



# PREVENT. RESIST. SUPPORT.

## Episode 9: Let's Talk About Menstruation!

with Stacey Jacobs



University  
of Windsor

Office of Sexual Violence Prevention,  
Resistance, and Support

### **Prevent Resist Support Podcast**

### **Season 2 Episode 9: Let's Talk About Menstruation! With Stacey Jacobs**

Anne Rudzinski: Hi everyone, I'm Anne and this is Prevent Resist Support.

Music: I got your back my dear and I know that you got mine. I feel that hope and fear but I know we'll hold the line. Keep your head up. Keep your hand out when your breath is feeling short. Prevent, Resist, Support.

Anne: So welcome everyone. Today we are talking about menstruation with Stacey Jacobs. I met Stacey when she was working at the SHORE Centre in Kitchener Waterloo, which was previously known as Planned Parenthood. Stacey is now working at the University of Waterloo as an educational assistant and does all kinds of work relating to sex ed, talking about and teaching about menstruation, all kinds of things related to sex and sexual wellness. So we're really excited to chat with Stacey today. As always, if you need support, and you're a member of our UWindsor community, you can reach out to us at [svsupport@uwindsor.ca](mailto:svsupport@uwindsor.ca). That's SV like sexual violence, or you can check out our website, [uwindsor.ca/prevent-resist-support](http://uwindsor.ca/prevent-resist-support). You can also find support in your community in Ontario by going to [sexualassaultsupport.ca](http://sexualassaultsupport.ca). That's for the Ontario Coalition of Rape Crisis Centres, they can help you find support in your community. Now we're gonna hop into our interview with Stacey.

So welcome, Stacey. Thanks so much for visiting our podcast today.

Stacey Jacobs: Thanks for having me, Anne.

Anne: So excited to chat about menstruation with you. Can we start by talking about what is your current job? And you know, what do you do for work?

Stacey: Well, I currently work at the University of Waterloo, I am the Sexual Violence Prevention Project Coordinator. So what that means is I work on a lot of prevention pieces for the university. And I also do a lot of education. So right now I'm working on a few things, for example, a bystander intervention program for the university campus, and rolling out some trainings for the fall because we know fall's a really busy time at the university. But I also actually teach at the university as well. So the University of Waterloo has a very unique program called Sexuality, Marriage and Family Studies. And I'm actually alumni of the program. So I do one of my degrees is from the SMF Department. And right now I'm teaching a sexuality of ageing class. So I really, really enjoy this class, actually, because we often don't talk about sex and aging at the same time, or it's a topic that, you know, they're both very taboo, and they make people uncomfortable. So I love the fact that we can put them together.

Anne: That is so cool. And I know when we met you were working at SHORE Centre, and we talked about how my like, strongest memory of that time was the vulva puppet.

Stacey: Yes, everybody remembers the vulva puppet. And there's very few people I think out there in the world who have vulva puppets, and I was very fortunate to be one of those people. And they're actually made by a very wonderful person named Dorie Lane, who is out of I believe, San Francisco. And yes, so when I worked at SHORE Centre, I worked there for over a decade, quite a long chunk of time, I was a community sexual health educator. So I got to go out into the community into schools, community centres, I worked with children, I worked with adults, I worked with ageing adults, I worked with new Canadians, I got to work with everyone. I even got to work within the prison system, which was really, really great. And we can talk more about that later, if you want because they have a very, how would I call it, a very problematic relationship with periods within the prison system and menstrual

products, for example. So yeah, I got to take my vulva puppet everywhere, including the women's prison. So the vulva puppet did come to the women's prison, they allowed me to bring that in, because there's very few things that you can bring in when you go. But yeah, everyone loves the vulva puppets. So I'm glad that I think you even got to take a picture with the vulva didn't you? Yeah.

Anne: Oh yeah. There's a selfie on my Instagram, which I love. But one of the things we talked about a little bit, when we were planning this episode is just the idea that if you want to do sex ed work, there's no like, clear path into that, right? Like, there's no, there's no like singular degree or like singular training to take if you want to get into this work.

Stacey: Absolutely. And people always ask, you know, how do you become a sex educator? How do you become a sex therapist, and there isn't a clear path or a defined way of doing this, which I actually find very interesting and preferable. So there's lots of people who are doing things like social work or other work out in the community and you can always bring sexual health into those roles. So anything within the medical field or the healthcare field, you can absolutely start asking questions about sexual health and bring those topics more into the discussion because they need to be, you know, in those discussions, and they often are not a lot of the research shows that health care providers are not comfortable talking about sex. I even have a friend who works with people with developmental disabilities. And we work together to do training around sexual health and anatomy in our bodies. So there's lots of ways that you can pull that work in. I do have a few different degrees. So I have Psychology and Sociology, and then the Sexuality Marriage and Family Studies degree as well. And I have a Master of Science. So it's you can do different master's degrees, different degrees, things like even gerontology and you can pull in that ageing piece. Anything around social work. So anything within the arts, you can really pull in, pull in that and science as well pull in those sexuality pieces in the sexual health pieces.

Anne: I love that. Thanks for laying that out, especially for our students that are listening. So today we're going to talk about menstruation, which is one of my favourite topics. I love all of the things that we do in the office

around menstruation. I know I'm going to link in our episode description, we do provide menstrual products for students, staff, and faculty.

Stacey: Excellent.

Anne: So if you want some free menstrual products, you can check out our episode description. And there will be some info about that. But I was hoping we could start with just to, you know, a bit of a discussion around what does it mean to be inclusive when we talk about menstruation?

