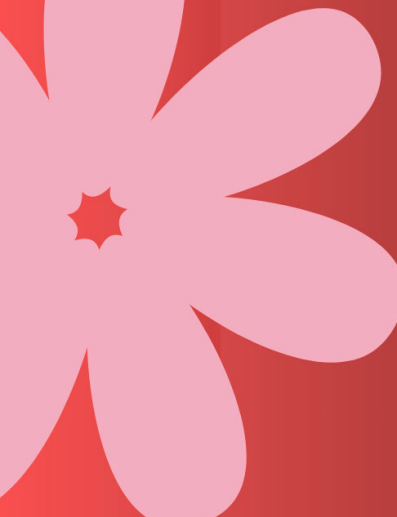




**CLAIMING
DIGNIFIED
MENSTRUATION:**

**AN ESSENTIAL
GUIDE FOR
LESBIAN,
BISEXUAL AND
QUEER WOMXN
2025**



Dignified Menstruation



Publisher:

Freedom and Roam Uganda (FARUG)

Global South Coalition for Dignified Menstruation (GSCDM)

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Acknowledgements:

This publication is the result of a collaborative effort between Freedom and Roam Uganda (FARUG) and the Global South Coalition for Dignified Menstruation (GSCDM). We extend our sincere gratitude to everyone whose contributions made this work possible, especially those working at the intersections of menstrual health, bodily autonomy, Sogje/sc, and human rights.

Publisher's Messages:

Contained herein are messages from FARUG and GSCDM. These statements highlight the purpose of this book, the journey of our collaboration, and our shared commitment to advancing dignified menstruation for all people, everywhere.

FARUG
Freedom and Roam Uganda



Global South Coalition
For Dignified Menstruation

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MESSAGE FROM FREEDOM AND ROAM UGANDA (FARUG)

At FARUG, we are deeply committed to the belief that knowledge, representation, and lived experiences are essential for ensuring dignified menstruation. This book is more than just a resource. It is a victory for the LBQ community. For far too long, we have been searching for a guide that truly speaks to our realities, answers our questions, and affirms our existence.

A persistent challenge within Uganda's menstruation landscape is the focus of most available information, which predominantly targets women and girls, often overlooking the unique experiences of Lesbian, Bisexual, Queer womxn, and gender non-conforming individuals. This book addresses that gap by providing knowledge, experience-based stories, and representations that center on our distinct identities and challenges.

Rooted in deep consultations and meaningful engagement with the LBQ community, this book is a product of shared stories, openness, and vulnerability. These conversations occurred in-person, virtually, and through engagements with individuals within the menstrual health community. We extend our heartfelt gratitude to everyone who contributed their experiences your voices have shaped this work and enriched our collective understanding of what truly matters

As we prepare for the publication of this edition in 2025, we acknowledge that our ecosystem is continually evolving. To ensure that this book remains relevant and inclusive, we commit to revisiting and updating it every ten years through further consultations and engagement with the LBQ community.

We invite you to be part of this ongoing journey. If you have feedback, would like to purchase the book for a broader audience, or wish to collaborate with us, please reach out at faruginfo@gmail.com.

We envision a world where every menstruating person regardless of gender identity, gender expression, or sexual orientation is seen, heard, and supported.

In solidarity,

Ssenfuka J Warry
Executive Director. FARUG
May 2025



Global South Coalition
For Dignified Menstruation

MESSAGE FROM GLOBAL SOUTH COALITION FOR DIGNIFIED MENSTRUATION

Menstrual discrimination is a very complex and multifaceted phenomenon. It shows up in different ways depending on context by place, culture, or individual experience. Even people born as twins may face menstruation differently. Part of the reason is that menstruation is often surrounded by silence even within feminist movements. It's commonly misunderstood as a private issue, a woman's only issue or reduced to just a health matter or a question of menstrual products. At Global South Coalition for Dignified Menstruation (GSCDM), we believe menstruation goes far beyond those frames. It's a global issue that affects over half the population and, more specifically, important and relevant to anyone born with uteri and ovaries; girls, women, lesbians, bisexuals, queer womxn, trans men, and gender non-conforming binary people.

When menstruation is discussed, the focus is often on girls and women. While important, this conversation rarely includes the rest of the menstruators. This invisibility leads to exclusion especially for lesbian, bisexual, and queer (LBQ) womxn who face stigma not only around menstruation but also around their sexual and gender identities. Many LBQ individuals are left out by systems and stakeholders that are supposed to serve them. At the same time, they may hesitate to share their menstrual experiences in environments where their identities are already marginalized. This results in layered discrimination and silencing. This book is for all menstruators regardless of background, orientation or identity. Everyone deserves to menstruate with dignity.

First and foremost, GSCDM/RPF extends heartfelt thanks to Liz Tremlett for facilitating the connection with Freedom and Roam Uganda (FARUG). FARUG's inspiring work on LBQ rights and menstrual justice motivated us to take on this project. This publication was rewritten entirely on a voluntary basis by Dr. Radha Paudel, Founder and CEO of GSCDM, to support FARUG in integrating the Dignified Menstruation approach to menstrual justice. The GSCDM Secretariat deeply appreciates her unwavering commitment and tireless efforts in bringing this work to fruition. We also extend our sincere gratitude to FARUG for their trust, partnership, commitment to Dignified Menstruation, and meaningful collaboration in the development of this publication.

