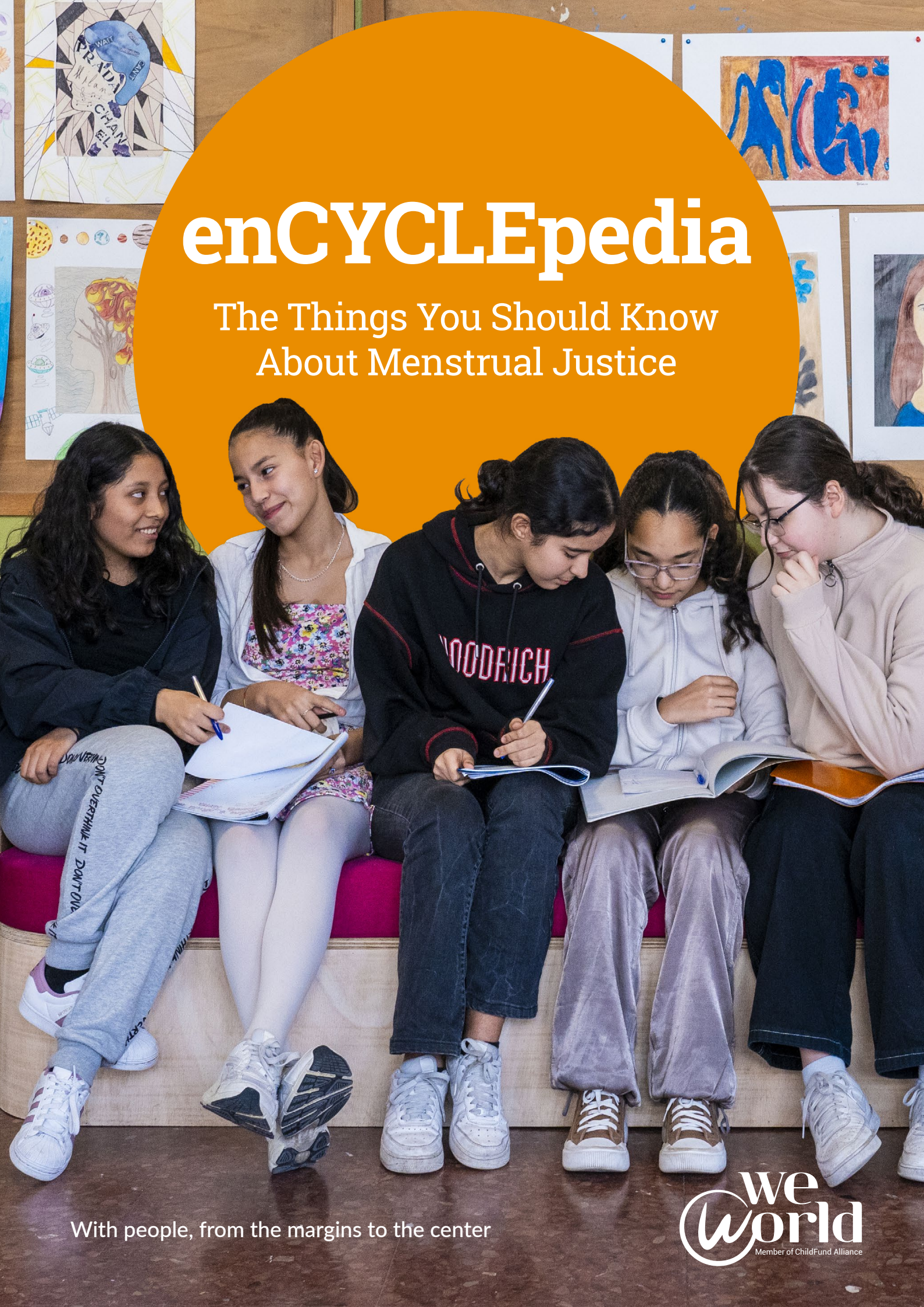
enCYCLEpedia

The Things You Should Know About Menstrual Justice



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The Things You Should Know About Menstrual Justice

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Thank you to all the people who shared their stories and experiences and decided to walk together for greater menstrual justice.

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Foreword

One crucial element of the gender equality conversation that is often hushed up, despite affecting millions daily, is menstrual health.

Around 1.9 billion people menstruate globally each month, yet this experience remains cloaked in silence and stigma. The numerous euphemisms used to sidestep the term 'menstruation' highlight a broader issue: what we do not name stays hidden and taboo, resulting in real consequences for menstruating individuals who are frequently marginalised.

It is essential to emphasise that having a menstrual cycle is not a barrier by itself. Barriers arise when society fails to acknowledge menstrual health as a core aspect of overall health and human dignity. In many places, taboos and stereotypes around menstruation prevent full participation in social life and limit educational and work opportunities. Economically, the issue is stark: 500 million people worldwide struggle to afford essential menstrual products like pads, tampons, or cups.

This challenge is known as 'menstrual poverty.' It is not just about the financial strain of taxes on these essentials (the so-called Tampon Tax) but also about the high cost, lack of information, denial of bodily autonomy, and the stigma that forces people to skip activities due to shame or embarrassment. This systemic issue is often overlooked, especially in high-income countries where it is deemed a 'low priority' and treated as a 'private matter' rather than a key gender equality issue.

Menstrual health is not just a personal concern but is deeply linked to public health and human rights. It spans physical, psychological, and social well-being throughout the menstrual cycle, perimenopause, and menopause. Discussions about menstruation encompass a broad spectrum of rights, including access to information and essential products.

At WeWorld, we are dedicated to transforming the conversation around menstrual health by challenging stereotypes and fostering a positive dialogue. Our work reaches countries like Kenya, Tanzania, Palestine, Nicaragua, Syria, Lebanon, and many more, where we have developed our Menstrual Health and Hygiene Management (MHHM) approach, integrated into our global WASH (WAter, Sanitation, and Hygiene) strategy. Access to clean water and proper sanitation is vital for safe menstrual management, and private, clean facilities are crucial for hygiene and dignity.

Our MHHM initiatives include educational programmes in schools and communities, aimed at empowering girls with knowledge about their bodies, as well as targeting children and men to shift collective mindsets. Tackling menstrual stigma requires a collective effort.

Menstrual poverty needs thorough investigation, as current data is fragmented. We advocate for standardised, internationally comparable data to ensure effective, evidence-based interventions.

Our report *"enCYCLEpedia: The Things You Should Know About Menstrual Justice"* aims to spotlight menstrual poverty and its various forms. It includes Italy's first survey on the issue, revealing that menstrual poverty is a concern even there: just over one in six people always had and could afford their preferred menstrual products.

Menstrual poverty and health are fundamental human rights issues, and it is time to embrace a menstrual justice framework. This vision ensures all menstruators can access necessary products, make informed decisions about their bodies, receive accurate information, and live free from stigma.

To drive this change, we have launched our Six-Steps Manifesto for Menstrual Justice, calling for: open dialogue about menstruation; the abolition of the Tampon Tax; free menstrual products in public buildings; menstrual education in school curricula; recognition of menstrual conditions in Essential Levels of Care; and menstrual leave. Supported by the #SeiPassiPer (#SixStepsFor) campaign, we aim to ignite a movement for menstrual justice in Italy.

These proposals can inspire other countries, adapting to local needs to address regional challenges. WeWorld is committed to leveraging our global efforts to enhance menstrual justice worldwide. Our work on menstrual health and WASH facilitates the sharing of knowledge and practices across borders, driving global progress in menstrual justice.

Ensuring menstrual health is integral to health and gender equality. There can be no health without menstrual health, and no gender equality without menstrual justice.

Anna Crescenti
WASH Global Expert

Executive summary

"enCYCLEpedia: The Things You Should Know About Menstrual Justice" arises from WeWorld's enduring dedication to menstrual health, both globally and in Italy. Our mission is to protect menstrual health, promote the rights of all menstruators, and address the marginalisation they often face. By focusing on menstrual health rather than just menstrual hygiene, we address the physical, emotional, psychological, and mental aspects of menstruation. This encompasses the entire menstrual cycle, including perimenopause, menopause, and postmenopause. We recognise that this physiological process, affecting many, is tied to a broad spectrum of human rights such as health, dignity, bodily autonomy, access to information, privacy, and education.

A SURVEY ON MENSTRUAL POVERTY

Globally, approximately 1.9 billion people menstruate each month, all of whom have faced discrimination due to their menstruation. To fully understand these forms of discrimination, we have broadened the definition of menstrual poverty. This expanded view includes not only financial barriers to accessing menstrual products but also the lack of adequate information and education, the pervasive silence and stigma surrounding menstruation, and the minimisation of related discomforts. This report delves into menstrual poverty and its various facets, highlighting how these issues often intersect. It presents both quantitative and qualitative data from various countries to illustrate the scope and impact of menstrual poverty.

MEASURING MENSTRUAL HEALTH AND POVERTY

Menstrual poverty is a global issue affecting millions annually. However, assessing the extent and specifics of this problem is hampered by a lack of standardised, comparable, and current data, making a comprehensive assessment challenging. To address this, we advocate for the following measures:

- Standardisation of Information Collection
- Development of Multidimensional Indicators
- Expansion of Age Scope
- Collection of Disaggregated Data
- Adoption of an Intersectional Approach
- Encouragement of Governmental Monitoring
- Promotion of Data-Driven Interventions

WeWorld believes in leveraging the interconnectedness of interventions across different countries to improve conditions globally. For instance, our work on menstrual health and hygiene (MHH) has led to the transfer of knowledge and practices from various countries to Italy, where awareness and understanding remain insufficient. As a preliminary step towards establishing a comprehensive monitoring mechanism applicable in other national contexts, we conducted an opinion poll. Although limited, it provides unprecedented insights into this phenomenon.

THE WEWORLD-IPSOS SURVEY

In February 2024, WeWorld conducted Italy's first survey on menstrual poverty in collaboration with Ipsos. The survey included a sample of 1,400 people aged 16-60 representative of the Italian population. The survey comprised six sections, with the main results outlined here.

TALKING ABOUT MENSTRUAL CYCLE AND MENSTRUATION

- More than 4 in 10 people never or rarely feel comfortable saying the words 'menstruation' and 'menstrual cycle'.
- 1 in 3 people refer to menstruation as 'things'.
- 1 in 2 think that menstruation and the menstrual cycle are talked about too little and too vaguely.
- 1 in 2 think that menstruation should be talked about freely.
- Almost 1 in 5 think it is unprofessional to talk about menstruation at work.

MENSTRUAL PRODUCTS USED

- Disposable external tampons are the most used products to manage menstruation, chosen by almost 9 out of 10 people, both those who currently menstruate and those who no longer menstruate.
- Reusable products are more popular among those who currently menstruate than among those who no longer menstruate. Menstrual pads are chosen by 18% of those still menstruating compared to 9% of those no longer menstruating, reusable pads by 13% compared to 5% and cups by 9% compared to 2%.
- Of those surveyed, 14% use toilet paper to manage their bleeding.
- Just over 3 in 5 say they are completely satisfied with the menstrual products they use.

EXPERIENCES OF MENSTRUAL POVERTY

- Just over one person in five reported that they have always been able to afford their preferred menstrual products, both in terms of quantity and quality.
- 16% of the sample said they could never or rarely afford their preferred menstrual products.
- Only 15% of the sample have or had the opportunity to change, dispose of used products and wash when they have or had their menstruation.
- Schools and universities are the least appropriate places to manage menstruation: 3 in 10 do not find the toilets safe; 4 in 10 do not find them clean or suitable for privacy; almost 1 in 4 say they cannot/would not lock them.

PAIN AND RELATED PROBLEMS

- Only 5% of those who are or have been menstruating say they never experience pain, the other 95% do, with an average intensity of 6.9 on a pain scale of 1 to 10.
- 4 in 10 say they suffer from premenstrual syndrome.
- Only slightly more than 1 in 10 people do not have to give up activities because of menstruation.
- 1 in 2 people say they have missed at least one day of school and/or work because of their period.
- Pain during menstruation is the main reason for missing school and work: 67% of the sample report missing school and 71% miss work.
- On average, respondents miss 6.2 days of school and 5.6 days of work per year due to menstruation.

MENARCHE AND EMOTIONAL ASPECTS

- When menarche came, 4 out of 10 people had only a vague idea of what it was, or no idea at all.
- Fifteen per cent of the sample say they have never talked to anyone about dealing with menstruation.
- Almost 1 in 4 say they have never talked to anyone about perimenopause and menopause.
- Less than 1 in 5 say they have never felt embarrassed about menstruation.
- 1 in 5 have been teased about menstruation at school, by male friends, or at work.
- For almost 1 in 5, the biggest worry about menstruation is/was not being able to buy menstrual products.

HOW TO SUPPORT PEOPLE WHO MENSTRUATE

- Slightly more than 1 in 3 said they had received sex and relationships education at school. Menstruation was discussed in more than 8 out of 10 cases.
- The provision of sexuality and emotional education is not homogeneous throughout the country: in the north-east 48% of the sample have attended such courses, in the north-west 40%, in the south and islands 29%, and in the centre 27%.
- More than 8 out of 10 people are in favour of introducing menstrual leave both at work and at school.
- More than 9 out of 10 people agree with the idea of distributing free menstrual products, especially in schools/universities (54%), hospitals (47%), and workplaces (38%).

THE MENSTRUAL CYCLE TALE

To gain a more comprehensive view of menstrual health in Italy, we complemented the quantitative survey with qualitative testimonies from individuals who have or have had their menstrual cycle. We collected over 300 testimonials through various methods, including semi-structured interviews, focus groups, and submissions via WeWorld social media channels. This collective exercise highlights both individual and shared experiences, reinforcing the notion that personal experiences often reflect broader political issues.

THE MENSTRUAL JUSTICE AGENDA

WeWorld is committed to advancing menstrual health globally, prioritising menstruating individuals and aligning menstrual rights with other interconnected rights such as education, health, access to menstrual products, and WASH (WAter, Sanitation, and Hygiene) services. Our projects and collaborations have provided valuable insights and innovations, enabling us to develop proposals for promoting menstrual justice worldwide. We have adapted our global knowledge to the Italian context and, in February 2024, launched a six-steps Manifesto aimed at achieving true menstrual justice in Italy. This initiative seeks to raise awareness and drive tangible change.

These proposals may serve as models for other countries where WeWorld works on menstrual justice. However, it is essential to tailor interventions to local needs and contexts, as some demands may already be addressed or may not be priorities in certain areas.

WeWorld's Manifesto for Menstrual Justice:

1. Call Menstruation by Its Name: Let's Break the Silence.
2. Menstruation is Not a Luxury: Demand 0% VAT.
3. Free Menstrual Products in Every School and Public Building.
4. Empower Through Education: Comprehensive Sexuality Education.
5. Prioritise Menstrual Health: Let's Take Care
6. Champion the Menstrual Leave: Respect and Flexibility

Accompanying the Manifesto is the #SeiPassiPer (#SixStepsFor) campaign, designed to foster a genuine movement for menstrual justice in Italy. This campaign highlights public interest in addressing menstrual issues and showcases the efforts of schools, associations, companies, and local authorities. While these commendable efforts are often led by individual entities, a systemic approach is necessary to ensure menstrual justice for everyone. It is time to act at both national and international levels.

Glossary

ABLEISM: A term denoting not only discrimination against people with disabilities but also a specific socio-political system centred on the concept of 'normality'. This system values certain abilities over others, leading to discrimination, oppression, invisibility, and marginalisation of those who do not possess these deemed 'important' and 'normal' abilities. Ultimately, this can result in their complete exclusion from social life and rights.

AMENORRHOEA: The absence of menstruation, which is a physiological condition before puberty, during pregnancy, lactation, and after menopause. However, during the fertile age, it can be a symptom of other conditions, including hormonal, genetic, or structural disorders.

BODILY AUTONOMY: The inviolability of the body translates into personal autonomy, self-determination, and the freedom to make informed and conscious choices about one's own body. Bodily autonomy is linked to the concept of agency (the capacity and freedom to act), serves as the foundation of gender equality, and is a fundamental right.

COMPREHENSIVE SEXUALITY EDUCATION: High-quality, comprehensive, and inclusive sexuality and emotional education that addresses all cognitive, emotional, physical, and social aspects of sexuality and affective relationships. According to UNESCO guidelines (2009; 2018), this education should focus on eight key concepts: 1) Relationships; 2) Values, rights, culture, and sexuality; 3) Gender; 4) Violence and self-protection; 5) Skills for health and well-being; 6) The human body and its development; 7) Sexuality and sexual behaviour; 8) Sexual and reproductive health.

DOULA: A term derived from Greek, meaning 'female servant' or 'the one who serves the woman'. The origins of doulas trace back to ancient Greece, where women provided support to one another during childbirth. These women offered emotional support, guidance, and comfort to the birthing individual, ensuring a safe and positive birth experience. Today, doulas are professionals who provide emotional, physical, and informational support to individuals and their families during pregnancy, childbirth, and the postpartum period.

DYSMENORRHOEA: Pain associated with menstruation, characterised by persistent, intense cramps or discomfort in the lower abdomen. This condition may also be accompanied by headaches, nausea, constipation or diarrhoea, and lower back pain. Dysmenorrhoea typically peaks within 24 hours of the onset of menstrual flow and may last for 2-3 days. The cramps and pain are often so severe and frequent that they can significantly impair daily activities.

ENDOMETRIUM: The mucous tissue that lines the interior of the uterus. Each month during the menstrual cycle, the endometrium thickens in preparation to receive a fertilised egg. If conception does not occur, the endometrium breaks down and detaches, leading to the discharge of blood and residual tissue, which constitutes menstrual flow.

FERTILE AGE: During the reproductive life of a person with biological female characteristics, the fertile age is the period when the menstrual cycle repeats cyclically each month. The key moment of fertility in the menstrual cycle is ovulation, when the reproductive cell (oocyte) matures and is released from the ovary into the fallopian tubes, where it can meet sperm. On average, ovulation occurs about 14 days before the start of the next menstrual cycle. The most fertile days generally span around this time, including the day of ovulation and the days immediately preceding it.

FREE BLEEDING: The practice of not using any menstrual products to absorb or collect menstrual flow. This approach can be a voluntary choice for those who prefer not to use menstrual products, or it may be a necessity for individuals who lack access to such products.

GENDER: The socio-cultural construction of sex, through which biological differences are transformed into social differences. Gender is shaped by norms, roles, relationships, and experiences. As a social construct, gender varies across societies and can evolve over time.

GENDER EQUALITY: The principle of providing equal access to opportunities, resources, and rights in areas such as employment, finances, education, leisure, decision-making, and political and economic processes for women, men, and other genders. Gender equality is the result of a process based on gender equity. Equity means recognising and claiming the specificity of each person. In this way we can claim that, although we have different characteristics, histories, and experiences, we have equal rights.

GENDER IDENTITY: How a person perceives and expresses their own gender.

GENDER MEDICINE: The study of how biological, social, economic, and cultural differences impact health. It serves as a tool for analysing the gender and biological variables that characterise each individual. Key principles include the need to consider sex and gender as variables in healthcare, professional medical practice, and clinical research.

GENDER PAIN GAP: The disparity in the recognition and treatment of pain between genders, where pain experienced by women is often underestimated, minimised, or inadequately addressed due to gender stereotypes and biases. This gap can lead to poor understanding of women's health issues and delayed diagnoses of conditions that predominantly affect or are specific to individuals with female biological traits.

GENDER ROLE: Refers to the set of behaviours, duties, expectations, and responsibilities that society associates with being male or female. These roles are often learned from childhood, consciously or unconsciously, and dictate how individuals are expected to act based on their gender identity.

HORMONES: Substances produced by the body that regulate numerous processes, including metabolism, growth, development, and reproduction. In the context of the menstrual cycle, hormones such as luteinising hormone (LH) and follicle-stimulating hormone (FSH) play key roles by stimulating follicle maturation and ovulation. They also prompt the ovaries to produce oestrogen and progesterone. Oestrogen encourages the growth of the endometrial lining and can provide an energy boost, while progesterone, together with oestrogen, prepares the uterus for potential fertilisation.

HYSTERIA: A term derived from the Greek word 'υστερον' (hysteron), meaning 'uterus'. Coined by Hippocrates of Kos, it referred to a range of pathological conditions he believed were caused by a displacement of the uterus in women. Historically associated with the female gender, hysteria was linked to the oppression and discrimination of women. During the Middle Ages, women deemed hysterical were often labelled as insane or witches and subjected to exorcism or execution. The term was only removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM) by the American Psychiatric Association in 1987.

MDCD (Menstrual Discomforts, Conditions, and Disorders): A broad term referring to all forms of discomfort, pain, conditions, and diseases related to the menstrual cycle. This includes conditions such as adenomyosis, amenorrhoea, dysmenorrhoea, endometriosis, fibromyalgia, polycystic ovary syndrome (PCOS), premenstrual syndrome (PMS), and premenstrual dysphoric disorder (PMDD). While not all MDCDs correspond to diagnosable or treatable diseases, they encompass the full range of painful physical, mental, or emotional symptoms experienced in connection with the menstrual cycle.

MENARCHE: The onset of the first menstruation. The age at which menarche occurs is influenced by both genetic and environmental factors and typically happens between the ages of 10 and 16. This timing can vary widely across different countries and populations and is associated with factors such as climate and diet. In recent decades, there has been a general trend towards a younger average age for the onset of menarche.

MENOPAUSE: The transition marking the end of the reproductive phase and the cessation of menstruation. Menopause is identified retrospectively after 12 months without menstruation. Following menopause, pregnancy is no longer possible except in rare cases with specialised fertility treatments (such as assisted reproduction). Menopause generally occurs between the ages of 45 and 55.

MENSTRUAL CUP: A small latex or silicone device inserted into the vagina during menstruation to collect menstrual flow. Unlike tampons and pads, the cup does not absorb the flow but simply collects it.

MENSTRUAL CYCLE: A series of physiological changes that cyclically affect the reproductive system, regulating reproduction and enabling pregnancy. Conventionally, the menstrual cycle begins on the first day of bleeding (menstruation) and ends just before the start of the next bleeding. The duration of the menstrual cycle varies greatly from person to person: it is generally 28 days but can be longer or shorter, ranging from 23 to 35 days. It is regulated by hormones, substances produced by the body that are responsible for many processes such as metabolism, growth, and development.

MENSTRUAL HEALTH: A state of complete physical, mental, and social well-being in relation to the menstrual cycle, beyond merely the absence of disease or discomfort. It encompasses access to accurate, timely, and age-appropriate information about the menstrual cycle, effective and affordable menstrual products, supportive facilities and services (including clean water and sanitation), and living in an environment free from menstrual stigma. Additionally, it includes access to diagnosis, treatment, and care for menstrual discomfort and disorders, and appropriate health services.

MENSTRUAL JUSTICE: Initially defined in contrast to menstrual injustice—which refers to the oppression of individuals simply because they menstruate—menstrual justice ensures that all menstruating people have access to the resources and support needed to manage menstruation with dignity and without stigma. It advocates for equal rights and opportunities for all menstruating individuals and seeks to eliminate barriers related to menstrual health.

MENSTRUAL LEAVE: Paid leave granted to employees who experience menstrual discomfort and pain during menstruation. The duration and specifics of menstrual leave policies can vary. In some countries, such leave is regulated by law, while in others, individual companies implement it as part of their internal policies.

MENSTRUAL POVERTY: refers to a wide range of factors that marginalise people who menstruate, simply because they menstruate, and prevent them from achieving full menstrual health. These factors include a lack of adequate information on how to manage the menstrual cycle, the impossibility to make free choices about one's body, the persistence of taboos and stereotypes surrounding the topic, difficulties in accessing sanitary facilities and appropriate menstrual products, and adequate health care. It also includes the loss of school or workdays and the reluctance to exercise, go out or participate in social events because of shame or embarrassment.

MENSTRUAL PRODUCTS: Items used to absorb, collect, or manage menstrual flow, such as tampons, pads, pantyliners, menstrual cups, menstrual discs, and menstrual underwear.

MENSTRUAL SHAME/STIGMA: The feeling of shame or embarrassment that individuals experience due to their menstrual cycle. Stigma is the negative stereotype and judgment that society places on menstruation, often leading to the marginalisation and exclusion of menstruating individuals. This stigma can arise from societal, cultural, religious, and institutional taboos, and myths that associate menstruation with impurity or inferiority.

MENSTRUATION: The cyclical process that typically occurs monthly for most individuals during their reproductive years, characterised by the shedding of the endometrial lining and the expulsion of blood and residual tissue through the vagina.

MENSTRUAL LITERACY: The level of knowledge and understanding about menstruation and the menstrual cycle that enables individuals to make informed decisions about their health, well-being, and daily life. It encompasses knowledge of the biological, emotional, and social aspects of menstruation, as well as an understanding of menstrual products, hygiene practices, and the rights related to menstrual health.

NATURAL FAMILY PLANNING: A method of birth control based on the observation and recording of natural indicators of fertility in the menstrual cycle. This method involves monitoring bodily signs such as basal body temperature, cervical mucus, and changes in the cervix to determine the fertile window and avoid or achieve pregnancy. While considered effective when practiced correctly, natural family planning requires a high level of knowledge, diligence, and commitment.

OVULATION: The release of a mature egg (oocyte) from the ovary into the fallopian tube, where it can be fertilised by sperm. This event typically occurs around the midpoint of the menstrual cycle, approximately 14 days before the onset of the next menstruation. The days surrounding ovulation are the most fertile, with the highest likelihood of conception.

PADS: An external physical product used to absorb menstrual blood and flow. It may be reusable or disposable. The main materials used to make them are cotton, cellulose, or synthetic materials such as polyethylene and polypropylene.

PAINFUL PERIOD: A common experience during menstruation where individuals suffer from various forms of pain, including, but not limited to, abdominal cramps, lower back pain, and headaches. This pain can vary in intensity and may significantly disrupt daily activities.

PMS (Premenstrual Syndrome): A group of physical and emotional symptoms that occur in the luteal phase of the menstrual cycle, after ovulation and before menstruation. Common symptoms include mood swings, irritability, fatigue, bloating, breast tenderness, headaches, and digestive issues. The exact cause of PMS is not fully understood but is believed to involve hormonal fluctuations.

PREMENSTRUAL DYSPHORIC DISORDER (PMDD): A severe form of premenstrual syndrome (PMS) characterised by significant emotional and physical symptoms that interfere with daily functioning. Symptoms may include extreme mood swings, depression, anxiety, irritability, fatigue, and physical discomfort. Unlike PMS, which affects a larger proportion of individuals, PMDD is less common and typically requires medical diagnosis and treatment.

REUSABLE MENSTRUAL PRODUCT: Menstrual products designed for multiple uses, such as menstrual cups, menstrual discs, and cloth pads. These products are eco-friendly alternatives to disposable items, promoting sustainability and reducing waste.

SOGIESC: The acronym stands for diverse Sexual Orientation, Gender Identity and Expression, and Sexual Characteristics. This term was developed in the field of human rights to create an inclusive definition that can recognise and protect a variety of identities and experiences. Its adoption addresses the need for a more inclusive and non-binary language than previous terms such as LGBT (Lesbian, Gay, Bisexual and Transgender). SOGIESC is in fact used to emphasise the fundamental right of every person to freely have and express sexual orientation, gender identity, gender expression and sexual characteristics.

SPOTTING: Light vaginal bleeding that occurs outside of the regular menstrual cycle. Spotting can have various causes, including hormonal imbalances, ovulation, or the use of certain contraceptives. It is generally lighter and shorter in duration compared to regular menstrual bleeding.

SUSTAINABLE MENSTRUAL PRODUCTS: Menstrual products that are designed with environmental impact in mind. These products typically use sustainable materials, have a longer lifespan, and produce less waste compared to traditional disposable menstrual products. Examples include menstrual cups, reusable cloth pads, and menstrual underwear.