Stacey: And that's really, really important. And luckily, it's been coming to the forefront. So that is something that I think internationally actually people have been talking about, which is fantastic. Because we really can't exclude people. So all people of all genders, menstruates, and we have this very specific idea about who menstruates, and it's often not correct. So we really need to involve all genders, because people of all genders can menstruate. But I think we also need to involve all genders, in the education around menstruation as well. I was saying to you earlier, you know, everybody comes from a uterus. So we really do need to learn more about the uterus, more about how it works. And I'll also start by saying that we don't have enough research. So there's a huge lack of research on menstruation, on menopause, on birth control, on pregnancy. And so a lot of what we may say today might change in the future, because we're going to learn new things. So I think a lot of what we know about menstruation and menopause is guesswork sometimes. And you may hear contradictory pieces. And we just need more information that we currently do not have. So there's a lot of just, you know, missing missing pieces to what we talk about and the information that we have.

Anne: Yeah, and I know like access to menstrual health products is also is also an issue and is are we using menstrual health products? Is that the best language? Because I know you and I had discussed some things around like, some of the language around like, sanitary versus like menstrual versus like feminine hygiene. I know it's not a phrase we're using anymore.

Stacey: No, no. And I don't like using sanitary because it has this inference that things are dirty. So I tend to say menstrual care products because you are caring for your body. But menstrual health products works as well because menstruation is healthcare. So we have to I think change some of our language in order to move this move this forward. So you could even say something like menstruators or people who menstruate, so you don't have to say girls or women you can you know, use inclusive language around that because there are lots of people who identify as you know, trans or non binary or gender non conforming who do menstruate. And then we have this huge problem with washrooms because as we know, most washrooms are labeled you know, men and women. And then in the women's washroom there may be receptacles to put, you know, used menstrual care products, there may not, but and then sometimes there's menstrual products within those washrooms, but we really need to make sure that all washrooms have what people need. And I'm also a big believer that we don't necessarily need to put like, signs outside washrooms other than, like, the sign of a toilet. So like, here's the toilet. That's what we all need to do in there usually, you know, so anybody can use that. I was, well, this was before the pandemic. We have a new Indigo in town. So our Chapters became an Indigo. And I went in and they have gender neutral washrooms. So all gender washrooms and this was, I think, a big step forward for Indigo. So I was in there. I was actually spending quite a bit of time in there because I was like, checking it out, seeing seeing what people thought. And the manager came in, and it happened to be my old manager from when I worked at a grocery store. And so he's like a fifty year old man and I am you know, forty year old woman and we're in this washroom having this big conversation about the washroom. And other people were walking in being very uncomfortable with this conversation and the fact that a man and a woman were hanging out in the washroom, I think talking instead of moving outside, and he was saying that most people were receptive, and were okay with the washrooms but they did have quite a few complaints. And people have felt very strongly that this was not okay, and that they needed that separation. So there's, there's people who have ideas on on either side of that, but I mean, I think it's really nice when a washroom is nice and has doors that go all the way to the floor. So we all have our privacy within

that stall. Or even if there's like the little stall that has the little sink and the toilet. So like, you can just kind of do your thing in there. Because I think we all deserve and need privacy within the washroom. But again, we don't need to have that huge separation of men and women specifically.

Anne: I feel like the the washroom with just the like toilet and the sink is so important if you're a menstrual cup user, because then, yes, you can take your cup out, walk over to the sink with your like pants around your knees and like, you know,

Stacey: Absolutely.

Anne: Do the awkward like dump and rinse situation like yup.

Stacey: Yeah.

Anne: Yeah.

Stacey: Yeah, because we talked about menstrual cups quite a bit. And what we tell people to do is that they don't feel comfortable. And I mean, it's maybe not a good idea to walk out with your cup into a public washroom and dump blood into the sink, people aren't probably going to be very receptive to that. But yeah, if you have your own little bathroom, so you can wipe it out with toilet paper and put it back in without rinsing it and then rinse it out and wash it when you get home. But yeah, it's absolutely amazing when you can actually rinse it out when you're out in public.

Anne: I love that. And then I guess while we're on this topic, we should talk about some menstrual products because I know we have something really cool in the office, which is the soft cup, which is like this kind of in between of like a, like a tampon situation and like a menstrual cup, it is more of a cup. Like it's not absorbent, but it's kind of like a single use, it's a little bit easier to insert than a than a menstrual cup. And so you can get those from us if you would like to try one out. I feel like that's always fun. Um, but yeah, I mean, I think I'm aware of like, you know,

pads, tampons, the soft cup, and then like a menstrual cup, or those kind of the the options that we have?

Stacey: Well, right now something that's really popular is the period underwear, as well.

Anne: Yes.

Stacey: Yeah. And those are good, because again, and the reusable pads, too. So you mentioned pads, but some of them you know, are one use only, and then other ones you can wash. So really getting more into this environmentally friendly piece as well where you can reuse products. But we have to remember again, accessibility wise, not everyone has access to clean water, or a space where they can wash things, or even then hang them up to dry. Maybe you don't want people seeing that. So we have to like kind of look at it from from all sides.

Anne: They're also so expensive. The period underpants...

Stacey: Yup.

Anne: They are like \$30 for one pair of underpants.

Stacey: The pair I wanted was \$50.

Anne: Oh my god.

Stacey: I know I say they're like the little shorts. And I'm like, that's a lot because you need more than one pair.

Anne: Yeah, you need like a few to get through your cycle.

Stacey: Yeah.

Anne: We love the concept. We want them to be more accessible financially.

Stacey: Yeah. And in the long run, they'd be they'd be less cost. But at the initial buying, I mean, even the menstrual cup initially, it's like anywhere

between 30 and I think \$45 depending on the brand. But again, for some people, that's like a really big expense right off the hop.

Anne: Yeah, that's one of my favourite things that we get to do in the office. Sometimes we run a little like menstrual cup giveaway, listening, and you're like, I would really love a menstrual cup. But it's cost prohibitive. Stay tuned, keep an eye on our social media, we do some giveaways. And we will maybe send you a menstrual cup.

