‘Do you find any of this dirty?’
A museological study of two cases working on shame, stigma and lack of knowledge concerning women’s health

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i bleed each month to help make humankind a possibility. my womb is home to the
divine. a source of life for our species. whether i choose to create or not. but very few
times it is seen that way. in older civilizations this blood was considered holy. in some
it still is. but a majority of people. societies. and communities shun this natural
process. some are more comfortable with the pornification of women. the
sexualization of women. the violence and degradation of women than this. they
cannot be bothered to express their disgust about all that. but will be angered and
bothered by this. we menstruate and they see it as dirty. attention seeking. sick. a
burden. as if this process is less natural than breathing. as if it is not a bridge between
this universe and the last. as if this process is not love. labour. life. selfless and
strikingly beautiful.

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Abstract

It is acknowledged among museological scholars that museums are well fitted institutions to communicate health related issues. Nevertheless, the issues raised in this thesis concerning women’s health are not widely communicated in museums, despite it being a coherent societal matter. In this dissertation, the relationship between museums as institutions with a societal role and responsibility, and museums communicating health is examined. The focus lays on stigma, shame and lack of knowledge concerning women’s health. I reflect upon topics such as myths and misconceptions, period poverty, reproductive rights and the emergence of the women’s health movement.

I use case studies in order to examine how museums can work on health, and have performed both a semi-structured interview with the director of the Vagina Museum, as well as direct observations of both the exhibition Is Your Vagina Normal? by the Vagina Museum as well as the Wandering Womb exhibition made by the Royal College of Nursing in London. My research question is: how and why have the Vagina Museum and the Wandering Womb exhibition worked to spread knowledge on women’s health? In addition to analyse the empirical material from interviews and observation, I have analysed the textual and visual material connected to the cases.

I found that the cases have several similarities in how they communicate women’s health, both of them working on keywords like openness, celebration and bodily autonomy. The Wandering Womb exhibition also had a focus on communicating nurses’ roles and responsibility when it comes to decreasing stigma and shame in their communication with patients, and I believe this can lead more women to seek aid from medical personnel, especially as many women avoid taking smear tests due to embarrassment over their bodies. Furthermore, I saw several similarities between the Vagina Museum and the historical work of feminists with the women’s health movement. Both had a focus on criticising already existing institutions for not putting women’s health higher on the agenda.

In conclusion, I have found that even if separate initiatives like the Vagina Museum can spur change, like with the women’s health movement, already established museum institutions should also strive to include issues concerning women’s health in their work in a greater degree, in order to remain institutions with a potential to spur societal improvements.
Acknowledgements

First and foremost, I want to express that I am very grateful to sisters from the past, who’s contribution to women’s rights have made my life in 2019 a lot easier than it was for them. I am lucky to be a young woman who, in most ways, can decide over my own body. And I am indeed privileged to be free, to have the possibility to write this thesis.

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Oslo, June 2019

Vilde Molven
Keywords

Museums, health exhibitions, women’s health, stigma, menstruation, reproductive rights, feminism
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1. Introduction

August 2018: I am outside, surrounded by green highlands, sitting in a large tent. The tent is filled with several tables, all of them surrounded by groups of people. At my table there is me – and what presumably is a family of four; mum, dad and two daughters, perhaps in their early teens. It is in the middle of summer, but it is quite cold, and we are all wearing thick sweaters and jackets. I am wearing a typical Norwegian wool sweater, and my grandmother’s old anorak. Perhaps it is my outfit, or that we are sitting together outside, in nature, in such a tent, but the whole situation feels a little nostalgic. Somehow it reminds me of something in my childhood, sitting in such a tent, both outside in fresh air but also under a roof, gathered with a more or less random selection of people. Perhaps it is school trips in the woods it reminds me of, or maybe being gathered and sitting down together after a ‘dugnad’¹ in my neighbourhood. However, at least one aspect separates these memories from what is happening right now, in this tent in Wales. In front of us all there is a young woman standing beside a whiteboard, where an illustration of the female genitalia is displayed. She is pointing to the different spots, asking us what they are called, and people are shouting out what they believe is the answer. People are cheerful and enthusiastic; several smiling while coming with their suggestions, or looking serious, wanting to get the answers right. Clitoris! Inner labia! Every time someone gives the correct answer, the woman writes the name on the correct part on the illustration on the board.

And so – how does this seemingly unconventional anatomy lesson fit with a dissertation on museology? The woman at the whiteboard is namely Florence Schechter, founder of the Vagina Museum, and the occasion is the travelling exhibition *Is Your Vagina Normal?*, in this case visited at a music festival in the highlands of Wales.

¹ ‘Dugnad’ is “unpaid voluntary work done in a group, for local, national or international causes”, often
Introduction

The word ‘museum’ has an embedded reference to the Greek muses, hence implying that the institution has been gendered since its inception (Levin, 2012: 156). However, despite the word seemingly suggesting that a museum houses goddesses, the museum “was originally very much man’s home” (Levin, 2012: 156). Women have long been represented in Western museums as objects of the male gaze, and have throughout history not always been welcomed in as living creatures, whether as staff or visitor (Levin, 2012: 156). Today, there is still an “under-representation of women in the upper echelons of museum personnel”, but among the ranks of visitors, women generally constitute an overall majority (Levin, 2012: 157). I therefore find the discussion about women’s museums versus women in museums highly interesting. I use two case studies in this thesis. Both of them are mainly created by women, and revolve around women, given that it is women’s health they communicate, and I will reflect upon this later. The aim of this thesis is to discuss how museums and exhibitions have a potential be societally relevant and actors of social change. I look at a current societal issue, namely that today there is still a widespread lack of knowledge when it comes to female health, as well as considerable stigma and shame associated with aspects of this.

Given my academic background from social sciences, I have, from the very beginning of my time as a master’s student on the museology and cultural heritage program, been interested in how museums can work on societally relevant issues. Being both interested in the societal role of museums as well as an enthusiastic feminist, I was naturally intrigued when I came across the Vagina Museum-project on the internet one and a half year ago. It immediately caught my interest, and I knew there and then that I wanted to analyse this phenomenon as part of my master’s thesis. While preparing going to Britain to do fieldwork on the museum, I discovered, through the webpage of the Vagina Museum, an exhibition called the *Wandering Womb: Women’s Health Nursing Past and Present*, made by the Royal College of Nursing (RCN) in London. And so, with this, I had both my case studies for this thesis, and they will be further introduced later in this chapter. However, firstly, I make a few introductory notes about women’s health, and why I am writing this thesis.

There is considerable debate today about women’s bodies and health. People have, throughout history, had opinions about the degree to which a woman should be able to decide over her own body, and still do today. In this thesis I wish to examine what power relations have affected women’s rights and opportunities to be in control, and what ideas have affected
how women’s bodies are viewed in society - both past and present and across cultures. Why have certain aspects of the female body and health been so stigmatised, and how come it still is so today? Which power relations lie behind women feeling shameful? How can museums be used as a tool to spread knowledge on this, in order to decrease stigma and shame?

Women’s health includes a wide range of elements. It could be relevant to look at mental health, or the lack of focus on gender differences in experienced symptoms of fatal health conditions, such as heart attacks (Borgan, 2018). Moreover, it would also be highly relevant to write about other aspects affecting women and their safety and wellbeing, such as gender-related killings. Last year, in 2018, the United Nations Office on Drugs and Crime (UNODC) published a report showing that in 2017 over 50,000 women were killed by intimate partners or family members (UNODC, 2018: 10). The report concludes that “even though men are the principal victims of homicide globally, women continue to bear the heaviest burden of lethal victimization as a result of gender stereotypes and inequality” (UNODC, 2018: 11). While this is one testimony to how many women worldwide still are at the mercy of power relations, in this case often by partners or family members wanting to control their freedom, I have however seen the need to narrow my focus considering the scope of this thesis. I have therefore chosen to merely focus on a few elements considering women’s health, wanting to dig deeper into a few subjects rather than looking too widely.

Research Questions and Thesis Structure

In order to explore how museums can be societally relevant by examining and communicating health related issues, and also exactly how museums can work to spread knowledge on health, I ask:

*How have the Vagina Museum and the Wandering Womb-exhibition worked to spread knowledge about women’s health?*

Furthermore, I want to examine why these two cases have chosen to work on the subject of women’s health, what their main messages are, and what power relations and historical perspectives lay behind. I therefore also ask:

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2 A widespread knowledge on a symptom for heart attack is pain from the chest stinging out to the left arm, however, not all women get this symptom: they can tend to feel more heavy in the chest, rather than a stinging. Some women also experience more vague symptoms, like sweating and nausea (Borgan, 2018).
Why are the Vagina Museum and the Wandering Womb-exhibition working to spread knowledge about women’s health?

In order to answer these questions, I look at museological theory on the societal role of museums, on museums and work on social issues, and how they can be agents of health mobilisation. I also take a closer look at what stigma is, and reflect upon different ways to communicate with museum visitors. This thesis is about the need and the reasons to spread knowledge on issues concerning women’s health and bodies. An important part of this is thus the potential and responsibility museums have to work on contemporary societal issues. I will therefore start by reflecting on how museums today are seen as institutions with a societal responsibility, and then introduce which subjects I have focused on when it comes to women’s health in this thesis.

The Societal Role and Responsibility of Museums

It is widely acknowledged in museological environments that museums have a societal responsibility. This is reflected by the International Council of Museums (ICOM): in the publication Towards new relations between the museum and society, Kathrin Pabst (et.al.) argues that “museums today are increasingly dynamic actors that work to contribute to positive societal development (2016: 7). Furthermore, it is claimed that they are institutions asking critical questions about established truths and highlighting current social challenges (2016: 7). In The Museum as Forum and Actor (2010), then head of research at the National Museum of History in Sweden Fredrik Svanberg argued that “museums as institutions are in a period of general transformation” (2010:17), that ”new ideas about what museums ought to do in society and how they could achieve these aims are gaining ground” (2010:15) and that there is a rising ”willingness to make the museums more of a forum for discussion and debate […] and of an actor, taking action on important social issues” (2010:16). The Museums Association, too, argues that museums contribute to positive change in the world, by being a space for active participants where they can exchange opinions and knowledge (2017:5). In the article The Societal Role of Museums - A Critical Perspective (2017), Ole Marius Hylland, researcher in cultural history, concludes that museums now are amongst society’s most complex institutions, given the combination of the new roles for museums today (2017: 77).
And so, with these examples, it is possible to detect a perhaps general tendency in how the societal role of museums is viewed today by central museological actors.

As I will discuss further in the chapter of theoretical framework, museums are also getting more and more acknowledged as institutions that can work well to promote health. Even though it has been widely acknowledged that museums are suitable institutions for promoting health, “little research has been conducted on how health is communicated in museum […] settings” (Sandholdt and Achiam, 2018: 138). Before I start to analyse and discuss how the Vagina Museum and the *Wandering Womb* have communicated health, I will reflect upon some social and societal issues concerning women’s health.

**Societal and Social Issues Concerning Women’s Health**

I will now present some central societal and social issues concerning women’s health, current as well as historical. The topics of menstruation and reproductive health are central to this thesis, as I have found them both to be apt subjects to use as basis for reflecting on several issues that have affected women throughout history, as well as today. In addition to examining these issues concerning women’s health, the aim is also to ponder upon some of the power relations that affect, and have influenced, the status of women’s health today, in order to later reflect upon why the two cases of this thesis have chosen to put women’s health on their agendas.

**Myths and Misconceptions**

Throughout history there has been a myriad of myths and misconceptions about female health and women’s bodies. To understand why this might be, it is illuminating to look back at some of the earliest documented views on women, for example by looking at the ideas of ancient philosophers and thinkers subsequently inspired by them. Their way of seeing the world is still a part of our intellectual heritage (Vogt, 1991: 65), and can say a lot about the setting for both previous and current power relations. Throughout all of Western history, there has been an alternation between looking at women and men as basically different, with different abilities - and as basically alike, with the same abilities and qualities (Vogt, 1991: 65). However, what was common for most philosophers, as well as amongst thinkers in the enlightenment and democrats and revolutionaries in the 1700s was the idea of women as
It is merely the reasons given for this subordination that has varied, as well as the degree of subordination (Vogt, 1991: 65). Aristotle (384-322 BCE), one of the most influential philosophers throughout history (Horowitz, 1976; Vogt, 1991), counts as the founder of biology and embryology, and his thoughts on this influenced science until recent times (Vogt, 1991: 66). According to Aristotle, the primary biological task of women was to reproduce. However, he saw women as only having a passive and receiving role, while men were the active part: he meant that the foetus was ‘ready-made’ in the man’s sperm, and that the woman’s womb functioned simply as a place for storing and nutrition (Vogt, 1991: 66). This idea was used as a reason for advising women to rest their minds during pregnancy so that their powers could be spent on the children’s growth (Vogt, 1991: 66). This can indicate that pregnancy and cognitive activity were seen to be in direct competition (Vogt, 1991: 66). Another basic idea was that women did not have sense on the same level as men, and that they also did not need it, as man’s role was to rule, and woman’s to obey (Vogt, 1991: 66).

Aristotle's understanding of men as the strong sex can be linked to the idea of men being most capable of ruling and possessing power in a society. Such ideas underpin “many of the standard Western arguments for the inferiority of womankind and for the political subordination of women to men in home and in society” (Horowitz, 1976: 183), thus influencing the “beliefs on the proper distribution of roles in society” (Horowitz, 1976: 187).

