding menstruation some participants told they started questioning the adequacy of received information on later age or after chancing the living environment after migration - immigration was one effective factor, but not the only one. Changes in practices were sometimes related to women's own situation, too, such as having more time to think the issue or study and practice different profession than in Syria. Couple of the participants had studied health care after they settled in Finland and mentioned that being an effective factor in changing their thoughts and practices. These women brought out their will and capability to advise their family members in menstrual matters, such as sisters who still live in Syria. This finding sums up well, and highlights, from the mouths of the women in the study, the lack of menstrual related information in the old habitat, which was perhaps better observed as the habitat changed.

6.2 Strengths and limitations of the study

- The study was piloted by interviewing Syrian women with migrant origin. Some changes were made to the interview guide after the piloting and it served for improving the actual data collection phase. In addition, the interviewer received important training on interviewing techniques before the actual interview. Language related challenges were also recognized during the piloting and led to the decision to use collect the data using an interpreter, which allowed to obtain rich data, as women spoke the language, they best mastered.

- The interpreter had a similar cultural background as the study participants, which created an insider approach that helped build confidence in the interview situation, while the interviewer herself was completely in the role of an outsider culturally and linguistically. The fact that all those involved in the interview situation were of the same gender was a significant positive factor contributing to the strength of the research data.
- All the interviews were conducted by one interviewer, which secured consistent interviewing style and techniques. As open-ended questions and probing were used in the interviews, having the same interviewer conducting all the interviews increased the validity of the study: the possibility of bias due to changes within the interviewing techniques and styles was eliminated.
- The interview guide was designed specifically for this study and was comprehensive. It included three major themes based on the study aims: menstrual related information, behavior and social and cultural factors influencing perceptions. The interviews were conducted as individual interviews instead of group interviews, which could have been another possible option and has been used in studies of similar themes.
- The interviews were conducted without interruption in a quiet and private environment due to good planning and organization, which can be thought to have a positive impact on the data richness, especially since the subject of the study was sensitive. The interview facilities had been agreed and booked in time.
- Participants were not offered material incentives, but everyone participated purely on their own will and on a voluntary basis.
- Possible limitation of this study was language and the use of an interpreter. In addition to the positive added value it brought, the use of an interpreter in interviews may have contributed to some original expressions being shaped at the translation stage from its original purpose. Therefore, special care was taken in the selection of the interpreter in order to support the data collection process in the best possible way.
- Another potential limitation of the study was that one of the interviews was conducted in Finnish and one in English, which differed from other interviews conducted in women's mother tongue (Arabic). After the interviews, the recordings were transcribed verbatim and then translated into English. All data was handled in the same language in the data

analysis phase. However, in the process of translation, some of the original meaning of the words and sentences could have been lost.

6.3 Implications for future research, practice, and policy

The findings of this study may be useful for personnel working with women of migrant origin in asylum centers or elsewhere, to be able to better support, advise and guide this particular group of people with menstrual health problems. The results of the study give the personnel a deeper understanding of how limited menstrual related information and discussion may have been in a women's home country, which can help to find a suitable approach when discussing the issue. Additionally, the findings of the study could be used to create a tool that would be included as standard in, for example, the initial health check of asylum seekers. The tool could be an informative package that includes information taking into account the cultural beliefs associated with menstruation. The tool would support not only the health care staff but also the woman herself when given to her in her own mother tongue.

Future studies could examine men’s experiences and attitudes towards menstruation. In many cultures, they are often left out of all menstrual-related conversations. To promote menstrual health increasing the knowledge of boys and men about menstruation could promote a more open menstrual culture. Involving boys and men in the menstrual debate could help stop the spread of misunderstandings and promote gender equality, too.

7 Conclusions

- The main source of menstrual-related information are members of the social environment, including female friends, sisters, and mothers.
- Lack of appropriate knowledge prior to menarche and the veil of secrecy surrounding the topic influence the perceptions of menstruation. Asking for further information is challenging because of the atmosphere of not to talk.
- Menstruation is a theme that should be hidden in all aspects and so have been taught since young age: hiding takes place in verbal concealment, concealment of menstrual products, concealment of pain and other symptoms
- Changes in menstrual behavior after immigration was noticed in general atmosphere more than in practices

References

Burns N & Grove S. Understanding Nursing Research: Building an Evidence-Based Practice. Elsevier: ProQuest Ebook Central 2010.