Stacey: And some of those companies are wonderful too and will do free giveaways themselves or supply you some for the school.

Anne: Love that. All right. So let's talk about I know we wanted to kind of like walk through the menstruation cycle because I feel like some folks are aware of it. Some folks are not aware of it. Like let's talk about what are the things that happened during menstruation cycle?

Stacey: Well, yeah, I think it's it's really upsetting to me that we're supposed to learn these things in grade school. So it's actually written into the grade five curriculum that you learn about menstruation, people of all genders. So we don't want people being separated when they're in grade school and learning. You know, somehow people are menstruation and half the people don't. We want everyone together learning this information. But it is quite complicated. So you can depending on your age, and if you are in grade school, maybe you don't learn all the ins and outs. Because very few people in the world I think understand hormonally everything that's happening during the menstrual cycle because it is very complicated. But we can understand some very basic things. And what I think we also need to understand is that it starts in our brain. So there's the pituitary gland and the hypothalamus. And that's what starts this, this process and they're communicating with our reproductive organs and hormones are going through our bloodstream. And you know, sending these little bits of communication to different parts of our bodies in order for them to do different things. So it is quite complicated. And we tend to only talk about estrogen and progesterone, mostly estrogen. But there's also GnRH, which is gonadotropin-releasing, there's follicle stimulating hormone, luteinizing hormone, testosterone is in there as well. And then if you're pregnant, there's the HCG the pregnancy hormone. So

there's lots of hormones who have very different roles to play. And we kind of look at our cycle in two, in two phases because there's the phase during menstruation before you ovulate. And then there's the phase after ovulation. And there's different hormones doing different things during those times. So we tend to say that the first day of your menstrual cycle, and we say menstrual cycle to include everything. So menstruation, or having your period is just the first little part of your cycle. And then if you look at the menstrual cycle, it's the whole cycle until you start menstruating again, so the day before you start the next menstrual period. But again, we need to look at what's happening during those times. So there is ovulation that happens somewhat in the middle, but it depends on your cycle. And I know you were gonna ask this later, but we have this idea that the cycles 28 days long, but that's not the case for most people. Sometimes your cycle may fall on 28 days, but for a lot of people, they don't have a regular cycle. And this cycle can range anywhere from Oh, even like 20 days, all the way to 40 days. And it could be different each each time. So even if you say each month, if you have a 30 or 40 day cycle, you know, using like the the month idea doesn't really fit in as well. Or if you have a shorter cycle. So yeah, it is it is quite complicated. So I'm not sure if you want me to get into what all the hormones actually do or not, if you want to get into that much detail.

Anne: I mean, let's go for it, I feel like folks deserve to know about the hormones in their bodies. I love it.

Stacey: Okay, so I, I have cheat sheets here too, because even for me to keep it all straight in my head sometimes, if I haven't been talking about menstruation on a regular basis over and over, then I kind of kind of lose it a little bit too. But it starts with the hypothalamus. So that's like at the base of your brain, it releases GnRH, which travels to the pituitary gland not very far away, also in your brain. And they are responsible for releasing the follicle stimulating hormone, which does exactly what it says stimulates follicles, and the LH which is the luteinizing hormone. So on the first day of your menstrual cycle, so that's the first day of full, full bleeding, all your hormone levels are low. And they do have some cool charts and things maybe you could find one to post, what that shows where the levels of hormones are during the cycle, and what's

happening to with your cervical fluid or your cervix. So there's lots of things that are changing throughout the cycle. And so then the pituitary gland releases the FSH, the follicle stimulating hormone. And that releases this as you're menstruating. And this hormone is responsible for the development or the maturation of eggs or the ova. So I'm going to say roughly 15 to 20 eggs, again, I've read different numbers here. But these eggs will start to mature and grow bigger inside the ovaries. And each of these eggs is covered in a little kind of protective covering called a follicle. So these mature eggs as they mature, they begin to produce estrogen. So this is where our the estrogen comes from. So the beginning of our cycle has a lot more estrogen so it's kind of an estrogen based part of the cycle. And as estrogen is released into the body, it signals to the brain again. So there's a lot of communication between the brain and the ovaries and the reproductive organs to begin to produce LH so the LH is being produced in the brain. So they call us like the LH surge the the luteinizing hormone surge, and it allows the largest most dominant egg that has been maturing to break out of the casing which is the follicle and break through the wall of the ovary and into the pelvic cavity. So this is ovulation. So that egg breaking through the ovary, jumping into the pelvis, and we assume it jumps right into the fallopian tube but the fallopian tube and the ovaries aren't actually attached. So some diagrams will show them being attached. Anne had a surprised look on her face, there. Because most diagrams...

Anne: I did not know this. I did not know this, folks, like I did not know they were not attached.

Stacey: Well, I know nobody does, because they show it in diagrams in very strange ways. They also show the ovaries as being really, really large ovaries are both the size of an almond. After menopause, they're about the size of a blueberry. And the uterus is about the size of a pear. And then it's gonna go down about 25%, during menopause as well. So sometimes they show these like really large pictures, and you have this assumption that it's large. And again, sometimes like, obviously, the uterus stretches when you're pregnant, but then it goes back down again. So these organs aren't as big as people often assume. So the the egg jumps out into the pelvic cavity. But then what happens is these

little fimbriae, which are like little fingers on the end of the fallopian tubes, grab up that egg and pull it into the fallopian tube. So it does get into the fallopian tube, and the fallopian tubes are very, very slim. So again, in diagrams, they look quite large, but they're typically I think about the size of an uncooked piece of spaghetti. Like they're very, very small. So if you're having an ultrasound, you may not actually even be able to see the fallopian tubes.