A breakthrough with women taking the word in public debate considering their own role and position, was with Mary Wollstonecraft and her 1792 essay A Vindication of the Rights of Women: here she “began a discussion of women’s place in society, a conversation which evolved into the Seneca Falls Convention of 1848” (Trier-Bieniek, 2015: xv). The convention produced the Declaration of Sentiments, with the purpose to establish a list of ways women had been deprived of rights. It ended with resolutions, “mainly contending that women must receive the right to vote” (Trier-Bieniek, 2015: xv). Another important and central work considering women’s role in society, is Simone de Beauvoir’s The Second Sex, published in 1949. Here Beauvoir “declares that women are categorized as the Other”, and writes of women’s position in society as secondary (Trier-Bieniek, 2015: xvii).

Looking at the issues many women face today considering their body and health, especially reproductive rights, one might argue that women still in many ways are seen as subordinate or the Other today: there is still too little research on women’s health (Sundby, 2019), and the traditional medical research still uses the man as norm within research, diagnostic and treatment (Herlofsen, 2018). There is also still too little knowledge and
awareness on diseases affecting women, like endometriosis\(^3\), where a big problem is that the symptoms are not taken seriously, as when sufferers are told by their doctors that ‘it is just menstrual cramps’ when in fact it is an often very painful condition in need of treatment (Storhaug, Swärd and Herlofsen, 2019). On average it takes several years before a woman is diagnosed with endometriosis (Husby et.al., 2003). Furthermore, “because women have been largely excluded from acquiring scientific knowledge, they have had little opportunity to question medical practices in this culturally sanctioned manner” (Ruzek, 1978: 10). As such, the fact that women in multiple ways are not prioritised within health, may be because women historically have not been involved in medical research on the same level as men.

Shame and Stigma, and the Example of Menstruation

In 2015, the gynaecological oncologist Adeola Olaitan wrote an article in The Guardian, claiming that “women are literally dying of embarrassment” (Olaitan, 2015). This statement was linked to her experience of discovering embarrassment as one of the key factors to why women delay seeking medical help concerning gynaecological issues, therefore risking being fatally late for treatment, for example for ovarian cancer (Olaitan, 2015). The insecurity on how a ‘normal’ body should be like has turned out, in many ways, to be a persistent issue. In a recent study conducted by the charity Jo’s Cervical Cancer Trust, over two thousand British women were surveyed. The study found that a third said embarrassment caused them to delay getting a smear test, which is a test that can prevent 75% of cervical cancers. Furthermore, 35% said that they were too embarrassed to attend smear tests because of their body shape, 34% because of the appearance their vulva and 38% of concerns over smell (Jo’s Cervical Trust, 2018).

Moreover, there is currently an increase in women undergoing genital cosmetic surgery in several countries. Statistics from the largest private clinics in Norway estimate that over 300 women in Norway undergo surgeries every year (Gabrielsen et.al., 2016). Many of them, due to lack of knowledge on how diverse the female gynaecological anatomy really is, believe that their genitals are abnormal, that they do not look the way they should (Gabrielsen et.al., 2016). According to Oslo Privatklinikk (Oslo Private Clinic), reduction of the inner genitalia (labia minora) is the most common procedure (Oslo Privatklinikk, n.d.).

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\(^3\) Endometriosis is a condition “where tissue similar to the lining of the uterus (the endometrial stroma and glands, which should only be located inside the uterus) is found elsewhere in the body, and for many, the pain is “so severe and debilitating that it impacts their lives in significant ways”. It is estimated that it affects 176 million women worldwide (endometriosis.org, n.d.).
Meanwhile, despite being a natural process in a woman’s body, “cultures all over the world have developed harmful, even destructive, ideas and beliefs about menstruation” (Femme International, n.d.). However, in some cultures it has been, and still is, a celebrated milestone in a young girl’s life, and it has even been seen as a magical substance (Johnston-Robledo and Chrisler, 2011: 10). A theory for why it has been seen as magical is that perhaps “before the physiology of the menstrual cycle was understood, individuals did not understand how women who were not wounded could bleed for five days without being seriously wounded or killed” (Johnston-Robledo and Chrisler, 2011: 10). Although celebrated in some cultures, menstrual blood has been a stigmatized substance throughout the times, and much of this is probably due to misconceptions. One theory about why menstruation became stigmatized in the first place, suggests that since men did not undergo it themselves, it may have been construed as poisonous, that “close contact with menstrual blood might do them some physical damage or pollute them by its association with the mysterious female body” (Johnston-Robledo and Chrisler, 2011: 10). However, as senior consultant Tilde Broch Østborg at the hospital in Stavanger says; “lack of knowledge and taboos concerning menstruation seems to transcend time, place, culture and religion” (Østborg, 2019).

These understandings of menstrual blood as something poisonous and dangerous are still withheld in some communities today. An example of this is the practice of isolating women in various ways when they are menstruating. This occurs for instance some places in Nepal, where menstruating women are sent off to live in menstrual huts, called ‘chhaupadi’4, due to the belief that menstrual blood is poison, and that a menstruating woman can cause illness and disease (Jolly and Venema, 2017). Besides the obvious limitation of the women’s freedom when isolated like this, it is also a direct threat to their lives, some of them even dying (BBC News, 2019a). Despite the tradition now being officially illegal (BBC, 2019a), the work continues to also stop it being practised. Although, one of the challenges is, as the local head of the government department for women and children says, that “many women are illiterate which makes it hard to change things” (Jolly and Venema, 2017). This connection between menstruation and education thus makes it a question of power relations. And in some places, menstruation is even the reason why young girls do not get an education, as they have to drop out of school when they start menstruating, often due to either stigmatisation or lack of sanitary facilities at the schools (FIVAS, n.d.). This makes the lack of support for menstruating women a massive societal issue in a myriad of ways, as keeping

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4 In addition to referring to menstrual huts, ‘chhaupadi’ is a word for menstruation, which also conveys the meaning that a woman in unclean when she is bleeding (Jolly and Venema, 2017).
girls in schools is proven to be highly rewarding, for example in affiliation to a country’s economy (Malala Fund, n.d.).

Menstruation as something stigmatized is also still upheld in many ways in the West today. For example, “images in popular culture of premenstrual women as out-of-control and likely at any moment to be verbally abusive or violent” may be something that “reinforce[s] the ancient notion that menstruation constitutes a peril” (Johnston-Robledo and Chrisler, 2011: 10). In 2017, Plan International did a study in the UK, where they found that 48% of girls aged 14-21 in the UK are embarrassed about their periods and 71% of the girls said they had felt embarrassed about buying sanitary products (Plan International, 2017).

In 2015, the artist Rupi Kaur, who is quoted at the very beginning of this thesis, posted a photo on Instagram showing a woman from behind, lying in bed, fully dressed, with a menstrual blood mark on her trousers and on the sheet. The photo was banned from Instagram, which claimed that it violated their “community guidelines” (Sanghani, 2015). The photo was part of Kaur’s exam work, where she wanted to “demystify the period and make something that is innate ‘normal’ again” (Sanghani, 2015). Instagram ended up apologising, and the photo, along with rest of the exam work, became part of a still burgeoning movement to end stigma on menstruation. Now it exists a day dedicated to attention on menstruation: the global Menstrual Hygiene Day, 28th of May⁵, initiated in 2014 by WASH United⁶ (WASH United, n.d.). The aim of this initiative is to “create a world in which every woman and girl is empowered to manage her menstruation safely, hygienically, with confidence and without shame, where no woman or girl is limited by something as natural and normal as her period” (menstrualhygieneday.org, n.d.). Luckily, an increasing number of initiatives are emerging to break the taboos concerning menstruation. In India, this year, the third edition of the Period Festival will be held in May, and this year it will also be held in Nepal, showcasing artwork, dance and song (The Times of India, 2019). The idea behind the festival is that by celebrating menstruation, it will help raise awareness and make people comfortable to talk about it (The Times of India, 2019).

In the classical satirical novel Egalias døtre (Egalia’s Daughters) by Gerd Brantenberg, published in 1977, the gender roles are turned around: men are the ‘weaker sex’ and women rule society. Every year, the citizens in Egalia celebrate ‘De Store Menstruasjonsspillene’ (‘The Grand Menstruation Games’, my translation), a festival for the

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⁵ The date, 28th of May, is chosen because the average menstrual cycle is 28 days, and lasts for five days – hence 28.05. (Menstrual Hygiene Day, n.d.).
⁶ WASH United is a non-profit organisation working with global sanitation and hygiene issues and crisis (WASH United, n.d.).
whole family, celebrating the menses with entertainment and marches (Brantenberg, 1977). What was then a hysterical idea, used as satire, is now a kind of reality, as seen with the Period Festival in India (albeit probably not as extreme as the festival portrayed in Egalia). And so, even if there certainly still are challenges connected to shame and stigma about menstruation, much has improved over the past decades, due in large part to feminism and the women’s health movement.

**Reproductive Rights and Bodily Autonomy**

The feminist movement⁷ is defined as happening in waves (Trier-Bieniek, 2015: xv), and has so far come in four waves. “Historically, the work of Mary Wollstonecraft is often cited as the beginning of the first wave” because it is “one of the first writings which discuss women’s liberation” (Trier-Bieniek, 2015: xv). However, the first wave properly arose with the women’s rights movement in the end of the 1800s and beginning of the 1900s, fighting for the right to vote (Trier-Bieniek, 2015: xv). The second emerged in the late 1960s and early 1970s with the mantra “The Personal is Political” (Trier-Bieniek, 2015: xvi). The third wave began in the first years of the 1990s, and was, among other things, characterised by eliminating “contentions that feminism is for white women”, due to the criticism of the second wave being too little intersectional (Trier-Bieniek, 2015: xx). The fourth wave is acknowledged as a wave first starting in 2013, and I return to analyse the fourth wave in the discussion. However, here I focus on the second wave, as a central part of the development in women’s participation and control over their own body and health was with the emergence of the second wave feminism in the late 1960s and early 1970s (Ruzek, 1978). The rise of second-wave feminist movements in Europe and America came as a response to the exclusion of women from participation in political and public life - an exclusion that was “argued for and justified by references to their sexual differences from men” (Kent, 2004: 276). From the emergence of feminism followed also the women’s health movement (Bobel, 2008). A foundational assumption within this movement was that under the dominant medical system, women lacked control over their bodies and therefore also their health (Bobel, 2008: 740). Male doctors often dismissed women’s concerns as trivial (Nelson, 2015: 6). Meeting in large and small groups, women discovered many common concerns over their health and reproductive lives, and “along with their growing criticism of women’s subordinate role in

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⁷ The term ‘feminism’ refers in this thesis to a movement for social, political, and economic equality between men and women (Trier-Bieniek, 2015).
every social institution, feminists voiced particular dissatisfaction with the medical care they received” (Ruzek, 1978: 18). With this movement, women defined “health care delivery for themselves in ways that challenged sexed and gendered hierarchical power relationships, which in turn impacted both medical delivery and health” (Nelson, 2015: 6).

One of the primary challenges confronting the women’s health movement was reproductive rights (Nelson, 2015: 7). The nurse and birth control activist Margaret Sanger argued in 1920 that “no woman can be free unless she owns and controls her own body and can choose consciously whether she will or will not be a mother” (Ruzek, 1978: 18). Several feminists continued to recognise this as a central issue: They rebelled that men had control over their bodies and reproductive functions, and “as women discussed their problems, attempts to gain equal rights in education, politics, employment, and the family were soon seen as impossible unless women could control their own reproduction” (Ruzek, 1978: 18). Furthermore, feminists also fought to mitigate the stigma associated with abortion, by discussing abortion in consciousness-raising groups and holding speak-outs where stories of their abortions were told (Nelson, 2015: 7). Meanwhile, the Pro Life movement fought to make abortions into something shameful (Nelson, 2015: 7), and I believe this is an example of how power relations can use stigma and shame as tools to control others. Another focus in this women’s health movement, was the focus on health rights not being equally accessible for all women:

Women of color involved in early feminist organizing pointed out that race and class profoundly shaped which issues were prioritized in any political mobilization around health, reproduction, and the medical body. Issues of sterilization abuse, other medical abuses, poverty, and welfare rights were particularly relevant to women of color and often marginalized by white feminists who focused on abortion legality. Women of color feminists fought for legal abortion as well, and improved access to abortion that included state and federal funding, but, at the same time, they insisted that abortion and reproductive rights should be understood as fundamentally linked to a campaign for intersecting social justice demands (Nelson, 2015: 8).

The women’s health movement had, by the 1990s, become associated with human rights, whereas the human rights discourse “moves the conversation beyond the dichotomy of the ‘right to choose’ abortion or carry a pregnancy to term” versus “the absence of that choice to an understanding that real choices require economic, cultural, and social environments that ensure a real range of options” (Nelson 2015: 9). Hence we end up with the wicked question:
if a woman has the right to choose an abortion but she cannot afford it, does she really have a choice? (Nelson, 2015: 9).