This book is the first of its kind and hopes to be relevant to all who are working around menstruation, human rights, or minority rights. Without having clarity on dignified menstruation, it is merely easy to work on human rights effectively. While this book offers an entry point, it is not enough to understand the concept and other essentials of dignified menstruation. We encourage you to explore the additional resources listed in the reference section. If you're interested in translating or republishing this book in another language, please reach out. We'd love to collaborate.

ABBREVIATIONS

DM	Dignified Menstruation
FARUG	Freedom and Roam Uganda
GSCDM	Global South Coalition for Dignified Menstruation
HIV	Human Immunodeficiency Virus
LBQ	Lesbian, Bisexual, and Queer
MoES	Ministry of Education and Sports
NGOs	Non-Governmental Organizations
PMS	Premenstrual Syndrome
PMDD	Premenstrual Dysphoric Disorder
RPF	Radha Paudel Foundation
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
STDs	Sexually Transmitted Diseases
UTI	Urinary Tract Infections
WASH	Water, Sanitation, and Hygiene
TSS	Toxic Shock Syndrome
GNC	Gender non-conforming



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WHO CAN USE THIS GUIDEBOOK?

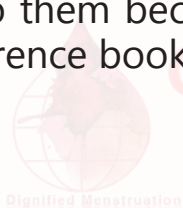
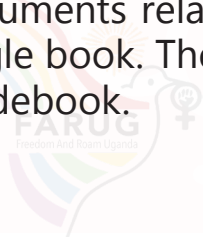
This guidebook is for everyone who wants to use Dignified Menstruation as a cross-cutting theme or adopt Dignified Menstruation as an innovative, holistic, transformative, decolonized, human rights, and life cycle approach. Most importantly, this guidebook is prepared for empowering LBQ (Lesbian, Bisexual and Queer womxn) who are born with uteri and ovaries and experiencing a series of pains, struggles, and discrimination due to their sexual orientation. They are menstruators, and they deserve dignity throughout their lives.

In the global market, menstruation is getting more space, but primarily focuses on products, tax, accessibility, and WASH (Water Sanitation and Hygiene). Such elements are important elements for making menstruation or menstruators' lives dignified. However, it does not address other forms of menstrual discrimination. In other words, these elements focus on five days of bleeding or menstrual management. More importantly, these interventions do not strive to address the unequal power relationship and patriarchy

Menstrual discrimination is a key driver for constructing and reinforcing the power relations and patriarchy since childhood and an underlying barrier to achieving Sexual and Reproductive Health and Rights (SRHR). LBQ Womxn are socialized with menstrual discriminatory practices between the ages of 6-9 years through their family members, e.g., mother, aunt, etc., advertisements, groceries, and so on. During these days, they may not identify their sexual orientation. As a result of menstrual discrimination, they may struggle to disclose their sexual orientation because those who are born with a uteri and ovaries are considered inferior, powerless, disadvantaged, or considered to have a submissive role in many cultures. Therefore, the dignified menstruation-friendly home allows space for LBQ womxn to exercise their due rights. In this context, this guidebook is very important and crucial to everyone, including parents, NGO workers, activists, academia, and others who like to lead the collective voices. .

Organization of this Guidebook

This guidebook is written in a question-answer model for making it easy and logical too. To claim menstrual dignity, the answers or responses are based on the principles of Dignified Menstruation and the rights of LBQ womxn. Those who are not aware of the rights of LBQ womxn and Dignified Menstruation may find it difficult to understand; therefore, we encourage you to refer to other documents related to them because a guidebook can't include everything in a single book. The reference books and links are listed at the end of this guidebook.



Q 1: How does menstruation happen?

Who are the menstruators?

Response:

Those who are born with uteri and ovaries are called menstruators. They include girls, women, transmen, and queer and non-gender binary individuals.

Lesbian: Refers to the womxn who have a romantic and/or sexual orientation towards womxn. Some non-binary people may also identify with this term.

Bisexual¹ : Bisexual is an umbrella term used to describe a romantic and/or sexual orientation towards more than one gender. Bisexual people may describe themselves using one or more of a wide variety of terms, including, but not limited to; bisexual, pan, queer, and some other non-monosexual and non-monoaromatic identities.

Queer: This is a term used by those wanting to reject specific labels of romantic orientation, sexual orientation, and/or gender identity.

Womxn² : Used chiefly in feminist writing as an alternative spelling to avoid the suggestion of sexism perceived in the sequences m-a-n and m-e-n³. And refers to lesbian, bisexual, and queer women.

It is important to note, those who are born without a uteri or ovaries are called non-menstruators. This terminology is used by GSCDM, and is considered the most inclusive approach before coming across with other identities or intersectionality.

Similarly, all women do not menstruate, and men may also menstruate. Gender identity is not the absolute indicator of menstrual status⁴. Menstruators could be anywhere, such as in quarantine, in a bed in an intensive care unit, in a flood, in an earthquake, in a war, with frontline health workers, or with a disability, or anywhere. They are everywhere, sometimes in a majority and sometimes in a minority. Therefore, it is crucial to keep intersectionality or diversity in mind.

1 Bisexual, <https://www.webmd.com/sex/what-is-bisexual>

2 Womxn, <https://www.dictionary.com/browse/womyn>

3 (disclaimer - We will use x-LBQ WOMXN with an x to comprise LBQ womxn and other menstruating diverse identities including trans, intersex and gender non binary menstruators)

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Q 2: What is Dignified Menstruation?