Anne: No, this is wild. This is just wild information to me. I had no idea that egg was just like floating around in there until fallopian tube like, grabs it. This is not what I thought occurred in my body every month.

Stacey: And it's my assumption that is not floating around for very long, and that the fimbriae grab it quite quickly. And I guess it depends to which part of the ovary it breaks through. So if it breaks through right, the part where the fimbriae are it might get grabbed immediately, but it might break through, you know in another another section. But anyway, so this ovulation is the release of an egg. And it comes randomly from one ovary or another. So it doesn't switch month to month. And that's what a lot of people assume as well. But it's whichever egg matures the fastest. So it's kind of like that I don't I don't like calling these things a race. But it's whichever one you know matures the fastest. That's where it comes from. And once in a while a second egg comes out as well. This happens more as you age. So this might happen more after age 35. And so that's sometimes why people when people are older, they're more likely to have fraternal twins, as well, because two eggs are released and they're both fertilized. Okay, so ovulation happens. And then the other eggs that were maturing, they just they disintegrate. So they're, they're not in the running anymore. And the egg remains alive for about 24 hours. So again, we have this idea, I think usually that the egg just kind of sits and waits, but it has like a short life cycle. So if the egg is not fertilized within those 24 hours, then pregnancy doesn't happen. So there it's interesting to me that when I talk about menstruation, either I feel like, you know, pregnancy is a very easy thing to have happen, or also sometimes seems to me like a very hard thing to have happen. And we know I mean, obviously it happens quite frequently, but there is like a small period when that egg can be fertilized.

Anne: So whereas the egg hanging out during this phase, is it in the uterus? Is it in the fallopian tube? Like where's it hanging out?

Stacey: It's hanging out within the fallopian tube.

Anne: So people think it's in the uterus, right? Like that's just an egg on your uterus hanging out?

Stacey: No, no. So the sperm actually have to get through the cervix, so into the vagina through the cervix through the uterus and into the right fallopian tube, because there's only going to be an egg or two in one of the fallopian tubes. So sometimes I've read that there is kind of like a beacon I pictured almost like a lighthouse light shining like that egg is like here I am, come find me. This is just my picture of how this works, of course, because most of the sperm do tend to I think swim in the right direction. So there's something drawing them in that direction. And sperm can swim quite quickly in the body helps helps them along, but sperm are super, super small. They're the smallest cell in the body. So they are swimming a very, very far, far away for their size. But this does happen usually like in the middle of the fallopian tube. Um, but what happens to to that case, so the ovary, sorry, the egg popped out of like a casing. So that follicular casing, so that's why it's called like the follicular phase of the menstrual cycle that held the egg, it collapses and then it actually becomes a corpus luteum. So it changes and that remains in the ovary. So it's this corpus luteum that begins to produce progesterone. So so the second half of our cycle after ovulation is dominated by progesterone. And that corpus luteum has a lifespan of 12 to 16 days. So typically that second half of our cycle is very unaffected by life events. And it means that, you know, it doesn't really change. So it's the first part of our cycle that changes. And it changes due to things like stress, illness, lots of things that they're not sure about yet. So that's the first part of the cycle is what changes how long your cycle is. So it's either shorter or longer. And then the second half stays the same, because the corpus luteum is only around for that 12 to 16 days. However, if you get pregnant within that time, the pregnancy sends another message back to the corpus luteum telling it to continue producing progesterone because you need progesterone in order to sustain a pregnancy. So it's all these little communications, these

signals that are going back and forth between the the organs and making making all of this happen. Okay, so. So the progesterone, go ahead,

Anne: It's just so complicated, like I think, you know, to me, I'm thinking about this. And I'm like, I think we just don't realize how complicated this is. There's like so many things happening.

Stacey: Mm hmm. Well, and that's why I really love, so there's a book I love called Cycle Savvy. It is, it's for teenagers. It's called the Smart Teens Guide to the Mysteries of the Body. However, I learned things when I read through that book, and it's just very much listed, like very simply, but to the point and it explains all these hormones in a nice way. So I think every adult could learn a ton from this specific book. And it's Toni Wechsler, which she's also written other books for adults. But yeah, so again, it's just things that we don't get told, because people assume like either that we don't need to know. Or the other problem too is that you know, you're in grade five, your grade school teacher has never been taught this. They don't understand the ins and outs of menstruation. So it makes them uncomfortable and scared to teach it to you as well. So you know, things like this book can be, I think, really helpful. Because yeah, then that last part of your cycle, is the progesterone is causing, you know, that uterine lining to get thick and prepare for implantation and a growing fetus. So everything that's happening during the menstrual cycle is in preparation for pregnancy. And when we teach young people, I find a lot of them, you know, put up their hand and say, Oh, I don't actually want to get pregnant. So can I just skip all of this? And no, you can't. And your body doesn't know, you know, whether or not you want to get pregnant, or whether it's a good time for you to be pregnant. It just knows that, you know, it continues this cycle over and over and over. And just in case, you know, you do want pregnancy to happen, then it's ready for you. Yeah, so the uterine lining keeps keeps thickening, getting ready for that pregnancy. And then if pregnancy doesn't occur, what happens is because the uterine lining also and people don't tell you this, there, it's supplied with three arteries that are bringing blood to the uterus. So I was always confused when I was younger, as like, where's this blood actually coming from? So yes, that lining is growing, but it's because it's been supplied by

three arteries. So if pregnancy occurs, these arteries continue to supply blood. But if pregnancy does not occur, the arteries cut off blood flow to the uterus, so then it kind of kills off that top layer. So it's the endometrial lining, which is inside the uterus. And then if then they briefly open up again, and kind of just rushed the blood out. And that's what causes the period to start and everything comes out. So that uterine lining like mucus, tissue cells, all of that. So your period is blood, but it's also that uterine lining. So that's why you can have clots as well, that's part of like the uterine lining, different cells, tissue, mucus, all of those things are coming out. And progesterone actually is heat producing. So during that second half of your cycle, your temperatures a little bit higher, as well.