Issues touching on reproductive rights still influence and limit women’s freedom all over the world, to varying degrees, and a lot of debate concerning reproductive rights has taken place in recent years: as of January 1st 2019 abortion is legal in Ireland, after a large majority of the population voted yes in 2018 to remove the abortion ban (BBC, 2019b). Prior to this, abortion was legal if the woman’s life was at risk, meaning that rape and incest alone were not legitimate reasons for having a legal abortion. This lead, as it does in countries where the abortion laws are strict, to women travelling to other countries to seek an abortion, or doing it illegally in their own country, which is a very dangerous practice (Amnesty International, 2015). In Argentina, one of the countries in the world with the strictest abortion laws, over 3000 women have lost their lives due to illegal abortions over the past thirty-five years (Amnesty International, n.d.). In Poland, abortion is still illegal, leading to many protests (Sifferlin, 2018). In May this year, in the U.S., legislation to ban abortions in the state of Alabama at every stage of pregnancy and criminalise the procedure for doctors was approved by The House (an exception is for cases when the mother’s life is at serious risk, but not for cases of rape or incest) (Williams and Blinder, 2019).

The World’s Health Organization claims that every year about 56 million provoked abortions are performed, of which about 45% are unsafe and at least 22.800 women die every year due to unsafe provoked abortions. Even where it could be possible to get a safe abortion legally, many women still go through unsafe abortions due to lack of health personnel, hospital resources and public financial support of the healthcare system (Nesheim, 2019). And even in some of the countries where abortion is legal - for example in cases of rape, medical personnel still have the possibility to refrain from performing abortions, leading to stories about women and young girls being refused abortions (Amnesty, 2019). This shows that the points made in the second feminist wave still are relevant: if a woman legally can have an abortion, but not access to the resources, does she really have bodily autonomy?

However, the fourth wave of feminism is burgeoning, and people are protesting against injustice. There have been several recent protests outside government buildings, with protestors wearing red capes, referring to the women in Margaret Atwood’s 1985 dystopian novel The Handmaid’s Tale. There women are forced to be ‘birth machines’ in a totalitarian society where birth rates are low (Atwood, 1987). This has lately been seen in for example the U.S., as well as in Norway, protesting changes in the laws on reproductive rights. For those who know the story by Atwood it is an uncanny sight, but equally a powerful one.
The Case Studies - A Brief Introduction

In this chapter I give a short introduction to the two case studies analysed in this thesis; the Vagina Museum, and the exhibition the Wandering Womb: Women’s Health Nursing Past and Present.

The Vagina Museum

The idea for the Vagina Museum was launched in 2017 by Florence Schechter, a science communicator, with an academic background from biochemistry (Schechter, 2018). It is set to be opened as a permanent museum in 2032 (Vagina Museum, n.d.a), and is therefore currently a museum project in the beginning phase. On the official webpage of the museum, it says that it is going to be the “world's first bricks and mortar museum dedicated to vaginas, vulvas and the gynaecological anatomy” (Vagina Museum, n.d.a). The museum is planned to consist of four permanent galleries, covering science, culture, society and history. The galleries will cover subjects ranging from genitals and anatomy, health, menstruation, menopause, sexual violence, domestic abuse, the history of gynaecological medicine, menstrual products and oppression of women and the LGBTI community (Vagina Museum, n.d.a). On the official webpage it is stated that the vision of the museum is to help make “a world where no one is ashamed of their bodies, everyone has bodily autonomy and all of humanity works together to build a society that is free and equal” (Vagina Museum, n.d.a).

The listed missions of the museum are to spread knowledge and raise awareness of the gynaecological anatomy and health, give confidence to people to talk about issues surrounding the gynaecological anatomy, erase the stigma around the body and gynaecological anatomy, act as a forum for feminism, women’s rights, the LGBT+ community and the intersex community, challenge heteronormative and cisnormative behaviour and promote intersectional, feminist and trans-inclusive values (Vagina Museum, n.d.a).

The plans for the museum are also to arrange events, such as “feminist comedy nights […], exercise classes […], panels, public lectures […], and first aid training” (Vagina Museum, n.d.a). The museum will “work in collaboration with existing charities and organisations on related issues such as distributing free menstrual products to the homeless, supporting sexual assault survivors and getting women into underrepresented fields such as
STEM and politics” (Vagina Museum, n.d.a). Schechter has, in an earlier interview, stated that she would “like it to be almost like a community centre” and that she wants to “speak up for people who can’t speak up” (Moss, 2017). She has also said that she wants to

just have the information there, freely available. Anyone can walk in and just come and learn about it. There will be free entry. Even if you don’t have a place or people to talk about it with, you can come to the museum and talk about it with us. (Suarez, 2018).

The trustees of the museum have various professional backgrounds, such as curator, artist, marketer, sex educator and science communicator, the latter referring to Schechter. Some of them have also been working with global health, in particular menstrual and reproductive health (Vagina Museum, n.d.b).

In 2017, the museum had its first exhibition, Exhibitionist, showcasing art by artists from all over the world. In 2018, they had their second; the travelling activities based exhibition Is Your Vagina Normal? With this exhibition it was called out for more accessible education about the gynaecological health: on the official webpage of the museum, visitors can read this about the exhibition:

Is my vagina normal? This is a question almost every vagina-owner has asked themselves at some point. But just like fingerprints, no two vaginas are the same (Vagina Museum, 2018).

As described in the introduction, I observed and participated in the workshop version of the exhibition at a music festival in Wales. As mentioned, all the visitors were sitting together, and everyone had their own quiz sheet (see fig. 18). To recall, Schechter stood at the front, beside a big board with the same illustrations as on the quiz sheet, pointing to each part and asking us if we knew the names of the different areas. The crowd in the tent shouted out suggestions, and she would write down the correct answer on the board.

After the quiz everyone was offered a white paper with a triangle drawn on it, and colourful pens. The triangle represented the vulva, and we were invited to decorate it. When each triangle was decorated and cut-out, they were hung up around the tent, like pennants.

The team behind the Vagina Museum is currently working to collect money to able to open a temporary museum in Camden marked in London (Vagina Museum, 2019).

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8 All photographs used in the thesis are taken by me.
The Wandering Womb: Women’s Health Nursing Past and Present

This exhibition was made by The Royal College of Nursing (RCN), a membership organisation for people working in the UK but also internationally within health care. It is the world’s largest nursing union and professional body, and is governed by an elected council of 17 members (RCN, n.d.). The RCN “provide expert advice to parliamentarians on developing healthcare policies through legislation, select committees, all-party parliamentary groups and parliamentary briefings, and attend all of the major UK party conferences” (RCN, n.d.).

RCN work together with the different forums of the organisation every six month to explore a specific subject in nursing (pers. comm. Reed 2019). Several exhibitions have been made through this kind of cooperation, for example with public and mental health as subjects. With every exhibition, they also work together with the RCN History of Nursing Society, which works to preserve and share nursing history, to ensure a historical perspective (pers. comm. Reed 2019). The Wandering Womb exhibition came to be when RCN co-operated with the Women’s Health Forum (WHF). It was thus curated by the WHF, as well as the

Figure 1: Quiz sheet from Is Your Vagina Normal?
History of Nursing Society and library and archive staff. The objects were lent from the Royal College of Obstetrics and Gynaecology, Royal Pharmaceutical Society and Science Museum. It was housed at the Library and Heritage Centre of the RCN, centrally located in Cavendish Square, London.

The exhibition was placed on the lower floor. To reach it, you had to walk through the reception area, down the stairs, and then through a part with a computer area as well as several shelves with literature. Standing in the doorway, you could see the whole exhibition room. This was because of the quite small size of the room, but also because it was square shaped, thus no hidden corners. On the floor were several arrows, indicating that the visitor should walk from the left around the room. On the left when entering was also a text board with the Wandering Womb as the title, thus giving the understanding that this was an introductory text. The room also had four other big text boards, with the titles Blood and biology, Hot Flush, Hidden loss and Do you find any of this dirty?

In-between these main boards, were three smaller boards hanging on some of the bookshelves, with historical quotes about female health and body, for example one by Aretaeus of Cappadocia from the 1st century about the wandering womb. It was also three did you know?-texts in the exhibition, asking the audience if they had heard about a certain subject or phenomena. The exhibition had a feedback board (far-right-hand side in fig. 2), where visitors were invited to answer a health related question and then hang their answer on the board.

There was also an audio station, where you could listen to four different stories from women previously working as nurses, and shelves filled with literature about female health (see fig. 2). In the middle and in the back of the room were sitting areas (see fig. 2), giving visitors the possibility to sit down and use the literature. Objects were placed in three booths made of glass. That made it possible to stand and look at them from above, or bend down and look right at them to get a closer look from another angle. People not able to look at it from above would thus also be able to see the objects. The inside of the booths were white, and everything was placed neatly (see fig. 3). Some of the items were placed on a see-through/blank box, letting them being displayed in a certain angle or higher up from the bottom of the booth. Every item, or groups of associated items, had a number, and on the top of the booth was a small text explaining each numbered item. The objects ranged from both historical and modern, from gynaecological tools to menstrual cycle calendars.

Before I analyse the two case studies, I present my theoretical and methodological framework.
Figure 2: Exhibition overview of the *Wandering Womb*.

Figure 3: Objects in booths in the *Wandering Womb*.
2. Theoretical Framework

In the first paragraph of this section, I discuss how museums can work on stigma. This is done by looking at theory about the societal and social role of museums, as well as museum work concerning inclusion. In the second paragraph I look at how museums can be used to spread information on health, and linked to this I also discuss different ways to communicate with the audience.

Stigma

As described in chapter two, stigma is a key issue pertaining to women’s health. Furthermore, shame is a central element of stigma according to sociologist Erving Goffman (1991:8), author of one of the classic works on the subject of stigma, which I use as framework in this thesis. I argue that in this context lack of knowledge is a vital element that has to be researched too - both as a contribution to how stigma arises, and in terms of how ignorance is maintained. Before I return to this later in the chapter, and before I examine further the relationship between museums and work on stigma, I will give a small portrait of how I have reflected upon the term stigma, and why it is relevant to look further into in this thesis.

In *Stigma - Notes on the Management of Spoiled Identity*, first published in 1963, Goffman starts his analysis by explaining that the Greeks originated the term stigma, and that it was used “to refer to bodily signs designed to expose something unusual and bad about the moral status of the signifier” and that the person in question should be avoided (Goffman, 1991: 2). The stigmatised person was “reduced in our minds from a whole and usual person to a tainted, discounted one” (Goffman, 1991: 4). Goffman suggests that there are three (grossly) types of stigma: 1 - “Abominations of the body” (e.g. scars, deformities) 2 - “Blemishes of the individual character” (e.g. criminality, addictions) and 3 - “Tribal” identities or social markers associated with marginalized groups (e.g. gender, sexual orientation) (Johnston-Robledo and

9 Although being two concepts often blending in with each other, I have in this thesis also understood ‘social’ and ‘societal’ role as two separate elements. When talking about a museums’ social role, I talk about the work that affects people’s well-being through promoting “social change and development, social cohesion, and the empowerment and liberation of people” (IFSW, 2014), for example through work on health. When talking about a museums’ societal role, I think about how museums can mirror and participate in current political issues and debates.
Chrisler, 2011: 10). However, Goffman argues that “not all undesirable attributes are at issue, but only those which are incongruous with our stereotype of what a given type of individual should be” (Goffman, 1991: 4). I understand this as that a person is stigmatised only when the negative quality, whether it is physically visible or not, is conflicting with our view of how a person should be like. Several of Goffman’s illustrations of the stigmatised involve individuals with highly visible deformations in their faces, for instance his examples of the woman who had to remove part of her nose, or people with hearing problems or other physical challenges, meaning people with qualities that “are incongruous” with what we expect a person to be like.

I find these theories about stigma interesting when applying them to the social issue addressed in this thesis. As seen in chapter two, stigma is a highly relevant element when speaking about the current situation of shame and lack of knowledge concerning women’s health. Seeing this in the light of Goffman’s thoughts about stigma, several considerations arise: if stigma is reserved for someone who has a quality that differs from our expectations of that person, then why are elements of women’s health and body stigmatised, when the stigmatisation is not about “a tainted body”, but simply an existing female body? And how can for example menstruation be connected to Goffman’s thoughts on stigma? In the study *The Menstrual Mark: Menstruation as Social Stigma*, it is argued that menstrual blood is a stigmatising mark that fits all three of Goffman’s types (Johnston-Robledo and Chrisler, 2011: 10): menstruation can, through menstrual rituals and hygiene, be seen as an abomination on the same level, or worse, as other body fluids, and in some cultures women are thought to be unclean when menstruating (Johnston-Robledo and Chrisler, 2011: 10), as noted in chapter two, in the case of isolating menstruating women in menstrual huts. Furthermore, it is connected to Goffman’s type of social markers, because it is girls and women who menstruate10, and therefore marks menstrual blood a tribal identity of femaleness (Johnston-Robledo and Chrisler, 2011: 10). Lastly, “given aversions to menstrual blood, a stain may be seen as blemish on one’s character” (Johnston-Robledo and Chrisler, 2011: 10): a content analysis of advertisements in Australian magazines concluded namely that “leaks of menstrual blood taint women’s femininity because, through the proper choice of products, she should have kept the evidence of her menses out of sight” (Johnston-Robledo and Chrisler, 2011: 10). This can be linked to the perceptions and expectations to, say, the beauty standards.

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10 I acknowledge that this is not always the case, because not all who menstruate identify themselves as women.
of women reproduced in society, as sexual, attractive beings – not tainted ones (Johnston-Robledo and Chrisler, 2011).

Museums can be well fitted to contribute to increased awareness of the damaging effects of stigma, as well as being institutions with both a possibility and a responsibility to work with social issues in general, for example through work on health (Silverman, 2010: 131). This will be examined further in the next paragraph.