Response:

Dignified Menstruation is an innovative and holistic life-cycle approach to addressing all forms of menstrual discrimination. It was coined and officially defined by GSCDM/RPF in 2019 and has been in use since. It is a state free from all forms of menstrual discrimination, including taboos, stigma, shame, abuse, restrictions, violence, and deprivation from resources and services associated with menstruation throughout the life cycle of menstruators in all diversity is one that practices DM (GSCDM, 2019)⁵. It covers humanity, human rights, and human values.

Q 3: Is there any symbol for Dignified Menstruation?

Response:

Yes. GSCDM proudly shared the symbol for dignified menstruation with the global community. It was developed by two personalities; the art was designed by the artist and illustrator Mr. Suman Maharjan, and the concept was developed by Radha Paudel. Its shape is that of a drop of liquid, and the lines resemble latitudes and longitudes of the earth. Then the drop becomes the earth. More than half of the population on Earth is born with the uteri and ovaries. The colors are dark red, red, pink, and yellow hues to represent the colors of menstrual blood over the average five days of menstruation. The logo reminds us that the universe exists and moves forward due to menstruation. Menstruation is at the very root of our humanity, and the symbol of this universe⁶.

Q 4: What is Menstrual Health Management and Menstrual Health?

Response:

In 2012, UNICEF and WHO defined Menstrual Health Management (MHM) as “A state of good menstrual health management [is] when people who menstruate use clean material to absorb or collect menstrual blood; can change this material in privacy; and have access to soap, water, and disposal facilities for used materials (e.g., menstrual pads)”

In 2021, the definition of menstrual health was revised. Now, menstrual health is known as “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, about the menstrual cycle⁷”.

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7 Guidance on Menstrual Health and Hygiene, UNICEF

Q 5: What is Menstrual Hygiene Management?

Response:

In 2014, UNESCO defined Menstrual Hygiene Management (MHM) as “Accurate and timely knowledge, available, safe, and affordable materials, informed and comfortable professionals, referral and access to health services, sanitation, and washing facilities, positive social norms, safe and hygienic disposal, advocacy and policy” (UNESCO, 2014). By considering the ‘dignity of menstruators, GSCDM and FARUG use the terms, either menstrual health or menstrual management. Using the word hygiene is indirectly or emotionally imparting the idea of menstrual blood as dirty and impure. We also believe that menstrual health and menstrual management can’t address all forms of menstrual discrimination. Based on the expertise, interest, and availability of resources/funds, any organization can work around menstrual health or menstrual management or any name. We encourage you to keep the name as inspiring and encouraging to the ‘Menstrual Dignity.’

Q 6: Do the LBQ (Lesbian, Bi-Sexual and Queer) womxn menstruate? Are there any discriminations faced by them?

Response:

The LBQ womxn are menstruators. Once they reach puberty or the age of adolescence, they have sexual maturity and become capable of reproduction. Such maturity does not mean that they are mentally, physically, socially, and politically mature. It depends on personal and political circumstances as well. They are born with a uterus and ovaries. If they do not do any kind of corrective actions, such as surgery or hormonal therapy, or if they have any other disease or condition, they menstruate. Menstrual discrimination⁸ refers to all taboos, shame, stigma, restrictions, abuse, violence, and deprivation from resources and services that are associated with menstruation throughout the life cycle of menstruators in all diversity. It is a form of sexual and gender-based violence (SGBV) and a violation of human rights. It occurs across the globe with different names, forms, and degrees. It is complex and multifaceted. It plays a vital role in constructing and shaping power and patriarchy (GSCDM, 2019).

Menstruation itself is surrounded by various forms of menstrual discrimination all around the globe. Therefore, LBQ womxn also experience the discrimination associated with menstruation. The level of menstrual discrimination is doubled more depending upon context. Menstrual discrimination itself has not been defined and addressed comprehensively for long. It is as deeply associated with silence and ignorance as a result of so many forms of discriminatory perceptions and practices observed all around the globe with various names, forms, and

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magnitudes. As a result, menstrual discrimination is manifested as restrictions, abuses, taboos, and deprivation of resources and services. Thus, menstrual discrimination and its effects are not even thought of by LBQ womxn. Therefore, the LBQ womxn are experiencing layers of discrimination.

Case Study from Uganda

My name is Kintu. My most embarrassing moment happened at the Uganda lesbian forum in December 2021, a national convening that brings together lesbian, bisexual, and queer womxn from Uganda. I stepped out of the conference room and walked to the compound to catch some fresh air, unaware that my menstruation had started and that I had a blood stain on my trousers. Because of the way I look (I am a masculine-presenting womxn), I was ridiculed and made fun of by the hotel guests who saw the stain before I noticed. They were referring to me as "a menstruating man." I hated my menstruation. I had no idea how a menstrual cycle worked; my menstruation is very irregular and often comes to me as a shock".

I can neither explain who I am due to shyness, or stigma, nor have others help me out regarding this. I find the double silence and ignorance on LBQ womxn's menstruation. To me, it could be due to LBQ womxn and menstruation both being surrounded by dozens of myths and rumors. More importantly, it is because my community and I are not accepted here in Uganda and all around the globe.

While having any form of conversation, this guidebook invites readers to discuss LBQ womxn specifically. The word menstruator automatically demands the conversation around the needs and priorities of LBQ womxn, though we need to pay special attention.

In general, menstrual discrimination is associated with menstruating persons, menstrual blood, things touched or used by menstruators, and restrictions on food, participation, mobility, and seeing. In addition to generic menstrual discrimination, the LBQ womxn experience menstrual discrimination, which is deeper and more unexplainable, as Esther experienced in Uganda.