Anne: Yeah.

Stacey: Does that make sense about how all of that?

Anne: Yes. And I feel like I'm in a fast minute to say, like, this is all healthy. I see so many, like things shared online about how if you're eating the right diet, or if you're healthy, you shouldn't be menstruating because menstruation is unhealthy. Like, I feel like that's a weird narrative that's been coming up lately. And like, menstruation is normal and healthy and like, you don't have to try to stop having a period by like eating a special diet or like, what are your thoughts on that?

Stacey: No. Well, and I don't think changing your diet will stop your period. What could potentially stop your period is not eating. So we do know that people who aren't eating enough or who are exercising excessively, their periods may stop, but periods may stop for other reasons, too. So different medical conditions, medications may be that you're on, birth control can potentially stop your periods. So there are other things that can stop it. But typically your body is performing all of these things, and the hormones are continuing to communicate. So this cycle is it is a natural thing that's happening, because it's also a very natural thing for our bodies to get pregnant and, and have babies.

Anne: Yeah, love that. So our next question, which I think is very related to this is the concept of like a normal period, like we have this idea that like,

there's a normal period, and these are the things that happen, we have like PMS, and then we have our period, and we're cramping a lot. And maybe we're in a lot of pain. And then, you know, the period is like a week long, and then it ends. So can we talk about like, you know, what is a normal period and quotation marks no one can see I'm getting like a quote. And then like, what is the reality of like, the the scope of just like variation that occurs?

Stacey: Yeah, yeah. And I think it's really detrimental to everyone that we talk about a normal period, because it makes you feel like if your period doesn't fall in what's supposed to be normal, that they're, you're abnormal, and there's something wrong with you. And what it really truly is, is that you just need to feel or find out what's normal for your body. Our bodies are all unique, they're all different. We, we eat different things, we exercise differently, we have different stress levels, we have so much, you know, going on that other people don't. So our periods are our own, they, and they might not be regular normal throughout our life as well. So your period can change, especially, you know, from the time when maybe you got your period when you were 12 years old. That period is not gonna look the same as it does, you know, when you're 35 years old. So we just have to, I think, get out of that whole normal talk. And again, there's no like there's a normal range, typically. But that range, as I said, could be really big. So your cycle could be anywhere from like 20 to 40 days, maybe, or 45 days even. And that can change each cycle. And the amount of time you bleed can change. So people's periods can be heavy, they can be light, this can change. They could be two days, they could be seven days. So it's again, whatever your body needs to do. It does. So again, yeah, we just need to I think, and we can talk about this too. So I think it's really a good idea to actually talk to other people about their periods just to see what's happening with their bodies. Because sometimes we get this idea that however your period is, that's how everyone else's period is. And some people have no pain during their periods or no other symptoms. Some people get breast tenderness. Some people do get PMS. So PMS is simply different mood changes that can happen. Typically, they happen before your period starts. So before that first day of menstruation. And it's because of where our hormone levels are. There are also some people who have extreme PMS, PMDD. And this is just a more extreme

version of PMS. And if no one has it, if you haven't experienced that before, you it's hard to understand, but it's really like you can't control your emotions. So you know, you know, I and it does happen to me sometimes where I'm thinking in my head, like, why am I so upset by this, I shouldn't be upset. But I know that I can't control the fact that I'm either extremely angry, or I'm really sad, or I want to cry. So maybe you cry more during that time. And for me anyways, it does change month to month where sometimes I don't have any of those symptoms, and sometimes I have them in a more severe case. So again, that can change because of what's happening in our life. And there's lots of other stressors that are going to play into that as well. The pandemic can play into that, you know, people aren't feeling emotionally well potentially, or maybe your, your anxiety is high that month, or you know, you're feeling a little bit depressed. So there's lots of things that play into that. Also, maybe you're frustrated because of other things that are happening. And then the this hormone change is just kind of like the last straw, and it's you know, hard for you to carry on. So I always say to people and for myself too. You just need to you know, forgive yourself, give yourself a break, tell yourself you're doing the best you can that day, and I always look at it as you know, tomorrow will be better. So I actually had was having a really bad day. Yesterday, I just started my period. I I was feeling very sad even though I had nothing necessarily to feel sad about. My partner couldn't figure out you know, he was trying to fix everything. You know, what's what's going on? And I just told him, I said, you just need to let me be, this is how I feel today. You can't change it. You can't fix it. It's not you. So that's the other piece is sometimes partners start to feel like what have I done? It's something that I could change because and then sometimes I think too he's like, aren't you happy you in our relationship or with your life? And I'm like, no, no, no. This has nothing to do with that. So I if we talk about this more, again, we often talk about the the cramps, or the breast tenderness and the physical symptoms that have like occur with period. But I think we need to talk more about the emotional pieces that occur with periods as well. And then there's also times in your period, where maybe you have a ton of energy within the menstrual cycle, sorry, where you have a lot of energy, you feel motivated. So I always say to myself, it's hard for me to get my work done today, I'm not feeling motivated, I just want to sleep or I just want to eat or I just want to do

these things. But I know for myself that within a few days, or next week, I'm going to have a ton of energy, I'm going to feel great. And I'm going to catch up on everything that I wasn't able to do this week.

Anne: I love that. And I think that kind of relates to like, if you've been if you've been tuned into our office for a while, we do a lot of stuff around bullet journaling. We love the bullet journals. And I feel like it could be really cool to like, maybe just track for a month, like what are your different moods throughout the month? How much energy do you feel like you're having? And I'm wondering also, if we could touch really quickly on sex drive, because I feel like some folks experience a lot of sex drive fluctuation throughout their menstrual cycle.