**Museums and Public Health Mobilisation**

In *The Social Work of Museums* (2010), the museological scholar Lois Silverman argues that there is a growing belief “in the power of museums to inspire hope and healing, improve lives, and better the world”, and that museums are “embracing starkly bolder roles as agents of well-being and as vehicles for social change” (2010: 2). Silverman thus takes the standpoint that museums today are institutions of social service, that they more and more “recognize the complex social problems and inequalities that affect people’s existence” (2010: 19). Another point Silverman makes, is how museums in their social work can, and should, cooperate with other institutions: she claims that many museums now also work directly “with people whose lives are negatively affected by social problems and inequalities and often collaborate with other social agencies” (2010: 19). She also concludes that this should be done to an even greater degree, in that it is “well past time for museums and social work to participate regularly in explicit, sustained collaboration”, in order to make more significant advances (2010: 148). This was also emphasised in a study discussing the relationship between museums and public health; that “the time has never been more pertinent for a closer engagement between museums and health and social care providers” (Camic and Chatterjee, 2013: 67). The majority of health promotion happens in schools, health institutions and community settings. However, as mentioned previously, museums and the heritage sector are getting more and more acknowledged as institutions with potential for promoting health (Silverman, 2010; Camic and Chatterjee, 2013; Christensen et. al., 2016; Bønnelycke et. al., 2018). It has been established that museums can be “important institutions for raising public awareness of the social dimensions of key health issues” (Silverman, 2010: 47) and that exhibitions promoting information on body and health actually indeed can cause higher awareness and knowledge among the visitors (Silverman, 2010: 46). One of the reasons for this may well be that health is a complex issue, which transcends public debate,
policy making as well as everyday practices (Sandholdt and Achiam, 2018), and hence in need of communication accordingly; in various ways.

Several elements connected to health, for instance food practices, are more tightly bound to culture and values than to rational arguments from the natural and medical sciences. “This means that simply informing the public about health and recommendations for good behaviour is insufficient” to change their practices in everyday life (Sandholdt and Achiam, 2018: 137). This can be connected, for example, to the subject of menstruation: in the book *On Female Body Experience* (2005), Iris Marion Young discusses how experts who write about girls’ and women’s experience of menstruation seem to “assume that women ought to have an accurate and complete understanding of the physiology of menstruation”. However, it is emphasised that “few of us, both men and women, have a very accurate or complete understanding of the physiology of other internal bodily processes – digestion for example” (Young, 2005: 102). She further suggests that “this assumption that menstrual ‘knowledge’ is equivalent to medical science may itself contribute to a sense of alienation women have from the process” (Young, 2005: 102). She argue that we certainly “need some reassuring account of why we are bleeding, but to have such does not imply being able to give a textbook description of reproductive biology” (Young, 2005: 102). As Young writes here, biological understanding of how the body works is of course of great importance, in order to avoid “mystery and myths that fuel fears and anxieties associated with menstruating” (Young, 2005: 102), but the idea is that health and menstruation is so much more than that – it is also something that has to be looked at from a social, cultural, political and historical view, and this is where museums can be especially useful.

This is also something that museologist Eilean Hooper-Greenhill stresses. She claims that education as in the accumulation of facts and information is too narrow a description for museums. That while they indeed offer facts and information, their strength lies elsewhere: namely with their potential and ability to “increase motivation to learn, in enabling people to discover and develop new passions, in making a previously mundane set of facts suddenly come alive and become meaningful” (Hooper-Greenhill 1994: 1). Moreover, the educational role of the museum is in development, with increasing use of participative and performative modes of learning (Hooper-Greenhill, 2007: 13). Nina Simon argues that a way for museums to “reconnect with the public and demonstrate their value and relevance in contemporary life” (Simon, 2010: i) is by “inviting people to actively engage as cultural participants, not passive consumers” (Simon, 2010: ii). And it is with this possibility that museums have, with various modes of learning, that they can be so well fitted to also convey information on health.
Indeed, Silverman suggests that museums have the potential to create rooms more “pleasant, relaxing and engaging” to spread information on health, compared to typical health institutions (Silverman, 2010: 48). Travelling health exhibitions are one way in which museums have worked to promote health in other settings than a health institution.

Historically, travelling exhibitions have been used for this kind of work, as well as aiming to influence the knowledge, attitudes and behaviour of the population in question (Silverman, 2010: 11). Given that the traveling exhibitions could reach its audience without regard to social distinction or geographic isolation, it “developed a significant and enduring use as means to mobilize people and improve social conditions” (Silverman, 2010: 11). This use of traveling exhibitions has spanned decades as well as continents, but was particularly used in developing countries in the 1950s and 1960s “to deliver public health and social welfare campaigns and empower citizens to help themselves” (Silverman, 2010: 11). Traveling exhibitions have also been used more recently than that, for example with the Swedish state-run exhibit organisation Riksutställningar (Swedish Exhibition Agency), which travelled to work on “geographical justice and social justice” (Silverman, 2010: 11). With this project they found that they “could greatly increase their ability to advocate for social action and improve social conditions through traveling exhibits addressing the social problems of vulnerable groups” (Silverman, 2010: 12).

The Swedish project Difficult Matters is also related to this. In the project, they requested several museum institutions to put forward one object from their archive, and people from the public from their cupboards, that in some sense could be seen as ‘a difficult matter’: “These could be things that had become frightening or aberrant as a result of people’s actions and ideas, things that had provoked resistance, things that were not what they seemed” (Silvén and Björklund, 2006: 249). An example of one of the objects from a museum was “förlossningssaxen” (“the delivery scissors”, my translation): looking at them, they seem just like a pair of scissors, albeit a bit strange looking, not a pair you would use for arts and crafts, but still just scissors. However, when learning their story, you look at them differently, then knowing they were used to cut the already dead foetus into pieces while still inside the woman, in order to reduce the diameter, and then drag it out, without anaesthesia, bit by bit, in the sake of saving the woman’s life (Silvén and Björklund, 2006: 86). The scissors then suddenly tell a whole historical narrative about childbirth approximately a hundred years ago in Sweden; how child mortality, in contrast to today, was higher, and the medical assistance and equipment feeble (Silvén and Björklund, 2006: 86).
These theories of the potential of museums as institutions for working on reducing “the damaging effect of stigma”, as a “public health mobilisation”, as well as the historical perspective of traveling exhibitions doing public education, are interesting to look at for several reasons in this thesis. Seeing the Vagina Museum project and the *Wandering Womb* exhibition in this light, it shows that the spirit of the traveling health exhibitions can still be highly relevant. As will be discussed further in the next chapters, the Vagina Museum toured the United Kingdom with a traveling exhibition spreading information on vaginal health and anatomy in 2018, and the RCN made an online version of the *Wandering Womb* exhibition, in order to make it accessible for those who were not physically able to come and see it in person (pers. comm. Reed 2019).

Before I return to the analysis of how the Vagina Museum and the *Wandering Womb* exhibition have communicated women’s health, I present the methodological framework.
3. Methodological Framework

In order to examine how museums and exhibitions can be used as tools to work on women’s health, two cases have been analysed, thus making this a qualitative case study. A study of this kind does not give the possibility of firm generalisations (Silverman, 2013: 385), but as the point of the thesis is to look at how and why these cases work on women’s health, a generalisation is also not of interest, as I merely wanted to get some tentative ideas about the phenomenon (Swanborn, 2010: 3). In the first part of this section, I will present another central theoretical perspective used in the thesis, which also functions as a methodological framework. In the following paragraphs, the research, empirical material as well as tools used for visual and textual analysis will be presented.

‘History of the Present’

This thesis has been carried out as a ‘history of the present’. The term derives from the philosopher Michel Foucault, and was first presented in Discipline and Punish from 1975. Here Foucault analyses sociological aspects of the modern prison (Garland, 2014), writing this analysis as a ‘history of the present’. To do so, means to problematise a present phenomenon by “revealing the power relations upon which it depends and the contingent processes that have brought it into being” (Garland, 2014: 372). To write a history of the present, is to engage with the forces active in the present (2014: 373), and to identify “a present-day practice that is both taken for granted, and yet, in certain respects, problematic or somehow unintelligible […], and then seek to trace the power struggles that produced them” (2014: 373). In order to analyse why and how women’s health have been worked on in the Vagina Museum and the Wandering Womb, it is necessary to understand the historical power relations that have affected women’s rights, how women’s health and bodies have been viewed, and how stigma has arisen. It is also necessary to look at current power relations: what is today’s situation? Why is it, at least in some places, possible to work so openly on women’s health now? And why is it still necessary? I have therefore understood ‘history of the present’ as a tool to “give a diagnosis” (Garland, 2014) to a concrete, current phenomenon, and I have used it to analyse the historical, political and social context for how
and why the Vagina Museum and the RCN works to spread knowledge about women’s health. Why did these two cases come to be now, in 2018? Which diagnosis of today’s society can be made by looking at the existence of these two cases, and more importantly, for this thesis, which diagnosis can be made to today’s museological landscape? What does it say about the potential of museums today that these two cases exist? These are all questions I return to in the discussion, but first I present the empirical material and the other methodological frameworks.

**Empirical Material**

Due to the different nature in my two cases, one of them being an exhibition and the other a museum project, and the different types of empirical material they have resulted in, they need to be analysed with several different tools. I am analysing their very existence as well as their historical context, by carrying out, as mentioned, an analysis of the ‘history of the present’. But I am also analysing different material tied to each case. With the Vagina Museum, the empirical material consists of a semi-structured interview with the founder of the project, participation in the workshop version of the travelling exhibition *Is Your Vagina Normal?*, content from the museum project’s social media, like their official web page and Instagram-account, and other news articles written about the project. For the *Wandering Womb* exhibition, the empirical material is direct observation of the exhibition, content from the webpage of RCN and the exhibition, as well as a brief e-mail correspondence with the curator of the exhibition. In the following paragraphs I explain how I have processed this empirical material.

**Interview**

I met the director of the Vagina Museum-project, Florence Schechter, in London, and conducted a semi-structured interview with her. I received written consent from her for both recording the interview, as well as citing her in the thesis using her full name. She was thus not anonymised, as her identity anyway would have been obvious, given her central position at a very specific museum project.
During the interview with Schechter, I used an interview guide. Most of the questions I asked her were hence prepared beforehand, and I used it as a checklist to ensure that none of the vital subjects had been missed (Weiss, 1994: 49). However, the beauty of a semi-structured unstructured interview is that even though having prepared questions, it gives the possibility to also let questions develop in the course of the conversation (Weiss, 1994: 207). This gave me an insight to the informant’s ideas I would not have got if I had solely followed my own prepared questions strictly. I recorded the interview on my mobile phone, and later transcribed it.

I also communicated through email with the curator of the *Wandering Womb* exhibition, Frances Reed. When I visited the exhibition I got permission to later contact them if I had any questions, and I therefore sent an email with a couple of questions some months later. I also received written consent from Reed to cite her, and to use her full name.

**Direct Observation and ‘the Critical Museum Visitor’**

I did direct observation of the *Wandering Womb* exhibition, and I also participated in the exhibition *Is Your Vagina Normal?* by the Vagina Museum, thus making this also a participatory observation. This gave me a possibility to see and describe what was going on, whom or what was involved, when and where things were happening and how they occurred (Jorgensen, 2011: 12).

I would say that I visited the workshop of the Vagina Museum and the *Wandering Womb* as what Margaret Lindauer describes as an ‘ideal visitor’, as well as a ‘critical visitor’. The ‘ideal visitor’ is someone who is “ideologically and culturally at home in the exhibition or politically comfortable with the information that is presented”, rather than the ‘typical visitor’ who “represents the average of all visitors”, for example in terms of education, socioeconomic status and previous museum experience (Lindauer, 2008: 204). As a masters student in museology, a regular museum visitor, and both engaged and concerned with the issues in the two exhibitions I visited, I would claim that I came as what Lindauer refers to as an ‘ideal visitor’. However, I also visited the exhibitions as a ‘critical visitor’: Lindauer suggests that this type of visitor is different from the ‘ideal visitor’, because the critical visitor looks at how the “visual, written, and spatial features of an exhibition collectively implicate an ideal visitor” (Lindauer, 2008: 204). Hence – due to my engagement in the subject, I came
as an ideal visitor, but because of my agenda for the visit; to write an analytical discussion of
the exhibitions, I also came as a critical visitor.

Textual and Visual Analysis

I have carried out both textual and visual analyses in this thesis. For this I have applied Louise
Ravelli’s (2006) and Stephanie Moser’s (2010) tools to see how the two cases generate
meaning. As mentioned before, the cases are of a different nature, and thus some aspects of
these tools make more sense for one than the other. All of the elements chosen for this thesis
are by Moser presented as central elements to look at when analysing museum displays
(Moser, 2010). With both cases I have looked at design, written content and location. The
question of design is important because “styles of decoration can situate or contextualize the
objects on display, or, alternatively, clash or contrast with the exhibits” (Moser, 2010: 25).
Display furniture is relevant, as “cabinets, shelves, plinths, pedestals, and stanchions can
situate objects and cultures within a particular intellectual framework” (Moser, 2010: 25). I
have also looked at colour, and how they can “lend a particular meaning or association to
objects and affect visitors emotionally” and “convey a mood that might enhance or contradict
the message of an exhibition” (Moser, 2010: 26). I have worked with questions like: Was a
particular colour chosen in order to elicit a response from visitors or as a neutral backdrop?
Furthermore, I have looked at exhibition style. As Moser suggests, “some exhibitions can be
classified as contextual, immersive or atmospheric”, and where visitors are “encouraged to
experience as opposed to passively observe displays” (Moser, 2010: 29).