Castañeda H, Holmes SM, Madrigal DS, DeTrinidad Young M-E, Beyeler N, Quesada J. Immigration as a Social Determinant of Health. Annu. Rev. Public Health 2015; 36: 375–92.

Council of Europe. Council of Europe Convention on preventing and combating violence against women and domestic violence. Council of Europe Treaty Series - No. 210. Istanbul: Council of Europe, 2011.

Elo S, Kyngäs H. The qualitative content analysis process. Journal of Advanced Nursing 2008; 62 (1): 107-15.

Finlex 53/2015. Euroopan neuvoston yleissopimus naisiin kohdistuvan väkivallan ja perheväkivallan ehkäisemisestä ja torjumisesta. https://www.finlex.fi/fi/sopimukset/sopsteksti/2015/20150053#idp446013696 (Accessed 11.11.2020)

Gundi M, Subramanyam M.A. Curious eyes and awkward smiles: Menstruation and adolescent boys in India. Journal of Adolescence 2020; 85: 80–95.

Hawkey AJ, Ussher JM, Perz J, Metusela C. Experiences and Constructions of Menarche and Menstruation Among Migrant and Refugee Women. Qualitative Health Research 2017; 27 (10): 1473 –1490.

Hennegan J & Montgomery P. Do menstrual hygiene management interventions improve education and psychosocial outcomes for women and girls in low- and middle-income countries? A systematic review. PLOS One 2016: 10; 1-21.

IOM. Key Migration Terms. International Organization for Migration, 2020. https://www.iom.int/key-migration-terms (Accessed 17.2.2020)

Johnston-Robledo I &Stubbs ML. Positioning periods: Menstruation in social context: An introduction to a special issue. Sex Roles 2013; 68: 1-8.

Kaikkonen P. Intercultural learning through foreign language education. In book: Kohonen V, Jaatinen R, Kaikkonen P & Lehtovaara J. (ed.). Experimental Learning in Foreign Language Education. London: Longman 2001.

Klemetti R & Raussi-Lehto E. Promote, prevent, influence. The action programme for the promotion of sexual and reproductive health in 2014 – 2020. Discussion paper 14/2018. Helsinki: National institute for health and welfare, 2018.

Koukkula M, Keskimäki I, Koponen P, Mölsä M, Klemetti R. Female Genital Mutilation/Cutting among Women of Somali and Kurdish Origin in Finland. BIRTH 2016; 43(3): 240-246.

Koukkula M, Klemetti R, Jokela S. Seksuaali- ja lisääntymisterveys. Naisten seksuaali- ja lisääntymisterveyteen liittyvät vaivat ja ongelmat. In report: Skogberg N, Mustonen K-L, Koponen P, Tiittala P, Lilja E, Haji Omar AA, Snellman O, Castaneda AE. (ed.). Turvapaikanhakijoiden terveys ja hyvinvointi. Tutkimus Suomeen vuonna 2018 tulleista turvapaikanhakijoista. Raportti 12/2019. Helsinki: Terveyden ja hyvinvoinnin laitos (THL), 2019.

Kuhlmann AS, Henry K, Wall LL. Menstrual hygiene management in resource-poor countries. Obstet Gynecol Surv 2017; 72: 356–76.

Larsson J & Holmström I. Phenomenographic or phenomenological analysis: does it matter? Examples from a study on anaesthesiologists' work. International Journal of Qualitative Studies on Health and Well-being 2007; 2 (1): 55-64.

Majed R & Touma H. Menstrual hygiene management among Syrian refugee women in the Bekaa. American University of Beirut (AUB). Oxfam Research Reports, 2020.

Matteson KA, Lavender M, Marsch EE & Silk K. Toward a better understanding of menstrual health: Menstrual health literacy and communication. In publication: Menstruation on society: Critchley HOD, Babayev E, Bulun SE, Clark S, Garcia-Grau I, Gregersen PK, Kilcoyne A, Kim J-YJ, Lavender M, Marsch EE, Matteson KA, Maybin JA, Metz CN, Moreno I, Silk K, Sommer M, Simon C, Tariyal R, Taylor HS, Wagner GP, Griffuth LG: Menstruation: Science and society. American Journal of Obstetrics and Gynecology 2020.