Stacey: Absolutely. And it's normal just to have fluctuations within your sex drive because of what's happening in your life as well. But it also changes with your hormone levels, as well. And of course, if you're under more stress, or if you're not feeling well, or you're tired, all of these things play into our sex drive. And I think my biggest problem with sex drive is that it tells us in the media and on TV shows, you know what your sex drive should be. And this idea that men typically have a sex drive that's insatiable, and they're always ready for sex. And that's not true. And then this idea that women never want sex, and they're holding out on sex. So this, you know, I'm thinking of those like, you know, 20 hour sitcoms, so like, you know, this banter that they always have around that. And it does really give people the wrong idea. And I've had many people ask me over the years, you know, they have this idea that they should have sex two to four times a week, typically, they've gotten this idea somewhere from the media. And again, like, if this isn't what you want to do, then you don't have to do that. So if you're not feeling like you want to have sex, and that's okay. And some people won't have sex when they're on their period, other people will. So that's a personal preference. So that's something you need to talk through with your partner or your partners. And figure out if that's something that works for you. A lot of people might, you know, have sex in the shower during those times or put a towel down. I had one woman tell me that her biggest she loves period sex, but she's like, oh, but I hate washing the sheets afterward. so it stops me from wanting to do it because all I can think about at that time is the laundry that it's

gonna cause. So those things are all all up to you. But yeah, sex drives definitely fluctuate. they fluctuate throughout your life, throughout your cycle. And this is the case for everyone, not just for people who menstruate.

Anne: I love that. And I love that you got into a bit of the like, period sex conversation, because I feel like there's kind of like, the things that I hear about are either that it's like gross and dirty and like, bad things will happen if you do the periods sex which is not true. But then I also feel like there's this like, kind of, like, masculinity piece that's come up around the like, earning your red wings, and if you're a real man, you go down on your lady while she's on her period, so, I feel like, it's just it's gone in a weird direction.

Stacey: Yeah, yeah. And well, what I like too, is like with period sex, and lots of people have explained this to me, too. It's just like extra lube.

Anne: Yes. Oh, my God. I love that.

Stacey: Yeah, yeah. Extra slippery. And I mean, anyway. Yeah, you can't go wrong with extra lube.

Anne: It's just a boundary piece. Right? Like, either you're into it or not into it. You can have that conversation with your partner. You get a gold star for having period sex? I don't know.

Stacey: Oh, I think yeah, I love gold stars. Yeah. I'm someone who does work for stickers. No. Like, I literally I'm in my 40s I'm like, if someone gives me a gold star, it makes me happy. Yeah. Like,

Anne: We love a sticker. I love that.

Stacey: I need incentives, yeah.

Anne: Oh, my goodness. Okay. So one thing we wanted to talk about that we kind of touched on was birth control and the menstruation cycle. How does birth control affect the menstruation cycle? I know some folks use birth control to stop their periods. I know that, you know, the hormones

in birth control, if you're using a hormonal method might, you know be affecting your cycle? Can we talk about those things a little bit?

Stacey: Yeah, and birth control definitely affects your cycle. And my biggest, my biggest I shouldn't say problem or issue but what I like to bring up about birth control is this idea in our society that you have to use birth control. So what I have found over the years, especially when teaching people who are in high school is that all of a sudden, you know, they turn 16 or a certain age and they think oh I have to use birth control. And I always ask them, like, Why? Why do you have to use birth control? And they're like, Oh, well, you know, my friends have told me it's time or my parents or my doctor. And a lot of health care providers as well have this idea that, you know, we should just put people on birth control. So whether or not someone is sexually active or not are having penetrative sex where they can get pregnant, it's this idea that you have to be on birth control. So what I would really like to see is us giving more education to people around the hormones that they're putting into their body. Because birth control is artificial hormones, some have more hormones, some have stronger hormones, some are a combination of estrogen and progesterone. Some of them are just progesterone, and they are coming out with ones that have a lower level. So that what that means is typically less side effects. But there are a lot of side effects to using birth control, that sometimes people don't recognize as side effects to birth control. So even things like increased anxiety and depression can be an effect of birth control. But, and so if they went off birth control, it would be very helpful, but because they've been on birth control for so long, and that's the other piece is that we don't have the long term research showing the effects of being on birth control for a decade, two decades, three decades. So in when birth control first came out, people tended to be on it for a very short period of time, although it was a lot stronger. But now people might go on birth control when they're 16, and still be on that same birth control when they're 36 years old. So we really need to take a look at what that does to the body and what those side effects are. And if there's permanent side effects, for example.

Anne: Yeah, I feel like something that I didn't know about until like, a couple years ago was the idea that there are symptoms that can happen if your

birth control isn't right for you and isn't actually effective. So I'm going to tell you a personal period story.

Stacey: Yay.

Anne: Yeah, we love a period story, period stories. We love that. Um, but yeah, so I was I was on this, like, very low dose, you know, like birth control pill. And it was great. I was like, this is awesome. I'm putting less hormones in my body. I'm feeling good about it. And then I was having all this like mid cycle spotting, like, I would just spot randomly all the time. And when I talked about it with my doctor, he was like, oh, that's probably a sign that this actually isn't enough hormone for you, and you might actually be ovulating. And I just that had never occurred to me, like nobody had that conversation with me of like, hey, if this is happening, you might not actually be protected by the birth control you're on, which is wild.

Stacey: It is wild, and they don't tell us very many things about birth control at all. And, and let's be fair, nobody reads those sheets that you get with the medications. And sometimes they're just so long, you can't see but Anne's laughing she's like, Yeah, no.

Anne: They're so long. There's too much we need like a like a Coles notes.

Stacey: Yes.

Anne: Period info packet.