With regard to textual material, “it is important to consider the style of writing and
how this may affect the perception of the subject” (Moser, 2010: 26). I have looked at
questions like to what extent text has been used in the exhibition, who the texts are written by,
and if the texts are informative and descriptive or if offers interpretations and opinions.
(Moser, 2010: 27). Analysing textual content communicated by the institution is important
because it forms a central component of the institution’s communication agenda (Ravelli,
2006: 3).

With the Wandering Womb, I have also, in addition to design, written content and
location, looked at layout and space. I have specifically for this case worked with some of the
other questions Moser suggests to explore, like: what size and shape of the room is used? Do
visitors see the entirety of displays at glance? Is the display in a room with strong design
features, or with less ornate decoration? Has a style of decoration been used to enhance the aesthetics of the display? Have new decorative elements been introduced in association with the installation of the collection? (Moser, 2010) Concerning the displays, I have looked at how they are arranged within the space, and if they are aligned with each other via a particular formation (Moser, 2010: 28).

The Museum as a Text

Furthermore, I have looked at both cases as ‘museums as text’, and looked at the way the institutions “makes meaning, communicating to and with its public” (Ravelli, 2006: 1). Ravelli namely suggests that exhibitions and institutions themselves can be seen as a text, as “a space which makes meanings, and which can be ‘read’” (Ravelli, 2006: 119). The institution is the “ultimate source of meaning making” and “construct content and relevance, suggesting what is worthwhile knowledge to learn” (Ravelli, 2006: 139). When seeing a museum as a text, Ravelli suggests that it can mean “the way in which a whole institution makes meaning – from the sense of authority it constructs, to the way it validates an approach to knowledge, to the way in which it functions as a unified whole” (Ravelli, 2006: 121).

She argues that seeing a museum institution as a text is also to look at its ‘overall persona’ (Ravelli, 2006: 139). A vital factor here is the institution’s accessibility:

At the institutional level, organisational meanings are particularly important in terms of how they contribute to the general accessibility or complexity of the institution. Accessibility at the institutional level can – and should – encompass many diverse factors, including whether or not there is an entry charge, and how much it is; how the institution engages with diverse local communities, and the range of interpretative activities which take place under the auspices of the institution (Ravelli, 2006: 140).

Furthermore, how the institution expresses power is a part of what makes its persona: “By being less protective of its status, the museum lessens the division between itself and its local communities” (Ravelli, 2006: 144) and by inviting to community consultation and visitor feedback the power relations between visitor and institution is changed (Ravelli, 2006: 145). The institution creates an ‘overall persona’ “which is generally welcoming, or which effectively excludes. This is achieved in a number of ways, particularly in terms of the ways the variables of power and social distance are inscribed and combined in the institution” (Ravelli, 2006: 144).
Moreover, visual aspects, such as design, can also be connected to the museum as a text and a ‘persona’ (Ravelli, 2006: 144), because it also reflects how the institution want to show itself. When we meet a new person, the appearance of the person because part of our perception (Rule, 2014), and I argue that the same thing happens when walking into a museum or exhibition.

**Ethics, Limitations and Possible Shortcomings**

The topic of this thesis, women’s health, is something that engages me more than on an academically level: being both a woman and a feminist, I have for a long time been interested in the situation of shame, stigma and lack of knowledge concerning women’s health and bodies. As such, it has to be considered that my own stance may have coloured my research as well as the thesis in itself. However, the point of this thesis is solely to analyse *how* and *why* the cases work on the subject, and not in any way assess a judgement on for example how well they have worked, but rather offer a critical discussion.

Furthermore, I am aware of some limitations. The Vagina Museum’s exhibition *Is Your Vagina Normal?* travelled the United Kingdom in 2018, and changed both its scope and content after each showing. My possibilities for when I could attend the exhibition were limited, and so the choice of when and where I saw it was controlled of outside factors. I then realised that the version I had observed, at the music festival in Wales (Green Man Festival), was more of a workshop, and that other versions of it have contained more diverse activities. The analysis of the Vagina Museum project may thus have looked different if I had more empirical material on the exhibition.

Another limitation is that it could have been useful to also have an in-depth interview with the team behind the *Wandering Womb* exhibition. However, given that the curator sent me some of her comments, and that the exhibition is well represented on the webpage of the RCN, I also feel that I have enough material on this case. This said, more in-depth material would have been interesting.
4. Analysis and Discussion

In this chapter, the Vagina Museum and the Wandering Womb will be both analysed and discussed, meaning that I analyse an element and then consecutively carry out a discussion. The chapter is divided into three sections: I: Ways of Mediation and Communication, II: Inclusion and Accessibility and III: Final Discussion and Perspectives. Thus, I first start by looking at how the cases communicate women’s health, and what tools they have used, before I go further into the ‘history of the present’ analysis. There I look at why they work with women’s health, and debate further the connection between museums and health mobilisation.

Part I: Ways of Mediation and Communication

In this section I will systematically take a closer look at exactly how the Vagina Museum and the Wandering Womb mediate and communicate women’s health. How do they reach out to their audience?

Visual Profile

The Wandering Womb was exhibited on the lower floor of the Library and Archive building of the RCN. The exhibition room itself is used to house several of the RCN exhibitions. When looking at pictures of previous exhibitions, it is possible to see that the room does not change very much from exhibition to exhibition, meaning it seems like it is always an open square shaped room, with booths and text posters. There were several aspects with the exhibition that made me draw lines to health institution aesthetics: the room was white, and the numbered objects were neatly placed and presented in glass booths. In the middle of the room was a table and chairs with a typical aesthetics that you often see in other public institutions; with strong and clear colours towards an otherwise plain coloured space. Even though the foundation colour in the room was white, I still found it to be a colourful exhibition, much because of the colours used to decorate the large wall texts. The design had a sort of stain-like expression, or almost like coloured fluids mixing in with each other. The room therefore gave both a clinical as well as a playful aesthetic. The symbol used in the ‘did you know?’ -
sections also contributed to the playful aesthetics, namely the smiling uterus cartoon figure (see fig. 4).

The Vagina Museum has also taken on a rather colourful and playful profile. One aspect contributing to make the workshop Is Your Vagina Normal? colourful, is how it was decorated with the pennants symbolising the vulva. Looking at pictures of other versions of the exhibition, it seems like these pennants were a regular part of the activities and decor. Furthermore, as I will analyse later, the Vagina Museum also uses art as a way to communicate women’s health and bodies, and by using this frequently on their webpage and other social media, it gives an overall memory of it being a colourful institution.

Looking at the design and colours of the Wandering Womb and the Vagina Museum connected to Stephanie Moser’s ideas, it is interesting to think about whether the colourful and playful aesthetics “enhance or contradict the message” for visitors. Schechter said:

You very rarely see vaginas talked about in a positive light. If they are talked about in public, it’s because someone was assaulted, or we are talking about abortions, or shame, or surgery, or something like that. Vaginas are not talked about in a positive way in society, so when I see artists, who are drawing clitorises on the pavement in a nice, fun way… I think it has formed our branding, in that we are trying to have a bit of fun, because vaginas are fun (pers. comm. Schechter, 2018).

Figure 4: The smiling cartoon uterus in the Wandering Womb.

Seeing Schechter's ideas about vaginas being fun and that they should be portrayed in a fun way can be linked to the Wandering Womb as well, where it seems like they have had similar
thoughts with the smiling cartoon uterus. As such, would these choices enhance or contradict the message? I believe it can go both ways: visitors can both get relieved seeing women’s bodies portrayed in a playful manner, as well as seeing it as a sign that the information is being simplified in their favour. That grown women are invited to colour a triangle representing the vulva, and that the uterus is illustrated as a cartoon instead of showing photos or models of an authentic uterus. Nevertheless, I find the playfulness interesting, especially in a time and age where people to a great degree are taught to view women’s bodies in a certain way. As Rupi Kaur reflects upon in the introductory text, sexualisation of women and their bodies is common in today’s society. A recent example is the current debate in Norway on whether women should be able to be topless at the beach or not. The now on-going debate arose when a young woman was swimming topless at a beach in Oslo and got told by a security officer to cover up her breasts (Urbye, 2019). Even if it is not illegal in Norway for women to be topless at beaches, many think that breasts should not be displayed in public. This is a paradox, because women’s breasts are often displayed in public – but in a sexualised manner. The arguments in the debate reflects that those who think women should cover up also think of female breasts solely as something sexual, while those who argue opposite emphasise that breasts are a natural part of the body that should be viewed neutrally. This case works as an example of how the female body constantly is up for discussion in society, both considering how it should be controlled, and how it should appear. Thus, showcasing the body in playful and fun ways in exhibitions can be a counterpart to this. One of the main elements in the Wandering Womb exhibition is to add why women’s health has long been considered “dirty” nursing (RCN, 2019d). I believe this too ties in well with these debates, that society has, throughout history, had opinions on the female body, and what is appropriate to be out in the open in society – and what should be kept in the dark.

Use of Material

We’re showcasing a range of objects to illustrate the ways in which women’s health has been understood and explained through the centuries (Reed, 2018).

The Wandering Womb consisted of both historical and modern objects. They were exhibited side by side with one another, divided into three exhibition booths. An example of this, is the “Works of Aristotle the Famous Philosopher” from 1855, but which really is just a dust jacket disguising the “book’s contents, which cover uterine dropsy, labour and ‘testicles in
women”. The object exhibited in relation to the Aristotle dust jacket is the “RCN Women’s Health pocket guide” from 2017 (see fig. 3, object no. 3). Seeing these two objects side by side gives a visual testimony to what RCN themselves write: “today, information is much easier to find”. I also cannot help but relate the Aristotle dust jacket to a testimony of how accepted his philosophy was - so accepted that it in this case was used as a disguise for reading about women’s health. Meaning, to read a book about Aristotle’s philosophy would be seen as nothing wrong, while revealing that you would read about women’s health was not something you would be caught doing. In figure 3 you can also see a stem pessary from the first half of the 1900s, as well as two modern intrauterine devices, namely a mirena coil and copper gynaefix. Another example of historical and modern objects exhibited together, are the menstrual calendars (see fig. 5, object no. 7): the circle shaped calendar is a “pregnancy calendar used for tracking phases of gestation” from 1973, and the smartphone model screen showcase a “current tracking app”. Exhibiting them side by side illustrates that through modern technology “it is now easy for women to keep track of their own cycles, logging a range of information from blood flow to changes in mood”.

Figure 5: Close up of objects in booths in the Wandering Womb. Menstrual calendars at no. 7.
Exhibiting historical and modern objects in relation to each other can give a deeper experience for the visitor – especially if that visitor is a person who currently uses the objects on display themselves: seeing for example a mirena coil on display in an exhibition, knowing that you have the exact same inside yourself, can create a more relatable experience of seeing the object, compared to someone who perhaps do not know what a mirena coil is. Moreover, as seen with the ‘Difficult Matters’ project, having a story connected to the object can also give a deeper experience of seeing it. While the Wandering Womb exhibition mostly do not offer more information connected to each item than the most basic facts, the overall story in the exhibition, the development in women’s health, can work as a story for all the objects exhibited. However, it could also be interesting with more specific stories tied to item – perhaps from women remembering how the item had a place in their life, for example a woman telling about how it was to use the pregnancy calendar from 1973.

The Vagina Museum has used art to a great extent to visually communicate. In 2017, at their first exhibition, Exhibitionist, they showcased work from artists around the world, displaying “the myriad of ways the vagina and vulva can be represented and our perceptions of them” (Vagina Museum, n.d.c). The museum has also posted a great deal of art of women’s bodies on their social media, like Instagram. Many of the pictures posted on Instagram are art showcasing the female body in explicit ways, everything from lifelike paintings with close up of the female genitalia to erotic illustrations from the 18th century.

Use of Storytelling

The space is a way to showcase nursing to members of the public, through storytelling and narrative, and to hook people in with interesting objects on display. For non-health care audiences, it’s an engaging and accessible way to tell them about something which they may have limited existing knowledge of (pers. comm. Reed 2019).

The use of historical framework in the Wandering Womb can also be seen in the use of presenting individual cases, such as with the story told about Alice Beatty. Beatty was a nurse who was going to undergo an operation “for ovarian disease”, however, the surgeon “removed both her ovaries rather than the one she had consented to”\(^ {11} \). In 1895, Beatty took the surgeon to court, as she was “engaged to be married and keen to start a family” and then “claimed damages for a wrongly performed operation”. Nonetheless, Beatty lost the case. The

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\(^ {11} \) All wall texts from the Wandering Womb cited in the discussion can be found in their entirety in the appendix.
story of Beatty tells something general about the medical situation for women in this era in England: that surgery in this era “prescribed and performed by men, was often extreme” and that later, into the 1900s, “hysterectomy became the treatment of choice for gynaecological cancer, even when death rates were high”. Furthermore, that “consent and the social and psychological effects on women were barely acknowledged”.

In the *Wandering Womb* there was also used an ‘audio box’ (can be seen in fig. 3, on the right-hand-side of the exhibition booth) to tell stories from individuals’ perspectives. Through a headset, you could listen to four different stories, by pressing a button of your own choice. All the stories were from women previously working within the nursing field, talking about different experiences from their career. The first woman talks about ‘the stigma around abortion during her time working on a gynaecology ward in the 1950s’. The second woman ‘remembers nursing a woman with uterine cancer in the 1960s’. The third ‘recounts her first experience of seeing female circumcision’ in the late 1950s, and the fourth ‘recalls the variety of women she nursed on a gynaecological ward in the late 1940s’.