Mhepela B, Alva Bruun A, Mesiäislehto V, Lehmuskosk M. Kuukautiset eivät ole enää vaiettu aihe – Itä-Afrikassa edistetään kuukautisterveyttä vähentämällä häpeää. Fida International ry and Ulkoministeriö, 2020. Kuukautiset eivät ole enää vaiettu aihe – Itä-Afrikassa edistetään kuukautisterveyttä vähentämällä häpeää | Maailma.net (Accessed 15.10.2020)

Ministry of the Interior. Refugees flee persecution in their home countries. Ministry of the Interior Finland, 2020. https://intermin.fi/en/areas-of-expertise/migration/refugees-and-asylum-seekers (Accessed 20.2.2020)

Mumtaz Z, Sivananthajothya P, Bhattib A, Sommer M. "How can we leave the traditions of our Baab Daada" socio-cultural structures and values driving menstrual hygiene management challenges in schools in Pakistan. Journal of Adolescence 2019; 76: 152–161.

OHCHR - Office of the United Nations High Commissioner for Human Rights and WHO - World Health Organization: The Right to Health. Fact Sheet No. 31. Geneva: World Health Organization, 2008. https://ohchr.org/Documents/Publications/Factsheet31.pdf (Accessed 11.11.2020)

O'Leary Z. The essential guide to doing your research project. 3 rd Edition. London: SAGE Publications Ltd. 2017.

Plan International. Kouluun kuukautisista huolimatta. https://plan.fi/tytt%C3%B6sponssi/seksuaali-ja-lis%C3%A4%C3%A4ntymisterveys (Accessed 20.10.2020)

Plan International UK. 1 in 10 girls have been unable to afford sanitary wear, survey finds. Plan International UK, 2017. https://plan-uk.org/media-centre/1-in-10-girls-have-been-unable-to-afford-sanitary-wear-survey-finds (Accessed 12.10.2019)

Purnell L. Transcultural Health Care: A Culturally Competent Approach. 4th edition. Philadelphia: F.A. Davis Company 2013.

Sebert Kuhlmann A, Peters Bergquist E, Danjoint D, Wall LL. Unmet Menstrual Hygiene Needs Among Low-Income Women. OBSTETRICS & GYNECOLOGY 2019; 133 (2): 238-244.

Schmitt ML, Clatworthy D, Ratnayake R, Klaesener-Metzner N, Roesch E, Wheeler E & Sommer M. Understanding the menstrual hygiene management challenges facing displaced girls and women: findings from qualitative assessments in Myanmar and Lebanon. Conflict and Health 2017; 11(19): 1-11.

Shah V, Nabwera HM, Sosseh F, Jallow Y, Comma E, Keita O & Torondel B. A rite of passage: a mixed methodology study about knowledge, perceptions and practices of menstrual hygiene management in rural Gambia. BMC Public Health 2019; 19 (277): 1-15.

Skogberg N, Mustonen K-L, Koponen P, Tiittala P, Lilja E, Haji Omar AA, Snellman O, Castaneda AE. (toim). Turvapaikanhakijoiden terveys ja hyvinvointi. Tutkimus Suomeen vuonna 2018

tulleista turvapaikanhakijoista. Raportti 12/2019. Helsinki: Terveyden ja hyvinvoinnin laitos (THL), 2019.

Sommer M, Kjellén M, Pensulo C. Girls' and women's unmet needs for menstrual hygiene management (MHM): the interactions between MHM and sanitation systems in low-income countries. J Water Sanit Hyg Dev 2013; 3: 283–97.

Sommer M, Hirsch JS, Nathanson C, Parker RG. Comfortably, safely, and without shame: defining menstrual hygiene management as a public health issue. Am J Public Health 2015;105: 1302–11.