Stacey: Well, and the other problem too, is it goes through all these potential side effects, which sound really scary when they're all listed together. And I mean, the chances are, you're not going to get all of those side effects. But yeah, so we just need more education around birth control. So people need to make an educated decision around whether first of all, whether or not they want to use artificial hormones. And then what are birth control methods that are available that don't use hormones, we need more information about condoms. Condoms, I think should be free everywhere and accessible for everyone. So that would be helpful. And then people can make an educated decision around what they

want to put into their body, and what might work better for their body. So there's also a lot of weight limitations within birth control that people don't know about. And I knew someone who was well over the weight category and had been using that birth control for years and had no idea that they were again, probably ovulating and that it wasn't actually working very well. So we also need to, I think, make birth control available so that it can work for every body, no matter what the weight, as well. So usually, the cutoff is anywhere between I think like 168 and 175, which isn't very heavy. So there's a lot of people in that category that would be over that weight, that it wouldn't wouldn't be effective for. So we need to look at those things we need to talk to people about even things like the morning after pill or like Plan B, you know, those emergency contraception methods. And then also the like the, the more natural methods or like the fertility based awareness methods as well. And I love those, they they don't work for everyone, but I love the idea that you're learning how your body works. So with birth control, you're not really learning a lot about your your body or your menstrual cycle because you're artificially changing your menstrual cycle. So it's not even a true period. When you bleed and you're on birth control. They call it a withdrawal bleed. So it's the hormones that are forcing that bleed. So it is a little bit different. And again, those artificial hormones that you're putting into your body are forcing your cycle to be something that it's actually not. So it does take time after you come off birth control for your cycle to become regular again. But you can definitely get pregnant when you come off birth control. Again, some people have this idea that it takes, you know, three months or six months for your cycle to become, you know, ovulatory, where you can get pregnant, but that's typically not the case. But with other well, with something like Depo Provera, the shot, it does typically take a long time for ovulation to return. So again, that's something that some people are not told. So I've talked to some people who, you know, it's been a year, they're still not ovulating, because they were on Depo for so long. So that's, again, something that people should be aware of, and they have the right to understand. But yeah, if you are doing, you know, some of those more more natural methods, and for some people, this is a way for them to get pregnant, or a way for them not to get pregnant, so they can look at it in two different ways, or simply a way to

get to know your body. So I think it's really cool that they have the period trackers now.

Anne: Yes, that was gonna be my next question is like, do you have a favourite period Tracker app? Do you have any recommendations?

Stacey: I don't have a favourite one. I don't use them. I am someone who's old school. And I still write it in a calendar, like physically write it.

Anne: That's also my vibe. And I love that we're like making a bullet journal spread with like our fancy highlighters to track our period.

Stacey: Exactly, exactly.

Anne: Yeah.

Stacey: But I have heard, I think it's Clue that people, a lot of people like a lot of young people. So you have to look, someone was telling me too, that some of the period trackers sell and give away that information. So

Anne: Yeah, yeah, you gotta be real careful, because they could give away your period data, which is just weird.

Stacey: Yeah. And I mean, if they wanted to give it away for research purposes, and they asked my consent, and I said, yes, I think that's great, because it's a great way to do some research. But I don't like them doing it behind your back. So these period apps, I think are great because it gives people more access to tracking periods is a little bit easier for some folks, again, though, you can bust out an old fashioned calendar, and like jot down or write it like if you have a physical organizer, you can write it in there. And there's lots of reasons to track so yeah, tracking to see if you're pregnant, or if you're trying to get pregnant. Also, as you get older, it's a good idea to start tracking, because then you may know if you're in perimenopause or menopause, it also just gets you to understand how your body works. And I think that's the coolest piece because again, like, you know, the healthcare field has kind of, you know, left us in the dark, and we don't understand how our bodies work. But our bodies are like the coolest things ever. Like they're so

complicated. And they do such neat things. And I'm constantly learning like new things about it. I just read actually, this was last night I was reading that you shouldn't I guess I shouldn't say you shouldn't, if you have removed your uterus and your ovaries, so this idea that, you know, once you can't get pregnant anymore, your uterus and your ovaries they're, you know, you don't need them, they're garbage, you can have like, get them removed, and it doesn't matter. But every body part plays a role within our system, even after reproduction. So our uterus and ovaries, were still doing things. So the ovaries, we're still making testosterone after menopause, which is good for our health. And the uterus too they were finding that it helped, it was, there was still a connection to the brain to the uterus. And it was helping with memory. So anybody who had had any type of surgery on the reproductive organs, or had them removed, it could potentially have been causing memory loss. And I highlighted the shit out of that passage because I have noticed, like in the last 10 years, like my memory is awful. It sucks, and I'm scared. I'm like, Oh my God, what's gonna happen to me when I hit menopause or perimenopause, and my memory gets worse, or as I age, my memory gets worse. I have endometriosis. And I've had quite a few surgeries on my reproductive organs. And I was like, Oh my God, what if that's the connection between my memory loss, it's just the surgeries that I've had. So I was very interested to read that passage. So I'm constantly learning new things, and they're constantly learning new things. Now, this was only on animal trials. So they don't think they've done any human trials yet. But that made a lot of sense to me is why why all of a sudden was you know, did I have this memory loss? And when I say memory loss is just like things like, oh, I can't remember somebody's name, or, you know, oh, this pandemic is killing me because I haven't seen people and interacted with them and so long, so I see them after a year or even longer, and I'm like, I totally know you. We were good friends. And now I'm not remembering your name. Like this is awful. But I heard other people are having that problem, too.

Anne: You know, we've talked about this, but there's just so much we don't know about menopause. Like culturally like we just don't talk about it. We don't know a lot about it. Are there any other like menopause facts or like info that you want to share as we like wrap up our episode and

with like, the caveat that I think maybe we're gonna I have to do a whole episode on on menopause.