It is acknowledged within museology how offering stories and narratives in exhibitions are useful to create meaning and create emotional engagement among visitors (Nielsen, 2017: 446). Learning through storytelling or narratives can namely influence visitors’ attitudes and values much more than through, say, academic writing (Nielsen, 2017: 446).

**On Communicating Sensitive Subjects**

I think everyone should know that periods are normal, that you should talk about them, that pregnancy loss, although very sad, is normal as well, and that things that happen to women should not be hidden away, that everyone should be talking about them and learning about them, right from an early age, both men and women (Holloway, 2018).

Right before the entrance door to the *Wandering Womb* exhibition, you were met by a sign saying “Advisory. Please be aware that this exhibition covers miscarriage, abortion, menstruation, menopause and cancer.” When I asked the curator why they chose to have this board, and why they also had chosen to include subjects such as menstruation and menopause, she said that it was for “the purposes of neutrality, to list all topics covered, rather than choose individual things that we might presume to be difficult” (pers. comm. Reed 2019). When choosing which elements to include, one has to think about that “to select also means to deselect; one chooses which voices that will be heard, and which voices that have to accept to
be silenced in the historical song” (my translation) (Østby and Egeland, 2006: 5). To choose what to include in an exhibition, and to choose which subjects to consider as difficult, is a powerful task. Where should the line be drawn? My first thought was that to include menstruation on the advisory board was the opposite of normalising it. But then I thought – who am I to say that nobody finds reading about menstruation in an exhibition difficult? I have not yet gone through a menopause, so who am I to say that there is no need of warning about that subject? That it should not count as difficult? The choice to have an advisory sign might be interesting in itself, and the Vagina Museum also has similar ideas about ‘warning’ visitors before entering exhibitions that might be considered difficult. Schechter said that “the museum is going to be designed in such a way that people cannot just stumble upon certain exhibitions, for example about abortion” (pers. comm. Schechter 2018).

Advocating for Bodily Confidence

Both the Wandering Womb and the Vagina Museum advocate for women to feel confident to have bodily confidence, and in this section I analyse and discuss how this is attempted. This will be done by analysing textual content from the cases.

The texts in the Wandering Womb were written by health care personnel, and, as RCN is a health care institution, and not a museum, it makes even more sense that the texts in the exhibition are written in an informative and descriptive language. An example is in the text about miscarriage: in the text we are first presented for information about miscarriages historically are presented, and the different elements that were blamed when a woman had a miscarriage. Further on, the text says that even if “these beliefs are centuries past, the idea of miscarriage as being the ‘fault’ of the woman still exists”, and that “stigma around miscarriage and ectopic pregnancy continues”. It also says that “nurses break this stigma”, that “the focus has shifted from the physical health of women to their emotional health” and that “specialist nurses within Early Pregnancy Units are leading on assessing, scanning and undertaking treatments”. The visitor is hence presented for a fact: women have both historically and present been exposed to stigma when it comes to miscarriage, and that nurses are an instance that is breaking this stigma. Thus, a problem is presented (stigma), and that nurses are the solution (nurses). I can imagine this having several effects, given that the exhibition is made both to show nurses how important their profession is, and for the public to get a look into what a nurse’s job entails. Perhaps nurses reading this text will either get a reminder that their job is important, or perhaps they will get a reminder of their responsibilities. Perhaps not all
nurses seeing this exhibition are cognisant of the impact they can have, that they actually can contribute to decreasing stigma, and not ‘only’ provide medical care. Furthermore, I imagine that visitors can be reminded of how nurses can help them, and what they can ask for. When presented by these facts from a medical institution, meaning, a medical institution saying to them that “nurses break this stigma”, perhaps it is easier to ask for support or help after having experienced a miscarriage, or even an abortion. It might seem like this also is a wish on the part of RCN - that the exhibition should directly contribute to make the relationship between nurses and patients stronger: at the end of the exhibition, the wall text namely says: “In a field previously dominated by the perspectives of male doctors and physicians, all nurses now have a responsibility to advocate for women today. It is up to health care workers to recognise that each woman is different and that ‘normal’ means healthy.” The exhibition made me leave feeling like I, as a potential female patient, am entitled to something, that I am entitled to get a certain support from the nurses I encounter, and perhaps feeling less scared to dare to receive help when needed. And I believe that is an important message to send out to visitors, thinking of how many who avoid getting treatment due to embarrassment, and the lack of knowledge, shame and stigma that concerns women today, as well as in many cases not getting the right treatment, or waiting years to get their diagnosis because their symptoms are not being taken seriously. I believe this shows that there is a need for a better communication between patient and health care personnel, and so, one way the Wandering Womb has worked with women’s health, is to advocate for exactly that.

In the last wall text in the Wandering Womb, the visitor is talked to directly. The text asks “do you find any of this dirty?” and further on says “do you think of menstrual blood, or afterbirth, or mucus as dirty? If so, we hope you leave this exhibition questioning where these attitudes came from”. And so, the visitor has been presented with the fact that previously the health care provided to women was defined by men, but that it is different now, and that they are entitled support. The last question can also be connected to the historical frame presented in the exhibition: perhaps they want visitors to ask themselves if their views are affected by lack of knowledge, and if so, that it is important to ask yourself where your ideas come from and what they are based on, because perhaps you realise that they may be based on questionable principles connected to historic power relations, rather than appropriate medical science.

While the texts in the Wandering Womb are written by health care personnel, the communication from the Vagina Museum comes from a mixture of backgrounds, as the museum also is constituted in an interdisciplinary manner. The message they send out are
even though much of the same as the *Wandering Womb*, in that they advocate for women feeling more confident with their bodies:

The gynaecological anatomy is a part of the body, just like any other part. And yet it is shrouded with stigma and shame. This is an awful state of affairs since it is a part of the body that should be celebrated – it is what brings life in the world and is a central part of many people’s lives. It is shame and stigma that is hurting the lives of so many people (Vagina Museum, n.d.d).

In the same way that the Vagina Museum expresses a playful persona with their overall design, they also express themselves often in what can be seen as a playful way. An example of this is the language used on their blog on the webpage, addressing visitors with “dearest vagina lovers”, and ending with “ovary and out” (Vagina Museum, 2019). Looking at these types of formulations, it is a different way than how the female body often is communicated. As mentioned in the methodology chapter, Moser suggests looking at the style of the text and ask how it “may affect the perception of the subject”. Communicating in a playful way may lead to people finding it silly and not take it seriously, but I also believe it can lead to people becoming more relaxed towards the subject. If one hear the word ‘vagina’ messed around with enough times, it might not be so scary to say the word anymore. And this is interesting to think about, given how many women are embarrassed about their bodies that they avoid attending smear tests.

**Communication and Outreach**

The communication and outreach from both the *Wandering Womb* and the Vagina Museum is much based on a welcoming environment, and wanting to include their visitors in the work more than just the exhibitions.

In connection to the *Wandering Womb*, the RCN arranged several events and talks concerning women’s health in the time that the exhibition was open in London from October to March 2019. This included an event about menopause myths: “Join us for a taboo-shattering look at the effects of the menopause on women past and present” (RCN, 2019a), a comedy night with comedians talking about menstruation: “Join us for a celebration of surfing the crimson wave!” (RCN, 2019b) and an event about female cancers, with both a historical perspective and a cancer nurse specialist looking “at the current role of the Clinical Nurse

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‘Surfing the crimson wave’ refers to menstruating: ‘crimson’ meaning the colour red, hence, surfing on a wave of blood.
Specialist in cancer patient care today” (RCN, 2019c). On the opening night of the *Wandering Womb*, there were also different talks connected to women’s health. That included subjects like the history of gender politics in gynae and sexual health nursing, women’s health in post-war magazines and gynae specialist nurses (Sugden, 2018).

The welcoming environment was also clear when visiting the *Is Your Vagina Normal?* workshop. Observing how the visitors and the organisers communicated together, it was characterised by a light and lively atmosphere, seemingly in an attempt to make people feel comfortable. In relation to this, Schechter said during our interview:

> The exhibition is activities based, and in front of you, you can see all the activities you can do, and the smiley volunteers. The volunteers are a big part of the exhibition, because this is not a subject that you can just let people read about, they need to be able to ask questions. And it is totally free form, you can do the activities in the order you want (pers. comm. Schechter 2018).

Furthermore, Schechter explains how they wish to come up with concrete suggestions to visitors for how they can participate in working with the issues presented in exhibitions, and that this will be part of an outreach program, like sex education, support groups, for example for victims of domestic violence, and distributing menstrual products to the homeless (pers. comm. Schechter 2018). “We can’t just say look at what’s happening now, but it is somebody else’s problem to fix that” (pers. comm. Schechter 2018). Schechter also said:

> It’s more about supporting charities, rather than doing our own thing. They will have support of an institution. Hopefully we can provide space and hold events for them, because a lot of charities don’t have their own space for things, so then we can say ‘come to the Vagina Museum’ (pers. comm. Schechter 2018).

**Use of Historical Framework**

Studying health history of women doesn’t just tell us about women but also much more about a community, a network in the past. So studying the history of women’s health in the nineteenth century or the beginning of the twentieth century can tell us quite a lot of important things about the emergence of various medical specialisms [...], but it also tells us a lot of things about public health, and the way that the state viewed the family as its own social organism (Hanley, 2018).

As discussed in the first section of this chapter, the impact nursing has had on women’s health is used as a framework in the *Wandering Womb* exhibition, as well as a general historical framework. Every subject explored is also linked to a historical context, and to nursing. This
applies to the use of the wandering womb-misconception as framework for the whole exhibition, but also to the menopause: the subject is introduced by telling how “a Victorian woman going through the menopause was often considered to be emotionally unstable” and that “her doctor would have advised against reading novels, going to parties and dancing”. Furthermore, the text says that “despite other treatments being available, for a 45-50 year old Victorian woman an onslaught of instability and madness was considered inevitable.” This subject is linked to nursing by explaining how “nursing now focuses on the holistic management of menopause”. That this can “include managing lifestyle changes and advising on prescribed medication” and “taking time to understand individual patient concerns and providing tailored support are crucial nursing skills”. As such, the exhibition here works on women’s health by giving concrete examples of how nursing has participated in improving a specific issue. Gynaecology nurse consultant Debra Holloway from the RCN explains why it is important to look at the subject from a historical perspective like this:

> It is important to look at women’s health historically because then we can look back and see where women’s health has come from and how far it has come. And it mirrors what happens in society as well, so as the role of women in society changes, women’s health becomes more important (Holloway, 2018).

**Part II: Inclusion and Accessibility**

What is common for both the Vagina Museum and the *Wandering Womb*, and also applies to many museums in the UK, is that there is no entrance fee; you did not have to pay a ticket to see the *Wandering Womb*, and Schechter has expressed that she wants the permanent museum to have free entry (pers. comm. Schechter 2018). Furthermore she said in an interview that she wants the museum to be a place where “anyone can walk in and just come and learn about it […] with the information there, freely available” (Suarez, 2018). The possibility to have free or a small entry charge is one of the reasons why museums can be well fitted institutions to use for public health, because it makes it more accessible for a broader range of the population. Another aspect of the two cases concerning inclusion and accessibility, is that *Is Your Vagina Normal?* travelled to different locations, and the *Wandering Womb* was made accessible for those who could not physically come to the exhibition in an internet version on the official webpage of RCN. As such, it was not only people living in London that had the opportunity to see the exhibitions, because they reached
out to their visitors through being either mobile or online. As Silverman emphasise in *The Social Work of Museums*, health is affected by many social factors, “including government policy, prevailing attitudes, and the nature and availability of appropriate care” (Silverman, 2010: 47). This tie in with what Sandell writes, claiming that whereas definitions of ‘poverty’ have tended to focus on the material means required to participate in society, ‘social exclusion’ is a broader term which includes those people who, whether living in poverty or not, are prevented from fully participating in the different systems of society (Sandell, 2000).

This shows that in order for museums to be properly available and including, it needs to be taken into account that access to health information also is affected by disability, ethnicity and social class. The notion on that even if people live in poverty or not, it is important if they are prevented to participate can be linked to the discussions from the women’s health movement, where it was emphasised that it was the accessibility to the services that mattered, not only the rights to that access. It might therefore be worth thinking about which groups that actually had access to the exhibitions I observed, one of them being at a festival and the other perhaps for people already interested in learning more about nursing. Although I have neither an intent nor possibility to look at whom the visitors of the exhibitions were, I note that with initiatives like the Vagina Museum, it can indeed be a challenge to reach out to a broader audience, and perhaps, in this case, the audience that is in the greatest need for such initiatives, for example those living in period poverty. However – a museum working on period poverty can nevertheless have the possibility to spur change in society, thus, in the end, benefiting those who live in period poverty.

Nevertheless, I argue that the *Wandering Womb* and the Vagina Museum is part of the development Richard Sandell discussed in his 2012 article about the connection between museums and human rights, writing that in many parts of the world there has been an increase in “exhibitions and displays purposefully designed to engage audiences in debates around rights-related issues” especially pertaining to for example women (Sandell, 2012: 197). And as Sandell points out, museums are not neutral:

Museums mediate between and are influenced by diverse moral positions but they are also active in shaping them. Navigating the multiple moral perspectives bound up in intersecting local and global rights discourse, museum staff encounters numerous choices. The decisions and choices they make have social and political effects and consequences that, whilst sometimes diffuse and difficult to trace,
nevertheless impact individuals’ lives and influence more broadly the relations between mainstream and marginalised constituencies (Sandell, 2012: 212).