TABOO: A strong social or cultural prohibition against discussing, engaging in, or acknowledging certain topics, practices, or behaviours. Taboos surrounding menstruation often lead to silence, misinformation, and stigma, contributing to the marginalisation of menstruating individuals and the perpetuation of myths and stereotypes.

TAMPON: A cylindrical product, often made of cotton or rayon, that is inserted into the vagina to absorb menstrual flow. Tampons come in various sizes and absorbencies, with or without applicators, and are one of the most commonly used menstrual products.

UTERUS: A key organ in the female reproductive system. The uterus receives the fertilised egg, supports its development, and facilitates the delivery of the foetus at the end of pregnancy. Internally, it is lined with the endometrium, a mucous membrane that supports and nourishes the fertilised egg. Externally, it is composed of a robust muscular layer that contracts to aid in the expulsion of the foetus.

WASH (WAter, Sanitation and Hygiene): An acronym coined in the context of international cooperation to refer to the interventions implemented—mainly in countries of the global South—to safeguard access to water, sanitation, and hygiene. Access to and availability of these services are essential for the protection of health and human dignity, while contributing to the improvement of other aspects of individual and community life, such as livelihoods, employment, housing, and education. WASH is also crucial for building resilient and sustainable communities and a healthy environment..

Chapter 1.
WHAT IS MENSTRUAL HEALTH?

1.1. MENSTRUATING IN A MAN'S WORLD

For almost 40 years, and for a total average of 2,400 days, menstruation accompanies the lives of many people (Thiébaut, 2018). Yet it is still something we are ashamed of, a subject surrounded by silence and taboo. Think of the difficulty of naming it: in cultures all over the world, there are dozens of euphemisms for menstruation, such as 'Aunt Flo is in town'[1], 'Women's Day' (Japan), 'strawberry week' (Germany), 'the British have landed'[2] (France). These are all alternative ways of avoiding using the word 'menstruation', which shows embarrassment and anxiety in talking about a physiological process.

Every month, **approximately 1.9 billion people worldwide menstruate, accounting for about 23% of the global population** (WHO/UNICEF, 2022).

We deliberately use the term 'people' instead of just 'women and girls' when discussing menstruation. This is because not all women menstruate, due to reasons such as illness or hormone therapy. Additionally, not all individuals who menstruate identify as women. It is important to consider the experiences of those who face discrimination, such as people with diverse Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (SOGIESC[3]). These individuals often have their menstrual experiences silenced and made invisible, leading to increased insecurity and gender discrimination (Atkins, 2020).

Highlighting 'people who menstruate' emphasizes the varied experiences of menstruation, influenced by factors such as disability, age, gender identity, economic status, country of origin, ethnicity, place of residence, housing instability, prison conditions, migration, religion, culture, and many others (Hennegan et al., 2021).

Despite these differences, a common thread among all menstruating individuals is the pervasive silence and stigma surrounding menstruation (Thiébaut, 2018). **Society's use of code words and secrecy about menstrual products marginalizes those who menstruate, making them feel ashamed of their natural biological processes. This stigma turns menstruation into a taboo topic, hindering open discussion, even about medical aspects.**

Menstrual discrimination is also reinforced by the fact that it predominantly affects women, not men. **Menstrual stigma reflects gender power imbalances and related stereotypes** (Winkler, 2021). For instance, consider how different societal attitudes might be if men were the ones who menstruated.

American activist Gloria Steinem responds in this way:

"Clearly, menstruation would become an enviable, boast-worthy, masculine event [...] To prevent monthly work loss among the powerful, Congress would fund a National Institute of Dysmenorrhea. Doctors would research little about heart attacks, from which men were hormonally protected, but everything about cramps. Sanitary supplies would be federally funded and free. Of course, some men would still pay for the prestige of such commercial brands as Paul Newman Tampons, Muhammad Ali's Rope-a-Dope Pads, John Wayne Maxi Pads, and Joe Namath Jock Shields—"For Those Light Bachelor Days." (Steinem, 1978; 2019).

Menstruation would then be seen as a sign of virility and strength, openly discussed, and something to be proud of—another demonstration of the resilience of the male body. These positive traits, generally considered uniquely masculine, would transform menstruation into a symbol of power. However, because menstruation is more commonly experienced by women, historically considered the "weaker sex," it is instead viewed as a sign of weakness, shame, and uncleanliness[4].

1 Flo is reminiscent of 'flow', in this case menstrual flow.
2 This expression refers to the Battle of Waterloo (1815) and the colour of British military uniforms.
3 See the Glossary.
4 The British association WaterAid, for example, launched the 'If men had periods' campaign in 2015, which uses videos to imagine and depict how the menstrual cycle would be viewed if it affected men. More information on the campaign is available at https://www.wateraid.org/uk/blog/if-men-had-periods.

.HOW DOES THE MENSTRUAL CYCLE WORK?

The menstrual cycle involves a series of physiological changes that cyclically affect the reproductive system, regulating reproduction and making pregnancy possible. Conventionally, the menstrual cycle starts on the first day of bleeding, known as day 1, and ends just before the next bleeding begins.

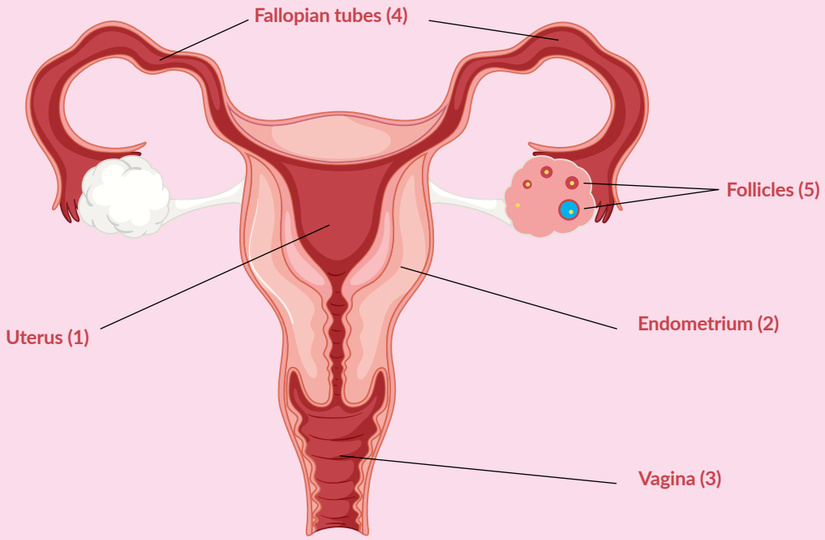
The length of the menstrual cycle varies significantly among individuals. While it is usually around 28 days, it can range from 23 to 35 days. This cycle is regulated by hormones, which are substances produced by the body responsible for various processes such as metabolism, growth, and development. The menstrual cycle consists of four phases: menstruation, the follicular phase, ovulation, and the luteal phase.

In her book ***"Period Power: Harness Your Hormones and Get Your Cycle Working For You"*** (2019), Women's health expert, doula[5] and author Maisie Hill compares the physiological and emotional changes that accompany the different phases of the menstrual cycle to the seasons.

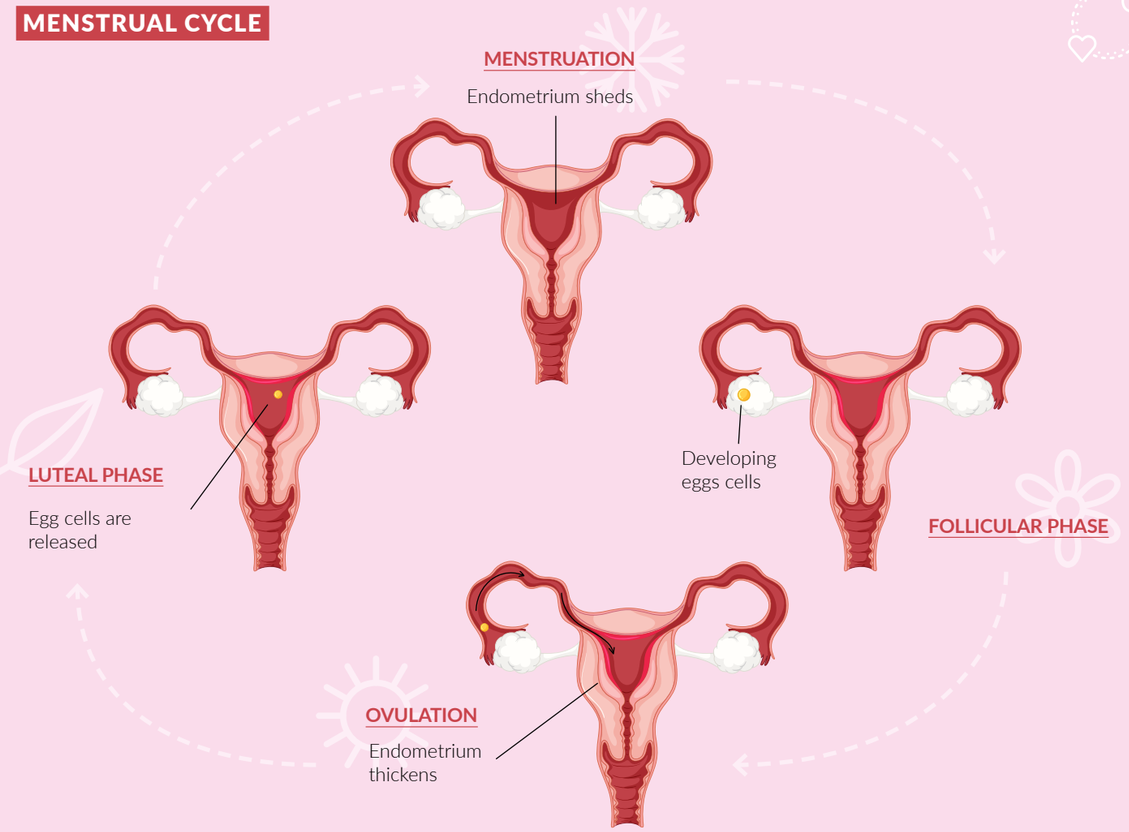
Thus, bleeding becomes winter, the pre-ovulation (follicular) phase is spring, ovulation is summer, and the premenstrual phase (about a week before menstruation begins, part of the luteal phase) is autumn.

I) MENSTRUATION: The beginning of each cycle is marked by the first day of menstruation, which involves the loss of blood and tissue from the surface of the mucous membrane that lines the uterus, known as the endometrium. This process is necessary for the development and nourishment of a potential fertilized egg and is regulated by hormones such as oestrogen and progesterone. At the end of the cycle, the production of these hormones abruptly stops. If fertilization has not occurred, menstruation ensues, allowing the uterus to shed the endometrial lining formed during the previous menstrual cycle through the vagina. Menstruation, which signals that fertilization has not taken place, generally lasts 4-8 days, with blood loss ranging from approximately 28 to 80 ml. This phase is one of the most significant events in the menstrual cycle, during which the body undergoes considerable stress, potentially causing pain, discomfort, and emotional fluctuations. For these reasons, it may be beneficial to take a break during this time, akin to how many animals hibernate in winter to recharge for the coming seasons (Hill, 2019).

II) FOLLICULAR PHASE: The follicular phase lasts from the first day of the menstrual cycle—the first day of menstruation—until ovulation. It is called the follicular phase because hormones stimulate the growth of follicles, each containing an egg. During this phase, the lining of the uterus is rebuilt to prepare for the possibility of receiving a fertilized egg. Oestrogens, produced by the follicles, are responsible for this phase, stimulating the proliferation of the new endometrium and often providing an energy



5 The origins of doulas go back to ancient Greece, where women supported each other during childbirth. The term 'doula' comes from the Greek and means 'female servant/the one who serves the woman'. These women provided emotional support, guidance and comfort to the mother-to-be, ensuring a safe and positive birth experience. Today, doulas are professionals who provide emotional, physical and informational support to women and their families during pregnancy, birth and the postpartum period.



boost. The follicular phase ends with ovulation, and its duration can vary depending on how long it takes to ovulate. This phase, similar to spring, is a transitional period. The end of menstruation can feel like a release from the previous suffering, as the body prepares to release an egg. However, transitioning from the comfort of winter to the activity of spring can be challenging for some (ibid.).

III) OVULATION: Ovulation occurs about 14 days before the next menstrual cycle, which in a 28-day cycle is around day 14. This is the time when a person can become pregnant. An abrupt rise in luteinizing hormone (LH) causes the ovarian follicle to rupture and release the mature egg into the fallopian tube, where it becomes available for fertilization for about 24 hours. The fertile period lasts approximately two days, and since sperm can survive in the female body for up to four days, sexual intercourse three or four days before ovulation can result in fertilization. During this phase, akin to the abundant energy of summer, the body works hard to release the egg, which then travels through the fallopian tubes toward the uterus (ibid.).

IV) LUTEAL PHASE: The luteal phase begins after ovulation and lasts about 14 days, ending just before the next menstrual cycle. During this phase, the remainder of the follicle transforms into the corpus luteum, which produces progesterone, a hormone necessary for the early stages of a possible pregnancy. If the egg is not fertilized, the corpus luteum breaks down, progesterone and oestrogen levels fall, and the outer layers of the uterine lining shed, leading to menstruation and the start of a new cycle. If fertilization occurs, the fertilized egg will implant in the uterus to continue the pregnancy. This period of the cycle, particularly the premenstrual phase, is often the most distressing, as energy and positivity wane, emotions run high, and various physical symptoms such as bloating, night sweats, headaches, and backaches may appear (ibid.).

1.2. A BROADER PERSPECTIVE: FROM MENSTRUAL HYGIENE TO MENSTRUAL HEALTH

The stigma surrounding menstruation has social, economic, and material consequences. Many people still struggle to access adequate sanitation, including safe, private, and accessible toilets with soap and water for changing or disposing of menstrual products. This lack of facilities can lead to serious infections, especially when reusable menstrual pads are not properly cleaned, or menstrual pads cannot be changed regularly (UNFPA, 2022).

Access to a variety of menstrual products and information on their use is also crucial. Promoting or distributing only one type of product, such as tampons or disposable pads, fails to consider the diverse needs and preferences of menstruating individuals.

PRODUCTS AND PRACTICES FOR MENSTRUAL HEALTH AND HYGIENE MANAGEMENT

Menstrual products are used to absorb or collect menstrual blood and effluents and can be reusable or disposable. **Using terms like 'hygienic products' or 'sanitary' can perpetuate the negative notion that menstruation is inherently dirty or that the vagina needs to be cleaned.** This language implies that menstrual products (e.g., tampons, pads, menstrual cups) are merely quick fixes for an "unhygienic problem," overlooking the broader social aspects of menstrual health (PERIOD, 2022).

Main Types of Menstrual Products and Methods:

DISPOSABLE OR SINGLE-USE PRODUCTS: These products are used once to manage menstrual flow and then disposed of. Common examples include tampons and disposable pads. The choice of product is personal and influenced by lifestyle, needs, culture, and socio-economic status. However, disposable menstrual products contribute significantly to single-use plastic waste globally (Blair et al., 2022).

REUSABLE PRODUCTS: Reusable products, such as cloth pads, menstrual cups, and menstrual underwear, can be used multiple times to collect or absorb menstrual flow. Depending on the type, these products can last from one menstrual cycle to ten years (PERIOD, 2022). Reusable menstrual products are often more environmentally sustainable than disposable ones, though their use depends on access to adequate water and sanitation.

SUSTAINABLE PRODUCTS: Sustainable products are environmentally friendly options designed to reduce waste and pollution. They are typically made with minimal or no chemicals and plastics. These products are part of a growing movement towards more sustainable menstrual health management. Ensuring that individuals have access to a wide range of menstrual products and proper education on their use is essential for addressing both the practical and social aspects of menstrual health[6].

FREE BLEEDING: The practice of free bleeding involves not using any menstrual material or product to absorb or collect menstrual flow. This practice can be a conscious choice for those who prefer not to use menstrual products or a necessity for those without access to them. Historically, women bled freely during new moons as part of ritual traditions. In modern times, free bleeding is often associated with acts of rebellion against the menstrual products industry and patriarchal norms (ibid.).

Regardless of the type of product one decides to use, **the foundation of menstrual health should always be the individual's informed choice**. An informed choice is made after considering all available information on health alternatives and aligning with personal values. **All menstruating people should have knowledge of and access to menstrual products that are safe, convenient, and support sustainable production and use.**

6 In 2018, the Women's Environmental Network (WEN) in the UK launched Environmenstrual Week, a week-long event dedicated to promoting eco-friendly menstrual products (the initiative is named after the union of the words environment, meaning environment, and menstrual, meaning menstruation). Since then, the week has usually been celebrated in October. For more information, visit: https://www.wen.org.uk/environmenstrualweek/

The availability of and access to appropriate menstrual products, along with safe and convenient sanitary facilities for changing and disposing of materials privately and with dignity, as often as needed, is defined as part of **"Menstrual Hygiene Management"** (MHM). The global community of experts working in the WASH (WAter, Sanitation, and Hygiene) sector is focused on improving access to these necessities. **Stigmatization of menstruation and menstrual hygiene is a violation of personal dignity and several human rights, including the rights to non-discrimination, equality, bodily integrity, health, privacy, and freedom from inhuman and degrading treatment, abuse, and violence** (Loughnan et al., 2020).

Today, while menstrual hygiene is still not guaranteed for many, in the context of sexual and reproductive justice[7], it is more appropriate to discuss menstrual health. Menstrual health broadens the focus to encompass the entire menstrual cycle and overall well-being, rather than just the hygienic management of menstruation.

7 The term 'sexual and reproductive justice' dates back to 1994, when a collective of 12 Black feminists coined 'reproductive justice.' They aimed to transform the debate in the United States, which was then dominated by the polarized 'pro-life' versus 'pro-choice' discourse over abortion (Morison, 2021). This collective sought to highlight how mainstream reproductive rights movements often centered on a specific category of women—typically privileged, white, and heterosexual—while neglecting the lived experiences of Black women and other marginalized groups. In the same year, the International Conference on Population and Development (ICPD) in Cairo recognized sexual and reproductive health, including family planning, as essential for the empowerment of women and girls, the full enjoyment of their rights, and the achievement of gender equality. Twenty years later, the UN General Assembly provided a framework for action to follow up on the ICPD, urging countries to fulfill the commitments made in Cairo and to address growing inequalities and new challenges in sexual and reproductive health. Adopting a sexual and reproductive justice framework means considering the broader spectrum of sexual and reproductive rights, which are intertwined with fundamental human rights. These include the right to life, health, privacy, education, information, freedom of expression, freedom from violence and discrimination, and freedom from torture and cruel, inhuman, or degrading treatment.

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The term 'menstrual hygiene' primarily refers to the types of sanitary products used, and practices adopted in the daily management of menstruation. **It often carries a negative connotation, reinforcing the stigma that associates menstruation with something dirty or unclean, and creates individual expectations and responsibilities** (PERIOD, 2022; Winkler, 2021)[8].

Menstrual health[9] **refers to a state of complete physical, mental, and social well-being in relation to the menstrual cycle, not merely the absence of disease or infirmity** (Hennegan et al., 2021). Achieving menstrual health means that women, girls, and all people who menstruate, throughout their lives, are able to:

- **Access Accurate Information:** Obtain accurate, timely, and age-appropriate information about their menstrual cycle, menstruation, the changes they experience throughout their lives, and related self-care and hygiene practices.
- **Manage Their Bodies:** Manage their bodies during menstruation in ways that support their preferences for hygiene, comfort, privacy, and safety. This includes access to and use of effective and convenient menstrual products and the availability of supportive facilities and services, such as clean water, accessible sanitation, facilities for hand and body washing, and the ability to change menstrual products and clean and/or dispose of used materials.
- **Access Health Services:** Access timely diagnosis, treatment, and care for menstrual-related complaints and disorders, including access to appropriate health services.
- **Live in a Supportive Environment:** Live in an environment that is positive and respectful of their menstrual cycle, free from stigma and psychological distress, and where they can find the support they need to take care of their bodies and make free and informed decisions.
- **Participate Fully in Life:** Decide whether and how to participate in all spheres of life, including civil, cultural, economic, social, and political, at all stages of the menstrual cycle, free from exclusion, restriction, discrimination, coercion, and/or violence.

Promoting menstrual health involves considering broader systemic factors that link menstruation to overall health, such as well-being, gender equality, education, empowerment, and rights (UNICEF/WHO, 2019). Menstrual health and hygiene activities and programs serve as a starting point for addressing gender equality and women's empowerment issues, including essential aspects like sexuality education, sexual and reproductive rights, and combating gender-based violence (e.g., early forced marriage, female genital mutilation and obstetric fistula[10]).

Adopting a menstrual health perspective can contribute to transformative processes that enable women, girls, and all menstruating people to realize their full potential and promote their active and equal participation in the social, economic, and political life of the community.

1.3. MENSTRUAL HEALTH IN THE HEALTH CONTINUUM

In recent years, the international community[11] has increasingly recognised and discussed the menstrual cycle as a significant indicator of health—not just reproductive, but also mental and physical health for women, girls, and all individuals who menstruate (Diaz et al., 2006; Stubbs, 2008). Alongside vital signs like body temperature, respiratory rate, blood saturation, heart rate, and blood pressure, the menstrual cycle is considered a fundamental health parameter[12].

Irregularities in the menstrual cycle can sometimes signal hormonal imbalances, gynecological conditions, or infections (Johnston-Robledo & Chrisler, 2020). Therefore, understanding the menstrual cycle is not only valuable for reproductive health but also provides insights into overall health status and fosters a deeper connection with one's body.

Menstrual health spans various stages of a person's growth, development, and aging—a continuum from menarche (first menstrual period) to postmenopause. This journey includes

8 For this reason, the World Health Organisation (WHO), during the 50th session of the Human Rights Council (13 June-8 July 2022), affirmed the need to orient the discourse, policies and interventions on menstrual rights towards the concept of menstrual health and not just hygiene (WHO, 2023a).

9 This definition of menstrual health was developed by the Terminology Action Group of the Global Menstrual Collective. Established in 2019, the Collective aims to unite stakeholders and coalitions working on menstrual health to support organizing, advocacy, and awareness-raising efforts. More information about the association is available at www.globalmenstrualcollective.org. The definition also draws on the World Health Organization's 1948 definition of health (WHO, 2020) and the Lancet-Guttmacher Commission's 2018 definition of sexual and reproductive health and rights (Commission Lancet-Guttmacher, 2018).

10 Obstetric fistula is one of the most severe childbirth injuries a person can experience. It occurs when there is an opening between the vagina and the rectum, urethra, or bladder, typically due to prolonged and difficult labor or lack of access to timely and quality medical care. This condition often results in the involuntary leakage of urine, feces, or both, leading to chronic health issues, emotional distress, and social isolation (UNFPA, 2023). Obstetric fistula is closely associated with various forms of violence endured by women, girls, and adolescents, such as early forced marriage. Preventative measures include delaying the age of first pregnancy, as early pregnancies are often linked to early marriages, and ensuring access to prompt and adequate obstetric care. These interventions are crucial in preventing such injuries and promoting maternal health and well-being.

11 In 2015, for example, the American College of Obstetricians and Gynaecologists (ACOG) defined the menstrual cycle as a vital sign, i.e. a health indicator. This means that its abnormalities can help identify the presence of potential diseases. For more information: https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/12/menstruation-in-girls-and-adolescents-using-the-menstrual-cycle-as-a-vital-sign

12 The Vital Sign project, for example, promotes public awareness campaigns about the role of menstruation in psychophysical health, with the goal of encouraging an open dialogue about menstruation between health professionals and patients. More information is available at www.project-vitalsign.org.

reproductive age, perimenopause (transition to menopause), and menopause (cessation of menstrual cycles). Recognizing menstrual health across these stages supports holistic health management and promotes well-being throughout life[13].

- **MENARCHE:** The term 'menarche' originates from Greek, combining *mén/ménos* (month) and *arché* (beginning), referring to the cyclic nature of menstrual flow. Menarche marks the onset of the first menstrual period and typically occurs between the ages of 10 and 16, influenced by genetic and environmental factors. Variability exists among populations due to factors such as climate and diet, although a trend toward earlier menarche has been observed in recent decades (Khan, 2022). Beyond its biological significance in initiating puberty and enabling reproduction, **menarche holds social significance in many societies, often symbolizing the transition from girlhood to womanhood**. However, it is important to note that the concept of 'womanhood' is socially, culturally, and historically defined (WeWorld, 2023; *WE CARE. Atlas of Maternal, Sexual, Reproductive, Child, and Adolescent Health*).

- **FERTILE AGE:** The reproductive life of individuals with biological female characteristics encompasses the menstrual cycle from puberty to menopause, **constituting the fertile age.** Ovulation, the phase when an egg matures and is released from the ovary, **typically occurs about 14 days before the start of each menstrual cycle.** The most fertile days coincide with ovulation and the days preceding it, **although individual variations exist** (see the box How Does the Menstrual Cycle Work? for more details).

- **PERIMENOPAUSE:** Perimenopause, also known as premenopause, **marks the beginning of the transition to menopause.** This phase is characterized by significant hormonal and physical changes, including irregular menstrual periods, hot flushes, mood swings, vaginal dryness, and changes in body weight, shape, and metabolism (see section 2.6.2. Gender Pain Gap: the Invisible Pain).

- **MENOPAUSE:** Menopause, derived from the Greek *pause* (cessation), signifies the end of the reproductive phase and menstrual cycles. Menopause is officially confirmed after 12 consecutive months without menstruation. Typically occurring between ages 45 and 55, menopause marks the end of natural fertility. However, certain medical conditions or treatments can induce menopause earlier. Lastly, it is important **to see the menopause as only one point in in the continuum of life and not as a final destination, and therefore to pay due attention to the pre- and post-menopausal phases.**

- **POSTMENOPAUSE:** Postmenopause follows menopause, characterized by stabilized hormone levels. Symptoms such as hot flushes and vaginal dryness may diminish, yet this stage carries increased risks of conditions like cardiovascular disease, osteoporosis, and urinary tract infections. **Globally, the population of postmenopausal women is growing due to increased life expectancy among women.** Understanding these phases of the reproductive life cycle is crucial for promoting health awareness, education, and access to appropriate care, thereby enhancing attitudes and support for individuals throughout these stages of life.

13 True menopause is when a woman has not had a period for 12 consecutive months. Perimenopause, on the other hand, is the preparation for and transition to the menopause, i.e. the actual cessation of the menstrual cycle. During the perimenopause, ovarian activity gradually ceases, and the number and quality of follicles are reduced. Typical symptoms include hot flushes, insomnia and irregular cycles. Both conditions are discussed in more detail in the following sections.

1.4. IT IS TIME TO PUT GENDER-SPECIFIC MEDICINE INTO PRACTICE

Even today, menstrual health is not adequately discussed and often addressed improperly. Conversations about menstruation are rare in families, schools, communities, workplaces, and even health facilities. When it is discussed, it is often in a negative light, perpetuating shame, exclusion, and a sense of dirtiness. This negative framing overlooks the opportunities menstruation provides for understanding one's body and recognizing it as an important health indicator. The lack of proper discussion can have serious consequences for overall health and well-being, particularly for those experiencing menstrual symptoms who are unaware of the available counselling and treatment options that could alleviate their discomfort and suffering. This silence discourages individuals from seeking support or discussing their experiences (Gottlieb, 2020).

Incorporating a gender dimension in the medical and health sectors has highlighted significant gaps in how women's health has been considered and addressed. In recent years,the concept of 'gender medicine' has emerged, focusing on studying how biological, social, economic, and cultural differences impact people's health. This approach allows for analysing the gender and biological variables that characterise each individual (Vescio, 2023).