In general, menstrual discrimination impacts all aspects of the lives of menstruators, such as health, employment, education, rights, WASH (Water, Sanitation, and Hygiene), agriculture, sports, and climate justice. Menstrual

discrimination has played a crucial role in the construction and reinforcement of power relations and patriarchal notions. This continued discrimination has greatly prejudiced LBQ womxn in respect to access to dignified menstrual services and has greatly shrunk their space to claim dignified menstruation. Due to experiences of many layers of discrimination, they feel emotionally fragile, dehumanized, and vulnerable. For instance, some LBQ womxn shared that they do not drink enough water due to the fear of frequenting toilets and changing menstrual products.

LBQ womxn face a multitude of struggles and challenges, including:

- **Educational Gaps:** Both formal and informal education systems often fail to address the unique needs and experiences of LBQ womxn, leaving significant gaps in knowledge and awareness.
- **Policy Neglect:** The issues affecting LBQ womxn are rarely prioritized by policymakers and other key stakeholders, leading to a lack of adequate attention and resources.
- **Absence of Targeted Support:** There is no specific policy or program addressing dignified menstruation for LBQ womxn, leaving this critical aspect of their health unaddressed.
- **Biased Media Representation:** Media coverage often misrepresents or fails to adequately represent LBQ womxn, perpetuating harmful stereotypes and misconceptions.
- **Lack of Moral and Financial Support:** LBQ womxn often face significant challenges in accessing the moral and financial support needed to advocate for their sexual and reproductive health and rights (SRHR).
- **Cultural and Religious Stigma:** Many cultural and religious norms continue to condemn the existence of LBQ womxn, further marginalizing and stigmatizing them within society.

Q 7: What is Menarche? Do LBQ womxn people have Menarche?

Response:

The first menstruation is called menarche. It depends on various factors like hereditary, history of health and medication, temperature, nutrition, etc. The average age of menarche is 12 years old, whereas 10-16 years is considered

normal. It is suggested to get medical help if there is no menarche as mentioned above.

As LBQ womxn have menarche and they do have menstruation if they do not have any health conditions or any surgery.

Usually, menarche is experienced as nervousness, fear, shock, crying, trauma, etc., even in educated, affluent, and heterogenic persons. This is because there is always no open discussion about menstruation before having menarche. In addition, some experience physical problems such as abdominal cramps, backache, headache, nausea, etc. In a few cultures, it is considered maturity or readiness for marriage.

In many cultures all around the globe, there are specific practices or celebrations during menarche. Some people describe the celebrations as important for educating about puberty and menstrual management, and others critically describe them as discriminatory practices and all about the feminine.

LBQ womxn may feel pressured to follow such practices, including celebrations which might be against what they would prefer or how they identify. The discriminatory practices followed in the name of culture, societal pressure, or tradition are the violations of the human rights of LBQ womxn.

Q 8: Do LBQ womxn need to know about Menstruation?

Response:

Yes, of course. They should know because it is not only an issue or concern or business of other menstruators. Most people consider menstrual blood either as impure or dirty, and menstruators are considered impure. Such misunderstanding fuels various forms of menstrual discriminatory practices and this greatly impacts the rights of LBQ womxn. It is therefore important, that LBQ womxn acquire knowledge about menstruation and the various discriminatory practices which impact them during menstruation periods.

Menstruation⁹ is the shedding of the inner most lining of the uterus, which is formed every month in anticipation of fertilization. This is the lining that feeds the fetus when a woman is pregnant. The blood is both “clean” and pure. It is this which allows for humans to exist in this universe.

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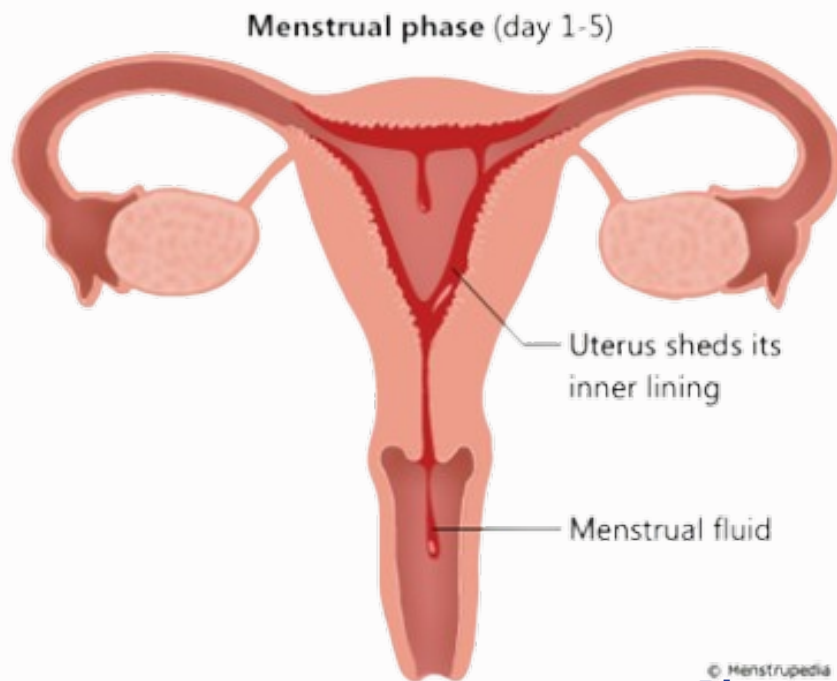
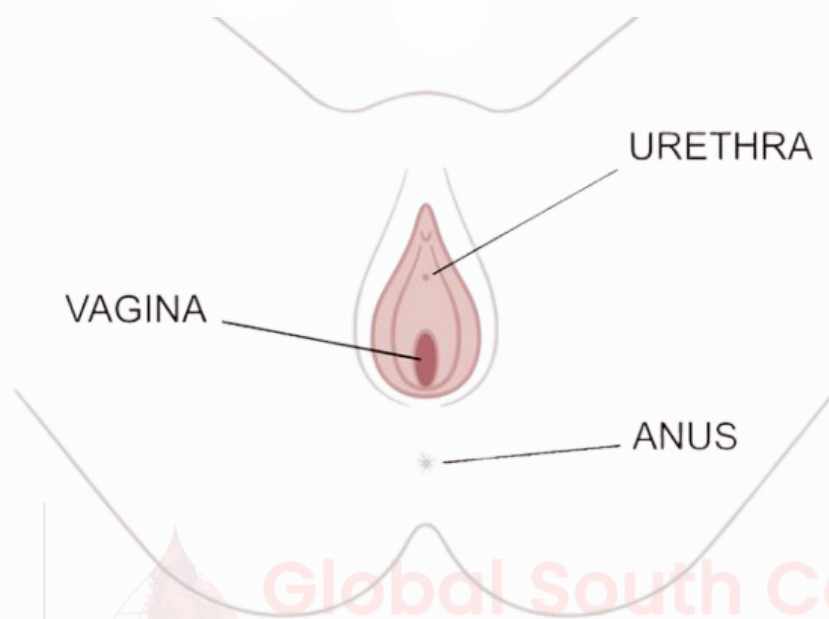