This can be linked to what Schechter says about the *Vagina Museum* taking an active standpoint in not giving a platform to those who are against abortions, or are against trans people:

I don’t think a museum would ever allow anyone to have a platform that says abortion should not be allowed. Because the second you allow certain viewpoints in to it, it will derail it. It’s called the tolerance paradox, that tolerant societies must be intolerant to the intolerant. […] If you allow people to talk about intolerant ideas, the intolerant end up taking over. […] We can never give a platform to somebody who believes that trans people should be denied their identity, and a big part of having a safe space is for everyone to know that ‘I can go to this place, and nobody is going to tell me that I am a sinner for having an abortion’ (pers. comm., Schechter 2018).

Hence, the Vagina Museum takes a standpoint to avoid giving a platform to those who discriminate, in order to include those who are discriminated. This can be linked to what Sandell says about museums working with controversial issues:

Controversy, although frequently painful, potentially damaging and difficult for institutions to manage, might then need to be viewed as necessary, valuable part of the human rights work that museums can accomplish (Sandell, 2012: 212).

This can be linked to what Sandell calls ‘moral activism’ in museums: when museums highlight injustices and “point to ways in which they might be overcome” and “seek to build public and political support for more progressive human rights values” (Sandell, 2012: 212).

When explaining how the Vagina Museum will work to create a safe space for visitors, Schechter said that part of it is just giving permission to people to talk about it, but it is also about how you talk about it, like having certain values at the core. For example zero tolerance for bullying and name calling (pers. comm. Schechter 2018). Furthermore Schechter stresses the importance of including the people in question: “if you’re going to create a safe space, you have to involve people that would be in use of that safe space”, and ask them about what they need and how they would want that space to be formed (pers. comm. Schechter 2018). Schechter also said:

You can’t tell another person how they should define their bodies. And these issues are going to be discussed in the museum, about what it is like to be transgender. We will also probably have an
exhibition on what gender reassignment surgery looks like, because it is something that people are really interested in, because it is something people aren’t allowed to talk about; you can’t ask a transgender person unless they volunteer that information. But having an exhibition, people can learn about it and satisfy their curiosity without having to offend anyone (pers. comm. Schechter 2018).

“They are things that matter to society today. They are not things that mattered to rich people 200 years ago. And I think this is what the museum sector isn’t understanding” (pers. comm. Schechter, 2018). Moreover, Schechter draw lines to the Museum of Migration, which she explains was established because the founder “saw that stories of migration were either not represented in museums, or they were represented in a poor light” (pers. comm. Schechter 2018). It is clear that she has the same perspective about the representation of women’s health and bodies in the already established museums. She says that many have suggested that they should go in as a wing under established institutions, but her answer to that is that “we deserve our own museum. We are not a side piece” (pers. comm. Schechter 2018). She acknowledges that several museums have started to increasingly include minority subjects in their institutions, for example by queering their collections, but she continues to emphasize, on the example of queer representation, that “we need a whole museum, LGBT issues are too important to society to only be part of something else” (pers. comm. Schechter 2018). Hence, Schechter’s call for more attention to subjects like women’s health and LGBT issues, are connected to her thoughts about the need to refresh the whole museum industry: “if museums want to stay important to society, they have to change. And a part of that is creating new things. You can’t just keep updating the old things; it comes to a point where you have to make a clear start again” (pers. comm. Schechter 2018).

**Part III: Final Discussion and Critical Perspectives**

In this part I reflect upon the societal, political and historical context for why the Vagina Museum and the Wandering Womb exhibition have come to be, and look at how it seems that these elements have affected their work.

England saw its first wave of feminism with the suffragettes and the fighting and winning of the vote for all women over 21 years in 1928 (Munro, 2013: 22), and the Wandering Womb exhibition was inspired by this, since the vote had its anniversary in 2018:
The RCN Women’s Health forum were interested in the idea of an exhibition, so we programmed it to coincide with the anniversary of women’s suffrage [...] It was around this time that nursing was formalised as a profession with registration – and a predominantly female one at that. This was an important social context for the exhibition (pers. comm. Reed, 2019).

As such, the vote for women is also connected to the emergence of women’s career within nursing, as reflected upon earlier in this chapter. However, here it can be seen that the RCN uses concrete historical landmarks to explain why the exhibition came to be right now. Hence, the exhibition was initiated on historical grounds, but it is also communicated by using history as a framework. Furthermore, it emphasised why it is relevant to look at history:

> It is important to put it all into context, and to see how as women’s rights such as the vote have come along, so have women’s rights over their own body, to control their own body, in relation to agreeing to operations, or not being put in asylums for being menopausal (Holloway, 2018).

**The Impact of the Feminist Fourth Wave**

Nowadays we’re seeing what I see as a fourth wave of feminism, which is intersectional, very activist, in comparison to the third wave one, and a museum will, I think, reflect the societal values, like body autonomy, and respecting vaginas. I think the museum has to show that society think bodies are important (pers. comm. Schechter, 2018).

Current feminist scholars acknowledge that we are now in a fourth wave of feminism (Chamberlain, 2017). Several elements can be highlighted when looking at why there has been an emergence of this fourth wave, like internet and online feminism, awareness on intersectionality and inclusion, and an increasing worry about body image (Chamberlain, 2017: 2). In her 2013 article *Feminism: A Fourth Wave?*, professor in media and communications Ealasaid Munro debates that the internet has enabled the emergence of the fourth wave, that it “has created a culture in which sexism or misogyny can be ‘called out’ and challenged” (Munro, 2013: 23). An example of this is the Norwegian Facebook-based group solely for women and topics concerning women – “Den Selskapelige”¹³ (“The Sociable”, my translation). The invite-only group has grown to currently consist of over 9000 members, spurring debate and creating engagement on current issues concerning women. As

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¹³ When established in 2012, it was under the name “Den Selskabelige Diskusjonsforening” (“The Sociable Union of Discussion”, my translation). The name is connected to the discussion group “Horten Diskusjonsforening”, established in 1896, which played a central role in gaining the vote for women in Norway in 1913 (Tørrestad, 2013).
such, with this group, the internet has made it possible for 9000 Norwegian women to efficiently come together and air and discuss issues. Indeed, as Munro claims, internet has “facilitated the creation of a global community of feminists who use the internet both for discussion and activism” (Munro, 2013: 23).

The Instagram-photo of Rupi Kaur, discussed earlier in this thesis, illustrating the menstruating woman, is also an example of this. When looking at the Instagram page of the Vagina Museum, I see it as an evidence that things have moved even more forward only since 2015 when Kaur’s photo was censored on Instagram. As mentioned earlier, The Vagina Museum evenly publishes photos of art that in some way communicate women’s body and health, including photos that often are a lot more graphic and direct than Kaur’s photo of menstrual blood on clothes. Seeing these photos not being removed from Instagram, I believe show that over just a couple of years the Internet has become more permissive about what can be shown in relation to women’s bodies. And it is a testimony to how much easier it is for initiatives like the Vagina Museum to reach their audiences simply through the internet: every day, they can reach their almost 40,000 followers on Instagram and convey a message on normalising the diversity in women’s bodies by publishing art pieces showing something else than people are shown in commercials. However, censorship still exists on platforms like Instagram, such as not showing pictures of women’s nipples. Connected to this, the campaign Free the Nipple14 has been ongoing for quite some time. Still – the internet has become a platform well used for activism, and to easily spread the word about taboo subjects, such as menstruation, and this bodes well for the work of the yet not physically established Vagina Museum.

A second central element of the fourth wave is, as mentioned, intersectionality and inclusion. Over the past decade or so, there has been an emergence of political parties centred on equality and feminism, and they have also had a focus on intersectionality. In 2005, Feministiskt Initiativ (Feminist Initiative) was established as a political party in Sweden, and later several branches of this emerged in other European countries, amongst them also Norway (NIKK, 2017). In 2015, the Women’s Equality Party (WEP) was founded in the UK (WEP, n.d.a). What has been common for these parties, as well as for the fourth wave of feminism, as mentioned, is the focus on intersectionality. This year, Mandu Reid became leader of WEP, thus becoming the first black leader for a political party in Britain (Iqbal, 2019). One of the main cases for WEP is equality within health: the party emphasises how

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14 ‘Free the Nipple’ is a movement that protests against the taboo of women appearing topless in public.
“diagnosis and treatment is based on male-centred research that ignores females’ different biology; and gender stereotypes and biased medical textbooks lead to women’s ill health being disbelieved and taken less seriously than men's” (WEP, n.d.b). The intersection between WEP’s focus on intersectionality and health could be seen when the party earlier this year started a campaign for more funding to specialist sexual health services, claiming that “we are not embarrassed about our bodies, we just can’t get an appointment!” (WEP, n.d.c)

This statement was obviously a response to all the talk that has been about how women do not go to doctor’s appointment for smear tests due to embarrassment of their bodies. WEP acknowledge that this also is a serious issue, but they stress that there are other reasons for the drop in cervical screenings, like outdated IT programs leading to letters for appointments being sent out too late or to the wrong person, and too narrow time frames for when it is possible to get an appointment. Moreover, they point out that some groups of women experience even greater barriers to access service, like when the GP does not have the proper equipment needed for disabled women to access screenings, and that “there is lower awareness of the need for screening among black, Asian and ethnic minority communities” (WEP, n.d.c). Furthermore, they stress that the services offered are limited due to a lack in government funding (WEP, n.d.c).

All this can also be linked to the Vagina Museum and the Wandering Womb. The curator of the Wandering Womb said:

The exhibition was timely for us, as it tied in with wider conversations amongst the public and press about period poverty and campaigns to promote smear tests (pers. comm. Frances 2019).

However, reaching a diverse audience, like women who suffer from period poverty, or who is connected to a culture where the awareness on screening is reduced, are also challenges for the Vagina Museum and the RCN, in the same way that access to health care service also is connected to class, ethnicity and function variation. This also shows that the ideas from the women’s health movement still are highly relevant, as receiving health care also is connected to which possibilities you actually have to receive it.

Feminism, and perhaps especially this fourth wave, even just the existence of it, also has to be seen in correlation to why these two cases exists, like Schechter commented herself concerning the Vagina Museum, cited earlier in this chapter section. In addition to perhaps being a result of the feminist fourth wave, I could not help being reminded of the activism of
the first waves of feminism when I hear Schechter talk about her enthusiasm to create the museum:

It is a massively taboo subject, but that is why we need this. What would be the point of waiting until society is ready? That’s not our aim. Our aim is to normalise the vagina, to advocate body autonomy, and what would be the point of waiting until everyone was okay? We have to have a change now, and change is only going to happen if you push it to happen. It’s never going to happen by itself (pers. comm. Schechter, 2018)

In the introduction I reflected upon how it was the feminists in the second wave in the 1960s and 1970s that mobilised the women’s health care movement, where “feminists began to create new health institutions for themselves and other women. The feminists who built these institutions perpetuated the earlier health reform commitment to reaching people without access to health care” (Nelson, 2015: 57). Now it is possible to see how the fourth feminist wave has continued this work. I also see links between the wish to liberate the body and what they wish to do with the Vagina Museum, like the café, which will serve vulva cupcakes and “vagacchinos (coffees with foam art that looks like vulvas)” (Vagina Museum, n.d.a).

**Women’s Museums and Women in Museums**

I find several similarities between the descriptions of the emerging feminist curating from the late 60s, and the emergence of the Vagina Museum. It was then clearly a consensus among female artists that the already established institutions were not active enough in including female artists, and so they created separate initiatives:

The women’s art movement emerged through group exhibitions and actions by women artists organized thematically and polemically around feminist issues, often self-organized and not “curated” by others. [...] These events also challenged the idea that the only place for exhibitions of art is in the art gallery or the museum; many of these shows were organized outside such institutional spaces. The exhibition site became an opportunity for public debate about the possibilities of new forms of art practice, new spaces, and new audiences (Deepwell, 2008: 75).

This seems to also be the case for the Vagina Museum: they find the already established institutions to not work enough on the issue and so they form an institution of their own. Another similarity is that the Vagina Museum also challenges the ideas for where and how an exhibition should be, for example by using travelling health exhibitions, and by wishing to
integrate social work institutions into their future exhibitions. I also see all this tied in with the
emergence of women’s health movement, where the feminists of the second wave also took
matter into own hands and created their own initiatives to provide women with the medical
care they needed but were not given by the government, for example tied to reproductive
health.

While I have no intention to hide that I am thrilled to see initiatives like the Vagina
Museum taking shape, I cannot help but think about what work can be done in already
established institutions. It is like the never-ending debate on whether it is best to have separate
institutions, for example individual museums for women’s history, or if it is best to focus
more on integrating it into already established museums. Recently, a new initiative was
founded in Stockholm, with the Stockholm’s Museum of Women History, but which really is
not a physical museum, but a “mobile entity, a moving consciousness” co-operating with
different organisations to spread knowledge about women’s history (Stockholm’s Museum of
Women’s History, 2019). In the International Association of Women’s Museums (IAWM), it
is argued that “women’s museums are important for women’s education, empowerment and
self-confidence” (IAWM, n.d.). Sometimes society needs powerful and specific initiatives to
get a ball really rolling, like establishing a political party for environmental causes in order to
make the other political parties put environmental issues higher on their agenda. Or as shown
earlier in history; how the women’s health movement, through women making their own
clinics and their own organised abortion facilities, showed that such separate initiatives can
work and spur new development. However, I would like to see the already established
institutions also focusing more on integrating different aspects of women’s health into their
work. As reflected on part two of the discussion, new separate initiatives can face the
challenges of reaching out to a broader audience, while the established institutions in a greater
degree already will have an existing audience.