Stacey: Oh, I think we are and because we are running out of time and as you know, menopause is becoming a more and more interesting topic to me as I'm getting closer to the time I think when perimenopause will be we started for me and maybe even just defining. So I've been saying perimenopause and menopause. So that's confusing for a lot of people, we tend just to say menopause, and that encompasses everything. But menopause is actually the one day in your life when you haven't had a period or a menstrual period, in 12 consecutive months. So menopause itself is one day. Anything after that's postmenopause, and everything before that is perimenopause. And perimenopause is that transition time when your hormones are changing, and really, really not doing what they used to do. So even though our periods may not have been regular normal before that they were fairly consistent for us. Once perimenopause starts, and I've seen, you know, pictures of those hormone levels and where they typically are at while you're, you know, on your menstrual cycle, and you're like teens, and 20s, and 30s. And then it gets into your 40s. And they just do all these wonky things. And as my partner says, it's like, now it's just a wild card, you don't know what's going to happen, or when, and your hormones are just doing you know, what they what they do. And the reason for that is because the connections aren't as strong between your brain and reproductive organs. So these connections aren't doing what they used to do in the same timing, or in the same format. So sometimes they're not, you know, sending those signals properly or sending them at all. So that's what's changing all of your hormones. So this perimenopause, I think, lasts on average around four years, but it could last anywhere, you know, between four to even 10 years. And menopause itself, the average age is 51. So perimenopause typically is like anywhere between, you know, 45 - 55. So it's again, a, a big transition. And again, we need to talk more about it because it, it, it's a significant amount of time in a lot of people's lives. And we don't give it, I think, the credit that we need to so you have people who are going through perimenopause, which does unfortunately come with a lot of side effects, both physical and mental. So again, we don't talk enough about those emotional and mental side effects of brain fog, memory loss, but the fluctuating hormones causing

the different emotions, like the anger and the sadness and the depression and the anxiety. And we often just talk about, you know, the hot flashes or the night sweats, which again, are very disruptive in people's lives. So we need to talk about this because you have this huge chunk of people in the world who are, you know, having careers, maybe they're taking care of young children or teenagers at that point in their life plus elder care. They have all these things going on in their life. Plus, they're going through perimenopause, which nobody understands, no one seems to give a shit about and you can't just call into work and be like, yeah, I'm having a really bad perimenopause day, I'm not coming in because people don't understand that they don't get that. So I really looked back on this was actually I was looking back on Hillary Clinton's life and thinking, Oh, my gosh, look at all you've done while going through like perimenopause, and menopause and things. So we don't, I think, give all these people enough credit for the, like, amazing things that they've done, while having all these side effects and symptoms that they're not allowed to talk about or acknowledge.

Anne: Yeah, I think for me, and I think we've talked about this, it just really relates to like, what do we value women for? Like, what are women's roles in society? And when do we value them and it's when they're, like, young and attractive, or like fertile and mothers. And when that's done, like, there's so many jokes about menopause, there's lots of jokes about menopause in the media. But yeah, it's a it's like a very different tone. And it's not. It's not like a valued stage stage of life.

Stacey: Yeah. And it's, for a lot of people, it's gonna be like, a third of their life, potentially even half of their life.

Anne: Yeah.

Stacey: Because people are living again, you can live to 100. Let's say you hit menopause at 50. That's half your life.

Anne: Yeah.

Stacey: Um, so Margaret Mead, the famous anthropologist, coined the term post menopausal zest, which PMZ. So not PMS, PMZ, which I absolutely

love. So this idea that you know, there's this influx of energy and creativity at this point in your life, your your hormones settle, they become very what's the word just level, I guess. So they're not fluctuating the way that they were during your reproductive years. So it gives you a lot more stability. So maybe you're not feeling any PMS or any of these symptoms and side effects of perimenopause. So you have this extra energy and I love this idea of the creativity. She even mentioned like you know, your sex drive going back up again. And you know, it just I think think learning about things like that gives people this, this hope and this idea that there's a light at the end of the tunnel. So we talk about menopause as if that's the end. And that's it. And typically now when I talk to people, they don't understand that those symptoms go away. They think that that is the rest of their life that they're going to have to live with hot flashes or night sweats or anxiety and depression for the rest of their life. But for most people, those symptoms subside. And for almost everyone, they they get, like, significantly less. So you'll have this like, kind of symptom free, and you're not worried about having your period anymore, or getting pregnant if that was something you were concerned about. So it's kind of like this freeing moment. And there's a lot of a lot of people who at that time in their life, all of a sudden, they're like, Hey, this is about me now. You know, this isn't about me creating babies or caring for other people. This is about me and what I want to do with my life, so I love this whole idea of this like strength and this kind of like fuck you world. I'm going to do what I want to do now. Because you know, because I can and you don't you don't own my body anymore. You don't get to control my body because from day one, we've tried to control reproduction. So after menopause, you don't need to worry about that anymore.

Anne: Oh my gosh, I love that and I feel like this is such a good place to like leave off and leave like the little you know, trail of like, want to learn more? Check us out. Come back. Listen to Stacey talk again when we reconnect to talk about menopause, but this has been so great. Thank you so much for all of the like, thorough info, all the nuance, like all of the like lovely conversation. I feel like this is going to be such a great episode for students. I'm just thank you so much for your time and energy.

Stacey: Well, thank you Anne. You know how much I love talking about menstruation and menopause and periods. So this has been very fun for me. So yes, I would love to come back and talk more.

Anne: Love it.

(Transition music)

Anne: So that was our chat with Stacey Jacobs. All the info from this episode will be shared in the episode description and we're probably going to put out a resource recommendation list from Stacey on her Instagram so check us out. We are Prevent Resist Support on Instagram, Facebook and TikTok. If you like the episodes, remember to like and subscribe and join us next time. Thanks, folks.