Photo: Google

Q 9: Does the menstrual blood come out through the hole from where the urine flows?

Response:

No. This is a common misunderstanding among many people globally. It is because of the lack of education about a menstruator's body. Indeed, each menstruator has three holes: the anus for defecation and sexual intercourse, the urethra for urination, and the vaginal opening for flowing menstrual blood and childbirth. The vaginal opening is in between the urethra and anus.



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Photo: Google

Q 10: Which name is the most appropriate for menstruation?

Response:

Menstruation is the most appropriate way to call for menstruation no matter if it's in the global north or south or in any setting. GSCDM uses the term 'menstruation' instead of slang words like period, 'strawberry week,' 'red dot', and 'aunt flo' etc. Because the right name invites us to break the silence around menstruation and pledges for a constructive dialogue. Globally, there are over 5000 euphemisms for menstruation that attempt to hide menstruation, thereby stigmatizing menstruation and silencing menstruators. Uganda also has various for menstruation (**see box**). Such names are the outcomes of compounded discrimination around menstruation.

The local names for menstruation in Uganda

"Okulwala, ekibada, MPs, Ensonga,, Omwezi, Aiyi, Elap akiiyi, Ruk, Too-dwe, Kwir, Abi, Okwezi, imihango, Elibya Omwakwezi, Elibya Ewasongali, Ndihumwezi.

Q 11: Do LBQ womxn have the same cycle as other menstruators?

Response:

For menstruation, there are dozens of factors, such as hereditary, nutrition, weather, mental status, etc., for its commencement, pause (menopause), duration, symptoms, health issues, etc. Therefore, it varies from individual to individual, though it usually has a 21-35-day cycle, where 28 days is considered the average cycle. Likewise, the average days of menstrual bleeding is five days, though 3-7 days of bleeding is normal. As with other menstruators, LBQ womxn are also encouraged to maintain a personal menstrual diary to keep track of menstruation using digital like Period Trackers, Aunt Flo, Clue app, My Cycle among others. If there are any ups and downs within three cycles with other symptoms, a menstruator needs to get a consultation with experts for a detailed investigation.

Q 12: Is menstruation of LBQ womxn shameful?

Response: No, not at all. Menstruation is not shameful for LBQ (lesbian, bisexual, and queer) womxn, nor should it be for anyone. Biological processes, such as menstruation, are separate from one's sexual orientation. All womxn, regardless of sexual orientation, have the potential to menstruate if they share biological traits like having uteri and ovaries.

Menstrual dignity and sexual orientation are both fundamental human rights, and everyone deserves to access dignified menstrual services without shame or discrimination.

Q 13: Do LBQ womxn experience premenstrual symptoms (PMS) and severe premenstrual symptoms?

Response:

As with other menstruators, LBQ womxn may experience PMS and severe PMS symptoms during menstruation. They also deserve to know about it and its management for living life with a dignified menstruation-friendly atmosphere.

PMS¹⁰ is a group of related symptoms that menstruators may experience before their menses begin each month. About 10% of all menstruators experience PMS about five days before menstruation. These symptoms usually resolve within four days of menstruating due to changes in hormonal levels. The symptoms range in severity and duration but may create social and economic dysfunction, and repeat during three consecutive menstrual cycles. A menstruator may experience multiple symptoms at once, or all of them, and sometimes may change even one after another. They are:

- Headache- – Tension headaches or migraines
- Mood swings- Rapid changes in mood, from feeling happy to feeling down.
- Irritability- Feeling more easily upset or angered
- Cramps – Lower abdominal pain, often associated with menstruation
- Bloating- – Feeling of fullness or swelling in the abdomen.
- Anxiety- Increased nervousness or worry.
- Fatigue – Feeling unusually tired or low in energy.
- lower back pain-Aching sensation in the lower back
- Acne – Breakouts or skin changes.
- Breast tenderness- Soreness or swelling in the breasts.
- Anorexia-Loss of appetite
- Changes in Appetite – Cravings for certain foods, often sweets or salty snacks etc

These symptoms can usually be relieved by lifestyle modifications like nutritious foods, applying heat to painful areas, exercise, proper rest, and a supportive family and community, as well as over-the-counter analgesic medications like paracetamol, aspirin and ibuprofen. However, the pain is also a matter of socialization and often menstruators are trapped with medication

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even for the PMS. Therefore, we encourage consulting with specialists and getting advice and medication after thorough investigations.