Despite progress, discrimination based on sex and gender persists. This includes a lack of understanding and minimization of women's pain, neglecting the impact of female physiology in research and clinical trials, and undervaluing menstrual health as a public health issue. These gaps underscore the need for a more inclusive and comprehensive approach to health that recognises and addresses the unique needs and experiences of all genders.

Historically, women have been neglected in clinical research, largely due to the unfounded belief that women's hormonal cycles cause variability in outcomes. In 1977, the Food and Drug Administration (FDA)[14] published guidelines recommending the exclusion of women of childbearing age from clinical drug trials (Merkatz, 1998). It was only in 1993 that the US Congress decided that female participants should be included in clinical trials[15] (Liu & Dipietro Mager, 2016).

14 The Food and Drug Administration (FDA) is the US agency that oversees and regulates the US market for food, health and cosmetics products.

15 Inclusion became federal law through the inclusion of a section in the Revitalisation Act entitled 'Inclusion of Women and Minorities as Subjects in Clinical Research'. To learn more, visit: https://www.ncbi.nlm.nih.gov/books/NBK236531/

However, **an important aspect of the health of women and people assigned female at birth is often overlooked: the menstrual cycle, which is rarely included as a variable in clinical trials.** For example, during the COVID-19 vaccine trials, **no menstrual data were collected despite the inclusion of female participants.** It was only later, when people reported abnormalities such as longer menstrual cycles or heavier bleeding, that the effect of the vaccine on menstruation was investigated. In September 2022, the National Institute of Health, an agency of the US Department of Health and Human Services, published a paper officially confirming an association between COVID-19 vaccination and a temporary increase in menstrual cycle duration (Edelman et al., 2022). Additionally, the lack of initial data on menstruation led to the spread of misinformation linking the COVID-19 vaccine to infertility. Although these rumours were eventually debunked (National Institute of Health, 2022), this case illustrates how menstruation plays an important role in people's health and daily lives, and how ignoring it can have serious consequences for everyone.

Menstrual changes have also been reported in people receiving other vaccines, such as hepatitis B, typhoid, and papillomavirus vaccines. Similarly, failure to consider the menstrual cycle can lead to misinterpretation of clinical outcomes in cardiovascular disease (Schisterman et al., 2014), as well as in drug development. Indeed, for decades, healthcare guidelines and standards have not addressed the effects of drugs on menstruating individuals (Yakerson, 2019; Liu & Dipietro Mager, 2016).

By neglecting to collect data on menstruation and considering the female body, including the menstrual cycle, as an inconvenience, a confounding variable, and a problem in clinical research, researchers risk missing important indicators of women's and menstruating individuals' health. This oversight can affect the evaluation and use of potential vaccines and treatments, as well as limit the understanding of how diseases affect these populations.

Finally, **the discourse on menstrual health tends to focus primarily on the experiences of women and adolescents, without considering other subjectivities.** For example, affirming a gender identity other than the one assigned at birth can lead to additional difficulties in ensuring and achieving menstrual health: menstrual products are often designed exclusively for women, and the health system frequently fails to recognize the specific needs of people of different genders. Studies have shown that only a minority of obstetrics and gynaecology staff have received training in caring for patients with diverse gender identities (Stroumsa et al., 2019). Many menstruating individuals with diverse gender identities may choose not to approach health professionals to discuss their menstrual experiences for fear of being misinterpreted, invalidated, humiliated, and disrespected (James et al., 2016; Frank & Dellaria, 2020). Furthermore, some of these identities are still excluded from medical and scientific research.

It is therefore essential to recognize the intersectionality of menstrual needs and rights and to promote menstrual health narratives, research, and policies that consider diverse needs to ensure that no menstruating person is excluded or marginalized. This approach must be inclusive of all genders and recognize the full spectrum of menstruating individuals' experiences and health requirements.

> The concept of 'gender medicine' has emerged, focusing on studying how biological, social, economic, and cultural differences impact people's health. This approach allows for analysing the gender and biological variables that characterise each individual.
> (Vescio, 2023).

⚥ SEX AND GENDER: LET'S BE CLEAR

Traditionally, people are divided into men and women based on their biological differences. In common parlance, sex and gender are often used interchangeably, though they have very different meanings. **Sex refers to the biological, physical, and anatomical characteristics used to distinguish male from female. Gender, on the other hand, is a socio-cultural construct that transforms biological differences into social differences.**

Gender identity is how an individual perceives their own gender. Related to gender identity is the concept of gender roles: these are models learned, consciously or unconsciously, from childhood, encompassing behaviours, duties, expectations, and responsibilities recognized as belonging to men and women. As gender identities and roles crystallize, they lead to the formation of gender stereotypes.

The widespread use of concepts like gender and gender identity is relatively recent. Historically, only two genders—male and female—were recognised, aligned with biological sex.

Gender roles and the stereotypes derived from them have created a hierarchy between gender identities that remains deeply rooted today, centred on male power. This asymmetry pervades all areas of life, from work and education to health, including menstruation.

1.5. SIXTY YEARS OF ACTIVISM FOR MENSTRUAL HEALTH

In recent years, the work of activists and organisations around the world has placed **menstrual health on the global health, education, human rights and gender equality agenda**. They have drawn attention to the experiences of shame and embarrassment that people with menstruation experience as a result of the stigma and stereotypes associated with them and those who have it, and the barriers they face in managing menstruation because they lack the resources to do so. This has serious consequences for their life chances, including their rights to education, employment, water and sanitation, non-discrimination and gender equality - and ultimately their health.

Discussions around menstruation are seen as part of the process of 'decolonising reproductive gifts', aiming to liberate individuals from various forms of oppression, discrimination, and violence, both patriarchal and imperialist

1.5.1. THE BIRTH OF MENSTRUAL ACTIVISM

THE 1960s AND 1970s

The journey towards normalising menstruation and promoting a positive and inclusive narrative, as well as challenging discrimination and stigma, began in the late 1960s with the second wave of feminism[16] that initially spread to the United States (Bobel & Fahs, 2020). At that time, **feminist movements began to see menstruation as a source of power and sisterhood, rejecting the assumption that it was merely a nuisance or worse, a 'curse', and helping to break the silence surrounding it.** At the same time, the women's health movement emerged, highlighting how gender stereotypes and prejudices were also present in medicine, leading to a lack of research into women's bodies and how they work, and the minimization and underestimation of women's pain. This movement asserted **the need for empowerment and knowledge of one's own body, gave a key role to education, and emphasized the importance of free and informed choice of menstrual products, especially at a time when thousands of women in the United States were developing toxic shock syndrome**[17] (ibid.).

Against this backdrop, feminist movements for women's health and menstrual health are being matched by environmental movements. The growing awareness of the impacts of climate change is beginning to shift the discourse and awareness of menstruation towards **a greater focus on the environmental impacts of plastics and chemicals in menstrual products, and the promotion of reusable and organic options and sustainable menstrual waste management practices** (Linscott, 2018).

To challenge the stigma and taboos associated with menstruation, protest the high prices of menstrual products, and draw attention to the environmental problems associated with disposable tampons, some activists have used the practice of free bleeding as a tool of struggle and political advocacy. One of the most recent and famous examples is the act of Indian-US activist Kiran Gandhi, who in 2015 ran the London Marathon on the first day of her period without tampons, allowing her blood to flow freely and visibly and completing the marathon. She later claimed that her gesture was to draw attention to all people who do not have access to tampons or who are marginalized and stigmatised because they menstruate (Thiébaut, 2018).

THE 1980s

In the 1980s, social movements, campaigns, and protests that extended beyond the US continued to politicize menstruation and **use menstrual blood as a tool of empowerment**, laying the groundwork for future activists. For example, women imprisoned in Armagh, Northern Ireland, for their independence protests, smeared their menstrual blood on the prison walls. This act was a powerful statement that sparked a series of political demands, including greater access to divorce, childcare, free contraception, and sexuality education (Wahidin, 2019).

During this period, feminist-inspired magazines and publishing houses began to emerge in countries like Zimbabwe, Morocco, and India. These platforms facilitated the publication of significant texts that addressed women's health and bodily autonomy. One notable example is *"Sharir ki Jaankari"* (Knowledge About the Body), published in 1989 and written by 75 Indian women from rural areas. This publication played a crucial role in disseminating information about women's health and challenging prevailing taboos surrounding menstruation[18] . This book speaks very openly about sex and women's bodies, such as **menstrual taboos, and argues for the need to break the silence on these issues** (Delap, 2020).

Within African and Afro-American feminism, the struggle against female oppression is intertwined with the broader context of decolonisation. This perspective contrasts with issues of gender-based violence such as selective abortion and female genital mutilation, emphasizing instead the affirmation of reproductive rights and parenthood (Morison, 2021). In this framework, **discussions around menstruation are seen as part of the process of 'decolonising reproductive gifts', aiming to liberate individuals from various forms of oppression, discrimination, and violence, both patriarchal and imperialist** (Bobel, 2010). Moreover, the risk faced by many girls and women of missing school or dropping out due to inadequate access to menstrual products underscores the pivotal role of menstrual health in the broader struggle for women's liberation (Bobel, 2019).

During this period, a new paradigm known as 'Islamic feminism' emerged in various parts of the world. Islamic feminism involves a reinterpretation of Islam's sacred texts from a feminist perspective, advocating for gender equality. Islamic feminists argue that these texts have historically been misused within patriarchal traditions to oppress women but contend that they can instead serve as a foundation for granting women freedom and rights. As part of this reinterpretation, **Islamic feminists have revisited the Qur'an and other sacred texts, including those addressing menstruation**. They argue, for instance, that women should be allowed to attend places of worship and participate in pilgrimages to Mecca while menstruating, challenging the notion that the menstrual cycle renders them ritually impure[19] (Naguib, 2009).

16 Feminist waves refer to the distinct movements led by generations of women determined to fight for their rights. Each wave brought new priorities, methods, and protagonists. While there have always been individual women who fought for their rights—such as Christine de Pizan, Mary Wollstonecraft, Olympe de Gouges, and Phillis Wheatley—the first political movements for women's emancipation emerged in the 19th century with the suffragettes in Great Britain, who fought for women's right to vote. The second wave of feminism, centered in the United States during the 1960s and 1970s, focused on issues of sexuality, reproductive rights, and gender equality, challenging traditional gender roles. This wave also saw significant criticism of white feminism, which was accused of advancing the demands of white women while excluding the discrimination experienced by others, such as Black and women of colour. In the 1990s, the third wave of feminism emerged, characterised by a more inclusive network of feminisms that encompassed various currents and theories such as ecofeminism, transfeminism, and Islamic feminism. Since 2012, there has been talk of a fourth feminist wave, which continues to evolve. It is important to note that despite the historical framing of feminism in 'waves,' this framework does not always capture the complexity of its history. For many women in the 20th century, particularly in the global South, activism was often linked to other movements, such as nationalist and anti-colonialist struggles, within which they fought for women's liberation. This highlights the intersectional nature of many feminist movements, which addressed not only gender discrimination but also other forms of oppression (Delap, 2020).

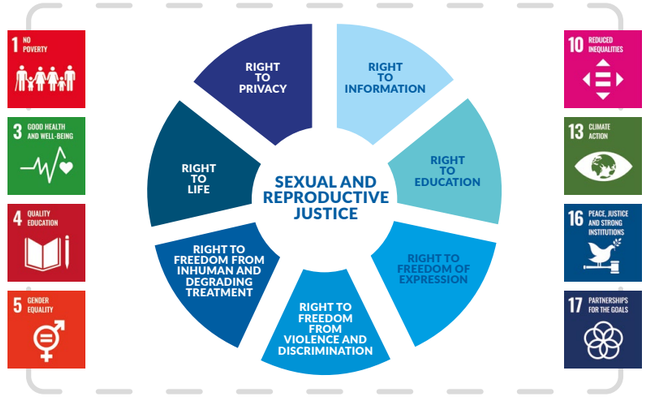
17 In the late 1970s, Rely synthetic tampons caused a public health crisis of toxic shock syndrome (TSS). In 1980, Procter & Gamble withdrew Rely after the Centres for Disease Control published a report explaining the bacterial mechanisms leading to toxic shock syndrome and that Rely tampons were associated with TSS more than any other absorbent (Vostral, 2011).

18 The book was published by the Kali for Women publishing house, founded in 1984 by Indian women writers and activists, Urvashi Butalia and Ritu Menon. It is probably India's first publishing house dedicated to publishing about and for women (Delap, 2020).

19 A re-reading of the sacred texts from a feminist perspective is that of the Pakistani-American academic Asma Barlas in *"Believing Women in Islam: Unreading Patriarchal Interpretations of the Qur'an"* (2002).

THE FRAMEWORK OF SEXUAL AND REPRODUCTIVE JUSTICE

(WeWorld's elaboration based on High-Level Commission on the Nairobi Summit, 2022)



THE 1990s

Meanwhile, the concept of intersectionality[20] began to emerge in public debate, referring to the multiple forms of discrimination and rights violations that can intersect and combine, such as colour, ethnicity, origin, disability, socio-economic status, etc. This approach requires overcoming the systemic barriers that people face in realising their rights and achieving bodily autonomy throughout their lives. To promote this perspective, in the 1990s black feminists and women of colour[21] criticised 'white' feminism's treatment of 'women' as a homogeneous group with essentially common concerns. In this context, **they coined the term 'reproductive justice', a fusion of 'reproductive rights' and 'social justice', to draw attention to the unique challenges22 faced by African American women and other women of colour**[23] (Morison, 2021).

The international journey on sexual and reproductive health rights eventually culminated in the 1994 Cairo Conference on Population and Development (ICPD), which recognised sexual and reproductive health as a precondition for the empowerment of women and girls, the full enjoyment of their rights and the achievement of gender equality.

Also in this decade, in contrast to some feminist movements and activists who relied on the category of 'woman' to talk about menstruation, others, such as those active in GenderPac[24] and the Intersex Society of North America[25], began to use the term 'menstruators' as a basis for political action. Using such language has several aims: firstly, **it allows for the inclusion of other gender identities, emphasising that not only women menstruate**; secondly, it critiques the view that menstruation is a 'women's thing', as not all women menstruate. Furthermore, the term 'menstruators' has the advantage of making menstruation a public issue that affects everyone regardless of gender, thus promoting a neutral vocabulary that can challenge gender binarism (Bobel, 2010).

20 The term 'intersectionality', coined by Professor Kimberlé Crenshaw in 1989, refers to the process by which people's individual characteristics, such as race, social class, gender, disability status, etc. can 'intersect' and overlap. More specifically, intersectionality refers to the intersection of different social identities and forms of discrimination, oppression and marginalisation of the most vulnerable groups. This concept is therefore based on the assumption that the latter (not only children, women and youth, people with disabilities, but also people living in poverty, ethnic minorities, indigenous communities, refugees, etc.) are more vulnerable to the violation of their rights. When these people belong to more than one category at the same time, they also run a greater risk of experiencing overlapping forms of discrimination (gender, generational, ethnic, racial, disability, etc.).

21 People of Colour is a term used mainly in the United States and Canada to describe anyone who is not white. It does not refer exclusively to African Americans, but includes all non-white groups. From this point of view, it is important to emphasise that on the one hand this term can be used to contrast all 'people of colour' with white people, considering the former as non-white and thus defining a hierarchy, and on the other hand it can highlight the common experiences of racism and discrimination that these groups experience on a daily basis. This terminology is useful for social justice, civil rights and human rights as it provides a tool for forming solidarity and uniting in collective political and social action on behalf of many excluded or marginalised people (Moses, 2016).

22 These argued, for example, that white feminism's focus on contraception and abortion rights did not entirely represent the interests of women who were non-white and/or middle-class (Morison, 2021).

23 This is the case, for example, of the SisterSong Women of Colour Reproductive Justice Collective, formed in 1997 by 16 organisations of women of colour from four communities (Native American, African American, Latina and Asian) who recognised their right and responsibility to represent themselves and their communities and to promote the perspectives and needs of women of colour in the area of sexual and reproductive justice. For more information: https://www.sistersong.net/about-x2

24 Founded in 1995 by Riki Wilchins, GenderPac is considered one of the first US organisations dedicated to gender identity issues.

25 The Intersex Society of North America was founded in 1993 by Cheryl Chase to counter the shame and secrecy surrounding intersex people, as well as to end unnecessary genital surgery on them.

THE 2000s

Within the framework of sexual and reproductive justice, the 2000s **saw the adoption of an intersectional perspective when addressing menstruation, highlighting the various inequalities surrounding menstrual rights** (Bobel, 2019). **A significant focus was placed on the link between access to WASH (WAter, Sanitation, and Hygiene) services, education, and hygiene, and menstrual health.** The lack of or inadequate access to water, sanitation, and menstrual products affects not only health but also school performance and attendance. In many countries, particularly in low- and middle-income countries, but not exclusively, inadequate water and sanitation facilities, a lack of knowledge, awareness, and access to appropriate (often overpriced) menstrual products, as well as taboos and stigma surrounding menstruation, have been observed as hindrances to adolescent girls' education by preventing them from managing their menstrual health with dignity. This recognition has led NGOs and international organizations to include menstrual hygiene promotion as part of WASH education interventions in their humanitarian programs, especially in India and African countries[26] (ibid.).

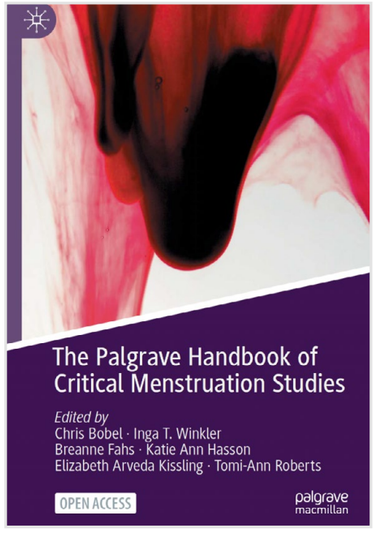
In 2012, WaterAid, an organization dedicated to ensuring global access to water and sanitation, published the guide ***"Menstrual Hygiene Matters"***. This guide defines menstrual hygiene management (MHM) as a crucial component of WASH (WAter, Sanitation, and Hygiene) and gender equality initiatives. It consolidates *"accurate, direct, and non-judgmental knowledge and practices on menstrual hygiene programming worldwide, aiming to foster comprehensive and context-specific approaches"* (WaterAid, 2012; 2017).

Simultaneously, it is essential to consider the intersection of climate change with sexual and reproductive health, including menstrual health. Extreme weather events like droughts and floods restrict access to vital resources such as water, sanitation facilities, safe disposal methods, and menstrual products. This exacerbates challenges in managing menstruation for many individuals (Bhattacharjee, 2020), heightening the risks of infections and diseases (WHO, 2023a).

26 In this context, in 2012, the World Health Organization (WHO) and UNICEF decided to include menstrual hygiene management as an indicator in their joint monitoring programme for water and sanitation (JMP) in the process of formulating the post-2015 WASH targets. See the Chapter 3.

1.5.2. AN ACADEMIC PERSPECTIVE ON THE MENSTRUAL CYCLE: THE MENSTRUAL STUDIES

In academia and research, there has been a growing interest in menstruation as a subject of study and analysis. **Menstrual studies**[27], following the example of Gender studies[28], **have made the menstrual cycle a category of analysis that can be studied across the lifespan, understanding the different ways in which it is experienced and narrated, and how this experience can be influenced by socio-economic, cultural and political factors.** They also show how the menstrual cycle is linked to wider issues such as health, education, gender, rights, reproduction and sexuality, and how it is affected by migration, climate change and armed conflict. In 2020, *"The Palgrave Handbook of Critical Menstruation Studies"*[29] was published, bringing together the most important contributions to the field and **demonstrating that the menstrual cycle is a transdisciplinary and multi-sectoral issue with significant potential for knowledge production and social transformation** (Bobel et al., 2020).



27 In some cases, this field of study is also referred to as 'menstruation studies'. However, the term 'menstrual studies', used here, allows all phases of the menstrual cycle to be considered, including, but not limited to, menstruation itself.

28 Gender studies is an interdisciplinary field of study that addresses issues such as gender and gender identity, and the complex interplay between these and other markers of identity such as race, ethnicity, sexuality, nation and religion. Born in North America in the late 1970s in the wake of feminist movements and theories, it has developed at the intersection of anthropology, sociology, philosophy, psychology, linguistics and history.

29 For more information on the manual, see: https://www.ncbi.nlm.nih.gov/books/NBK565605/

1.6. THE MHM AGENDA IN TEN: WHERE DO WE STAND?

In recent decades, **menstrual health activism has taken on a global dimension**, with the emergence of transnational movements that have taken up the demands of many activists, civil society associations and research bodies, and have put it more and more on the international agenda. This is the case of the **Global Menstrual Collective**[30], which includes representatives from UN agencies, universities, governments, funders, advocacy groups, youth organisations, religious groups, independent consultants and NGOs. The Collective aims to guide and steer investment in menstrual health and hygiene through transnational advocacy. Or of **Menstruation Matters**[31], part of the NGO Women Engage for a Common Future (WECF)[32], which campaigns to break the taboo on menstruation and reproductive health, defends the right to menstrual health from a sustainable perspective, advocates for laws to prevent the use of single-use plastics, promotes alternative, affordable and sustainable menstrual products, and works to abolish taxes on menstrual products. In 2018, the **African Coalition for Menstrual Health Management**[33] was launched, a network of more than 500 organisations and partners that aims to unite multiple African menstrual health actors and promote positive menstrual health interventions and change, especially in crisis contexts.

This path led, in 2013, to the creation of **World Menstrual Hygiene Day** (MH Day)[34], **an awareness-raising event held every 28 May to break the silence and combat the marginalisation, exclusion and discrimination experienced by people simply because they menstruate.** The date chosen for the Day, 28 May, refers to the duration of menstruation and the menstrual cycle: the month of May, the fifth of the year, commemorates the average duration of five days of menstruation; 28 is the average number of days in a menstrual cycle[35].

In 2014, UNICEF and Columbia University organised the **MHM in Ten meeting with the aim of outlining a ten-year agenda for menstrual hygiene and health in schools**[36]. The meeting brought together a wide range of stakeholders, including academics, NGOs, UN agencies and the private sector, from different sectors of interest: water, sanitation and hygiene (WASH), education, gender and sexual and reproductive health. Participants identified five priorities for improving menstrual health by 2024:

1. Implement rigorous multisectoral data collection.
2. Develop and distribute global guidelines for menstrual hygiene management (MHM) in schools, setting minimum standards, indicators, and implementation strategies at national and sub-national levels.
3. Promote the Menstrual Health and Hygiene in Schools movement through an advocacy platform to drive policy, investment, and action across all government sectors.
4. Ensure accountability of governments in providing menstrual hygiene in schools and reporting on implemented actions.
5. Integrate comprehensive menstrual health resources into the education system, including MHM components.

This year (2024) marks ten years since the creation of the MHM Agenda in Ten: the report *"enCYCLEpedia: The Things You Should Know About Menstrual Justice"* takes this opportunity to put people with menstruation back at the centre, to discuss what has been done and what can still be done to promote menstrual health, and to recognise it in the broader right to health, because menstruation is not a personal issue, but a human rights and public health issue.

Since 2014, activists, NGOs and international organisations have done much to raise the profile of menstrual health and put it on the international and national agenda[37]. **A growing number of governments are acting in this direction: some have removed taxes on menstrual products38; others have focused on how to promote sexual health and a positive discourse on menstruation in schools and with male students39; still others have implemented strategies to provide them with free menstrual products**[40]**. Finally, some countries have adopted laws and policies on menstrual leave**[41]. These are all fundamental actions and steps, but they are not enough.

30 For further information, visit: https://www.globalmenstrualcollective.org/

31 See: https://www.wecf.org/menstruation-matters/#:~:text=what%20we%20do,and%20sustainable%20alternative%20period%20products.

32 Women Engage for a Common Future, formerly known as Women in Europe for a Common Future is a non-governmental organisation established in 1994 following the 1992 Earth Summit in Rio de Janeiro, with the aim of building a healthy, fair and sustainable environment for all people.

33 More information available at: https://acmhm.org/

34 Available at: https://menstrualhygieneday.org/about/about-mhday/

35 Specifically, the Day is a global advocacy platform that brings together non-profit organisations, government agencies, individuals, the private sector and the media to promote good menstrual health and hygiene, and to engage policymakers to make menstrual health a political priority at global, national and local levels. In recent years, the movement has called for increased action and investment in menstrual health and hygiene, using the hashtag **#ItsTimeForAction** as a rallying cry. In 2023, however, the hashtag has been replaced by **#WeAreCommitted** to share actions that aim to create a world where no one is discriminated against because they menstruate. 2030 is also the target year for the United Nations' 2030 Agenda, which does not have a specific target or indicator for menstrual health, but it is directly linked to a number of Sustainable Development Goals (SDGs), including Goal 3 (health), Goal 4 (education), Goal 5 (gender equality), Goal 6 (water and sanitation), Goal 8 (economic opportunity) and Goal 12 (sustainable consumption and production).

36 Interventions and policies concerning the management of menstrual hygiene and health in schools and in education in general will be discussed in more detail in the next chapter.

37 Furthermore, in 2019, the United Nations Population Fund (UNFPA) and the Government of Kenya convened the Nairobi Summit to mark the 25th anniversary of the Cairo Conference. The outcome of the summit was captured in the Nairobi Declaration, which translated the key issues into 12 commitments and reaffirmed the need to establish a sexual and reproductive justice agenda. Specifically, the agenda focuses on five aspects: universal access to sexual and reproductive health and rights; the need for funding to complete the Cairo Programme of Action; combating gender-based violence and harmful practices; and supporting the right to sexual and reproductive health in humanitarian contexts.

38 Such as Kenya, Canada, India, Ireland, Colombia, Malaysia, Rwanda and Australia.

39 For example, Kenya's Menstrual Hygiene Management Policy (2019-2030) aims to *"ensure that myths, taboos and stigma around menstruation are addressed by providing women, girls, men and boys with access to information on menstruation"* in the wake of the country's move towards universal access to improved sanitation and hygiene services and a clean and healthy environment, and the adoption of the 2030 Agenda for Sustainable Development (Olson et al., 2022).

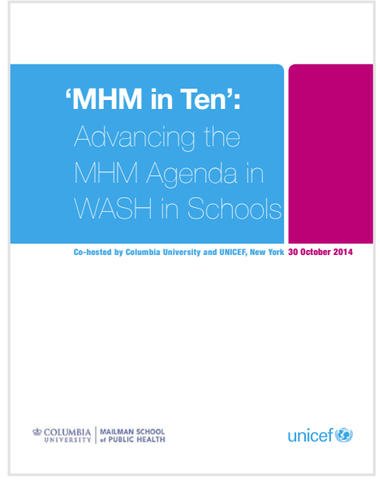
40 As Kenya, Scotland e New Zealand.

41 Such as: Zambia, Taiwan, South Korea, Spain, Indonesia, Japan, Vietnam.

Undoubtedly, despite the strides made in recent decades, ensuring adequate menstrual health remains a profound challenge for many individuals. Among the primary obstacles are deeply entrenched societal stigma, taboos, and stereotypes that continue to surround menstruation. Access to affordable and appropriate menstrual products poses another significant hurdle, alongside a widespread lack of comprehensive education about the menstrual cycle and its physiological intricacies.

Furthermore, there is a critical deficit in accessible and accurate health education specifically tailored to menstrual health. Social support from educators, peers, families, and communities often falls short, further complicating efforts to address menstrual health needs effectively. Insufficient infrastructure, including inadequate access to clean water, sanitation facilities, and proper disposal methods for menstrual products, exacerbates these challenges.

Moreover, the impact of emergencies and crisis situations, such as armed conflicts, on menstrual health is frequently overlooked or underestimated. These multifaceted barriers collectively underscore the concept of 'menstrual poverty', a term expanded to encompass the diverse and intersecting challenges that impede optimal menstrual health and well-being.