Sommer M, Phillips-Howard PA, Mahon T, Zients S, Jones M, Caruso BA. Beyond menstrual hygiene: addressing vaginal bleeding throughout the life course in low and middle-income countries. BMJ Glob Health 2017a; 2: 1-6.

Sommer M, Schmitt M, Clatworthy D. A toolkit for integrating Menstrual Hygiene Management (MHM) into humanitarian response. (First edit). New York: Columbia University and International Rescue Committee, 2017b.

Statistics Finland. Number of persons with foreign background exceeded 400,000. Statistics Finland, 2019a. https://www.stat.fi/til/vaerak/2018/02/vaerak_2018_02_2019-06-19_tie_001_en.html (Accessed 22.10.2019)

Statistics Finland. Foreigners in Finland. Population structure. Statistics Finland, 2019b. https://www.tilastokeskus.fi/tup/suoluk/suoluk_vaesto_en.html (Accessed 1.4.2021)

Statistics Finland. Foreign citizens. Biggest nationality groups 2018. Statistics Finland, 2019c. https://www.stat.fi/tup/maahanmuutto/maahanmuuttajat-vaestossa/ulkomaan-kansalaiset.html (Accessed 20.2.2020)

Sumpter C, Torondel B. A systematic review of the health and social effects of menstrual hygiene management. PLoS One 2013; 8:1–15.

Sveinsdóttir H. Menstruation, objectification, and health-related quality of life: a questionnaire study. J ClinNurs2018;27: 503–13.

Terry NP & Irving MA. Cultural and Linguistic Diversity: Issues in Education. "Special Education for ALL Teachers," 5th ed. Chapter 4, 109-132. Kendall Hunt Publishing Co, 2010.

The World Bank. Menstrual Hygiene Management Enables Women and Girls to Reach Their Full Potential. The World Bank, 2018. https://www.worldbank.org/en/news/feature/2018/05/25/menstrual-hygiene-management (Accessed 10.5.2019)

Tiittala P, Garoff F, Haji Omar AA, Hieta P, Viuhkonen M, Skogberg N, Klemettilä K-L, Koponen P, Turunen T, Kontunen K, Snellman O, Castaneda AE. Initial health assessment for asylum seekers in Finland: the handbook. Guidance 1/2020. Helsinki: Finnish Institute for Health and Welfare (THL), 2020.

Vigor Project. Ammattilaisille. Sosped 2019. https://vigorhanke.fi/toiminta/ammattilaisille/ (Accessed 15.10.2019)

White L.R. The function of ethnicity, income level, and menstrual taboos in postmenarcheal adolescents' understanding of menarche and menstruation. Sex Roles 2013; 68: 65-76.

Väestöliitto. Miten huolehtia hygieniasta kuukautisten aikana? Väestöliitto 2018. https://www.hyvakysymys.fi/artikkeli/miten-huolehtia-hygieniasta-kuukautisten-aikana/ (Accessed 20.10.2020)

WAS. World Association for Sexual health. Declaration of sexual rights. WAS Advisory Council, 2014.

WHO. Tackling the taboo of menstrual hygiene in the European Region. World Health Organization 2018. https://www.euro.who.int/en/health-topics/environment-and-health/water-and-sanitation/news/news/2018/11/tackling-the-taboo-of-menstrual-hygiene-in-the-european-region (Accessed 10.5.2019)

World data. Countries of origin and destination of refugees. World data.info, 2018. https://www.worlddata.info/refugees-by-country.php (Accessed 17.2.2020)

UNESCO. Good policy and practice in health education. Booklet 9: Puberty education and menstrual hygiene management. Paris: UNESCO, 2014. https://healtheducationresources.unesco.org/library/documents/good-policy-and-practice-health-education-booklet-9-puberty-education-and (Accessed 11.11.2020)

UNFPA. United Nations Population Fund. Menstruation and human rights - Frequently asked questions. May 2020. https://www.unfpa.org/menstruationfaq# (Accessed 10.11.2020)

UNICEF. WASH in Schools Empowers Girls' Education: Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2014. New York: United Nations Children's Fund and Columbia University, New York, 2015. https://www.unicef.org/wash/schools/files/MHM_vConf_2014 (Accessed 10.5.2019)