A small percentage of menstruators, approximately 5%, experience severe forms of PMS. The onset of these symptoms follows a similar pattern to that of PMS. They occur one to two weeks before menstruation, are associated with physical and emotional symptoms, and continue for a week after menstruation, such as severe headache, depression, vomiting, severe abdominal pain, bleeding, etc. Such symptoms are often misdiagnosed or left undiagnosed due to social and medical menstrual discrimination.

Approximately 80% of menstruators experience some pre-menstrual symptoms one or two days before the beginning of menstruation. These resolve quickly after menses begin and include mild physical and emotional symptoms like breast tenderness, bloating, and mood changes. These symptoms are manageable, however, and do not cause functional impairment.

If LBQ womxn experience severe forms of PMS, they deserve to easily access treatment and likewise without any discrimination. They equally deserve to get the right information in a timely and respectful manner so that they are not trapped with stress while having mild menstrual symptoms.

Q 14: Is the use of medicine to suppress menstruation the best way to avoid menstrual discrimination?

Response:

No. Suppressing menstruation is not only avoiding menstruation but also increasing the hazards to your body. Menstruation is linked throughout the body from head to toe. It is crucial for a healthy body, like the function of the brain, heart, joints, muscles, etc. The identity of the LBQ womxn has to be accepted by everyone. To avoid misunderstanding and enable the dignified condition for the LBQ persons at home, school, community, and workplace, such conversations have to occur as regular activities before menstruation begins or since childhood.

Q 15: How do LBQ womxn manage the menstrual blood?

Response:

LBQ womxn manage menstrual blood as other menstruators do. In the market, various types of products are available to manage the blood. The products¹¹ are also known as menstrual products.

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They have many other names, too, including hygiene products, sanitation products, and feminine products. We encourage the use of the phrase “menstrual products” because the use of euphemisms is a by-product of menstrual discrimination and silencing around menses. The use of a “sanitary pad” implies that menses are dirty, unsanitary things that need to be sanitized. Furthermore, referring to menstrual products as “feminine products” discriminates against menstruators who do not identify themselves as womxn. Using the term “menstrual products” increases inclusivity and de-stigmatizes menses.

Q 16: Is a menstrual pad the best fit for LBQ womxn to manage the menstrual blood?

Response: The menstrual pad is not necessarily the best fit. Each menstrual product has merits and demerits. Based on a person’s choice, LBQ womxn can choose any of the following products available in and around the globe:

- 1. Languti** (the traditional way to manage blood and reusable long cloth): It is a long piece of used or new cloth. Used from front to back and held either by rope, binder, or even with panties. It is cheap, and easily available, needs to be changed at least every four hours. It may be uncomfortable to use while working outside the home or in a place where there is no space and water for washing and drying. It needs to be dried for at least three hours under strong sunshine. If it is not changed every four hours, washed, dried, and stored properly, it may cause infection.
- 2. Menstrual cloth, new (reusable):** It is a new cloth piece, and it is like a Languti but smaller in size because it is put inside the panty by making a few folds exactly in the bleeding area. It is a kind of modernized form of Languti.
- 3. Menstrual cloth pad with wings (reusable):** By nature, it is also a cloth that follows the same precautions as in a Languti. It has wings, which help to avoid dislocation while having mobility or even using the toilets. It is a kind of more modernized form of menstrual cloth.
- 4. Menstrual plastic-containing pad (single-use):** It is easier to use; no need to be worried about washing, watering, or drying. It needs to be changed every four hours. It is more expensive than a variety of cloth pads. Most importantly, plastic takes 200-1000 years to decay, which is a burden for the entire planet.

5. **Menstrual non-plastic pad (single-use):** It is made from various kinds of plants, easy to use. It is a bit expensive and needs to be changed every four hours.
6. **Menstrual cup (reusable):** Reusable menstrual cups offer long-term sustainability and up to 10 hours of use but require training and are initially more expensive. A user might forget to change it on time.
7. **Menstrual tampon (single-use):** Single-use tampons are easier to use but contribute to waste and need changing every six hours. Just like a menstrual cup, a menstruator may forget to change on time.
8. **Menstrual panties (reusable):** It is easy; it needs to be changed every four hours, and washed and dried properly.
9. **Menstrual Disc:** It is a recent menstrual product in the global market. A menstrual disc is a type of internal menstrual product that collects menstrual fluid. Unlike menstrual cups that create a suction seal, menstrual discs sit in the vaginal fornix, which is the space at the base of the cervix. They are designed to tuck behind the pubic bone, holding them in place. They collect menstrual fluid, which is then emptied when the disc is removed.

Q 17: How do LBQ womxn find the appropriate menstrual product for managing the menstrual blood?

Response:

No product is 100% safe, so all the products must be used with precaution. GSCDM/RPF developed the 3-P (P-Person, P-Planet, and P-Pocket)¹² model for assessing whether each of these menstrual products is aligned with dignified menstruation (refer to the figure for details) or not. Regardless of the degree of activism in the Global North or South, interventions often neglect to analyze the menstruator when distributing the menstrual products. The following key factors need to be assessed:

1. Do menstruators have the freedom to choose any type of menstrual product they wish to use?
2. Do menstruators have access to water, toilets, shelter, the internet, kitchens, and all types of foods? Are any restrictions imposed upon them?