Chapter 2.
FROM MENSTRUAL POVERTY TO MENSTRUAL JUSTICE

2.1. MENSTRUAL POVERTY: A GLOBAL ISSUE

Within the realm of menstrual health, the term 'menstrual poverty' is commonly used to highlight the connection between access to adequate menstrual products and socioeconomic status, with the aim of spurring political and social interventions. A major topic of debate and mobilisation in this context is the 'Tampon Tax' – the tax on menstrual products[42]. **In several countries, these products are often classified as non-essential goods and are subject to standard taxation**. In recent years, there has been a surge of civil society movements advocating for the elimination of taxes on menstrual products or the creation of specific tax exemptions. These movements are united by the concept of **period equity,** coined by American activist Jennifer Weiss-Wolf in 2017, which supports political efforts to end taxes on menstrual products.[43].

While 'menstrual poverty' is a compelling term to engage, attract, or activate people around the issue of menstrual health, **it can sometimes be reductive, linking the inability to manage menstruation solely to financial constraints.** This focus on poverty as the biological reason why women, girls, and others who menstruate experience difficulties can overlook the broader challenges related to health, well-being, and social participation.

Menstrual poverty, understood purely as economic deprivation, is not the sole problem; rather, it is one of many barriers to normalising menstrual health. **Addressing menstrual poverty requires tackling a wide range of factors that marginalise people who menstruate. To encompass these factors, we use the concept of multidimensional menstrual poverty, which includes various barriers to full menstrual health.** These barriers include inadequate information about managing menstruation, lack of free choice about what is best for one's body, persistent taboos and stereotypes, difficulties accessing hygiene and health services, missing school or work, and avoiding sports or social events due to shame or embarrassment.

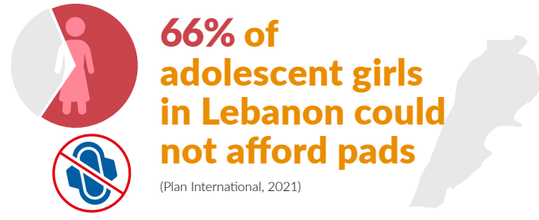
Initially, menstrual poverty was seen as an issue primarily affecting low- and middle-income countries, with literature and interventions focused on crises and humanitarian emergencies. In these cases, economic hardship, inadequate water, sanitation, and hygiene (WASH) services, and socio-cultural practices that stigmatise menstruation increase the risk of menstrual poverty.

42 See the box Tampon Tax Worldwide.

43 In her book *"Periods Gone Public"* (2017), author Jennifer Weiss-Wolf explains, *"For a fully equitable society, we need laws and policies ensuring that menstrual products are safe, accessible, and available to those who need them."*

> Addressing menstrual poverty requires tackling a wide range of factors that marginalise people who menstruate. To encompass these factors, we use the concept of multidimensional menstrual poverty, which includes various barriers to full menstrual health.

For example, in Lebanon, the severe economic crisis has caused the price of sanitary products to rise by 500%, making them unaffordable for many. According to a Plan International survey, **66% of adolescent girls in Lebanon could not afford pads** (Plan International, 2021). In India, menstruating women are often considered 'impure', and are banned from entering kitchens, attending prayers, or touching holy books (Ramesh, 2020). In Nepal, despite being illegal since 2005, **the practice of *chhaupadi* forces Hindu women to live separately during menstruation, leading to stress, social isolation, depression, anxiety, illness, and infection** (Gottlieb, 2020).



Menstrual poverty also affects people in high-income countries, making it a global public health issue. In these countries, increasing poverty and economic inequality, combined with a lack of menstrual education and persistent stigma, negatively impact menstrual health. The high cost of menstrual products, inadequate facilities and services in schools, workplaces, and public spaces, and the lack of comprehensive sexual education are all manifestations of menstrual poverty. In the UK, for instance, 48% of girls experience embarrassment due to menstruation, and 1 in 10 cannot afford menstrual products (Plan International UK, 2017a, 2017b).

Menstrual poverty disproportionately affects certain social groups, including individuals who are homeless or living in poverty, people with diverse sexual orientations, gender identities, expressions, and sex characteristics (SOGIESC), people with disabilities, and people of colour. **This leads to missed school or work, avoidance of social and sporting activities, and experiences of shame and embarrassment while menstruating. Such discrimination and marginalisation affect their well-being and health.**

It is clear that **sexual and reproductive health has a long way to go, even in high-income countries, where various social groups continue to face discrimination and violations of their sexual and reproductive rights.**

In the UK, for instance, 48% of girls experience embarrassment due to menstruation, and 1 in 10 cannot afford menstrual products

(Plan International UK, 2017a; ; Plan International UK, 2017b)

As sexual and reproductive health implies a state of complete well-being linked to several fundamental rights, WeWorld emphasises the need to adopt an approach of sexual and reproductive justice, including menstrual justice. This approach not only addresses sexual and reproductive rights but also encompasses a wide range of fundamental human rights, including the right to life, health, privacy, education, information, freedom of expression, freedom from violence and discrimination, and freedom from cruel, inhuman, or degrading treatment (cf. WeWorld (2023), *WE CARE. Atlas of Maternal, Sexual, Reproductive, Child, and Adolescent Health)*.

2.2. WHEN PURCHASING MENSTRUAL PRODUCTS IS A LUXURY

One dimension of menstrual poverty is the economic accessibility of menstrual products. On average, menstruating people use between 4,000 and 9,000 menstrual products in their lifetime —a fixed cost that is unavoidable but often unsustainable, especially for those already living in poverty (Women International Security, 2022). In many countries, these products are taxed and classified as non-essential goods. Taxes on menstrual products, known as 'Tampon Taxes', are considered discriminatory, as they make essential items for health and human dignity more expensive (see box: Tampon Tax Worldwide).

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Every day, millions of people choose between buying food or menstrual products, while others lack access to products and facilities that would allow them to manage menstruation with dignity. Today, more and more women face economic hardship: globally, **1 in 10 women live in extreme poverty** (UN Women, 2024a), **while the labour force participation rate for women (25-64) is 61.4%, compared to 90.6% for men** (UN Women, 2024b). Using pads, tampons, menstrual cups, or reusable underwear during menstruation should not be a privilege, but a basic human right. Yet **many people who menstruate have no choice and are forced to use makeshift methods such as socks, newspapers, toilet paper rolls, plastic bags, rags, or grass to collect their menstrual flow, risking infection and disease.**

This problem can be exacerbated in conflict and humanitarian contexts, where many people have lost their livelihoods and the supply of essential items such as menstrual products is not guaranteed. For example, during the Israeli bombardment of Gaza, **many Palestinian women resorted to taking pills to delay menstruation due to displacement, overcrowded living conditions, and lack of access to water and menstrual hygiene products** (Alsaafin & Amer, 2023). The Russian invasion of Ukraine has forced millions of women to flee their homes; they have no income to buy non-food items, and the menstrual products that are available are sold at such high prices that they are forced to choose between them and other essentials, including food (Hampson, 2022).

Other groups face significant economic barriers to accessing menstrual products. **For homeless people, paying for pads can be a monthly struggle that causes serious physical and emotional distress.** Menstrual products such as pads and tampons are expensive, and many shelters are not only overcrowded but also lack the resources to provide more than a few items per menstrual cycle (National Organisation for Women, 2021).

Similarly, **people who menstruate in detention may face particular challenges in accessing menstrual products**. While many countries, such as the United States, require prisons to provide menstrual health products, the supply often falls short of individuals' actual needs. Access to additional items usually requires purchase, but many incarcerated people have no income or family members who can send money. In such cases, makeshift solutions such as using rags or attempting to suppress menstruation with medication may be used (Law & Nalebuff, 2023).

In addition to availability, it **is crucial that people have access to a wide range of menstrual products and are educated on how to use them effectively** (see box: Menstrual Health Products and Practices). **Promoting or distributing only one type of product, such as disposable pads or tampons, ignores the fact that menstruating people are not a homogeneous group and that their needs and preferences vary.** For example, in certain cultural contexts, tampons and menstrual cups may not be culturally acceptable, and individuals may be at higher risk of infection if they are not properly informed about insertion techniques, changing schedules, and appropriate hygiene practices. Today, **many people still lack real control over the types of products they use and the ability to properly dispose of or clean them, with personal, environmental, and cultural consequences** (PERIOD, 2022).

At the heart of proper menstrual health is the freedom to make informed and autonomous choices. To exercise this freedom, everyone who menstruates should have the opportunity to know about and access menstrual products that are safe, comfortable, and support sustainable production and use, and to choose the product that best meets their needs. This aspect is closely linked to the broader concept of bodily autonomy, which emphasises the inviolability of the physical body and the importance of personal autonomy and self-determination.

A staggering 500 million people worldwide do not have access to basic menstrual products and hygiene facilities for use during menstruation.

(World Bank, 2022)

TAMPON TAX WORLDWIDE

Most countries levy a tampon tax, which is a tax similar to value-added tax (VAT) on items such as pads, tampons, and menstrual cups. It is important to note that the tampon tax does not exist as a separate tax, but is a term chosen by campaigners to highlight the taxation of menstrual products. Menstrual products are generally subject to VAT, which in some countries is applied as a Goods and Services Tax (GST) or a Sales Tax (USA), which customers pay when they purchase a product. In a VAT system, the tax is applied at each stage of the product cycle, from production to distribution to sale, and may also include taxes on raw materials. This taxation varies from country to country: menstrual products may be taxed at a standard rate, a reduced rate, zero rate, or completely exempt[44] (WASH United, 2020).

Kenya was the first country to abolish VAT on pads and tampons in 2004, followed by Canada, Colombia, India, and Malaysia. Recent countries that have passed legislation to remove the tax on pads include Mexico, the United Kingdom, and Namibia[45].

In 2022, the European Union, through Directive (EU) 2022/542 of 5 April 2022, allowed member states to apply a reduced rate of less than 5% and an exemption ("zero rate") to a maximum of seven categories of essential supplies, including menstrual products[46] (WASH United, 2020). This change means that **countries can now apply lower rates to some goods; many countries have reduced VAT on menstrual products, including Italy**. Currently, tampon taxes range from 5% to 7% in Belgium, the Netherlands, Portugal, Lithuania, the Czech Republic, and Cyprus; 4% in Spain; and around 10% in Greece, Poland, Estonia, Slovenia, Slovakia, and Austria. Progress has also been made in France, where the tax fell from 20% to 5.5% in 2015. In other countries, however, it remains very high: 20% in Bulgaria, 21% in Latvia, 24% in Finland, 25% in Sweden, Croatia, and Denmark, and as high as 27% in Hungary (Ferri, 2023).

In a growing number of countries, civil society, activists, and organisations are mobilising to demand the reduction or elimination of taxes on menstrual products. From Chile to the Czech Republic, there are initiatives and legislative proposals for the free distribution of products in schools. In Germany, where tampons were taxed at 19% and books at 7%, an initiative by Female Company to package their tampons in a small 'tampon book' and sell them with a 7% VAT was very successful in reducing the tampon tax from 19% to 7% in 2020. In 2018, the University of Delhi (India) organised a marathon to demand the abolition of the tampon tax (WASH United, 2020).

In 2022, Scotland became the first country in Europe to make pads and tampons free and available in designated public places such as community centres, youth clubs, pharmacies, schools, and universities (Baptista, 2023). In Kenya, free distribution of menstrual products in schools is included in the annual budget. Elsewhere in Africa, pads are provided free of charge to schoolgirls, as in South Africa, Botswana, and Zambia. In 2021, the Mexican Chamber of Deputies passed the *"Menstruación Digna"* (Dignified Menstruation) law, which allows for the free distribution of pads, tampons, and other menstrual hygiene products, especially to disadvantaged rural and indigenous communities.

44 The website periodtax.org provides an interactive map and a database on the taxation status of menstrual products in all United Nations countries, along with a map showing campaigns against the Tampon Tax that have led to reduced taxation.

45 Although Tanzania and Nicaragua had eliminated the tax on menstrual products, both countries reintroduced it in 2019.

46 See: https://eur-lex.europa.eu/legal-content/IT/TXT/?uri=CELEX%3A32022L0542

WHAT IS THE COST OF MENSTRUAL POVERTY?

Menstrual poverty, or the lack of access to menstrual products due to financial constraints, is a widespread issue affecting individuals across low-, middle-, and high-income countries. In regions facing greater economic challenges, access to menstrual products is closely tied to household income. For instance, **in Kenya, 65% of women and girls cannot afford menstrual products** (FSG, 2016). A study in rural western Kenya, where 63% of the population lives on less than a dollar a day, found **instances of sexual exploitation where women and girls traded sex for menstrual products.** Although the incidence is low (1.3%), it significantly affects vulnerable girls under 15 (Phillips-Howard et al., 2015). In Nigeria, nearly 83 million people live below the poverty line, and **over 37 million women of menstrual age lacked access to pads in 2021** (Aladeselu, 2023).

In refugee camps in Syria and Lebanon, nearly 60% of women lacked access to underwear and menstrual products

(Pujol-Mazzini, 2017).

In India, **1 in 10 girls under 21 cannot afford menstrual products, with this figure rising to 47% among impoverished families** (Toybox, 2021; Smile Foundation, 2023). **In refugee camps** in Syria and Lebanon, **nearly 60% of women lacked access to underwear and menstrual products** (Pujol-Mazzini, 2017).

According to a survey conducted by Always Brazil, **29% of Brazilian women ran out of money to buy menstrual health products at least once** in 2021. 26% of Brazilian teenage girls aged 15-17 did not have access to adequate menstrual products, and 50% of women had to replace tampons with toilet paper, clothes and towels (Poppe, 2021).

In the UK, over 137,700 girls missed school in 2021 due to the inability to afford menstrual products

(Pycroft, 2022)

Even in high-income countries, rising inequalities impact menstrual product accessibility. **In the UK, over 137,700 girls missed school in 2021 due to the inability to afford menstrual products . Some parents resorted to theft, and others had to forego other essentials to provide for their daughters' menstrual needs** (Pycroft, 2022). In the US, 42% of participants reported difficulty affording menstrual products, **with Black (35%) and Hispanic (36%) individuals more likely to experience menstrual poverty compared to their white counterparts (23%)** (Krumperman, 2023). **In New Zealand, a 2020 survey found that 1 in 12 school-age girls missed school because they couldn't afford menstrual products**, and 12% of students aged 9-13 reported difficulty accessing necessary products (Ainger-Roy, 2020).

The inability to access menstrual products leads to severe physical health issues, including resorting to makeshift solutions like toilet paper, clothes, or towels, which can cause infections. This issue also contributes to mental health problems such as stress, anxiety, and depression, further affecting individuals' psychological and emotional well-being (Rohatgi & Dash, 2023)[47]. School-aged individuals often miss weeks of school or drop out altogether due to lack of menstrual products.

Broader Economic Considerations. When discussing menstrual poverty, it's essential to consider not only the cost of menstrual products but also the broader economic implications of stigma, lack of menstrual cycle knowledge, and insufficient health policies and funding for comprehensive services. For instance, **menopause also has significant economic implications, with the global 'menopause economy'** (Badalassi & Gentile, 2022) **valued at around $600 billion, encompassing specialist visits, prescriptions, medications, and other interventions** (Hinchliffe, 2020). People experiencing menopause often face higher healthcare costs due to increased anxiety and depression, and they may need to take time off work, negatively impacting their income (Keshishian et al., 2016).

In conclusion, menstrual poverty affects individuals globally, irrespective of the country's income level. Addressing this issue requires a comprehensive approach that includes reducing the cost of menstrual products, eliminating stigma, and ensuring access to health education and services.

Menopause also has significant economic implications, with the global 'menopause economy' valued at around $600 billion, encompassing specialist visits, prescriptions, medications, and other interventions

(Hinchliffe, 2020)

47 During the Covid-19 pandemic, a study conducted in France revealed that approximately 49.4% of women experiencing menstrual poverty reported depressive symptoms, compared to 28.6% of women who did not experience menstrual poverty. Similarly, 40% of those facing menstrual poverty reported anxiety symptoms, contrasted with 24.1% among those who did not experience menstrual poverty (Gouvernet et al., 2023).

2.3. THE IMPORTANCE OF SAFE AND INCLUSIVE SPACES FOR PEOPLE WHO MENSTRUATE

Access to safe water, sanitation, and hygiene (WASH) facilities is crucial for menstrual health. Adequate WASH facilities include safe, private, and accessible sanitation areas that are well-lit and equipped with water and soap. These facilities allow people to change and clean or dispose of menstrual hygiene products both at home and in public places. **The absence of such facilities can lead to infections, restrict movement, and limit access to education and community participation. Improper menstrual hygiene, such as the inability to change menstrual pads or using unclean reusable cloths, can lead to serious infections** (World Bank, 2022). Effective menstrual health practices require not just separate toilets but also privacy features like properly closing and lockable doors. Additionally, these facilities should have functional menstrual product disposal systems, which are often missing (World Bank, 2017a).

WASH facilities should cater to the needs of people with disabilities and those with diverse sexual orientations, gender identities, expressions, and sex characteristics (SOGIESC). Over 1 billion people worldwide have disabilities (WHO, 2023b). For some people with diverse SOGIESC, the lack of appropriate facilities can result in increased anxiety and vigilance during menstruation.

For example, men's toilets often lack waste bins for discreet disposal of menstrual products, causing individuals to avoid changing used products or wait for privacy, which heightens stress (Frank & Dellaria, 2020). **This may mean not being able to change used menstrual products48, waiting to change them when the toilets are empty, or finding a neutral toilet to avoid the risk of revealing one's status as a menstruating person and facing further discrimination by having to dispose of them in communal areas.** In any case, **these strategies lead to increased anxiety and vigilance when experiencing menstruation** (Frank & Dellaria, 2020)[49].

Significant disparities in access to private and hygienic facilities for menstrual health management exist globally. In Burkina Faso, 23% of women and adolescents could not use a private place to wash and change during their last menstruation in 2019, compared to 46% in Tunisia and 48% in Niger (WHO/UNICEF, 2023). In 2022, **35% of people in sub-Saharan Africa lacked access to basic drinking water, and 77% did not have access to basic sanitation. In Oceania, 40% of the population lacked basic drinking water, while 61% lacked basic sanitation** (WHO/UNICEF, 2023). Even in high-income countries, access is not guaranteed. Over 16 million people in Europe lack basic drinking water access, and 29 million lack basic sanitation, with rural and poorer populations being the most disadvantaged (WHO, 2022b).

Public toilets in many European cities are often unclean, with Riga, Madrid, and Valletta ranking among the worst (King, 2023). **In Italy, 87% of people avoid public toilets due to cleanliness concerns, and many who do use them clean the toilets themselves or cannot wash their hands due to lack of facilities** (Rentokil Initial, 2021). Many schools struggle to provide adequate WASH facilities for menstrual health management. In 2021, 17% of schools globally had limited hygiene services, and 25% had no hygiene services at all. **In sub-Saharan Africa, 63% of schools had no hygiene services** (UNICEF/WHO, 2022). **In Italy, 47% of schools lacked toilet paper, and 64% lacked soap** (Cittadinanzattiva, 2017).

In 2021, 16% of schools globally had limited sanitation services, and 13% had none. Basic sanitation coverage varied significantly, from 47% in low-income countries to 100% in high-income countries (UNICEF/WHO, 2022). In Kenya, a survey of 62 rural primary schools found that 84% had separate latrines for girls, but 77% of these lacked locks, only 13% had water nearby, and **only 10% always had pads available. Disposal methods for used pads were inadequate in most schools surveyed** (Alexander et al., 2014).

Ensuring menstrual health requires comprehensive WASH facilities that provide privacy, cleanliness, safety, and availability of water and sanitation. Addressing these needs is vital for improving health outcomes, educational opportunities, and overall quality of life for people who menstruate worldwide.

In 2021, 16% of schools globally had limited sanitation services, and 13% had none

(UNICEF/WHO, 2022)

48 Changing menstrual products prevents the proliferation of bacteria and averts the risk of infection. Conversely, leaving a tampon for too long increases the risk of contracting toxic shock syndrome, a condition that causes high fever, vomiting, diarrhoea, muscle pain, hypotension, rash, and malfunction of three or more organs. In some cases, it can even lead to death (Vescio, 2023).

49 For more details, see section 2.6.1 Not All People Who Menstruate are Women

THE CRITICAL LINK BETWEEN CLIMATE CHANGE AND MENSTRUAL HEALTH

Climate change poses a significant threat to the health and social opportunities of women, girls, and other menstruators. Droughts and other extreme weather events, such as floods and cyclones, are disrupting access to menstrual products, private spaces, clean water, and sanitation. These disruptions hinder menstruators from managing their periods safely and with dignity, exposing them to health risks and increasing social stigma. Moreover, menstrual health is often neglected due to stigma and is not prioritised in disaster relief efforts, which tend to focus on food and shelter. Consequently, menstrual health and hygiene management (MHHM) initiatives may be suspended during emergencies. Similar challenges arise during climate-induced migration, which is expected to increase in the coming decades. However, menstruation does not cease during disasters, compounding difficulties for affected women and girls (Thurston et al., 2021).

In many parts of the world, the effects of climate change have become a constant rather than an emergency. **Droughts, in particular, can hinder women and girls' ability to use certain menstrual products, especially reusable ones that require clean water for washing. The availability of water often varies throughout the year and can be severely limited** (Shannon et al., 2021). **Thus, climate change influences the types of menstrual products available and restricts choice for women menstruators.**

Water-related challenges arising from climate change also impact WASH (WAter, Sanitation, and Hygiene) services, exacerbating menstrual health issues. The lack of adequate, separate, and private latrines with clean water for washing, and spaces where menstrual hygiene products can be changed, cleaned, or disposed of, disproportionately affects women and girls in water-scarce regions (WHO/UNICEF, 2023). Inadequate access to menstrual products and WASH services has serious consequences, leading to school absenteeism, reduced participation in social activities, and increased risks of gynaecological problems and infections. Thus, the climate crisis and menstrual injustice are closely intertwined.

Watch the Wonder Women series

An example of the challenges faced by menstruating individuals in areas severely impacted by climate change is illustrated by the story of Sereti Nabaala. She is one of the protagonists of the series Wonder Women[1], produced by WeWorld and Unknown Media to talk about climate and social justice through the stories of four women activists for the Planet[2].

Sereti Nabaala is young Maasai activist from Aitong village in Narok West. At just 10 years old, she endured the painful practice of female genital mutilation, a common ordeal for Maasai girls. Despite this early trauma, Sereti channeled her experience into purpose, founding the Save Our Girls Association. As a dynamic leader of this organisation, she is dedicated to empowering village women with menstrual education and providing them with reusable pads, which are otherwise scarce. Many women face the perilous journey to urban centres to buy these essential products, risking their safety from kidnapping and sexual violence.

Yet, climate change has begun to exacerbate their challenges. The river that once offered a vital resource for washing pads is drying up, severely impacting the use of reusable menstrual materials. Faced with this escalating crisis, Sereti recognised the magnitude of the issue but remained undeterred. She and her Maasai women's community embarked on an inspiring mission to plant trees and reforest the Mara River area in the Maasai National Reserve. Their visionary project aims not only to restore the river's flow but also to educate their community about the broader impacts of deforestation on rainfall. **Through their determined efforts, they are not just addressing immediate needs but are also championing a sustainable future, demonstrating how local action can confront global challenges with hope and resilience.**

1 The series episode is available at: https://www.youtube.com/watch?v=gomQpAuHcH4

2 The series, funded by DEAR - Development Education and Awareness Raising Programme, was produced as part of our European #ClimateOfChange campaign, which aims to raise awareness among young EU citizens about the link between climate change and migration.

2.4. PERIODS AND PARTICIPATION: ADDRESSING THE SOCIAL IMPACT OF MENSTRUAL HEALTH

The social environment often fails to support menstruating individuals, presenting various barriers that limit their mobility and lead to their exclusion. The inability to purchase menstrual products, the lack of adequate menstrual hygiene WASH services, and the stigma and taboos associated with menstruation not only affect the health of menstruating women but also their education and participation in social activities, from work to sports. Several studies have shown that **the onset of menarche causes many individuals to forgo numerous social opportunities, experience isolation, and adopt a more sedentary lifestyle** (Piran, 2017; Kimm et al., 2002).

The limitations, sacrifices, and exclusion caused by menstruation can have significant socioeconomic and health implications. **As long as there are physical barriers, taboos, stigma, limited knowledge of the menstrual cycle, and pain minimisation, people who menstruate will not feel supported or safe to participate in society** (Bobel, 2019). Skipping school due to embarrassment, lack of water or toilet paper, or pain, and avoiding physical activities such as sports or social events like camping or beach trips, means missing out on educational, developmental, and enjoyable opportunities that are essential for personal growth and potential development. **This discrimination leads to the exclusion and marginalisation of people who menstruate, affecting their employment opportunities and their right to a future, with negative consequences for their overall well-being and health** (World Bank, 2022).

A study conducted in 46 countries between 2016 and 2022 (WHO/UNICEF, 2023) showed that these restrictions **exacerbate existing gender and socioeconomic inequalities and contribute to discrimination that affects women and girls throughout their lives**. In Nepal, for example, women from wealthier backgrounds (95%) were more likely to participate in social activities, attend school, and work during their last menstrual period than women from poorer backgrounds (79%). **The lowest levels of participation were observed for girls and women with disabilities**: participation rates were 22% lower in North Macedonia, 19% lower in Guyana, and 15% lower in Tonga. Gaps of more than 10% were also observed in the Democratic Republic of Congo, Iraq, Nepal, Palestine, and Uzbekistan (ibid).

Menstrual poverty thus affects social participation in several ways, from hindering attendance at school and work to giving up sport and increasing the risk of gender-based violence.

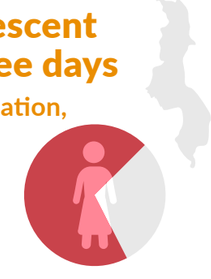
SCHOOL

Globally, menstruation significantly impacts access to and participation in education. Restricted mobility, lack of facilities to manage menstrual bleeding at school, fear of leaking or staining clothes, lack of information to reduce stigma and discrimination, manage pain and discomfort, and harassment by students and teachers are proven barriers to school attendance for menstruating individuals.

In Ethiopia, for example, **50% of girls miss one to four days of school each month due to menstruation** (Khan, 2022). In Kenya, it is estimated that girls miss an average of four days of school per month, amounting to 165 days of lost learning over four years (ibid). In South Asia, up to 1 in 3 girls miss school every month during menstruation (WaterAid, 2022). In Uganda, research by the University of Oxford (Montgomery et al., 2016) found that **girls' absenteeism was 17% higher in schools that did not provide pads or sexuality education than in schools that provided the products, education, or both** (ibid).

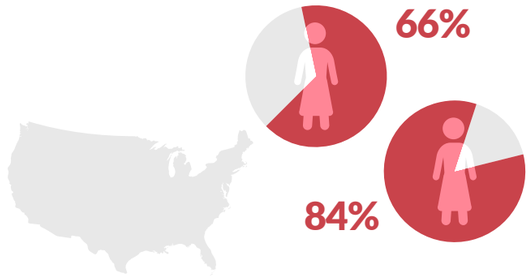
In Malawi, **70% of adolescent girls miss one to three days of school** during menstruation, more than the number of days missed due to malaria

(Plan International UK, 2018)



Most research on this topic focuses on low- and middle-income countries, overlooking the fact that these issues also affect high-income countries. Exceptions include some studies published in Anglophone contexts that examine the impact of menstrual poverty on the education of menstruating individuals. For example, a survey conducted in the UK found that in 2021, **64% of girls aged 14-21 missed part or all of a day of school due to menstruation** (Plan International UK, 2021).

Menstruation can also affect adolescent girls' dropout rates, which remain a major challenge in many countries. In India, for example, **1 in 5 girls drop out of school after menarche** (Khan, 2022).