UNHCR. United Nations High Commissioner for Refugees. Syrian Regional Refugee Response. UNHCR, 2020. https://data2.unhcr.org/en/situations/syria/location/71 (Accessed 5.10.2020)

University of Pacific. What's Up with culture? Online cultural training resource for study abroad. http://www2.pacific.edu/sis/culture/ (Accessed 15.10.2020)

Appendices

Appendix 1. Questionnaire and interview guide (In English)

Questionnaire (to be asked/filled out at the end of the interview – either by participant herself or questions may also be asked orally and fill on behalf of the participant)

All information collected in this form is confidential and will be collected anonymously. You cannot be identified from your responses. The information you provide is for research use only. Participation in the study is voluntary and you may stop participating at any time if you wish.

Could you please tell me some things about your background?

How long have you been living in Finland? _____

How old were you when you first came here? _____

How old are you now? _____

From which part of Syria you come from? _____
Did you live in a city or in a countryside? _____

What was the most important reason for you to move to Finland?

_____

Do you have a partner? ☐no ☐yes
Do you have children? ☐no ☐yes
If yes, how many? _____

Who else is in your family? (Where do they live?)

Is there anyone else in your family living in the same household?

_____

Have you experienced a miscarriage? ☐no ☐yes

Have you experienced an abortion? ☐no ☐yes

How is your educational background - Do you have a degree from school? ☐no ☐yes

If yes, what degree? _____

In which country the degree was completed?

_____

At the moment, what are you doing principally? (for example: studying, working, at home with children, something else, tell with your own words)

_____

If there are other adults in your family, what do they do?

_____

_____

When you were a child, who did you live with?

_____

When you were child, what kind of work did your parents (or someone other you lived with) do?

_____

_____

Next, I want to ask you about menstruation. You can answer in your own words.

When was the first time you heard about menstruation?

_____

Who told you then about menstruation? _____

Was that before or after your first period? _____

What type of information did you get? _____

Did you feel that it was sufficient? _____

Why do women menstruate? (explain with your own words)

_____

_____

_____

Where the menstrual blood comes from? _____

What menstrual cycle means? (explain with your own words)

_____

_____

If your period does not come, what do you do?

_____

_____

Can woman have sex during menstruation? ☐no ☐yes

Can woman get pregnant during menstruation? ☐no ☐yes

In some countries, girls may be circumcised, and this might have effects on the person's health.

Have you been circumcised?

☐no

☐yes

If yes, what age were you when circumcision was performed on you?

_____ years old

If you either do not know or cannot remember the exact age, an estimate will be enough.

Thank you for your answers.

INTERVIEW GUIDE

Introduction

1. What do you think about talking of menstruation? Is this such a topic you like to talk or not?

2. How do you feel when you hear somebody talking about menstruation?

3. Do you feel free to ask and share you experiences related to menstruation? With whom you would talk about this topic? (probing: subject mentions someone: how about other female members of your family?

4. How about men in your family, do you talk to them? Friends? How is the response when you talk about menstruation?)

XXXXXXXXXXXXXXX

5. Thinking back in time; Do you still remember how you felt when you got you first period?

6. At what age you had your first period approximately? (You were living in Syria that time, right?)

7. To whom you first told about it? How did she/he/them react? How did you feel about telling them?

8. Was your first menstruation noticed or celebrated somehow? If so, how?

9. How did you feel about that?

10. Was there something you were told you are not allowed to do anymore since you have got your first period? What was that?

11. What about now when you are adult, is there something you are not allowed to do during your menstruation? Do you think menstruation limits your activities?

12. What do you think, why those habits or rules exist? Where they come from?

13. Is there something you always do during your menstruation? If so, what is it? Why? (For example, habits or restrictions related to food)

14. Where did you hear these things from?

15. Is some of the practices related to your religion?

16. Do you follow Syrian practices what comes to menstruation now when you live in Finland?

17. Have your menstrual related practices changed since you moved to Finland? How?

18. Have your thoughts about menstruation changed since you moved here? How?

19. Have you ever talked with a Finnish person about menstruation? If so, where and with who, you have talked?

XXXXXXXXXXXXXXX

20. Where do you buy the products from? Do you go there to buy them alone? How does it feel?

21. And in Syria, how was it there?

22. Does someone else buy the menstrual protection items for you in your family? Who? (probing: If someone else buys the items for you can you ask her/him to buy different ones if you would like them more?)