Picture a school class of ten-year-olds, visiting an outdoors museum of cultural
history. They get a tour in an exhibition about rural life in the villages in the nineteenth
century. They enter the old house, visiting the different rooms. The house is filled with
objects the family who lived there had: the school class see a kettle used to boil water, a bed
for the kids to share, a little comb, a wash pot, a sanitation napkin used by women while
menstruating, clothes they wore while working in the woods, and next to the house the little
wooden shed they used as a toilet. All of these are examples of what I could show visitors
when I myself worked in such a museum a couple of summers ago – except the sanitation
napkin. As mentioned earlier in the thesis, I argue that a large part of decreasing stigma and
shame concerning women’s health and bodies is through knowledge, and museums are indeed well fitted institutions to create knowledge. Furthermore, a large part is also through normalising, and I believe that through knowledge, normalisation often quite automatically follows: if you are familiar with the facts, it is often not all that strange anymore. So when this school class is presented by the different elements in this family’s life, and the menstrual sanitation napkin is mentioned alongside with other daily life elements, the comb, the outdoor toilet, they learn, both the girls and the boys, that there is nothing strange or unusual about menstruating, and hence using menstrual products. It is simply how it is, because it is part of daily life for half the world’s population.
5. Concluding Remarks

In the introduction of this thesis I reflected upon how it is widely acknowledged that museums have a potential, and indeed a responsibility, to be active agents within social and societal issues, and that they are well fitted institutions for communicating issues concerning health. As reflected upon in previous chapters, women’s health is connected to several aspects of societal issues, and human rights. Looking at the United Nations Sustainable Goals\textsuperscript{15} gives a proof of this, where I argue that at least six out of the seventeen goals can be directly linked to women’s health: No. 1: ‘No poverty’, for example because of the period poverty movement. No. 3: ‘Good health and well-being.’ No. 4: ‘Quality education’, because in order to ‘ensure inclusive and equitable quality education and promote lifelong learning opportunities for all’, girls need to be able to attend school, and in order to attend school they need to have facilities and equipment while menstruating. No. 5: ‘Gender equality’, because in order to ‘achieve gender equality and empower all women and girls’, all women need to own their own bodies. No. 6: ‘Clean water and sanitation’, because it in many ways is a precondition for good health, especially when menstruating. And no. 10: ‘Reduced inequalities’ (United Nations, 2015). Furthermore, in May this month, in connection to the Menstrual Hygiene Day, the leader of Kirkens Nødhjelp (Norwegian Church Aid), Dagfinn Høybråten, called out for more male menstruation activists, and also turned directly to the minister of development in Norway, Dag-Inge Ulstein, with an encouragement to put issues concerning menstruation and lack of safe sanitary facilities on the agenda in international fora in 2019 (Høybråten, 2019).

Seeing how women’s health directly can be connected to these goals, and hence how it can be connected to societal issues, makes it even clearer how important it is for museums to have a focus on the different issues connected to women’s health, if they are going to continue to be institutions working for social and societal changes and improvements. The Vagina Museum and the Wandering Womb exhibition have worked on key issues like a call for more openness, celebration and normalisation of the female body. Moreover, the Vagina Museum has expressed a wish to co-operate with different organisations in order to make a difference, for example with institutions distributing menstrual products to homeless women.

\textsuperscript{15} The Sustainable Development Goals are set on the 2030 agenda by the United Nations: “The Sustainable Development Goals are the blueprint to achieve a better and more sustainable future for all. They address the global challenges we face, including those related to poverty, inequality, climate, environmental degradation, prosperity, and peace and justice” (United Nations, 2015).
In the *Wandering Womb* it is emphasised that nurses have a responsibility to contribute to break the stigma concerning women’s health. As such, both the cases intend with their work to not only reflect upon the issues concerning women’s health, but also point to elements that might contribute to making it less of a difficult matter. Looking at the previously highlighted issues concerning women’s health today, it is clear that the Vagina Museum and the *Wandering Womb* exhibition are working to spread knowledge on women’s health because it is very much needed.

Some separate initiatives to spread knowledge on women’s health have thus emerged. A couple of other initiatives to create museums solely dedicated to women’s health with a focus on menstruation have also been taken: in the 1990s, in the United States, the Museum of Menstruation and Women’s Health (MUM) was created by a man called Henry Finley. However, the museum had to shut down and remain an online museum, as Finley did not have the possibility to run it anymore, already having run it simply in his own private home. On the webpage of the museum it says that he is ready to donate the large collection of 4000-5000 items, to any who are willing to start a menstrual museum (MUM, n.d.). An initiative has then been taken in 2017 in the Netherlands, where the Menstruation Museum was founded (Menstruation Museum, 2017), but also this project seems to have stagnated.

Nevertheless, while creating separate initiatives to highlight certain subjects currently not sufficiently communicated in already established institutions can be highly useful, I argue that these already-established institutions can advantageously incorporate the issues raised in this thesis into their communication work. Both in order to decrease and problematise still-existing uneven power relations, but also to normalise what is still viewed as stigmatised and shameful, despite being part of our everyday. And so I turn to those who work in such established institutions: are you making an exhibition about travels to outer space? Include an element telling how women deal with menstruation whilst traveling in spacecrafts. Are you at a museum working on societal issues? Make an exhibition about reproductive rights, exhibiting objects used by women all over the world, present and current, to perform abortions: clothes hangers, herbs, knitting needles. Highlight why every woman should have the right to a legal and safe abortion, and why access to reproductive health also is a question of class and ethnicity.

And so I think about the family at my table at the *Is Your Vagina Normal?* workshop in the tent in Wales. They were sitting there together, seemingly having a good time, learning about the female gynaecological anatomy. Perhaps it will remain a good memory for the daughters, the teenager girls, in the years to come, when they statistically are in danger of
being too embarrassed about their bodies to attend potentially lifesaving screenings, that their parents sat there with them, laughing, relaxed, together with a lot of other people, quizzing about the vaginal anatomy like it was a quiz over which country won the European Song Contest in 2005\textsuperscript{16}. I take it as a symbol that people are ready to learn about women’s health in new ways, and that museums indeed can be institutions doing this work.

\textsuperscript{16} It was Greece.


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Appendix

All texts cited from the *Wandering Womb* exhibition, made by the Royal College of Nursing, in chapter 4: Analysis and Discussion, are here reproduced as they appeared in the exhibition.

Wandering Womb

Women’s health nursing past and present

**Women have long been seen as at the mercy of their biology.**

In the ancient medical world it was believed that a ‘wandering womb’ caused suffocation and death. Menstruation and childbearing were thought to make women the weaker sex, both physically and mentally. By the late nineteenth century, it was deemed scientifically proven that women’s biology made them less rational than men, unfit to participate in many areas of public life.

Rising above these attitudes, a century ago, women began securing the right to vote in the UK. Around the same time, nursing was formalised as a predominantly female profession. Since then, nurses have taken a leading role in challenging assumptions of women’s health.

Yet myths and misconceptions remain widespread. Social changes continue to alter women’s biology, as they start periods earlier and live longer beyond the menopause. What is ‘normal’ for women? And why has women’s health long been considered dirty nursing?

Blood and biology

**Decisions about women’s health have historically been made by men.**

For the Victorians, the menstrual cycle was linked to disease. Women found all sorts of ways to find out more about their periods and learnt from female relatives. Some would even source secret texts on women’s health, disguising these in the dust jackets of more ‘acceptable’
How did nursing change this? As the role of women in health care grew, so did an understanding about women’s health and biological cycles. Nurses became advocates for women, in a position to air previously hidden topics.

**So what is a ‘normal’ amount for women to bleed?**

Women today have more control over their periods than ever. The introduction of the contraceptive pill in 1961 changed when and how much women bleed. It helped move away from medically assumed norms to cycle lengths and flows unique to the individual. More and more women were able to better predict the symptoms of their own biology.

**Women no longer need to disguise their gynaecological pamphlets as philosophy texts.**

Bolder attitudes have seen campaigns to abolish the ‘tampon tax’ and charities working to ensure all women get access to menstrual supplies. Nurses play an important part in this changing atmosphere. As more non-surgical options have become available for women, like mirena coils and hysteroscopy, nurses have been at the forefront of embracing and delivering these treatments.

**DID YOU KNOW?**
The advised ‘pill free week’ was originally included because male doctors assumed women would want to keep their periods, rather than for any biological purpose!

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**I AM 1 IN 4**

**Hidden loss**

**Pregnancy loss is more common than is discussed.**

Even today, some causes of miscarriage are not known. Plenty of preventative measures have
been tried and tested by women all over the world for centuries. Ancient Egyptian women placed protective amulets in the vulva and women of Ancient Greece would avoid bitter foods. Practically any action taken by a woman in the Middle Ages could be seen to prompt a miscarriage, making her choices wholly responsible for the outcomes of her pregnancy.

In the nineteenth century, anything from exercise, worry, even failure to meet the demands of home life was blamed. Whilst these beliefs are centuries past, the idea of miscarriage as being the ‘fault’ of the woman still exists. Stigma around miscarriage and ectopic pregnancy continues.

**Nurses are breaking this stigma.**
The focus has shifted from the physical health of women to their emotional health. Specialist nurses within Early Pregnancy Units are leading on assessing, scanning and undertaking treatments. Counselling and strong links with support groups and charities are all part of providing expert care for their patients.

“By allowing my own experience to be reported I hope… that I might contribute in a small way to a future climate in which these matters are respected as entirely personal - rather than pored over and speculated about as they are now.”
Scotland’s First Minister Nicola Sturgeon, 2016.

**DID YOU KNOW?**
Termination care is the only aspect of care in the UK which is still governed by law.

Two doctors must agree to a termination of pregnancy. Nurses and women are challenging this paternalistic view and championing the need to change the law, so women can make the right choices for their own bodies and minds.

For nurses, this presents a barrier to progression in this area of their career. And yet, they are at the forefront of protecting women’s legal right to choose.
Taking control

“Am I, a nurse and a woman whose best years of life and health have been devoted to the relief of suffering in others, and whose health broke down in the service, to be debarred from all medical relief because forsooth, I claim a right over my own body? If so, will not steps have to be taken, in the interest of the people, to place hospitals under some other control?
Alice Beatty, 1902

In 1895, Dublin nurse Alice Beatty took her surgeon, Charles Cullingworth, to court. Cullingworth operated on Beatty for ‘ovarian disease’, but removed both her ovaries rather than the once she had consented to. Beatty, engaged to be married and keen to start a family, claimed damages for a wrongly performed operation. She lost the case.

Victorian surgery, prescribed and performed by men, was often extreme. A bit later into the 20th century, hysterectomy became the treatment of choice for gynaecological cancer, even when death rates were high. Consent and the social and psychological effects on women were barely acknowledged.

Gynaecological cancers are complex and the nursing role is expanding.
Nurses take the majority of smear tests. They have a large role in the diagnosis of cervical cancer, from screening through to colposcopy, as well as spotting cancer reoccurrence. Encouraging women to attend cervical screening is paramount. A CNS remains with their patients for the whole journey, from diagnosis and treatment to managing the long term effects. Unlike Alice Beatty, women now have increasing opportunities to take more control over their own care.

DID YOU KNOW?
Gynaecology is a Greek term literally meaning ‘the study of women’. And hysteria is derived from ‘hystera’ meaning womb. This linguistic association between women’s health and hysteria is still in use today in the term hysterectomy.
Hot flush

A Victorian woman going through the menopause was often considered to be emotionally unstable.
During this ‘climacteric period’, she may well have been prescribed leeching or bloodletting from the ankle. Her doctor would have advised against reading novels, going to parties and dancing. However, despite other treatments being available, for a 45-50 year old Victorian woman an onslaught of instability and madness was considered inevitable.

Nursing now focuses on the holistic management of menopause.
This can include managing lifestyle changes and advising on prescribed medication such as Hormone Replacement Therapy. Because the effects of menopause are so complex, Clinical Nurse Specialists (CNS) are key at this advanced level of practice. Taking time to understand individual patient concerns and providing tailored support are crucial nursing skills.

DID YOU KNOW?
In the Victorian age men were also diagnosed with climacteric insanity, as something that was defined as a broad spectrum of changes in life. But men were not diagnosed as frequently as women. Today, the possibility of ‘man periods’ or the ‘male menopause’ are widely discussed, as hormone fluctuations in men are also recognised.
Do you find any of this dirty?

We all need to speak more openly about intimate health issues.
Women’s biology has long been subject to speculation, comment and often control by others. It is now time for menstruation and menopause to be understood and celebrated as a normal part of female biology.

In a field previously dominated by the perspectives of male doctors and physicians, all nurses now have a responsibility to advocate for women today. It is up to health care workers to recognise that each woman is different and that ‘normal’ means healthy.

Perhaps for the nurse, it is the ‘dirty’ nature of gynaecology which makes the role so unique in helping to transform a woman’s experience.

Do you think of menstrual blood, or afterbirth, or mucus as dirty? If so, we hope you leave this exhibition questioning where these attitudes came from.