A survey of teenage girls **in the United States** found that two-thirds felt stressed because menstrual products were not available at school, **66% said they did not want to go to school during their period**, and **84% had missed a class or knew someone who had missed a class** because they did not have access to menstrual products

(Thinx & PERIOD, 2021)

SPORT

Several studies highlight menstruation as a significant barrier to ongoing participation in sport. The pervasive silence and stigma surrounding the menstrual cycle often result in a lack of support for those menstruating within most sports programmes. Consequently, individuals are frequently discouraged from discussing their menstrual needs with coaches and do not receive the necessary support to continue participating (Chidley-Hill, 2023).

A survey conducted by the Youth Sport Trust in England revealed that, in 2021, **37% of girls avoided school sports activities due to menstruation**. Similarly, a qualitative study by Plan International UK (2018) found that many respondents had withdrawn from sports competitions, fearing that wearing white pants or the possibility of menstrual leakage would hinder their participation. Nuffield Health (2022) reported that **nearly a quarter of women in England (23%) consider their menstrual cycle—including**

menstruation, premenstrual symptoms, and menopause symptoms—a barrier to engaging in more physical activity. Additionally, over 80% of adolescents (84%) said their interest in sport and fitness diminishes after the onset of menstruation.

Despite this, adolescents recognise the benefits of sport and physical activity for both physical and mental health. According to Nuffield Health (2023), 40% of adolescents enjoy participating in activities, and almost a third (32%) understand that such activities positively impact their mental health.

A survey conducted in England revealed that, in 2021, 37% of girls avoided school sports activities due to menstruation

(The Youth Sport Trust, 2021)

Negative body image, social stigma associated with menstruation, and limited understanding of menstruation can lead people to forgo physical activity, with adverse effects on their health, well-being, and career opportunities, especially for professional athletes. Raising awareness and knowledge about menstruation can positively influence motivation and confidence in participating in sport. It can also assist sports professionals and coaches in tailoring appropriate training and exercise regimens. Moreover, physical activity, when properly managed, can alleviate menstrual symptoms[50] (Armour et al., 2019).

Nevertheless, many athletes continue to exercise during their periods and are challenging existing taboos. For instance, triathlete Deborah Spinelli supports the 'Free from Taboos' campaign to combat prejudice against women in sport (Politi, 2023). Kiran Gandhi ran the London Marathon on the first day of her period without using menstrual products, embracing 'free bleeding' as a statement to break the stigma (Gandhi, 2015). Professional swimmer Federica Pellegrini has written a thesis on the menstrual cycle and sport, arguing that open dialogue and data collection are crucial first steps toward destigmatisation. Such measures can lead to incorporating menstruation into training plans and adjusting workout sessions accordingly (Il Fatto Quotidiano, 2022).

WORK

Limited access to safe and appropriate menstrual products and facilities, combined with taboos and an unsupportive social environment in the workplace, significantly constrain professional opportunities for those who menstruate. For many individuals, the lack of support, minimisation of pain, and inadequate attention to menstruation-related conditions present recurring challenges. Consequently, people with menstrual disorders, **particularly those experiencing severe but often overlooked pain, may face difficulties in securing certain jobs, may need to reduce their working hours and wages, or may find themselves performing daily tasks less effectively.**

It is estimated that approximately 80% of menstruating workers experience menstrual pain at some point, while premenstrual syndrome affects about 75% of women (Women's Health Concern, 2022). **In the Marshall Islands, 44% of women reported losing up to three days of work each month due to menstruation** (IOM, 2022). A survey in Uganda found that 15% of women missed work due to menstruation, and 41% preferred not to work during their period (Hennegan et al., 2022). Additionally, a study in the UK estimated that about **1 in 3 female workers aged 50-64 had to take time off to manage menopausal symptoms** (Badalassi & Gentile, 2022).

In Australia, women suffering from dysmenorrhoea take twice as many sick days as their peers

(Fooladi et al., 2023)

According to a study by the Chartered Institute of Personnel and Development (CIPD, 2023), **more than half (53%) of women in England have missed work due to menstrual symptoms**, with a small minority (4%) doing so every month. Furthermore, 12% of women felt that menstrual symptoms had negatively impacted their career progression. **Nearly half of employees (49%) reported never having informed their employer that their absence was due to menstruation** (ibid). Another study found that **three-quarters of respondents hide menstrual products at work due to embarrassment** (BCLP, 2023). This behaviour mirrors broader societal attitudes towards menstruation and menstrual health, exacerbated by the fact that specific workplace policies and provisions for menstrual health are still uncommon. **In the UK, two-thirds (67%) of employers reported that their organisations do not offer any support for menstrual health** (CIPD, 2023). Conversely, **the same proportion of employees indicated they would be more likely to apply for and accept a job if the company had a menstruation policy** (BCLP, 2023).

A qualitative study conducted in Namibia (Mbongo et al., 2023) highlighted that **a major challenge women face in the workplace during menstruation is the lack of managerial support.** Respondents emphasised the need for workplace policies that promote menstrual health, such as the option to take menstrual leave or to work from home without needing a sick note.

50 Physical activity stimulates, for example, the production of serotonin and endorphins, biochemical substances that can counteract states of anxiety and depression. Menstruation-related pains can also be reduced, as endorphins themselves are natural analgesics (Setyowati et al., 2023).

GENDER-BASED VIOLENCE

In many societies, menarche, which signifies the biological changes enabling reproduction, also carries substantial social significance, marking the transition from girlhood to womanhood. Consequently, **the onset of menstruation often brings new expectations regarding how girls should behave and interact with others, particularly with boys and men. In some cases, menarche can lead to an increase in gender-based violence, including early forced marriage,[51] early pregnancy and female genital mutilation,[52]** each of which has serious repercussions for social participation, education, and health.

> The onset of menstruation often brings new expectations regarding how girls should behave and interact with others, particularly with boys and men.

In contexts of greater economic vulnerability, where forced early marriage might be seen as a strategy to cope with precarious conditions, **families may view menstruation as an indication that a daughter is ready for marriage.** As a result, **girls may be forced to interrupt their education, becoming more susceptible to violence, discrimination, and abuse, and experiencing limited opportunities to engage actively in the economic, political, and social life of their community.** Additionally, early marriage is frequently linked to **early pregnancies, which carry significant health risks and are often associated with higher-than-average rates of maternal and child morbidity and mortality** (OHCHR, 2019).

51 Forced early marriages are all those marriages in which one or both parties are minors and have not given their consent to the union. Although forced early marriages are also a widespread practice among boys, girls and young girls are more affected: to date, 650 million women worldwide have been forced to marry before the age of 18 (UNICEF, 2023a).

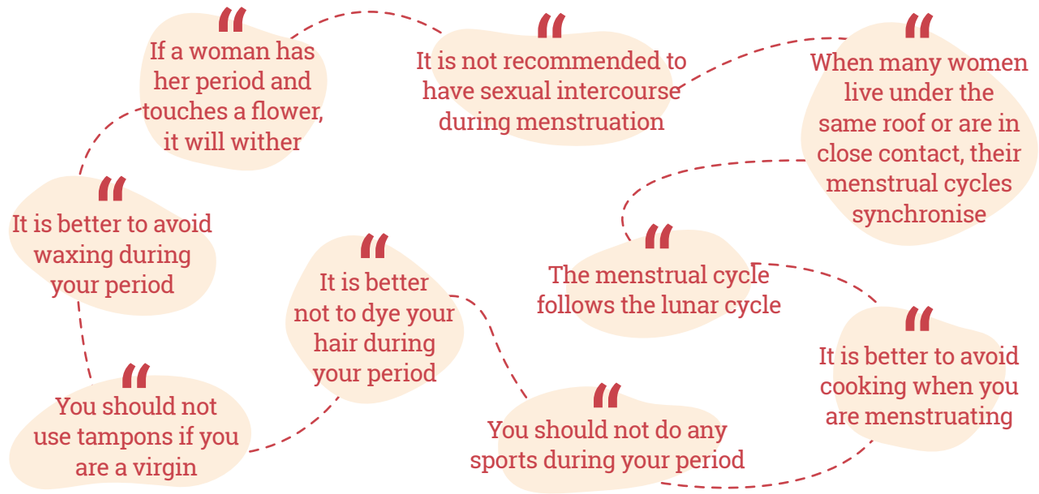
52 In 1996, the World Health Organisation defined 'female genital mutilation' (FGM) as all procedures whereby the external female genitalia is removed, partially or completely, for cultural, religious or otherwise non-therapeutic reasons. An estimated 200 million girls worldwide have undergone FGM (UNICEF, 2023b).

2.5. BELIEFS AND MYTHS ABOUT MENSTRUATION

Today, many people around the world continue to face stigma, marginalisation, and discrimination simply because they menstruate. **Despite being a natural biological process, menstruation remains surrounded by taboos and misconceptions.** For instance, there are widespread but unfounded beliefs that menstruating women can cause flowers to wither, should avoid waxing or dyeing their hair, and must refrain from using tampons if they are virgins. Additionally, myths persist that menstrual cycles follow the lunar cycle, that women's cycles synchronise when they live together, and that it is better to avoid sports, cooking, or sexual intercourse during menstruation.

These taboos have historically barred menstruating individuals from participating in various activities and roles, including sailing, hunting, voting, holding judicial positions, speaking in public, or assuming political and religious responsibilities. Such stigma has contributed to the continued silence around menstruation, where the term itself is often avoided, the mechanisms controlling it are poorly understood, menstrual pain is downplayed, and related disorders receive insufficient attention.

As a result, menstruating individuals often discuss menstruation in hushed tones, conceal menstrual products out of embarrassment, feel ashamed of blood stains, and may even withdraw from social activities, school, or work. In some contexts, these taboos extend to the denial of essential water and sanitation services, where menstruating individuals may be restricted from accessing water, kitchens, or sanitation facilities (Thiébaut, 2018; WeWorld, 2023).



CALLING PERIODS BY THEIR NAME

Reality, culture, and language are inextricably linked: through our use of words, we communicate social constructs and create narratives that shape our world and influence the culture around us. In turn, language reflects the culture of the society in which we live. Language and reality thus reinforce each other. **In the case of menstruation, decades of taboos and stereotypes have influenced the way we talk about it and the terms we use. These linguistic choices contribute to the stigma and create an environment that hinders the normalisation of menstruation.**

Consider the complexities of naming: **it is estimated that there are around 5,000 euphemisms worldwide to avoid using the term 'menstruation'** (Clue, 2016). In Austria, Hungary, Norway, and Switzerland, for instance, people refer to it as 'strawberry week' due to the red colour of strawberries. In France, Belgium, and Canada, the phrase 'the British have landed' is used, alluding to the colour of British military uniforms during the Battle of Waterloo. In Denmark, the term 'the communists under a pavilion' refers to the red colour of the communist symbol. In some cases, expressions sound like coded messages: in the US, 'Aunt Flo is in town' uses 'Flo' as a nod to 'flow', while in Italy, common terms include 'le regole' (referring to the regularity of the cycle), 'the marquis[53]', 'the red army', 'the red baron[54]', 'the landing of the British', 'I have my things', 'I am at that period[55] of the month'.

These euphemisms, by omitting words like menstruation, bleeding, and ovulation, silence the physiological processes involved in the menstrual cycle and imply that it is better to avoid discussing these topics. Consequently, they create a sense of shame, mystery, and secrecy around a natural bodily function, discouraging open dialogue and perpetuating stigma.

The difficulty in discussing menstruation stems from centuries of prejudice, misconceptions, and inadequate sex education that fails to address the stereotypes and negative narratives surrounding menstruation. **Healing the language we use is crucial for dismantling these stereotypes and the violence they foster. This requires a conscious effort to recognise and challenge the seemingly benign linguistic nuances that actually carry prejudice and discrimination.**

it is estimated that there are around 5,000 euphemisms worldwide to avoid using the term 'menstruation'

(Clue, 2016)

53 In fact, marquises used to wear red palandranas (a type of trousers) to distinguish themselves and make their noble rank known.

54 It seems that the expression refers to Manfred Albrecht von Richthofen, a German aviator and officer of the First World War. He was known by several nicknames, including 'Der Rote Baron', The Red Baron. The latter was due to his prowess in the sky and the colour of his triplane.

55 'Period' has its roots in the Greek words '*peri*' and '*hodos*' *(periodos)* meaning 'around' and 'way/path'. This later morphed into the Latin '***periodus***' meaning 'period/circuit'. The use of the English term 'period' to describe menstruation began in the early 19th century (Druet & Kennelly, 2017).

The myths and taboos surrounding menstruation have deep roots in human culture. For example, ancient Greeks believed that the uterus roamed the body and caused erratic behaviour in women (Pharaoh, 2011). **Menstrual blood was considered poisonous**, and Pliny the Elder's *"Naturalis Historia"* (77-78 AD) described its effects in dramatic terms: *"Must turns sour, wheat dries up, plants burn, fruit falls from trees, bees in beehives die, bronze emits a terrible smell, mirrors tarnish, and even bitumen melts"* (Thiébaut, 2018).

Religion has significantly influenced societal views on menstruation throughout history. In Leviticus, menstruation is described as impure, **with any contact with a menstruating woman deemed to cause impurity**. This has led to practices in some Orthodox Jewish communities that **prohibit physical contact between men and women during menstruation and for seven days afterwards** (Hartman & Marmon, 2004). Islamic law also considers menstrual blood impure, restricting women from attending mosques, touching religious texts, and participating in fasting and prayer during Ramadan, although the textual basis of these restrictions is sometimes debated (Ahmed, 2015; Lizzio, 2013).

Chhaupadi, a menstrual taboo once legally sanctioned, was practiced by some Hindu communities in Nepal and India. **Menstruating individuals were forced to live outside their homes, often in squalid conditions, due to beliefs that they were unclean and a bad omen for the family.** This practice, which could severely impact health and safety, has been officially banned but continues in some areas[56] (Adhikari, 2020).

In Europe, even up until the end of the 20th century, myths persisted. In France, for instance, it was believed that **certain foods, like mayonnaise[57] should not be cooked during menstruation, or that menstrual blood had insecticidal properties, leading to women being taken to fields to kill pests** (Thiébaut, 2018).

A contemporary example of menstrual stigma is the case of artist and poet Rupi Kaur. In 2015, Kaur posted a photograph on Instagram showing her lying on a bed with stained sheets, which was met with negative reactions and demands for its removal. The photo was intended to shed light on the invisibility and shame surrounding menstruation, and the reaction it provoked highlighted the ongoing discomfort with openly discussing menstrual health (Kaur, 2015).

56 A national enquiry report on *chhaupadi*, published in 2019 by the National Human Rights Commission, states that since 2005, when the Supreme Court of Nepal declared the practice illegal, 18 cases of deaths of women and girls isolated in huts have been reported, including 13 in Achham district alone (Rai, 2019)

57 In the West, eggs are associated with Easter (the anniversary of Christ's resurrection). It is also traditional to paint Easter eggs red, the colour representing the blood of Christ. To avoid mixing what were considered different types of blood, it was said that menstruating women could not make good mayonnaise (Thiébaut, 2018).

THE STORY OF THE MENSTRUAL CYCLE THROUGH ADVERTISING

For a long time, advertisements for menstrual products have both reinforced and perpetuated taboos and myths surrounding menstruation while simultaneously creating unrealistic representations of those who menstruate. Historically, these ads have portrayed menstruation as a minor inconvenience that does not impact the lives of the menstruators, often showcasing women who participate in extreme sports, socialize effortlessly, and go about their daily routines without any visible discomfort. Such portrayals ignore the reality of menstrual pain and other challenges.

Moreover, **advertisements have traditionally depicted menstrual blood as a blue liquid, rather than red, a practice that avoids showing the actual bodily function and reinforces the detachment and discomfort surrounding menstruation** (Lino, 2016). This choice excludes the experiences of various gender identities and fails to represent the full spectrum of menstrual experiences.

It wasn't until 1985 that the word 'menstruation' began appearing in advertisements

The earliest advertisements for menstrual products, dating back to the 1870s, promoted reusable menstrual pads without mentioning their function or the specifics of their use. For decades, these ads avoided depicting menstrual blood or discussing menstruation directly. Terms used included 'natural handicap' and 'accidents,' reflecting a broader tendency to describe menstruation as problematic rather than normal (Watson, 2021; Connery, 2021). **It wasn't until 1985 that the word 'menstruation' began appearing in advertisements** (Watson, 2021).

A significant shift occurred in 2017 with Bodyform's 'Blood Normal' campaign[58] under the Libresse brand, which was the first UK advertisement to show real menstrual blood. This was a groundbreaking move towards normalising menstruation by confronting and challenging the stigma directly. The same year saw the launch of the #wombstories[59] which aimed to depict the diverse and complex experiences associated with menstruation and other reproductive processes, from pain to relief (Watson, 2021).

Despite these advances, **there is still a lack of representation regarding menstrual pain and the possibility of needing rest or quiet during menstruation. Additionally, there is a continued absence of inclusive representation of other gender identities who menstruate.** Research by UK menstrual products company Callaly in 2020 highlighted that 66% of people feel unrepresented in media portrayals of menstruation (Wareham, 2020).

58 The advertisement is available at: https://www.youtube.com/watch?v=xu6ZyYiwogc

59 Video available at: https://www.youtube.com/watch?v=JZoFqlxlbk0

WHEN TABOOS STAND IN THE WAY OF KNOWLEDGE

Centuries of myths, prejudices, and a pervasive silence about menstruation have obstructed open discussion and education about this natural process. The lack of comprehensive sexuality education, including information on the menstrual cycle and reproductive health, has left **many people unprepared for the onset of menarche and the subsequent management of menstrual health.**

A 2011 study revealed that many girls in Uganda and India viewed menstruation as a curse, disease, or sign of sin before receiving sexuality education. In India, **72.4% of girls considered menstrual blood unclean prior to education about menstruation** (Bobhate & Shrivastava, 2011).

Research conducted in India and Nepal found that **fewer than a third of girls correctly identified the uterus as the source of menstrual blood**. In contrast, **82.9% of school-age girls in rural Uganda correctly identified the uterus. Urban areas in Pakistan and Nigeria showed 37.2% and 78.7% accuracy, respectively** (Chandra-Mouli & Vipul Patel, 2020). In Egypt, **those who were unaware of menstruation before menarche were almost twice as likely to experience shock and anxiety compared to those who were informed** (74% versus 40%) (WHO/UNICEF, 2023).

A 2017 study **in the UK** found that **14% of girls and young women aged 14-21 had no idea what was happening when they first menstruated, 25% did not know how to manage it, 48% felt embarrassed about menstruation, and 14% had received negative comments about their hygiene due to menstruation** (Plan International UK, 2018).

In a survey of 4,127 boys and young men across Brazil, Indonesia, the Netherlands, and Uganda, **the most common reason for avoiding discussions about menstruation was the belief that it is a private matter**. Many respondents **associated menstruation with being 'dirty' (55%), 'embarrassing' (31%), and 'disgusting' (38%).** In the UK, **over a third of boys (37%) thought menstruation should be kept secret**. In Indonesia, more than half (58%) did not believe girls and women could attend school, work, or worship while menstruating, and in Uganda, more than half (55%) thought it unacceptable for a girl to remain unmarried after her first period (Plan International, 2022).

Although many boys express a desire to learn more about menstrual health, with 92% agreeing on the need to normalize menstruation, **only 22% consider themselves very knowledgeable about the topic, and almost a quarter admit to lacking knowledge** (Plan International, 2022).

This highlights the ongoing need for comprehensive, gender-sensitive sexuality education to better prepare all individuals for understanding and discussing menstruation openly and accurately.

2.5.1. MENOPAUSE: THIS STRANGER

Menopause, a significant phase in the life cycle, is often shrouded in silence and discomfort. It marks the end of the reproductive years and can last for approximately one-third of a woman's life. Despite its importance, menopause is frequently overlooked or stigmatized in families, workplaces, and healthcare settings, contributing to a lack of support and understanding for those experiencing it.

The experience of menopause is influenced by cultural and social factors. Societal norms and gender roles often frame female aging negatively, associating a woman's value with her physical appearance and reproductive capacity. This perspective makes it difficult for women to discuss their menopausal experiences openly, reinforcing silence and stigma.

> As women age and become infertile, they may be perceived as less valuable or visible, leading to feelings of invisibility and neglect
> (Wolf, 2022; 1990)

A survey in the UK found that **70% of women believe they become 'invisible' around the age of fifty, feeling unseen, neglected, and patronized** (Gransnet, 2016). Negative stereotypes, such as portraying menopausal women as hysterical or irrational, further discourage open discussion and support, leaving individuals feeling isolated and unsure about seeking help.

Menopause can be an opportunity to reassess health, lifestyle, and the relationship with one's body. However, to take advantage of this opportunity, individuals must be empowered with accurate information and supportive resources. Unfortunately, access to quality information and services related to menopause remains a challenge in many areas. **This lack of open discussion and education can prevent individuals from seeking appropriate care, exacerbating symptoms and reducing overall quality of life.**

Appropriate perimenopausal care is crucial for promoting healthy aging and enhancing quality of life. This includes access to medical advice, treatments, and support for managing symptoms such as hot flashes, mood swings, and sleep disturbances. It also involves creating supportive environments in families, workplaces, and communities where individuals can discuss their experiences and seek help without stigma.Health professionals play a key role in addressing the gaps in menopause care. They should provide comprehensive, empathetic care that acknowledges both the physical and emotional aspects of menopause. **Creating awareness and fostering conversations about menopause can help normalize the experience and reduce stigma, improving support and quality of life for those going through this life stage[60].**

2.6. INVISIBLE BODIES

One of the many consequences of the stigma, taboos, and misconceptions surrounding menstruation and the menstrual cycle is the **marginalisation and invisibility of those who experience it.** This occurs in a variety of ways, **ranging from the non-recognition of pain and associated conditions, and thus the underestimation of their impact on social, educational, and professional participation, to the exclusion of the experiences of diverse SOGIESC, people with disabilities, or those living in emergency contexts**. In the rare cases where menstruation is mentioned, it is pathologised and treated as a disease. **The diversity and multiplicity of ways of experiencing the menstrual cycle is silenced or reduced to a pathology that makes women and girls particularly emotional, hysterical, and nervous.**

60 In order to counter stereotypes, to inform menopausal people correctly and to offer the right tools for the prevention and management of any disorders of this phase of life, 18 October is World Menopause Day, established by the International Menopause Society (IMS).

THE CASE OF THE GAZA STRIP

In the Gaza Strip, the humanitarian crisis worsened following the events of October 7, 2023, with a devastating impact on the population's health, including menstrual health. Currently, **there are an estimated 691,300 women and girls of menstruating age in the Strip, many of whom are internally displaced** (UNFPA, 2024)[64]: as of September 2024, approximately 1.9 million people, 90% of Gaza's population, are internally displaced (Health Cluster/WHO, 2024)[65].

The lack of menstrual supplies[66] (or the ability to purchase from the remaining market supplies), lack of clean water, lack of functioning toilets and washrooms, lack of clothing and lack of a waste management system are making it impossible to manage menstrual health in a dignified and safe manner (UNFPA, 2024)[67]. Menstruating women also **lack safe, private and dignified places to manage their menstrual hygiene, which can expose them to sexual harassment and violence as they search for secluded and private spaces.** Furthermore, out of 36 hospitals, only 17 are partially functioning (Health Cluster/WHO, 2024)[68], with only 8 hospitals and 4 field hospitals providing maternal and reproductive health services (Health Cluster, 2024)[69]. Faced with these conditions, **some women have taken pills to skip menstruation,** such as norethisterone tablets - usually prescribed for conditions such as heavy menstrual bleeding, endometriosis and painful menstruation - **to avoid the discomfort and pain of menstruation.** However, these pills can have side effects such as irregular vaginal bleeding, nausea, menstrual cycle changes, dizziness and mood swings (Alsaafin & Amer, 2023; Hassan & Schmunk, 2024[70]).

WeWorld continues emergency operations in the Gaza Strip focused on providing water, sanitation and hygiene services in the most crowded and vulnerable areas, such as IDPs sites, UNRWA shelters, hospitals, schools, and camps. **Our field staff is delivering comprehensive WASH interventions, including the distribution of hygiene kits, pads and other non-food items, the construction and maintenance of latrines, and hygiene promotion campaigns.** In addition, more than 90.000 m^3 of domestic and drinking water has been provided and emergency cleaning services, including waste collection and disposal, are ongoing in more than 12 centres including schools and hospitals. To date[71], we have reached more than 510,000 people, the majority being children and women.

WeWorld, as co-lead of the WASH Cluster Hygiene Working Group, is at the forefront of promoting hygiene awareness and has established 15 Local Hygiene Committees in the humanitarian zone. These latter organise **discussion and awareness sessions on hygiene, distribute menstrual products, and provide information on proper toilet use and on menstrual hygiene and health management. They also encourage involvement and participation of the IDPs displaced in target camps and shelters,as well as women's active role in promoting health and hygiene in their communities.**

64 UNFPA (2024), *Menstrual Health Management Response Plan: Gaza Strip - June 2024*, https://palestine.unfpa.org/sites/default/files/pub-pdf/mhm-plan-gaza-v2-june-2024-final.pdf, consulted in October 2024.

65 Health Cluster/WHO (2024), *Public Health Situation Analysis (PHSA) on Hostilities in the occupied Palestinian territory (oPt)*, https://reliefweb.int/report/occupied-palestinian-territory/public-health-situation-analysis-phsa-hostilities-occupied-palestinian-territory-opt-23-september-2024, consulted in October 2024.

66 According to the number of menstruating people, 10,369,500 menstrual pads are needed each month (15 pads per woman/girl per month) (UNFPA, 2024).

67 UNFPA (2024), *Menstrual Health Management Response Plan: Gaza Strip - June 2024*, https://palestine.unfpa.org/sites/default/files/pub-pdf/mhm-plan-gaza-v2-june-2024-final.pdf, consulted in October 2024.

68 Health Cluster/WHO (2024), *Public Health Situation Analysis (PHSA) on Hostilities in the occupied Palestinian territory (oPt)*, https://reliefweb.int/report/occupied-palestinian-territory/public-health-situation-analysis-phsa-hostilities-occupied-palestinian-territory-opt-23-september-2024, consulted in October 2024.

69 Health Cluster (2024), 300 Days of War, https://healthcluster.who.int/newsroom/news/item/08-08-2024-300-days-of-war-health-crisis-in-the-occupied-palestinian-territory, consulted in September 2024.

70 Alsaafin, L. & Amer, R. (2023), *No privacy, no water: Gaza women use period-delaying pills amid Israel war*, https://www.aljazeera.com/news/2023/10/31/no-privacy-no-water-gaza-women-use-period-delaying-pills-amid-war, consulted in February 2024;

Hassan, Y. & Schmunk, R. (2024), *Periods are a nightmare in Gaza's crowded, unsanitary camps. Women are using birth control to skip them*, https://www.cbc.ca/news/world/gaza-period-product-women-use-birth-control-to-skip-menstruation-1.7179069#:~:text=Two%20women%20and%20a%20pharmacist%20in, consulted in October 2024.

71 WeWorld's intervention figures are up to September 2024.

MENSTRUATING IN AN EMERGENCY

Worldwide, **300 million people are in need of humanitarian assistance** (OCHA, 2024). By the end of 2022, **more than 108 million people worldwide had been forced to leave their homes** (UNHCR, 2023). **About half (54 million) are estimated to be menstruating** (ibid).