23. How is the pricing of menstrual products in your opinion? (Probing: can you afford to buy them? Can you use those products you prefer the most? If not, why?)

24. Have you ever used any other kind of protection items for your menstrual bleeding than those made for that purpose? (Probing: How were they? What you used to replace the pads?)

25. How do you dispose the menstrual pad after use? Did you do it in the same way also in Syria?

26. When you were younger, were you told about menstruation at school?

27. Did you receive the information you would need, in your opinion?

28. What other kind of information you would have expected to receive?

29. Have you sought for menstrual related information ever? If so, from where?

30. Have you talked about menstruation with you mum/daughter? (Probing: Do you feel comfortable to talk with her? What about men; How much do you think boys and men know about menstruation? Should they know, in your opinion?)

XXXXXXXXXXXXXXXXX

31. Do you feel different when you are menstruating than the other days when you are not? If so, how?

32. Do you feel pain during your menstruation?

33. Do you use any kind of pain relief methods? Could you tell me about those? Where did you learn those from?

34. Is your partner supportive, if you are feeling low energy/pain/low mood during your menstruation?

35. Do think it is fine to take analgesic (painkiller) for menstrual pain?
(What kind of painkiller you use if any?)

Conclusion:

36. Is there anything you would like to share with me about menstruation I did not asked?

Thank you for the interview

Appendix 2. Kyselylomake ja haastattelurunko (Suomeksi)

Kyselylomake (voidaan täyttää haastattelun lopuksi, joko suullisesti kysymällä tai osallistujan itse täyttämänä)
Kaikki tässä kyselylomakkeessa kerätty tieto on luottamuksellista, eikä vastaajan henkilöllisyyttä pystytä tunnistamaan annetuista vastauksista. Kyselylomakkeen tietoja käytetään vain tutkimustarkoituksessa. Tutkimukseen osallistuminen on vapaaehtoista ja osallistujalla on mahdollisuus keskeyttää osallistumisensa missä tahansa vaiheessa tutkimusta ilman perusteluja keskeyttämisen syystä.

Haluaisin kysyä sinulta joitakin taustatietoja

Kuinka kauan olet asunut Suomessa? _____
Minkä ikäinen olit, kun muutit Suomeen? _____
Minkä ikäinen olet tällä hetkellä? _____
Mikä oli kohdallasi tärkein syy Suomeen muuttamiselle?
_____

Onko sinulla kumppania? ☐ei ☐kyllä

Onko sinulla lapsia? ☐ei ☐kyllä
Jos kyllä, niin kuinka monta lasta? _____

Keitä muita sinun perheeseesi kuuluu?
_____

_____

Missä perheenjäsenesi asuvat, Suomessa vai jossakin muussa maassa?

_____

_____

Oletko kokenut keskenmenon? ☐ei ☐kyllä

Oletko kokenut raskaudenkeskeytyksen? ☐ei ☐kyllä

Minkälainen on koulutustaustasi – onko sinulla tutkinto koulusta? ☐ei ☐kyllä

Jos kyllä, mikä tutkinto? _____

Missä maassa tutkinto on suoritettu? _____

Mitä teet tällä hetkellä pääsääntöisesti? (Esimerkiksi: opiskelen, käyn töissä, olen kotona lasten kanssa, jotakin muuta, kerro omin sanoin)

_____

Jos perheeseesi kuuluu muita aikuisia sinun lisäksesi, mitä he tekevät?

_____

Kun olit lapsi, kenen kanssa asuit?

_____

Kun olit lapsi, minkälaista työtä vanhempasi tekivät? (tai muu huoltajasi, jonka kanssa asuit, kun olit lapsi)

_____

Seuraavaksi haluan kysyä sinulta kuukautisista. Voit vastata kysymyksiin omin sanoin.

Milloin kuulit ensimmäistä kertaa kuukautisista? _____

Kuka kertoi sinulle silloin kuukautisista? _____

Oliko se ennen vai sen jälkeen, kun sinulla alkoi kuukautiset? _____

Mitä tietoa sait silloin kuukautisiin liittyen?