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3. Are menstruators allowed to touch communal water taps and cross rivers?
4. Are menstruators allowed to eat fruits like avocados, both citrus and non-citrus; milk; and meat?
5. Is there freedom of mobility, or are menstruators forbidden to go to places like temples, across rivers, or in close proximity to non-menstruators?
6. Are there restrictions on religious activities such as attending group prayers at a mosque or Hindu temple?
7. Are social shame and stigma associated with menstruation? Is there a psychological taboo associated with active menses or with the state of being a menstruator?

Menstrual Products are Dignified If you follow >>> 3Ps Model

Criteria	Yes	No	Figure
1.P=Person (Menstruators in All Diversities) • Right to choice on menstrual products • Informed about the pros and cons of all types of Menstrual Products • Free from all forms of Menstrual Discrimination	☒ ☒ ☒		
2.P= Planet • Plastic and chemical free • No Burden to Air, Soil, Water, and Entire Planet		☒ ☒	
3.P= Pocket • Affordability cheap with qualities and standard • Accessibility locally produced	☒ ☒		

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Q 18: Is buying menstrual products by LBQ womxn shameful?

Response:

No. Not at all. Menstruation is a natural and inevitable process. Each menstruator deserves the right to manage the blood in a dignified manner or without any feeling of shame. For masculine-presenting LBQ womxn, who may be perceived as more stereotypically masculine, it can sometimes be assumed that menstrual products aren't needed, leading to awkwardness or misunderstanding. This misconception highlights the need to break the silence around menstruation and LBQ womxn.

We need to continue fostering open conversations and raising awareness to ensure that menstruation is respected as a human right.

Everyone, regardless of gender presentation, should feel empowered to manage their bodily needs without stigma, and society as a whole should work to create an environment where menstruation is treated with dignity and understanding.

Q 19: How do LBQ womxn change the menstrual products in public places?

Response: There should be gender neutral toilets in public places that LBQ womxn can use to change menstrual products. Few organizations and governments have started to work around it, and others are far away. Because of their physical appearance, emotional and biological status, they struggle to use the same toilets used by girls and women. Therefore, working for the dignity of LBQ womxn is upheld by having gender neutral toilets constructed in public spaces. The WASH infrastructure needs to be compatible with **four's S- Safety, Security, Save, and Stigma** where none of menstruators, including LBQ womxn, wont face any forms of menstrual discrimination.

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Four `S` for Dignified Menstruation-Friendly WASH Facilities			
Four `S`	Descriptions	Yes	No
S- Safety (Infection Prevention)	Accessible to all diverse people	✓	
	Facility of water	✓	
	Facility of waste management	✓	
	Available of soap	✓	
	Place for washing and drying the clothes	✓	
	Spacious toilet	✓	
S- Security (Agency Building)	Well locked door/window	✓	
	Well light	✓	
	Well ventilated	✓	
	Appropriate for privacy and confidentiality	✓	
S-Save (Menstrual Products)	Save planet (eco-friendly menstrual products)	✓	
	Save people (right to choice for using menstrual products, no any harm due to chemical to both; user and waste collector)	✓	
	Save Pocket (cheap, locally available with quality and standard menstrual products)	✓	
S-Stigma (Free Menstrual Discrimination)	Free from any forms of menstrual discrimination	✓	
	Supporting environment in school in case of leaking or sick or abuse due to menstruation	✓	

Q 20: Is there any food which LBQ womxn can not have during menstruation?

Response:

No. Each menstruator, including LBQ womxn, can have any food if they do not have any allergies. During menstruation, some may experience cravings for some

food, like chocolate or anything. They can have it if they do not have any issues related to health. Menstruators are encouraged to take in nutrient-rich foods, and stay hydrated. These include iron-rich foods, Omega-3 fatty acids, fruits and vegetables, and whole grains.

Q 21: Is there any place where LBQ womxn can not go during menstruation?

Response:

No. The LBQ womxn can go anywhere like other menstruators and as they do in their own non-menstruating time. If there is any objection to it, it is menstrual discrimination, and it is a violation of human rights.

Q 22: Is there any moment when LBQ womxn feel angry during menstruation?

Response:

Anger during menstruation is not something all LBQ womxn experience. For some, emotions like anger may arise due to PMS or external factors, such as discrimination or teasing related to their menstruating status. If anger does occur, it's important to find ways to manage these emotions. Techniques like deep breathing exercises for at least 5 minutes, going for a walk (alone or with loved ones), talking to someone about how they feel, or engaging in activities like painting, coloring, or yoga etc can be helpful ways to navigate those emotions

Q 23: Can LBQ womxn avoid menstruation?

Response:

LBQ womxn can avoid menstruation through medical interventions, such as undergoing procedures to remove the uterus and ovaries or using hormonal treatments. However, it is important for LBQ womxn to be fully informed about the potential benefits and risks of these options, as some interventions may carry long-term health considerations. As discussed earlier, menstruation is crucial for a healthy life.

Q 24: Who can play an important role in eliminating menstrual discrimination among LBQ womxn?

Response: Access to dignified menstruation and services for LBQ women and the realization of their SRH rights is everyone's responsibility. Each one of us is responsible for creating a favorable environment for eliminating menstrual

discrimination among LBQ womxn. Likewise, all communities are all equally responsible for it.

For instance, the home and school may use such rhymes, where the human rights of LBQ womxn and dignified menstruation are addressed since childhood. Every school should take responsibility for it.