In many crisis and emergency contexts, menstruating women are forced to struggle to manage their menstruation in a safe, comfortable, and dignified manner. **In most cases, the scale of the crisis exacerbates the neglect of menstruating people's needs, forcing some to choose between menstrual products and food, clothing, and other necessities.** They often lack access to basic materials such as pads, cloths, and underwear needed to manage blood flow, water, and toilets, which, even when available, may lack doors, locks, and lighting, or be inadequate to manage menstruation. In addition, they do not have the opportunity to access sanitation services and receive the necessary care, including for any pain or discomfort associated with menstruation (see WeWorld (2024), *Flowing Futures. Atlas on Water, Sanitation, Hygiene and Human Rights).*

In 2019, only about 55% of women and girls in refugee camps were able to use adequate menstrual products, such as pads and tampons, and only 37% were able to use adequate underwear (WVE, 2021). In addition, shelters and camp facilities are usually not designed to meet the needs of menstruating people. This, combined with overcrowding, can exacerbate the challenges of finding safe and private spaces to manage menstruation. Further complicating matters is the stigma associated with menstruation, which can lead to shame and embarrassment, as well as a reluctance to talk about their needs. In refugee camps, this means that **women may resort to extreme measures to hide the fact that they are menstruating; some bury used tampons and pads, others go to secluded areas at night to change their underwear in private and out of sight, but not in safety, with the possibility of harassment or violence.**

The European Commission (2021) reports that more than 90% of irregular migrants who reach Europe use traffickers for part or all their journey, often in life-threatening conditions[61] . Once they arrive in Europe, however, the situation often does not improve much. In Italy, for example, and in particular in Ventimiglia, with the tightening of border controls[62], migrants are subject to a wide range of human rights violations. These include **arbitrary detentions and the lack of a structured reception area, which forces them to seek shelter in the most disparate places, mainly on the streets, where they live in inhumane conditions.** In this scenario, **their sexual and reproductive rights, including menstrual health, are not guaranteed at all, depriving them of the right to decide freely about their bodies, their health and the possibility of accessing safe health services and adequate menstrual products.**

61 For further information: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM:2021:591:FIN&qid=1633242874386

62 Especially since 2015, when France unilaterally suspended EU rules on free movement in the Schengen area.

In light of these conditions, international and humanitarian organisations have taken action to address the needs of menstruating people in emergency contexts. WeWorld, for example, has integrated the promotion and protection of menstrual health into its humanitarian interventions in different crisis situations (from refugee camps to migrant reception centres), in all sectors, including water, sanitation and hygiene (WASH), protection, reproductive health, education, etc., and at all stages, such as staff training, design, evaluation and monitoring[63].

In 2019, only about 55% of women and girls in refugee camps were able to use adequate menstrual products, such as pads and tampons, and only 37% were able to use adequate underwear (WVE, 2021)

63 See the paragraph 4.1. WeWorld's Commitment to Menstrual Justice.

2.6.1 NOT ALL PEOPLE WHO MENSTRUATE ARE WOMEN

Some people may experience emotional distress or difficulties as a result of living in bodies or social roles that do not match their self-image (Ericskon-Schroth & Davis, 2021; Cristalli, 2022). For some people with diverse gender identity and expression, and sex characteristics, this feeling is exacerbated during menstruation (Rhodes, 2020). In addition to the discomfort and shame associated with menstruation, these individuals face numerous other challenges related to the fact that menstruation continues to be viewed as a 'women's issue'. Indeed, the possibility that other gender identities may menstruate without being or feeling like women is not widely acknowledged. **For many, menstruation can be a moment when they are reminded that their bodies are 'wrong'.** To counter the 'femininity' associated with menstruation that is emphasised by menstrual products and advertising, **some people choose to use menstrual products that are not pink and have overly feminine packaging. Others choose contraceptives to stop menstruation altogether. Still others consider having a hysterectomy** (removal of the uterus) (ibid).

On the other hand, it is important to note that for some people with diverse SOGIESC, menstruation is a normal part of being in their bodies, and not all of them experience distress from it: some embrace fluidity and choose not to define themselves, or to define themselves differently at different times. It is therefore crucial to recognise the diversity of these experiences and to promote narratives, products, services, policies, and interventions that recognise and include them.

The lack of consideration for these people when it comes to menstruation also results in inadequate services and facilities to meet their needs. For example, men's toilets usually have no place to dispose of used menstrual products, and in the rare cases where free pads are provided, they are never available in these toilets (Frank & Dellaria, 2020). As a result, **these people may be forced to use the toilet that corresponds to their reproductive organs, the female toilet, because society does not recognise their gender and the fact that they may be menstruating.** On the other hand, if they were to use the men's toilets, **the sound of opening a tampon or pad carries the risk of revealing their menstrual status, exposing them to possible embarrassment and discrimination, not to mention risks to their own safety** (ibid.).

There is also a profound lack of knowledge about the health of people with diverse SOGIESC, coupled with discriminatory attitudes in medical settings: a survey conducted in Italy found that **82% of these people reported experiencing at least one discriminatory episode** (intrusive questions, verbal aggression, or physical violence) from healthcare professionals (Leone et al., 2023). A study conducted in Kenya, Malawi, and South Africa (Mbeda et al., 2020) **found that almost half of non-binary people/diverse SOGIESC surveyed (45.3%) reported experiencing discrimination in relation to health care, with 36.3% reporting that they were afraid to seek health care services as a result.**

82% of these people reported **experiencing at least one discriminatory episode**

(Leone et al., 2023)

In the face of this exclusion, many associations and activists are working to raise awareness of the experiences of diverse gender identities. For example, GenderPac, a US national organisation founded in 1995, has emphasised **the need to talk about 'people who menstruate' rather than just women.**

An essential part of the process of normalising and de-stigmatising menstruation is to include and understand the perspectives of other gender identities. Addressing the challenges and barriers these people may face through inclusive narratives, policies, and awareness-raising initiatives could help combat menstrual poverty, ensure their menstrual health and empowerment, while supporting their rights to work, education, and the highest standards of sexual and reproductive health, quality of life, and general well-being.

> An essential part of the process of normalising and de-stigmatising menstruation is to include and understand the perspectives of other gender identities.

2.6.2 MENSTRUATION, DISABILITY AND ABLEISM

People with disabilities may experience menarche and menstruation differently, and in some cases more negatively. **There are more than 1 billion people with disabilities worldwide, and 80% of them live in low-income countries** (UNICEF, 2022). These numbers are increasing due to armed conflict and the effects of climate change. In these contexts, these people are less likely to attend school, have access to basic WASH services, or have a voice in society. This is compounded by the many challenges that people with disabilities who are menstruating may face, particularly during menstruation.

These challenges can vary widely: people with intellectual disabilities may need accessible materials with relevant information in easy-to-read formats to help them communicate their needs

or problems. Those with physical injuries to the upper body and arms may struggle with the correct positioning of menstrual products, washing clothes and menstrual materials, or accessing often inadequate facilities. Finally, there are disabilities that are not immediately visible, known as 'invisible' disabilities. These can include conditions such as early-onset diseases that become visible over time, congenital heart defects, chronic pain, mental health conditions such as borderline personality disorder or bipolar disorder, autism, and schizophrenia.

Because these conditions are 'invisible', they can be underestimated, disregarded or unrecognised, and the pain, needs, and difficulties they bring may not be believed or validated. A study conducted in the UK on the menstrual experiences of women with autism (Steward et al., 2018) found that while interviewees with autism reported many overlapping issues and experiences with other interviewees, they also highlighted distinct issues related to menstruation. Specifically, **they mentioned increased sensitivity to sounds and smells during menstruation, and greater difficulty in coping with emotional fluctuations and physical pain.**

Persons with disabilities make up a significant proportion of the 2 billion people who still lack access to clean and safe drinking water and the approximately 3.6 billion people who lack adequate sanitation (UNESCO, 2023). Although there is no adequate data to estimate the exact number of people with disabilities who face water scarcity and lack of access to sanitation, some studies show the continued marginalisation and invisibility of this population.

For example, research conducted in Ethiopia found that **96.6% of people with disabilities had difficulty accessing basic water facilities** (World Bank, 2017b). In Indonesia, a study analysing the availability of household sanitation facilities for people with disabilities (Daniel et al., 2023) found that **43.4% of respondents did not have basic sanitation facilities in their homes. The majority of sanitation facilities (94.5%) lacked supports (grab bars and supports for sitting and standing) and baskets (88.9%), while only four-fifths of toilets had water and soap.**

People with disabilities may face physical, structural, and cultural barriers to accessing water and sanitation, including having to walk on uneven, unstable, narrow, or slippery surfaces; reaching and operating controls; difficulty squatting in pit latrines, balancing, and sitting down; aids or assistive devices, such as wheelchairs and crutches, may not fit into water and sanitation facilities or may need to be supported due to dirt on the floor or the presence of architectural barriers such as steps; difficulties in orientation and access to information in a single form, written or oral; difficulties in communicating one's needs; need for navigation and memory aids to find, access, and use WASH services.

Some of these barriers require local and situational modifications (e.g., the addition of a ramp, handrails, navigational aids, a wider entrance, or a path wide enough for a wheelchair), while others require structural, cultural, and social changes. In any case, **the absence, lack, or difficulty of access to WASH services severely affects the menstrual health of persons with disabilities and prevents them from managing their menstrual cycle in an appropriate, safe, and dignified manner.**

Similarly, information on menstrual hygiene and menstrual products is rarely accessible and designed to meet the needs of people with disabilities (Stone, 2022). These products can be difficult to use for people with limited mobility, stiff muscles, chronic pain, or sensory problems. In addition, some people with disabilities may incur additional costs related to pain management, medications, therapies, and surgery. Meeting these costs on a low income—as these people are statistically more likely to live in poverty—can further reduce access to menstrual products (ibid).

People with disabilities may face a double stigma due to both menstrual taboos and disability itself, leading to increased marginalisation and discrimination.

Ableism is a concept that not only means discrimination against people with disabilities but also represents a specific socio-political system centred around the concept of 'normality,' which values certain abilities[72] more than others . As a result, people who do not have these valued abilities may experience discrimination, oppression, invisibility, marginalisation, and even complete exclusion from social life and rights.

For all these reasons, **when discussing the menstrual cycle, it is essential to take into account the experiences of people with disabilities, to design menstrual products and WASH services that meet their needs, and to promote a social environment that can support and listen to them, for example by providing sanitary facilities that ensure their menstrual health.** One of the first steps is certainly the need to include their stories in the conversation about menstrual poverty, by collecting disaggregated data and testimonies that reflect their experiences—aspects that are still insufficiently addressed today.

> Ableism is a concept that not only means discrimination against people with disabilities but also represents a specific socio-political system centred around the concept of 'normality,' which values certain abilities more than others.

2.6.3. GENDER PAIN GAP: THE INVISIBLE PAIN

When discussing the pain of menstruation (dysmenorrhoea), there is always a double risk that seems almost paradoxical. On one hand, the pathologisation of menstruation has led to

72 Specifically, these are related to the ideas of normality, intelligence, desirability, performativity and productivity promoted by society.

it being considered a 'disease,' with menstruating individuals often seen as unfit for even the simplest tasks. On the other hand, there is a tendency, even within the medical field, to downplay the pain experienced by many people. Common responses such as, *"What are you complaining about? It's just your period,"* reflect this minimisation. Everyone has the right to decide for themselves and their bodies and to know when pain is no longer normal. Yet, the pain caused by some menstrual disorders is often underestimated, resulting in delays in diagnosis and treatment.

Common responses such as, *"What are you complaining about? It's just your period"*, reflect this minimisation. Everyone has the right to decide for themselves and their bodies and to know when pain is no longer normal.

The medicalisation of menstruation frames what is a physiological process as a pathology or problem to be treated and cured. **This medicalisation reflects and perpetuates the stigma associated with menstruation, which is either ignored or discussed negatively, often accompanied by feelings of discomfort and disgust.** Consequently, menstruating individuals may refrain from sharing their experiences, speak about them in hushed tones, hide menstrual products, and feel ashamed of their bodies and what they are experiencing. According to journalist Alessandra Vescio, this constant vigilance can create a heavy emotional burden, negatively impacting mental health, while silence and secrecy can obscure or diminish more serious issues.

This issue is part of a broader problem related to the lack of knowledge about women's health and the underestimation of pain, known as the **gender pain gap**. This phenomenon highlights the gender difference in the recognition and treatment of pain. **Gender stereotypes contribute significantly to this issue; because women are often perceived as more emotional and sensitive, their expressions of pain are frequently deemed less credible, despite evidence showing that women experience pain more frequently and for longer durations . Women with chronic pain are more likely to be misdiagnosed with mental health problems, reinforcing the notion that their pain is less serious.**

Because women are often perceived as more emotional and sensitive, their expressions of pain are frequently deemed less credible, despite evidence showing that women experience pain more frequently and for longer durations

As a result, **menstrual discomfort, conditions, and diseases** (MDCD)—a term encompassing all forms of discomfort, pain, conditions, and diseases related to the menstrual cycle—may not be recognized or treated appropriately. MDCD includes conditions such as polycystic ovary syndrome (PCOS), dysmenorrhoea, premenstrual dysphoric disorder (PMDD), endometriosis, and uterine fibroids. While not all MDCD can be attributed to a specific diagnosable or curable condition, they represent the full range of painful physical, mental, or emotional symptoms associated with the menstrual cycle.

ADENOMYOSIS

Adenomyosis refers to the presence of endometrial tissue within the myometrium (the muscular wall of the uterus) and affects women of childbearing age. It is associated with a cyclic and chronic inflammatory process and can cause dysmenorrhoea (painful menstruation) and increased menstrual flow. **Mild forms of adenomyosis are now thought to affect 1 in 5 women under 40 years of age, a figure that reaches 80% for women between 40 and 50 years of age** (Günther et al., 2022). However, the condition is significantly under-diagnosed, particularly in moderate forms where symptoms may not be obvious. Only recently have standardized criteria been developed for the non-surgical diagnosis of adenomyosis using ultrasound and MRI.

This is why adenomyosis, along with endometriosis and vulvodynia, is considered an **'invisible disease'. It is not called invisible because it cannot be seen, but because it is very difficult to diagnose due to the overlap of symptoms with other conditions and the limited research and knowledge about it.**

AMENORRHEA

While the frequency, duration, and other aspects of menstruation can vary from person to person, **the absence of menstruation during childbearing years can be a symptom of several conditions, including hormonal, genetic, or structural problems**. This condition is called amenorrhoea and is divided into two types: primary amenorrhoea, which occurs when a person has never had a menstrual cycle before the age of sixteen, and can be caused by congenital differences in the development of the reproductive organs, pituitary and hypothalamic dysfunction, or infectious diseases such as tuberculosis; and secondary amenorrhoea, where menstruation, previously occurring more or less regularly, ceases for more than three cycles. Amenorrhoea can be caused by the use of certain types of contraceptives or hormonal therapies that prevent menstruation; it can be associated with and caused by eating disorders, strenuous physical activity, or stress, as in the case of hypothalamic amenorrhoea; or by ovarian hormonal disorders, as in polycystic ovary syndrome, where amenorrhoea is more commonly oligomenorrhoea, indicating longer and more irregular menstrual cycles.

The absence of menstruation—a physiological condition before puberty, during pregnancy, lactation, and after menopause—during fertile years should not be underestimated, especially if it is prolonged and associated with low oestrogen levels, as **it may indicate a hormonal imbalance and lead to an increased risk of osteoporosis, cardiovascular problems, and other disorders commonly associated with menopause.** However, despite the variety of causes and health risks it can pose, amenorrhoea is often treated with oral contraceptives or hormone therapy, without investigating the underlying causes or providing information about possible contraindications or alternatives.

DISMENORRHEA

Dysmenorrhoea refers to the pain associated with menstruation, manifesting either as constant and severe pain or cramps in the lower abdomen. This pain may be accompanied by headaches, nausea, constipation or diarrhoea, and lower back pain. Typically, dysmenorrhoea peaks 24 hours after menstruation begins and can last for 2-3 days. Often, the cramping, pain, and discomfort associated with menstruation are so frequent and intense that they interfere with daily activities.

Societal underestimation of these conditions and sometimes a lack of awareness among those affected, including inadequate medical support, force these individuals to accept and live with the pain, negatively affecting their work, studies, and overall social life. For example, a study conducted in the Netherlands in 2017 found that, on average, the equivalent of about nine days of work or study are lost per year due to dysmenorrhoea (Schoep et al., 2017).

ENDOMETRIOSIS

Endometriosis is a disease characterized by the presence of endometrial tissue—typically lining the uterine cavity—outside the uterus. This tissue most commonly appears in the pelvic organs but can also be found in other parts of the body, such as the lungs, brain, and skin. **It affects approximately 10% of the female population worldwide (about 190 million women and girls)** and can cause chronic inflammation of the female genital tract. Symptoms include severe pain, nausea, abdominal swelling, and sometimes depression and anxiety, which can significantly interfere with menstruation. Inflammation from endometriosis can lead to the formation of scar tissue (adhesions, fibrosis) and may cause infertility by affecting the pelvic cavity, ovaries, fallopian tubes, or uterus (WHO, 2023c).

The condition has substantial social, public health, and economic impacts. It can reduce quality of life through severe pain, fatigue, depression, anxiety, and infertility. **Some individuals with endometriosis experience debilitating pain that hinders their ability to attend work or school** (ibid). Research by Swg for Carrefour (Medical Observatory on Harm Reduction, 2024) in Italy found that **endometriosis affects almost 8 out of 10 women (76%) in terms of psychological and emotional stability, 61% in terms of work performance, 47% in terms of career prospects, and 41% in terms of relationships with colleagues**. It has been estimated that **it costs the UK economy around £8.2 billion every year in healthcare costs, loss of work and treatments** (Endometriosis UK, 2024). According to Western Sydney University research with Endometriosis Australia, **1 in 6 people with endometriosis have lost their employment due to managing the disease, 1 in 3 has be overlooked for a promotion, 70% had to take unpaid time off work to manage symptoms** (Armour et al., 2021).

The pain associated with sexual intercourse can also lead to its interruption or avoidance, affecting the sexual health of sufferers and their partners (WHO, 2023c).

The delay in diagnosing endometriosis, which averages 8 years (PERIOD, 2022), **is partly due to the silence surrounding menstruation and the underestimation of menstrual pain.** Endometriosis affects roughly 10% (190 million) of reproductive age women and girls globally (WHO, 2023). Research has highlighted that stigma around discussing menstrual problems and societal norms that normalize menstrual pain contribute to delayed diagnosis. Participants in studies have reported that general practitioners often dismiss their concerns or are unaware of endometriosis, with health professionals citing inadequate training and unclear diagnostic guidelines (Freeborn, 2023).

A study (Medical Observatory on Harm Reduction, 2024) found that **less than 4% of respondents** in Italy **could correctly identify all symptoms, causes, consequences, and possible treatments for endometriosis.** Nearly half of the respondents believed that painkillers alone are sufficient for relief, and 35% thought the condition was easy to diagnose early on. **Despite knowing they may have endometriosis and understanding its potential implications, 6 out of 10 women have never had a check-up.** Currently, there is no cure for endometriosis, and treatment focuses on managing symptoms. Delays in diagnosis often hinder timely access to treatments such as painkillers, oral contraceptives, or specialized surgery. Furthermore, there is a shortage of skilled health workers and appropriate diagnostic tools, especially in low- and middle-income countries (WHO, 2023c).

MENOPAUSAL STAGES

The normalisation of pain and the underestimation of symptoms also apply to the menopausal years. Perimenopausal and postmenopausal symptoms can significantly disrupt personal and professional life, and the changes associated with menopause can impact health as individuals age. Despite this, healthcare providers often lack training in recognising perimenopausal and postmenopausal symptoms, which can lead to inadequate advice on therapeutic options and the importance of maintaining good health before, during, and after the menopausal transition (WeWorld, 2023).

Menopause typically receives limited attention in the training programmes of many healthcare providers, and the sexual well-being of menopausal individuals is often neglected in various countries (WHO, 2022a). This lack of attention means that common gynaecological effects of menopause, such as vaginal dryness and dyspareunia, may go unaddressed. Additionally, older individuals may not perceive themselves as being at risk for sexually transmitted infections, including HIV, and may not receive guidance on safe sex practices or testing (ibid).

The decline in oestrogen levels during menopause can lead to various disorders and symptoms, including hot flushes, palpitations, tachycardia, sleep disturbances, dizziness, vaginal dryness (Henigsman & Todd, 2023), irritability, fatigue, anxiety, and demotivation (Harvard Health Publishing, 2020). Significant consequences include an increased risk of cardiovascular disease, such as heart attacks, strokes, and hypertension, as well as osteoarticular diseases, particularly osteoporosis.

Therefore, it is crucial for individuals experiencing menopause to have access to information about bodily changes, to feel supported in sharing their experiences, and to receive guidance on managing menopause effectively.

FIBROMYALGIA

Fibromyalgia is a chronic condition characterised by musculoskeletal pain and fatigue (widespread tiredness and weakness). Other associated symptoms include headaches, sleep disturbances, abdominal pain, anxiety and depression, up to 100 symptoms in all. There is also a correlation with hormonal status: symptoms worsen during menstruation and in the premenstrual phase. The chronic and intense pain and other symptoms can be debilitating and significantly reduce quality of life, making it difficult to carry out daily activities and participate in social life. **Up to 5.0% of the world population suffer from fibromyalgia** (Ruschak et al, 2023).

Currently, the exact cause of fibromyalgia is unknown, there are no specific diagnostic tests and there is no cure. Suggested treatments usually aim to minimise symptoms. Because diagnosis is based on patient-reported symptoms rather than instrumental tests, **fibromyalgia is often considered a 'controversial' condition, difficult to recognise or confused with psychological problems. This results in many sufferers being disbelieved, misunderstood or stigmatised** (ibid).

PUDENDAL NEUROPATHY

Pudendal neuropathy is a condition characterised by chronic pelvic pain resulting from inflammation of the pudendal nerve, a key nerve in the peripheral nervous system responsible for sensation in the genital area, perineum (the space between the anus and the genitals), and pelvic floor muscles. Symptoms of this condition include burning, tingling, numbness, and urinary dysfunction, which may intensify when sitting, wearing tight clothing, or during certain phases of the menstrual cycle. The pain can be severe and debilitating, often leading individuals to spend most of their time in bed.

Similar other invisible diseases, pudendal neuropathy is frequently overlooked and poorly understood by healthcare professionals. It is often confused with other conditions, particularly those of a psychological or psychiatric nature.

POLYCYSTIC AND MICROPOLYCYSTIC OVARY SYNDROME

Polycystic ovary syndrome (PCOS) is a condition characterised by enlarged ovaries containing multiple ovarian cysts, accompanied by hormonal and metabolic abnormalities. Common symptoms include hormonal imbalances, menstrual pain, irregular menstruation, and amenorrhoea. **Affecting 8-13% of women of reproductive age globally, PCOS typically begins during puberty and is the most prevalent endocrine disorder in this demographic.** It is also a leading cause of infertility. Despite its prevalence, the exact causes of PCOS remain unclear, and there is no definitive cure, though various treatments are available to manage its symptoms. **It is estimated that up to 70% of women with PCOS worldwide may remain undiagnosed** (WHO, 2023d).

PCOS can be associated with a range of conditions such as anxiety, depression, obesity, and unwanted hair growth, all of which can carry social stigma. These factors, combined with the physical pain of the syndrome, can negatively impact the psychological wellbeing and social life of those affected.

A related condition, micropolycystic ovary, involves ovaries that are slightly larger than average and produce a greater number of larger follicles. This condition may impair normal ovarian function, affecting the production of eggs suitable for conception. As a result, ovulation may occur only sporadically or not at all, leading to irregular menstruation or amenorrhoea and potentially resulting in fertility problems.

PREMENSTRUAL SYNDROME AND PREMENSTRUAL DYSPHORIC DISORDER

Research from 2023 highlights that both premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) are extremely common yet significantly underestimated conditions (Mann, 2023). PMS involves a range of symptoms affecting mood, behaviour, and physical health. Common symptoms include tension, irritability, depression, anxiety, mood swings, sleep disturbances, and physical issues such as abdominal bloating, peripheral oedema (fluid retention), and breast tension (swelling and pain). These symptoms typically begin in the five days leading up to menstruation and resolve within a few hours after menstruation starts. Symptoms can intensify during perimenopause. Overall, **around 150 symptoms and signs have been associated with PMS** (Chocano-Bedoya & Bertone-Johnson, 2013).

Around 150 symptoms and signs have been associated with PMS

(Chocano-Bedoya & Bertone-Johnson, 2013)

PMDD, a more severe form of PMS, includes both physical symptoms such as joint and muscle pain and mood disorders such as depression. This condition can severely impact social participation and overall well-being. Symptoms usually start at ovulation and may last up to a few days after menstruation, potentially persisting for two to three weeks each month (Vescio, 2023). The duration, cyclicity, and chronicity of symptoms can cause profound distress, with only a few symptom-free days.

It is estimated that around 5.5% of menstruating individuals suffer from PMDD (Hantsoo et al., 2022). Despite its prevalence, PMDD remains poorly understood and under-diagnosed. The condition lacks established treatments and scientific research, with the pain often dismissed as a 'normal' part of the menstrual cycle. **PMDD was only included in the International Classification of Diseases (ICD) by the World Health Organisation in 2019** (ibid). In some cases, patients may be misdiagnosed with bipolar disorder, epilepsy, or other mental health conditions before a correct diagnosis of PMDD is made, leading to treatments that can be both inappropriate and harmful.

VULVODYNIA

Vulvodynia is a chronic condition characterised by pain in the vulva, which can be either widespread or localised to specific areas. This pain may be described as a twinge, shock, or a severe itching or burning sensation, and can radiate to the buttocks, anus, and inner thighs. The pain can be constant or provoked by contact, such as during sexual intercourse, tampon or menstrual cup insertion, or even simple contact with underwear. Vulvodynia is often associated with vaginismus, a condition causing pain due to involuntary contractions of the vaginal muscles and may also be linked to interstitial cystitis (a painful bladder condition), menstrual pain, and irritable bowel syndrome.

The discomfort experienced during intercourse due to vulvodynia can lead to its avoidance or interruption, significantly affecting the sexual health of both the individual and their partner. Furthermore, vulvodynia can severely impact overall quality of life, causing difficulties in sitting, exercising, and managing daily activities due to persistent pain. This chronic condition can lead to significant social, emotional, and mental health issues, including anxiety and depression. According to a survey conducted by Vulvodynia Online (2021), **nearly half of the women surveyed reported that their symptoms significantly affected their ability to work, with 45% having to abandon work or study opportunities due to the limitations and discomfort associated with vulvodynia.**

While variations in vulvar pain do not always indicate a pathological issue, persistent or severe pain may signal underlying diseases, infections, or hormonal imbalances. These factors can also be influenced by lifestyle changes, stress, medication, and overall health. **Promoting awareness, health policies, and funding for accurate diagnosis, counselling, and treatment is crucial.** Negative attitudes towards menstruation and a lack of understanding of menstrual health can delay the diagnosis of serious conditions such as endometriosis, polycystic ovarian syndrome, premenstrual dysphoric disorder (PMDD), or gynaecological cancers (Guidone, 2020). Thus, finding the most appropriate and individualised treatment for each person is essential for managing symptoms and improving overall well-being.

MENSTRUAL LEAVE

The debate on menstrual leave is a response to the underestimation of menstrual discomforts, conditions, and disorders, proposing a form of leave similar to regular sick leave. This leave allows people who menstruate to take time off from school or work to manage menstrual symptoms (PERIOD, 2022).

Globally, menstrual leave policies vary widely in their implementation, which can occur at the national or company level. Recent years have seen several companies[73], schools[74], universities and countries introduce menstrual leave in various forms. Some policies allow for remote work, while others require a complete absence from work. The leave may be fixed or flexible, and some policies require a medical certificate, while others do not.