_____

Oliko se sinusta riittävästi tietoa?

_____

Miksi naisilla on kuukautiset? (selitä omin sanoin)

_____

_____

_____

Mistä kuukautisveri tulee? _____

Mitä kuukautiskierto tarkoittaa? (selitä omin sanoin)

_____

_____

_____

_____

Jos kuukautisesi eivät tule, mitä teet?

_____

Voiko nainen tulla raskaaksi kuukautisten aikana? ☐ei ☐kyllä

Voiko nainen harrastaa seksiä kuukautisten aikana? ☐ei ☐kyllä

Joissakin maissa tytöt saatetaan ympärileikata, ja sillä voi olla vaikutusta terveyteen.

Onko sinulle tehty ympärileikkaus?

☐ei

☐kyllä

Jos kyllä, minkä ikäinen olit, kun ympärileikkaus tehtiin?

_____ vuotta. Jos et muista tai tiedä tarkkaa ikää, voit merkitä arvion iästä, se riittää.

Kiitos vastauksistasi.

HAASTATELURUNKO

Johdatus aiheeseen

1. Mitä ajattelet kuukautisista puhumisesta? Onko tämä sellainen aihe, josta tykkäät puhua vai et tykkää?
2. Miltä sinusta tuntuu, kun kuulet jonkun puhuvan kuukautisista?

3. Tuntuuko sinusta, että voit vapaasti kysyä ja jakaa kokemuksiasi kuukautisiin liittyvistä asioista? Kenen kanssa puhut tästä aiheesta? (vastaajan kysymysten mukaan jatkoa – vastaaja mainitsee jonkun: entä muuta naispuoliset perheenjäsenet?)

4. Entä miespuoliset perheenjäsenet – puhutko heidän kanssaan kuukautisista? Tai ystävien kanssa? Minkälainen on heidän suhtautumisensa, kun puhut kuukautisista?

XXXXXXXXXXXXXXXX

5. Jos ajattelet taaksepäin ajassa; muistatko vielä miltä sinusta tuntui, kun sinulla oli ensimmäiset kuukautiset
6. Minkä ikäisenä sinulla oli ensimmäiset kuukautiset? (Asuit silloin Syyriassa, eikä niin?)
7. Kenelle kerroit ensimmäisenä kuukautisistasi? Miten hän reagoi? Miltä sinusta tuntui kertoa kuukautisista hänelle?
8. Huomioitiinko kuukautistesi alkaminen jotenkin tai juhlistettiinko sitä? Jos, niin miten
9. Miltä se sinusta tuntui?
10. Kun kuukautisesi olivat alkaneet, saitko jotakin ohjeita asioista, joita et saa enää tehdä? Mitä nämä asiat olivat?

11. Entä nyt, kun olet aikuinen, onko jotakin asioita, joita et saa tehdä silloin kun sinulla on kuukautiset? Tuntuuko sinusta, että kuukautiset rajoittavat jollakin tavalla sitä, mitä teet?

12. Jos on, mitä ne ovat? Miksi ajattelet, että tällaisia sääntöjä tai tapoja on?

13. Onko jotakin asioita, joita teet aina kuukautisten aikana? Jos on, mitä? Miksi? (esim. tiettyihin ruoka-aineisiin liittyvät tottumukset tai rajoitukset)
14. Mistä kuulit näistä asioista?
15. Liittyvätkö jokin/jotkin näistä tavoista sinun uskontoosi?
16. Noudatatko syyrialaisia kuukautisin liittyviä tapoja myös nyt kun olet Suomessa?
17. Oletko muuttanut kuukautisiin liittyviä tapojasi sen jälkeen, kun muutit Suomeen? Jos olet, miten?
18. Ajatteletko kuukautisista eri tavalla nyt kun asut Suomessa, kuin silloin kun asuit Syyriassa?
19. Oletko koskaan puhunut suomalaisten kanssa kuukautisista? Jos olet, kenen kanssa ja missä? (Terveydenhuollossa? Alkuterveystarkastuksessa?)

XXXXXXXXXXXXXXX

21. Mistä ostat kuukautissuojia? Käytkö yksin ostamassa niitä? Miltä sinusta tuntuu ostaa kuukautissuojia?
22. Entä Syyriassa – miten teit siellä?
23. Ostaako joku muu kuukautissuojia sinulle perheessäsi? Kuka? (Jos joku muu ostaa suojia, voitko pyytää häntä ostamaan sellaisia kuin haluat?)
24. Mitä mieltä olet kuukautissuojien hinnoista? (Onko sinulla riittävästi rahaa ostaa suojia? Pystytkö ostamaan juuri niitä suojia, joita haluat? Jos et, miksi?)
25. Oletko koskaan käyttänyt mitään muita kuin kuukautisia varten tarkoitettuja suojia kuukautisvuotoa varten? (Jos niin millaisia ne olivat? Mitä käytit korvaamaan siteen?)
26. Miten hävität kuukautissuojan käytön jälkeen? tietkö samalla tavalla myös Syyriassa

27. Kun olit nuorempi, kerrottiinko sinulle kuukautisista koulussa?

27. Saitko mielestäsi sellaista tietoa, jota kaipasit?

(28. Minkälaista muuta tietoa olisit toivonut saavasi?)

29. Oletko etsinyt kuukautisiin liittyvää tietoa omatoimisesti? Jos olet, mistä?

30. Oletko puhunut kuukautisista äitisi/tyttäresi kanssa? (Tuntuuko puhuminen sinusta miellyttävältä? Entä miehet; kuinka paljon ajattelet, että miehet/pojat tietävät kuukautisista? Pitäisikö heidän tietää kuukautisista sinun mielestäsi?

XXXXXXXXXXXXXXXXXX

31. Tuntuuko sinusta erilaiselta silloin kun sinulla on kuukautiset verrattuna niihin päiviin, kun sinulla ei ole kuukautisia? Jos, niin millä tavalla?

32. Onko sinulla kipuja kuukautisten aikana?

33. Käytätkö mitään kivunlievitysmenetelmiä kuukautisten aikana? Jos, niin kertoisitko niistä minulle? Mistä opit niistä?

34. Saatko kumppaniltasi tukea, jos sinulla on voimaton olo, kipua tai paha mieli kuukautisten aikana?

35. Onko sinusta hyvä ottaa kipulääkettä kuukautiskivun takia? (Minkälaista kipulääkettä, jos jotakin?)

Yhteenveto

36. Tuleeko sinulle mieleen jotakin, josta haluaisit vielä puhua minun kanssani kuukautisiin liittyen, josta en kysynyt sinulta?

Kiitos vastauksistasi.

Appendix 3. Consent form

The influence of cultural factors on menstrual behaviour

Hello, my name is Laura-Maria Lehtonen. I am doing research about menstruation and cultural aspects that influence on menstrual related practices.

Menstruation as a topic might be sensitive but at the same time it is very important to our lives as women. I want to ask you about menstrual hygiene management: what do you think about menstruation, with who you talk about the topic and is there some habits in your culture according the menstruation. I also would like to know, how has the management of your menstrual hygiene changed since you moved to Finland.

I am aware that this topic might be difficult to talk about, but I hope that you feel confident and safe during the interview. There is no need to feel shy or embarrassed. It is important to note that there are no right or wrong answers. All stories and experiences are valuable and important. The information that you will share will help we all better understand the needs of girls and women and to develop better health care and health promotion services for immigrant women. I appreciate you help very much!

Please note that your participation in this interview is fully voluntary. You can decide, without any repercussions not to take part in this study. Similarly, if you
agree to participate you are free to suspend to participate at any time or to abstain from answering any questions you do not want to answer.

If you decide to participate, everything that you say will remain confidential and anonymous. Your name or any indicator that might reveal who you are will not be used or published in the study. All collected data will be destroyed as soon as the research is over.

Do you agree on the above and wish to participate?

YES_____ NO_____

Place and date: _____

Laura-Maria Lehtonen

Principal researcher

University of Eastern Finland

Faculty of Health Sciences

School of Medicine

Institute of Public Health and Clinical Nutrition