Historically, menstrual leave was first introduced in post-revolutionary Russia in 1922, aimed at equalising the working conditions of male and female workers. However, due to resulting discrimination against women, this policy was abolished in 1927 (Ilic, 1994). Similarly, in the 1920s, Japanese trade unions campaigned for menstrual leave, which was granted in 1947 (Nakayama, 2007). The timing of these policies was linked to the increased presence of women in the workforce during the World Wars. Unfortunately, **these measures did not lead to broader social and cultural changes in gender roles. Instead, they were often used to reinforce traditional gender divisions, leading to increased discrimination when men returned to the workforce.**

Currently, only a few countries have included menstrual leave in their labour laws, such as Japan (1947), South Korea (1953), Indonesia (2003), Taiwan (2013), and Zambia (2015). In some of these countries, however, menstrual leave has led to increased workplace discrimination and gender stereotyping. For example, in Japan, menstrual leave was introduced to protect women's fertility and future motherhood, rather than as an effort to address menstrual discomfort in a supportive manner. As a result, many women forgo this leave to avoid stigma, with a 2017 Japanese government survey revealing that only 0.9% of female workers requested menstrual leave (Hollingsworth, 2020).

In Europe, Spain recently became the first country to introduce paid menstrual leave, passing a law in February 2023 (Politico, 2023). This development marks a significant step in acknowledging and addressing menstrual health, but the issue remains highly controversial, with ongoing debates about its implications and effectiveness.

However, the issue remains highly controversial today, with supporters and opponents divided.

73 In Italy, for example, Ormesani, a shipping company in the province of Venice, provides one day per month of paid absence for all employees suffering from a painful menstrual cycle without the need for a medical certificate or permission from the office manager, in total privacy. Before instituting this form of menstrual leave, a survey was carried out among the company's 59 female employees; after receiving positive feedback, the measure was then instituted from the summer of 2022 (Zeric, 2022).

74 It is worth mentioning the important initiative promoted by the 'Nervi Severini' artistic high school in Ravenna, which is the first school in Italy to have introduced menstrual leave for all those who request it at the beginning of the school year by submitting a medical certificate attesting to the invalidating pathology. In this way, they can be granted up to two days per month of justified absences, which will not affect the maximum number of hours (Carboni, 2022). Other examples of companies offering menstrual leave include Modibodi and FutureSuper in Australia (also for menopausal people), Zomato in India and Nuvento in the United States.

2.7. WHAT WE NEED IS MENSTRUAL JUSTICE

It is necessary to adopt a perspective of menstrual justice to combat menstrual poverty in all its facets. The concept of 'menstrual justice' is derived from the term 'reproductive justice', which was introduced in the 1990s by Afro-descendant organisations and sexual and reproductive rights activists in the United States, and places reproductive rights within a broader framework of social justice. Building on this, law professor Margaret E. Johnson defined menstrual justice, in contrast to menstrual injustice, as **the oppression of menstruators, solely because they menstruate** (2019). These oppressions include all aspects that lead to menstrual poverty: the narrative of menstruation as a taboo, a shame, something not to be talked about, and of menstruators as dirty, impure, irrational; the cost of menstrual products and their difficult accessibility; the lack of adequate facilities and services to manage the menstrual cycle with peace of mind; the exclusion and invisibility of people with disabilities, of people with diverse SOGIESC, of homeless, or those in detention and their experiences; the minimisation of pain and the lack of knowledge about menstrual cycle-related pathologies and how to treat them.

These injustices intersect and negatively affect the social participation, well-being, health and rights of menstruators. **Conversely, when there is menstrual justice, all people who menstruate have access to the menstrual products they want, are free to make decisions about their own bodies, receive adequate information about their bodies, menstruation and its processes, and can experience their menstrual cycle free from stigma and psychological discomfort, without limiting their participation in social life.** Ensuring menstrual justice, and thus combating various forms of oppression, involves breaking down the stigma and taboos surrounding menstruation and menopause, promoting a more open, positive and non-judgmental narrative, introducing sexuality and emotional education in schools, and abolishing the tax on menstrual products.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> The menstrual cycle is not just a personal issue, but it is a matter of human rights and public health.

All these steps are aimed at centring menstruators, raising awareness of menstrual health rights, and creating a menstrual justice movement that can bring about concrete changes to guarantee menstrual rights for all. **The menstrual cycle is not just a personal issue, but it is a matter of human rights and public health.** In recent years, some countries have begun to support menstruating women: in 2004, Kenya became the first country in the world to abolish the tax on pads, and in April 2018, it began distributing free menstrual products in public schools. These interventions are part of a broader policy agenda to promote menstrual health: following the new Kenyan Constitution in 2010 and the adoption of the 2030 Agenda for Sustainable Development in 2015, Kenya adopted the Menstrual Hygiene Management Policy (2019-2030). This commits the government and institutions to promote access to adequate sanitation and a clean and healthy environment, and to address the silence, myths and stigma surrounding menstruation by providing women, girls, men and boys with accurate information about the menstrual cycle.

Other examples of menstrual health initiatives include the government of Botswana, which in 2017 voted to provide free pads in schools to address female absenteeism and school dropout related to menstrual poverty; South Africa, which in 2019 removed the tax on pads and committed to providing free menstrual products in schools; and Scotland, which in 2020 became the first country in Europe to make menstrual products freely available in designated public places such as schools, community and youth centres, and pharmacies.


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Chapter 3.
MEASURING MENSTRUAL HEALTH AND POVERTY

3.1. MENSTRUAL HEALTH DATA: GLOBAL CHALLENGES AND GAPS

Menstrual poverty is a global problem that affects millions of people every year, limiting their access to menstrual products, adequate facilities, and accurate information about menstruation wash and menstrual health, and hindering their social participation.

> However, understanding the extent and specifics of this problem is severely limited by the lack of harmonised, comparable, and up-to-date data, making a full and accurate assessment of the situation difficult.

To date, the only globally comparable source is the Joint Monitoring Programme (JMP) of the World Health Organization (WHO) and UNICEF, established to monitor and assess global progress in access to safe water, sanitation, and hygiene (WASH). The JMP provides globally comparable data and regular reports that help track progress towards international targets, such as the Sustainable Development Goals (SDGs).

The Joint Monitoring Programme began discussing the inclusion of Menstrual Hygiene Management (MHM) in its monitoring in 2012. In that year, the JMP included 'menstrual hygiene management' in the WASH sector monitoring targets and indicators, focusing in particular on access to clean menstrual products to absorb or collect blood, the use of soap and water to wash the body as needed, and the availability of adequate facilities to change and dispose of used menstrual materials (WHO/UNICEF, 2012).

However, **it was not until 2020 that the programme adopted the definition of menstrual health, rather than just hygiene, developed in collaboration with the Global Menstrual Collective.** This expansion led to a broadening of focus and the development of new menstrual health questions and indicators, which were gradually incorporated into the surveys used for national and global monitoring of WASH services. **The JMP therefore expanded its database to include harmonised indicators on menstrual health[75], including social participation and access to appropriate information, and a new section in the country files.**

Despite the importance of its contribution, the JMP has some shortcomings related to the **difficulty of collecting data on menstrual health, as both the field of study and the norms and standards for monitoring menstrual health are new and still evolving.** Indeed, in the 2022 update of *"Progress on household drinking water, sanitation and hygiene 2000-2022: special focus on gender"*[76] , of the 53 countries for which data were available[77] , only 44 provided information on three of the four indicators, and only two countries (Egypt and Bangladesh) on the indicator assessing knowledge of menstruation before menarche (WHO/UNICEF, 2023).

In addition, the information collected covered only women and girls aged 15-49 who had menstruated in the previous year, leaving out a large proportion of people, such as those who are menopausal or who had menarche before the age of 15 (ibid).

Other gaps in research and data collection relate to the impact of menstrual health on other dimensions, such as education, the economy and general health, at an individual and collective level.

In the 2023 WASH in Schools update *"Progress on drinking water, sanitation and hygiene in schools, 2015-2023: special focus on menstrual health"*[78], the JMP included a special focus on menstrual health management in schools and presented an additional list of updated indicators, including menstrual pain, the existence of a positive and supportive school environment for menstruating persons, and national policies on MHH. Again, there are several difficulties with data collection. **Few countries routinely collect data on menstrual health in schools, and definitions of indicators vary widely, making comparisons between countries difficult. An increasing number of countries have nationally representative data, but few have data that can be disaggregated. Even fewer countries have sufficient data to assess trends in menstrual health. As a result, only 30 countries have sufficient national data on at least one of the indicators[79] to assess menstrual health in schools** (WHO/UNICEF, 2024) (Figure 1).

75 Specifically, these are: knowledge of menstruation before menarche; use of menstrual products to catch and contain menstrual blood, such as pads, cloth, tampons or cups; access to a private place to wash and change when at home; participation in activities during menstruation, such as school, work and social activities.

76 To see the report: https://washdata.org/reports/jmp-2023-wash-households

77 Since the 2021 progress update, the total number of countries with menstrual health data has increased from 42 to 53 (WHO/UNICEF, 2023).

78 The report is available at: https://data.unicef.org/resources/jmp-wash-in-schools-2024/

79 Only five countries have national data on menstruation-related pain and only two on a supportive social environment for MH at school.

Figure 1
NUMBER OF COUNTRIES WITH NATIONAL DATA ON EMERGING MENSTRUAL HEALTH INDICATORS FOR SCHOOLS OR SCHOOLGIRLS, BY SDG REGION

**Data updated to 2023. Source: WHO/UNICEF, 2024*

Other existing data on menstrual health and poverty come mainly from specific surveys conducted at national or local level, which, while important, often have different methodologies and coverage, making it difficult to effectively compare and accurately assess the phenomenon. This gap hampers efforts to develop targeted policies and interventions to address menstrual poverty in a systemic and comprehensive manner.

THE INTERNATIONAL COMMUNITY'S STEPS TOWARDS A PERIOD FRIENDLY WORLD

Research and data collection are key to improving people's menstrual health and ensuring and achieving menstrual equity. Data is the basis for planning and targeting menstrual health investments, policies, and interventions. Without a clear picture of the situation, the areas where resources are most needed, and the impact that menstruation and menstruation have on people's lives, it is not possible to allocate resources and interventions to promote menstrual health.

The international community is attempting to strengthen the monitoring and evaluation of interventions on menstrual health. Specifically, the actions introduced relate mainly to three dimensions:

Formulation of common indicators: To collect reliable data on menstrual health, it is essential to have good indicators. The lack of appropriate and standardised indicators is a major barrier to progress and improvement in the monitoring of menstrual health. At the national level, the lack of standardised indicators limits understanding of the situation across populations and over time. This lack hinders the standardisation of approaches, evaluation, and accountability of policies and programmes to promote menstrual health and equity. A network of universities and associations[80] published the *"Priority List of Indicators for Girls' Menstrual Health and Hygiene: Technical Guidance for National Monitoring"*[81] which provides a short list of indicators and related actions based on current evidence and aligned with existing national monitoring tools, such as the JMP. The aim of the guidance is to provide countries with a useful starting point for monitoring national progress in promoting MHH, particularly among adolescent girls, but which can be extended to other groups. **The standardisation of indicators makes it possible to improve data collection and analysis, resulting in a clearer and more comprehensive view of menstrual health at the global level.**

Strengthened collaboration with international, national, and local bodies: Monitoring by NGOs and other civil society associations in collaboration with governmental and UN agencies provides valuable additional data to complement national systems. Indeed, to have a complete and comprehensive picture of a country's menstrual health needs and progress, **it is imperative to engage in systematic consultation and discussion with these entities and to involve them in the work of constructing indicators and collecting data, given their experience and direct knowledge of local issues.** Including different perspectives also enriches the overall understanding of the MHHM situation.

MHH Funding Tracker: To stimulate investment in menstrual health, it is necessary to have a clear picture of existing funding. For this reason, a group of eight organisations[82] reated the MHH Funding Tracker, an open-access database that collects funding commitments explicitly earmarked for MHH of US$1 million or more. It covers funding from all types of official funders (governments, philanthropists, corporations) at the international, national, and local levels as of 2018[83].

This tool makes visible who is funding menstrual health and hygiene, in which regions and countries interventions are funded, which areas of menstrual health and hygiene receive the most funding, and which are neglected. In addition, the MHH Funding Tracker can also serve as a national advocacy tool, making it possible to know whether what is allocated is actually spent, thus strengthening the accountability of investments. Finally, it is useful for motivating donors: showing that some are already funding the sector can be a motivating factor for others.

80 These are: Burnet Institute, Columbia University, London School of Hygiene and Tropical Medicine, Emory-Rollins School of Public Health, Liverpool School of Tropical Medicine, Save the Children, WaterAid and Global Menstrual Collective.

81 To see the guide: https://www.susana.org/_resources/documents/default/3-4970-7-1649688698.pdf

82 These are: Menstrual Hygiene Day, WASH United, Menstrual Health hub, PERIOD. The Menstrual Movement, The sanitation and Hygiene Fund, psi Europe, Global Menstrual Collective, The Case for Her.

83 To consult it: https://www.mhh-funding-tracker.org/

The currently available data do, however, allow us to take a snapshot of the situation in some countries regarding menstrual health and hygiene and to make some comparisons.

Figure 2
MENSTRUAL HEALTH ACCESS AND BEHAVIOUR*

**Data updated to 2022, refers to the proportion of girls and women aged 15-49 who have menstruated in the previous years. Source WHO/UNICEF, 2023*

COUNTRY	PRIVATE PLACE TO WASH AND CHANGE	PARTICIPATION IN ACTIVITIES DURING MENSTRUATION	USE OF MENSTRUAL MATERIALS	USE OF REUSABLE MATERIALS	USE OF SINGLE-USE MATERIALS
Algeria	90	76	95	4	90
Bangladesh	97		98	66	30
Burkina Faso	74	85	87	50	37
Cambodia	96				
Central African Republic	92	69	95	62	33
Chad	93	67	95	80	15
Costa Rica	99	93	99	2	96
Côte d'Ivoire	80	78	99	50	49
Cuba	95	72	98	3	95
Democratic Republic of the Congo	90	86	95	56	39
Dominican Republic	95	78	98	2	96
Ethiopia	79		83	46	37
Fiji	96	77	97	12	85
Gambia	96	80	98	58	40
Ghana	94	81	98	13	85
Guinea-Bissau		92			
Guyana	93	80	96	2	94
Honduras	97	81	98	3	95
India		95	99		
Indonesia	93		98	13	85
Iraq	89	89	96	11	85
Kenya	89		99	13	86
Kiribati	93	84	98	16	82
Kyrgyzstan	93	93	97	18	79
Lao People's Democratic Republic	81	88	82	3	79
Lesotho	95	87	98	8	90
Madagascar	91	92	94	73	21
Malawi	93	87	97	68	29
Mongolia	90	97	91	3	89
Montenegro	98	93	97	4	93
Nepal	87	< 1	94	59	35
Niger	52		85	63	23
Nigeria	93	83	97	41	56
North Macedonia	99	93	99	1	98
Pakistan	88	79	89	53	35
Samoa	85	91	92	18	74
Sao Tome and Principe	94	89	99	97	3
Serbia	99	91	98	1	98
Sierra Leone	93	80	97	68	29
State of Palestine	80	86	97	2	94
Suriname	96	83	93	4	90
Togo	92	89	96	57	39
Tonga	94	84	94	1	92
Tunisia	56	89	96	4	92
Turkmenistan	99	99	99	1	98
Turks and Caicos Islands	96	87	99	1	96
Tuvalu	94	84	95	18	77
Uganda	87		98	41	57
Uzbekistan	97	93	97	14	82
Viet Nam	97	96	98	1	97
Zimbabwe	97	84	98	22	76

For example, when considering the availability of a private place to change and wash at home, in most countries with data available in 2022, more than 80% of girls and women reported having access to such a place. In the case of Niger (52%) and Tunisia (56%), this percentage drops to just over half.

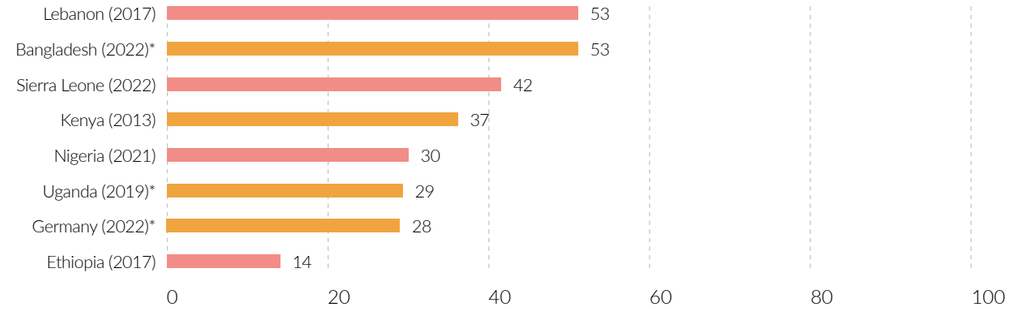
Many girls and women still do not attend school, work, or social activities while menstruating, with significant differences between countries. In Algeria, Cuba, Côte d'Ivoire, the Dominican Republic, Fiji, and Pakistan, more than 20% say they do not participate in social activities while menstruating, a percentage that rises to more than 30% in Chad and the Central African Republic.

The lowest figure is found in Nepal, where it is still customary for women not to participate in social activities while menstruating. In most countries, more than 90% of girls and women use menstrual products during menstruation, except in countries such as Burkina Faso (87%), Ethiopia (83%), Niger (85%), and Pakistan (89%). **This means that more than 1 in 10 women or girls resort to alternative solutions, such as toilet paper, clothes, rags, or various textiles, including natural materials.** This can increase the risk of developing health problems such as infections, irritation, or allergies.

Taking all three indicators together, in most countries the percentage of respondents who have access to menstrual products and a private place to wash and change is higher than the percentage who participate in social activities. This means that the right of women and girls to participate in society is still significantly restricted during menstruation. In the specific case of participation in educational activities, only a few countries report on the impact of menstruation on school activities and attendance (Figure 4). **However, even in these few cases, in the absence of a common data collection mechanism with established and shared indicators, surveys have been conducted at national and sub-national levels using different indicators.** This is also the case for the percentage of schools that have a private space for changing (Figure 3) and those that provide menstrual health education (Figure 5). **This means that although this information is a good starting point, it is difficult to get a comprehensive picture of the links between menstrual health and education and to make comparisons between countries.**

Figure 3
PROPORTION OF SCHOOLS OR INDIVIDUALS WITH A PRIVATE SPACE TO CHANGE MENSTRUAL MATERIALS, MOST RECENT YEAR (%)*

**Data updated to 2023. Source: WHO/UNICEF, 2024*



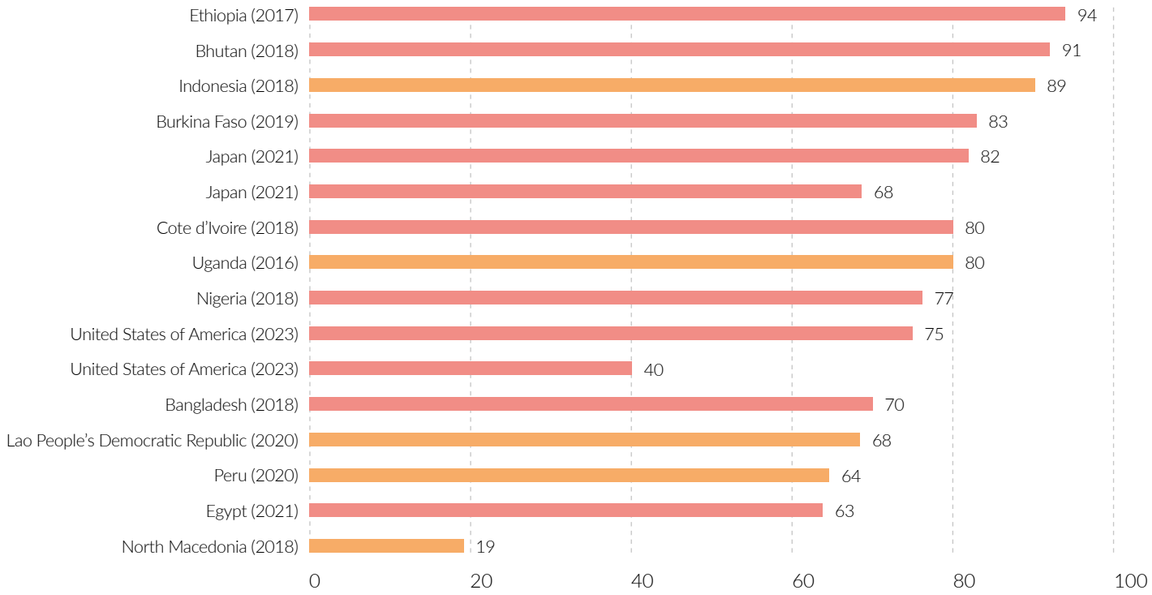
Proportion of schools or individuals (%)

COUNTRY (YEAR)	PROPORTION OF SCHOOLS WHERE/ADOLESCENT SCHOOLGIRLS WHO...	VALUE	
Lebanon (2017)	girls' toilets ensure privacy	53	national
Bangladesh (2022)*	never worried that someone would see them while changing their menstrual materials at school (schoolgirls)[P]	53	subnational
Sierra Leone (2022)	there is full privacy in the girls' toilet/latrine	42	national
Kenya (2013)	a private place to wash and change was observed pre-intervention	37	subnational
Nigeria (2021)	there is full privacy in the girls' toilet/latrine	30	national
Uganda (2019)*	never worried that someone would see them while changing their menstrual materials at school (schoolgirls)[P]	29	subnational
Germany (2022)*	say they have enough privacy in the school toilets to change their tampons/pads undisturbed (female and gender-diverse students)	28	subnational
Ethiopia (2017)	there is a private space for girls to wash	14	subnational

** Proportion of individuals*
[P] Definition is harmonized with the global priority indicators

Figure 4
PROPORTION OF ADOLESCENT SCHOOLGIRLS WHO REPORT THAT MENSTRUATION DOES NOT IMPACT THEIR SCHOOL PERFORMANCE OR ATTENDANCE, MOST RECENT YEAR (%)*

**Data updated to 2023. Source: WHO/UNICEF, 2024*



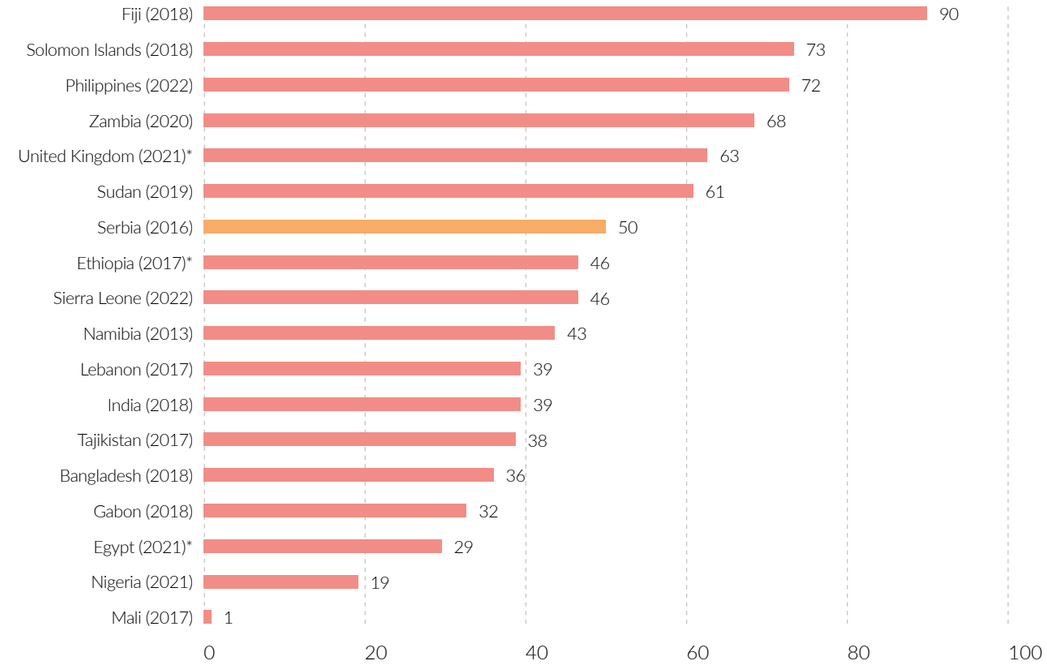
Proportion of adolescent schoolgirls (%)

COUNTRY (YEAR)	DEFINITION – PROPORTION OF ADOLESCENT SCHOOLGIRLS WHO...	VALUE	
Ethiopia (2017)	reported they never interrupted school class due to menstruation-related problems	94	national
Bhutan (2018)	reported coming to school during menstruation	91	national
Indonesia (2018)	did not report missing one or more days of school due to menstruation during their most recent menstrual period	89	subnational
Burkina Faso (2019)	did not report missing any school days in the past 12 months due to their menstrual period	83	national
Japan (2021)	reported that missing or leaving school or extracurricular classes early was not one of the main inconveniences due to menstruation	82	national
Japan (2021)	reported that enduring, despite wanting to miss or leave early, was not one of the main inconveniences due to menstruation	68	national
Cote d'Ivoire (2018)	did not report missing any school days in the past 12 months due to their menstrual period	80	national
Uganda (2016)	reported not missing at least one day of school due to menstruation in the past month	80	subnational
Nigeria (2018)	did not report missing any school days in the past 12 months due to their menstrual period	77	national
United States of America (2023)	did not report they were unable to do their best schoolwork due to lack of access to period products	75	national
United States of America (2023)	did not report they were unable to do their best schoolwork due to menstrual symptoms	40	national
Bangladesh (2018)	did not report missing school during menstruation	70	national
Lao People's Democratic Republic (2020)	did not report being absent from school due to menstruation within the last six months	68	subnational
Peru (2020)	did not report stopping going to school due to menstruation	64	subnational
Egypt (2021)	reported their menstrual cycle has not affected their school attendance	63	national
North Macedonia (2018)	did not report being absent from school two or more days per month during their period	19	subnational

[P] Definition is harmonized with the global priority indicators

Figure 5
PROPORTION OF SCHOOLS THAT PROVIDE MENSTRUAL HEALTH EDUCATION, MOST RECENT YEAR (%)

**Data updated to 2023. Source: WHO/UNICEF, 2024*



Proportion of schools or individuals (%)

COUNTRY (YEAR)	DEFINITION – PROPORTION OF SCHOOLS WHERE...	VALUE	
Fiji (2018)	menstrual hygiene taught at school	90	national
Solomon Islands (2018)	curriculum includes adolescent health topics that mentions girls' periods	73	national
Philippines (2022)	Information Education Communication (IEC) materials on menstrual health are available for students	72	national
Zambia (2020)	they offer menstrual hygiene management education	68	national
United Kingdom (2021)*	reported lessons were provided on the menstrual cycle (teachers)	63	national
Sudan (2019)	there are school lessons on menstrual hygiene for girls	61	national
Serbia (2016)	education on maintaining menstrual hygiene provided for older girl pupils	50	subnational
Ethiopia (2017)*	reported they have access to menstrual hygiene education at school (adolescent girls)	46	national
Sierra Leone (2022)	menstrual hygiene education is provided to all or some students	46	national
Namibia (2013)	there are menstrual hygiene education sessions for girls	43	national
Lebanon (2017)	training is provided to girls on safe disposal of sanitary pads	39	national
India (2018)	menstrual health management is discussed with girl students	39	national
Tajikistan (2017)	menstrual hygiene education sessions are provided for girls	38	national
Bangladesh (2018)	menstrual hygiene education is provided for girls	36	national
Gabon (2018)	menstrual health and hygiene are in lessons	32	national
Egypt (2021)*	are exposed to messages about menstruation from school (schoolgirls)	29	national
Nigeria (2021)	menstrual hygiene education is provided to all or some students	19	national
Mali (2017)	IEC tools on menstrual hygiene (posters, leaflets, etc.) are avaialble at the school	0,8	national

** Proportion of individuals*

3.2. THE WEWORLD SURVEY IN ITALY

WeWorld is an Italian NGO working nationally and globally to promote and defend human rights. It strongly believes in the interconnectedness of interventions in different countries, using the experience gained to improve conditions in other regions of the world. An important example of this approach is the work on menstrual health and hygiene (MHH). In this case, **the knowledge and practices acquired during interventions in different countries**, such as Kenya, Tanzania, Mozambique, Haiti, and Nicaragua, and in protracted crisis contexts, such as Syria, Lebanon, Libya, and Palestine, **have been brought back to Italy, where there is still a great lack of knowledge and awareness on these issues.**

In the Italian context, there is still little or no talk about menstrual health and justice. At the same time, there are no studies or research that investigate the experiences of people with menstruation or that measure menstrual poverty.

Precisely because measuring a phenomenon, and in particular its critical aspects, is the first step towards intervening, WeWorld decided to carry out a survey on the subject, not only to shed light on an issue that is still silent and under-analysed but also to develop proposals and concrete solutions to guarantee the dignity and rights of all menstruating people in Italy. **In the absence of national data collected by statistical institutes, we had to carry out an opinion poll ourselves, which, despite its limitations, sheds light on the phenomenon in a way that has never been done before.**

The survey, carried out in collaboration with Ipsos, was conducted in February 2024 on a sample of 1,400 people (including 700 women and 700 men) aged 16-60, representative of the Italian population[84].

84 The survey was carried out online via CAWI (ComputerAssisted Web Interview).

SURVEY HIGHLIGHTS

THE MENSTRUAL CYCLE

- √ More than 4 in 10 people never or rarely feel comfortable saying the words 'menstruation' and 'menstrual cycle'.
- √ 1 in 3 people refer to menstruation as 'things'.
- √ 1 in 2 think that menstruation and the menstrual cycle are talked about too little and too vaguely.
- √ 1 in 2 think that menstruation should be talked about freely.
- √ Almost 1 in 5 think it is unprofessional to talk about menstruation at work.

MENSTRUAL PRODUCTS USED

- √ Disposable external tampons are the most used products to manage menstruation, chosen by almost 9 out of 10 people, both those who currently menstruate and those who no longer menstruate.
- √ Reusable products are more popular among those who currently menstruate than among those who no longer menstruate. Menstrual pads are chosen by 18% of those still menstruating compared to 9% of those no longer menstruating, reusable pads by 13% compared to 5% and cups by 9% compared to 2%.
- √ Of those surveyed, 14% use toilet paper to manage their bleeding.
- √ Just over 3 in 5 say they are completely satisfied with the menstrual products they use.

EXPERIENCES OF MENSTRUAL POVERTY

- √ Just over one person in five reported that they have always been able to afford their preferred menstrual products, both in terms of quantity and quality.
- √ 16% of the sample said they could never or rarely afford their preferred menstrual products.
- √ Only 15% of the sample have or had the opportunity to change, dispose of used products and wash when they have or had their menstruation.
- √ Schools and universities are the least appropriate places to manage menstruation: 3 in 10 do not find the toilets safe; 4 in 10 do not find them clean or suitable for privacy; almost 1 in 4 say they cannot/would not lock them

PAIN AND RELATED PROBLEMS

- √ Only 5% of those who are or have been menstruating say they never experience pain, the other 95% do, with an average intensity of 6.9 on a pain scale of 1 to 10.
- √ 4 in 10 say they suffer from premenstrual syndrome.
- √ Only slightly more than 1 in 10 people do not have to give up activities because of menstruation.
- √ 1 in 2 people say they have missed at least one day of school and/or work because of their period.
- √ Pain during menstruation is the main reason for missing school and work: 67% of the sample report missing school and 71% miss work.
- √ On average, respondents miss 6.2 days of school and 5.6 days of work per year due to menstruation.

MENARCHE AND EMOTIONAL ASPECTS

- √ When menarche came, 4 out of 10 people had only a vague idea of what it was, or no idea at all.
- √ Fifteen per cent of the sample say they have never talked to anyone about dealing with menstruation.
- √ Almost 1 in 4 say they have never talked to anyone about perimenopause and menopause.
- √ Less than 1 in 5 say they have never felt embarrassed about menstruation.
- √ 1 in 5 have been teased about menstruation at school, by male friends, or at work.
- √ For almost 1 in 5, the biggest worry about menstruation is/was not being able to buy menstrual products.

HOW TO SUPPORT PEOPLE WHO MENSTRUATE

- √ Slightly more than 1 in 3 said they had received sex and relationships education at school. Menstruation was discussed in more than 8 out of 10 cases.
- √ The provision of sexual and affective education is not homogeneous throughout the country: in the north-east 48% of the sample have attended such courses, in the north-west 40%, in the south and islands 29%, and in the centre 27%.
- √ More than 8 out of 10 people are in favour of introducing menstrual leave both at work and at school.
- √ More than 9 out of 10 people agree with the idea of distributing free menstrual products, especially in schools/universities (54%), hospitals (47%), and workplaces (38%).

The survey is divided into six sections:

- → Talking about the menstrual cycle and menstruation
- → Menstrual products used
- → Experiences of menstrual poverty
- → Pain and related problems
- → Menarche and emotional aspects
- → How to support people who menstruate

3.3. THE VOICES OF PEOPLE WHO HAVE OR HAVE HAD THEIR MENSTRUAL CYLE

To get a more complete picture of the state of menstrual health in Italy, we decided to complement the results of the quantitative survey by collecting the testimonies of people who have or have had their menstrual cycle. **The stories allow us to capture the nuances and heterogeneity of a unique and variable experience, to bring to light the different ways in which the phases of the menstrual cycle, and menstruation in particular, are experienced, and to recount less visible cases and conditions.** At the same time, they allow us to identify common aspects, shared difficulties or joys, and the main challenges faced by menstruating women in Italy, recognising the political side of a phenomenon that is all too often limited to the personal sphere.

The collection of voices and experiences, more than 300 in total, was carried out through various qualitative research methods: from semi-structured interviews[85] and focus groups to testimonies sent to us through the campaign on WeWorld and Equonomics social channels. In February 2024, we launched the social campaign #SeiPassiPer (#SixStepsFor), dedicated to menstrual justice. The campaign hashtag refers to the Six-Steps Manifesto for Menstrual Justice, which contains our proposals and recommendations to lead to concrete actions and changes, and to build together the path towards full and complete menstrual justice. This initiative involved collecting testimonies starting with the question ***"How does menstruation make you feel? Tell us when obstacles and barriers have prevented you from experiencing menstruation peacefully"***. We then broke this down into eight questions and asked people to tick the boxes that corresponded to their experience and elaborate in the comments or by contacting us directly on social channels.

Have you ever...

- ✱ missed school or work because of your menstruation?
- ✱ hidden your pads/tampons to change them?
- ✱ belittled the symptoms of menstruation out of embarrassment?
- ✱ experienced discomfort due to approaching menopause?
- ✱ given up activities you enjoy because of your menstruation?
- ✱ received inappropriate comments about menstruation?
- ✱ needed menstrual products in a public place?
- ✱ seen minimised menstrual pain by medical personnel?

The responses showed that although not all people experienced each of these barriers, all had experienced at least one or more of them. Almost all experienced hiding their pads/tampons before going to change them, giving up menstrual activities, needing menstrual products in public places, and receiving inappropriate comments about menstruation.

85 Unlike the structured interview, which consists of a predefined and very strict set of questions that must be asked in a precise order, the semi-structured interview has a list of open-ended questions that act as a compass, i.e. serve to guide the conversation. Their order is not rigid, but follows the flow of the discussion, adapting to the course and situation and ensuring flexibility in the exchange.

To capture the multi-dimensionality of the experiences, the themes explored in the testimony collection explore different areas related to menstrual health and poverty:

- the **direct experience** of the menstrual cycle, menstruation and related phases (menarche, perimenopause, menopause and postmenopause)
- the presence and prevalence of **stigma and taboos** related to menstruation and the menstrual cycle;
- the ways in which associated **pain and discomfort** are managed and how these can affect a person's health and well-being;
- **access to menstrual products**, such as **the availability of sanitary facilities** that are adequate and adapted to each person's needs, both at home and in public;
- the possible impact of these aspects on **social participation**;
- **information and knowledge** about the physiological processes and mechanisms involved in the menstrual cycle and its phases.

The narrative that emerges from these stories can be used as a starting point to promote knowledge, information and policies, and to encourage open and positive discussions about menstruation to counteract taboos and stigma, and thus combat menstrual poverty.
On the following page are some sample testimonies.

"Having your period is not good, it's frustrating. Every month is Russian roulette, and you never know how you are going to feel. Physically it hurts, your body reacts, and you never know if you are in pain, where, when it starts, how it affects you."
- woman, 27 years old

"When I had my period, sometimes I felt vulnerable, sometimes I felt like I had a superpower. It's like when I'm not menstruating, I'm for everyone, but when I have my period it's just for me. It allows me to be more private and less public." - woman, 51 years old

"When I have my period, I like to take better care of myself: sleep, read, slow down, cook healthy food, give and receive more affection.
I like to eat chocolate." - woman, 37 years old

"If I had to explain it, I would say that menstruation is a journey. During puberty, everything changes so quickly that you don't stop to ask yourself questions, you just think you have certainties. I remember not understanding much about my body. As time went on, I got to know the menstrual cycle to the point where I could appreciate it. I believe that this process is closely linked to our physical growth and personal maturation. To menstruate is to have a body capable of creating a life. This does not mean that those who menstruate must necessarily have a son or daughter, quite the opposite. It means recognising that our bodies are capable of incredible things and that we must take care of them, we must treat ourselves with love and respect." - woman, 25 years old

"Not enough is known about menstruation.
It is believed that it is normal for it to be painful, but it is not." - woman, 36 years old

"I suffer from chronic cystitis; I think because of the sitting position I must maintain because I have a motor disability. I take antibiotics from time to time, but the problem comes back and is very difficult, even sexually. When I go to specialists to ask questions, they always tell me that my pelvic floor is hardened and because I don't stretch this part of my body, everything suffers a bit. I don't know if I'll ever be able to go to a specialist to find out the real cause of this problem. I have also thought about taking the pill to reduce the flow, but that would not be natural and would not allow me to know my body 100%."
- woman, 33 years old

"Physically, I am tormented by incredibly strong menstrual cramps; mentally, I feel down because I am unable to do what I should or would like to do because of too much pain. It often prevents me from participating in many things. Because of the pain and tiredness, the only thing I really want to be able to do is rest." - woman, 19 years old

"Before we get to the menopause, should we talk about the perimenopause? Menstruation crazy, close together, constant, uninterrupted? How do you explain that a recognised menstrual leave would be appropriate for those who find it difficult to leave the house during certain periods of physiological transition? Hell: productive and efficient all the time, no mercy." - woman, unspecified age

"During my period I feel uncomfortable, everything seems much harder to deal with. Especially when I'm out of the house, I feel like I can't cope. To be honest, I just want to stay at home with all the comforts, especially in the first few days. In any case, I always try to react as best I can." - woman, 54 years old

"In the end, you feel a bit uncomfortable going out because you always think you might get dirty. If I had to get dirty in public, I would be very embarrassed, but maybe I wouldn't care who saw me. It really bothers me because I don't like it. Getting your shirt dirty is one thing, but I think it's a bit different. I think it's a bit bigger, it's natural and everything, but it really bothers me, I don't like it. If I saw someone dirty, I would feel uncomfortable telling them, but because I know how uncomfortable they might feel, I would put myself in their shoes." - woman, 22 years old

"Menstruation is a point of strength and encounter for women. Both for those who have it and those who don't. I see it as an important tool for female unity and sharing: we compare, help and listen to each other, not only during menstruation itself, but throughout the cycle. Even though menstruation is uncomfortable, I like it because it makes me feel more in touch with my body, more at one with myself and then, when I talk about it with friends, with them too. I would like to be able to stop calling it 'uncomfortable' and I would like society to stop considering it a taboo and to help all those women who are unable to do what they would normally like to do during their period. If you need help during your first period, don't be ashamed to ask a woman for help, she will be happy to help you." - woman, 19 years old

WEWORLD'S DATA COLLECTION EFFORTS

WeWorld's survey conducted in Italy serves as an initial step towards the establishment of a comprehensive monitoring mechanism, which may be applicable in other national contexts. However, we recognise that this data alone does not ensure global comparability. Thus, we advocate for the following measures:

- **Standardisation of Information Collection:** It is imperative to standardise the information gathered using globally recognised indicators to facilitate international data comparability. This approach will enable cross-national comparisons and address existing data gaps, especially in countries that do not currently participate in the Joint Monitoring Programme (JMP), such as Italy.
- **Development of Multidimensional Indicators:** There is a need to formulate indicators that capture the multifaceted nature of menstrual poverty, encompassing economic, social, health, and psychological dimensions. This comprehensive approach aims to elucidate the full impact of menstrual poverty on individuals' lives. Considering that menstruation intersects with various societal domains, it is essential to examine its implications for sexual and reproductive justice, education, employment, and gender-based violence (GBV). Such a holistic perspective is crucial for the effective allocation of resources, ensuring that all individuals live with dignity and are free from menstrual-related discrimination.
- **Expansion of Age Scope:** The target population for data collection should be broadened to include individuals aged 10-12 to 60. This extended scope will provide a comprehensive understanding of menstrual poverty across different life stages, encompassing both adolescents and menopausal individuals, a demographic that remains under-researched and largely invisible.
- **Collection of Disaggregated Data:** Attention must be paid to collecting disaggregated data to identify specific vulnerabilities. Disaggregated data allows for the identification of unique needs and challenges faced by menstruating individuals, facilitating the development of tailored strategies, policies, and interventions. For instance, in the context of menstrual health, such data can illuminate differences in experiences between urban and rural populations or between those with and without disabilities. Understanding the local context, including cultural norms and available infrastructure, is essential for devising sustainable solutions.
- **Adoption of an Intersectional Approach:** An intersectionality-focused approach is required to comprehend how various factors such as gender, age, disability, socio-economic status, and cultural context influence menstrual health experiences. Incorporating intersectionality is vital to ensure that all groups, particularly the most vulnerable and marginalised, are included in policy and intervention programmes, thereby ensuring no one is left behind.
- **Encouragement of Governmental Monitoring:** Governments should be urged to establish internal monitoring systems for menstrual health, hygiene, and management (MHHM) to collaborate with and enhance the effectiveness of the JMP and other global monitoring mechanisms.
- **Promotion of Data-Driven Interventions:** Given the critical role of data in advancing menstrual justice, these measures are essential for improving our understanding and knowledge production regarding the challenges, barriers, and diverse dimensions related to the menstrual cycle. The goal is to develop effective, targeted, and evidence-based interventions.

We are committed to contributing to the ongoing discourse by leveraging our expertise, both from past experiences and through our dedication to continuous development and refinement. For the upcoming strategic period, we plan to establish a monitoring system focused on MHHM through our Monitoring, Evaluation, Accountability, and Learning (MEAL) unit.

WeWorld is dedicated to ensuring that all experiences are recognised, respected, and represented in the data collected. This commitment is essential for making interventions not only inclusive but also genuinely effective in improving health outcomes and ensuring menstrual equity for all individuals within the contexts we operate in.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Chapter 4.
TOWARDS A MENSTRUAL JUSTICE AGENDA

4.1. WEWORLD'S COMMITMENT TO MENSTRUAL HEALTH

WeWorld has always been committed to ensuring menstrual health globally, placing menstruating individuals at the forefront. We prioritise menstrual rights alongside other interrelated rights such as the right to education and health, access to menstrual products and WASH (Water, Sanitation, and Hygiene) services, and sexual and reproductive rights.

As part of the global WASH 2020-2023 strategy, we have adopted the Menstrual Health and Hygiene Management (MHHM) working modality in the many countries where we operate. This document provides guidelines that countries can adapt for various activities, from rehabilitating and constructing water and sanitation facilities suitable for managing menstruation to promoting menstrual health education courses in schools and communities. These efforts enable individuals to manage their menstrual cycles with dignity, without feeling uncomfortable or afraid, while educating them about their bodies and needs, thus empowering them to make free and informed choices. Furthermore, by targeting both those who menstruate and those who do not, these activities help combat stigma and taboos, fostering a positive, non-judgemental narrative about menstruation (see the box WeWorld's Menstrual Hygiene and Health Management Modality).

In Italy, WeWorld has consistently supported the abolition of the tampon tax. This commitment led to the launch of the #FermaLaTamponTax (#StopTheTamponTax) campaign in 2020. The campaign was well received, resulting in the tampon tax being reduced to 10% and then to 5% in 2023. However, the issue persists: with the 2024 budget law reinstating the tax at 10%, we relaunched the campaign on social media to once again assert that menstruation is not a luxury.

In this context, we published the report *"WE CARE. Atlas of Maternal, Sexual, Reproductive, Child and Adolescent Health"* in 2023 . This report was created to assess whether sexual and reproductive justice for women and girls is promoted and guaranteed in Italy and globally. It examines the main discriminations and denials of rights suffered by women, children, and adolescents and consists of six sections, including one on menstrual health.

The data collected in the report reveal that menstrual justice and menstrual health are still not adequately guaranteed worldwide. By addressing menstrual health within a framework of sexual and reproductive justice, the Atlas demonstrates how it is linked to broader issues of gender equality and women's empowerment, encompassing key issues such as gender-based violence, poverty, and social exclusion. Working towards menstrual justice means helping menstruating individuals overcome barriers to their health, freedom, and development, contributing to transformative processes that enable them to realise their full potential.

To highlight and illustrate the link between WASH and menstrual health, we launched the *"Flowing Futures. Atlas on Water, Sanitation, Hygiene and Human Rights"* in spring 2024. This publication describes WeWorld's multi-sectoral and interdisciplinary approach to WASH, with the ultimate goal of affirming that WASH services are more than just taps and toilets but catalysts for a healthier and more equitable future for all. Among the seven thematic areas around which the Atlas is organised is the link between WASH and gender equality. Inadequate and gender-inappropriate WASH services limit the ability of women and girls, as well as others who menstruate, to manage their menstrual cycles safely and privately, posing risks to sexual and reproductive health. Conversely, promoting access to safe water and sanitation yields interrelated benefits in terms of empowerment and participation, education, sexual and reproductive health, and freedom from violence and harassment.

WEWORLD'S MENSTRUAL HYGIENE AND HEALTH MANAGEMENT MODALITY

Menstrual Health and Hygiene Management (MHHM) is a working modality that WeWorld has integrated into its global WASH strategy. MHHM aims to ensure menstrual health and hygiene at multiple levels, including the promotion of correct and accurate knowledge, access to safe and affordable materials, adequate sanitation and disposal facilities, the existence of positive social norms, inclusive and informed health services and professionals, and advocacy and policy activities.

MHHM programmes thus serve as a starting point for addressing broader issues of gender equality and women's empowerment, including critical issues such as sexuality education, sexual and reproductive health and rights, gender-based violence and violence in general.

WeWorld's interventions for Menstrual Health and Hygiene Management (MHHM) are guided by six key principles, ensuring alignment with global best practices and lessons learned from past experiences:

1. **Gender Mainstreaming:** We identify the specific needs of women, girls, and people who menstruate by listening to and involving them directly.

2. **Education and Awareness-Raising:** We conduct activities targeting all members of society, including men and boys, to eliminate taboos and gender stereotypes about menstruation and to promote inclusion and gender equality.

3. **Access to Items and Services:** We work to remove barriers to menstrual hygiene materials, supplies, and services, ensuring the availability of water and sanitation facilities both at home and in public spaces.

4. **Advocacy and Lobbying:** We run national and local awareness campaigns, including events, festivals, and international days, to dispel myths and taboos surrounding menstruation and to spread accurate information.

5. **Protection of Vulnerable Girls and Women:** We focus on those in humanitarian crises and emergencies, refugee camps, and conflict zones, ensuring they receive necessary support and protection.

6. **Economic and Environmental Sustainability:** We favour products made from local materials with minimal environmental impact, produced by local women, or reusable products to reduce waste.

Based on these principles, WeWorld implements a range of MHM activities. These include rehabilitating or constructing accessible and inclusive sanitation infrastructure in schools, health facilities, public buildings, and refugee centres. We also conduct awareness-raising and training sessions in schools for teachers, students, and parents, and in health centres for staff and patients. Additionally, we provide MHM kits and dignity kits with appropriate menstrual products, and advocate for the inclusion of MHHM in national programmes and policies. Our projects span countries such as Kenya, Tanzania, Mozambique, Haiti, and Nicaragua, as well as emergency contexts and protracted crises in Syria, Lebanon, Libya, and Palestine.

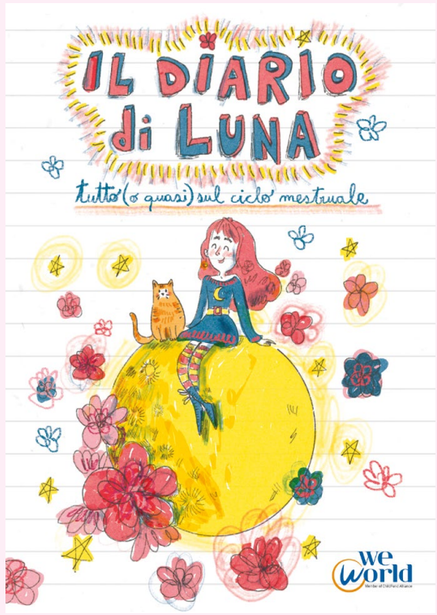
Ultimately, the MHHM approach aims to promote transformative processes, enabling women, girls, and menstruating individuals to realise their full potential. These interventions address challenges to their development, freedom, and health. By involving men and boys, we reduce the stigma and taboo associated with menstruation, fostering a safe, respectful, and supportive environment. This, in turn, reduces discrimination and promotes gender equality. Investing in the well-being of menstruating individuals benefits not only them but also the communities they live in, which can gain from their active and equal participation and a culture of respect and understanding.

WEWORLD'S MENSTRUAL DIARY

In 2024, we proudly introduced a menstrual diary for our Menstrual Health and Hygiene Management (MHHM) courses and activities with children and youth, aligning with our play-based learning and awareness methodologies. This valuable resource serves multiple purposes: it allows menstruators to track the duration and regularity of their menstrual cycles and predict the onset of their next period. It also helps monitor changes or irregularities in flow duration and intensity, and records specific symptoms such as pain or mood swings. While the diary is not a medical device, it can be instrumental in identifying patterns and potential health issues, providing crucial information to share with healthcare professionals. Furthermore, it fosters greater awareness of one's body and menstrual cycles, offering a comprehensive overview of habits and changes over time. The menstrual diary is also a powerful tool for spreading awareness and breaking the stigma surrounding menstruation.

This tool exemplifies the global connections we nurture between countries. Beginning with the original version developed in Italy, we have produced contextualised and translated editions in various languages, tailored to local cultural sensitivities for use in different regions.

As an Italian NGO with a global reach and vision, we are dedicated to promoting the exchange of best practices both locally and worldwide. Through initiatives like the menstrual diary, we aim to inspire and support individuals around the globe, advancing health, awareness, and empowerment.



4.2. OUR MANIFESTO #SEIPASSIPER (#SIXSTEPSFOR)

As repeatedly highlighted in these pages, too many people around the world still face various forms of discrimination and exclusion due to their menstrual cycle.

To define this discrimination, we have broadened the concept of menstrual poverty to include not only the financial constraints that prevent people from buying the menstrual products they need, but also the lack of adequate information and knowledge, the silence, shame, and secrecy that still surround menstruation, and the underestimation of the pain it causes. To combat this discrimination, we believe it is crucial that menstrual health is finally recognised as an integral part of the right to health. The challenges related to its proper management are part of a larger, systemic problem: menstruation is not a personal issue, but a matter of public health.

In these pages, we have also proposed adopting a menstrual justice perspective. When there is menstrual justice, all menstruating people have access to the menstrual products they need, are free to make decisions about their own bodies, receive adequate information, experience their menstrual cycle free from stigma and psychological distress, and are not restricted in their participation in social life.

These reflections stem from years of WeWorld's global efforts, particularly in schools, the WASH sector, and gender equality initiatives. The projects and interventions undertaken, along with collaborations with various communities, have provided a rich source of knowledge and innovation. This has allowed WeWorld to accumulate extensive experience and gather valuable insights into menstrual practices and challenges. This dedication has led to the development of proposals and solutions aimed at promoting menstrual justice in different parts of the world. WeWorld has also brought its expertise to Italy, adapting its global learnings to the local context.

Based on the knowledge gained in the field, in February 2024, we launched a six-step Manifesto outlining what we believe is necessary to achieve true menstrual justice in Italy. This initiative aims to raise collective awareness and drive tangible change. Accompanying the Manifesto is the #SeiPassiPer (#SixStepsFor) campaign, designed to foster a genuine movement for menstrual justice in Italy. This campaign highlights the widespread public interest in discussing and addressing the issue and showcases the network of schools, associations, companies, local authorities, and more that have been actively working to ensure the rights of menstruating individuals. However, these commendable and sometimes pioneering efforts are often driven by individual entities. To guarantee menstrual justice for everyone, everywhere, a systemic approach is needed. Therefore, we believe the time has come to act at the national level.

The campaign in Italy can serve as a model for actions in other countries where we work on menstrual justice. However, it is crucial to contextualise each intervention and tailor actions to the specific local needs and circumstances, as not all points may be relevant everywhere. In some areas, certain demands may already have been met or may not be considered a priority.

1. **Call Menstruation by Its Name: Let's Break the Silence.** The first step to shattering stigma is to talk openly about menstruation, perimenopause, and menopause using clear, positive, and non-judgmental language. Let's ditch the euphemisms and foster an inclusive conversation that involves everyone—men and boys included.

2. **Menstruation is not a Luxury: Demand 0% VAT.** The Tampon Tax is an unfair burden on everyone who menstruates. It's time to abolish VAT on menstrual products and make them freely available. Join our #StopTheTamponTax campaign and fight for a fair deal.

3. **Free Menstrual Products in Every School and Public Building.** Access to free menstrual products is a basic human right and a public health necessity. Imagine schools, community centres, post offices, and public buildings stocked with free products, enabling everyone to manage their periods with dignity.

4. **Empower Through Education: Comprehensive Sexuality Education.** True menstrual justice starts with knowledge. Comprehensive education on sexual and reproductive health, including menstrual health, is vital. It empowers individuals to make informed choices, build respectful relationships, and claim their rights[1].

5. **Prioritise Menstrual Health: Let's Take Care.** Our menstrual health is a window to our overall well-being. Yet, many endure debilitating pain. It's time the NHS covered treatments for premenstrual syndrome (PMS) and other menstrual-related conditions, diseases and disorders.

6. **Champion the Menstrual Leave: Respect and Flexibility.** Menstrual leave acknowledges the diverse needs of menstruating individuals. Countries like Spain[2], South Korea, and Indonesia are leading the way with paid sick days and flexible work options. Let's push for similar policies in Italy and create workplaces that respect and accommodate everyone's needs.

1 As early as 1994, the Cairo Agenda, which emerged from the work of the International Conference on Population and Development (ICPD), which recognised sexual and reproductive health as a precondition for the full enjoyment of women's and girls' rights and the achievement of gender equality, calls on governments to provide age-appropriate and gender-sensitive sexuality education.

2 Spanish law allows anyone with a medical diagnosis of secondary dysmenorrhoea to benefit from menstrual leave: this means painful menstruation associated with pathologies such as endometriosis, adenomyosis, pelvic inflammatory disease, endometrial polyps, polycystic ovaries, etc. Although this is a very important step, we believe it is essential to include people without a diagnosis in the measure, given the difficulty and length of time it takes to obtain one. For more details, see section 2.6.3 Gender Pain Gap: The Invisible Pain.

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