B for Blood

B for Blood.
I'm born with menstrual Blood.
I am a girl.
I am a boy.
I am an LBQ womxn.
Whoever I am,
I'm born with menstrual Blood.
-Radha Paudel

Note: This is an example of rhymes for children in school. The school can compose some songs as per the context to dismantle the discrimination against menstruation and LBQ womxn.

Q 25: Do moderate and severe menstrual symptoms affect mental health?

Response:

Yes, moderate to severe menstrual and menopausal symptoms can impact both physical and mental health, as well as social and political aspects of life. Mental health, in particular, is directly and indirectly affected. The political or social lives also affect mental health. Additionally, if LBQ womxn experience visible or invisible discrimination in environments such as home, school, community, or the workplace, their mental well-being may be further compromised.

Q 26: Can LBQ womxn have sex during menstruation?

Response:

Yes, LBQ women can absolutely have sex during menstruation if they choose to. Sexual intimacy among LBQ womxn is about mutual pleasure, consent, and respecting each other's boundaries and preferences. During menstruation, LBQ couples have many options for sexual activity based on their comfort levels. Some may enjoy oral sex, manual stimulation, or using sex toys, while others might be comfortable with penetrative activities. Some practical considerations include:

- Using towels to protect bedding or having sex in the shower
- Using menstrual products like menstrual cups or discs that can allow for penetrative sex without visible blood
- Communicating openly about comfort levels, as preferences around period sex vary from person to person

It is important to note that comfort with period sex is highly individual. Some people experience increased arousal during menstruation due to hormonal changes, while others may prefer to avoid certain activities during this time. The key is open communication between partners about desires, boundaries, and comfort levels. Sexual health considerations like barrier methods (dental dams, gloves, condoms on shared toys) remain important for preventing STI transmission. Whatever activities partners choose, mutual consent, respect, and understanding should always be the foundation of any sexual encounter.

Q 27: Does HIV transmit during LBQ womxn is menstruation or oral sex?

Response:

It is advisable to know the status of your partner before engaging in sexual activities so that you can practice safer sex. During menstruation, the presence of menstrual blood alone is not a risk factor for HIV transmission. However, if there are open sores, cuts, or other forms of mucosal damage on the mouth or in the genital area, there might be an increased risk. It is recommended to practice safer sex by using barriers like condoms or dental dams to reduce the risk of HIV and other STIs. Regular testing and open communication about sexual health with partners are essential components of a responsible and informed approach to sexual activity. If there are any concerns about HIV or STI transmission, it is important to consult with a healthcare professional or a sexual health clinic for personalized advice and testing.

Q 28: How do hormonal fluctuations during menstruation interact if LBQ womxn are taking hormone treatments?

Response:

The relationship between menstrual hormonal fluctuations and hormone treatments in LBQ womxn is complex and can vary based on individual factors and the type of hormone therapy being used. For LBQ womxn undergoing gender-affirming hormone therapy (e.g., testosterone), the interaction is particularly important. Testosterone therapy typically suppresses menstruation over time, though the process can differ from person to person. During the

transition phase before menstruation fully stops, the natural fluctuations of estrogen and progesterone in the menstrual cycle can sometimes counteract the effects of testosterone, leading to more noticeable mood changes, shifts in energy levels, or physical symptoms. For those using hormone therapy to manage conditions like PCOS, endometriosis, or other health concerns, these treatments are often designed to complement the natural hormonal cycle rather than disrupt it. The timing and dosage of hormone treatments in these cases may be carefully adjusted to align with the body's natural rhythms.

Ultimately, effective management of these interactions relies on personalized care and tracking symptoms closely. LBQ womxn should collaborate with a knowledgeable healthcare provider who understands both their hormone treatment goals and their menstrual patterns. An affirming provider can help fine-tune treatment schedules or adjust dosages to maintain hormonal balance and minimize symptoms during menstruation.

Q 29: Does hormonal contraception affect the menstrual cycle?

Response:

Yes. Contraception often impacts the menstrual cycle by altering hormonal balance. Hormonal contraceptives like birth control pills, patches, or injections work by regulating hormone levels. These methods suppress ovulation, preventing the release of eggs from the ovaries. Without ovulation, the menstrual cycle lacks its usual triggers and thus can become lighter, shorter, or even absent in some cases. This can lead to a reduction in menstrual cramps and other symptoms associated with menstruation.

On the other hand, certain contraceptives, such as IUDs (Intrauterine Devices) with hormones or hormonal implants, may cause irregular bleeding patterns initially, which can include spotting between menstrual cycles or prolonged bleeding. Over time, however, many LBQ womxn experience a decrease in menstrual flow and less frequent menstruation cycles.

Q 30: Do LBQ womxn people experience menopause?

Response:

Yes. As we discussed several times, the LBQ womxn are menstruators, so they will have menopause as well if they don't do any intervention like surgery or hormones. If LBQ womxn remove the uterus and ovaries, they have surgical menopause. If they are taking any specific treatment, e.g., radiotherapy or chemotherapy, and they experience menopause, it is called chemical menopause, and if they have menopause as a natural rhythm, it is called natural menopause. If LBQ womxn have the absence of menstruation for 12 consecutive months due to natural, chemical, or surgical reasons, it is defined as menopause.

Natural menopause usually occurs between the ages of 47 and 51 years. However, it may start as early as 40 years of age with perimenopause, which is defined as the years of irregular menses due to the physiological pathology of transitioning to menopause. Like during menstruation, certain menstruators also experience moderate and severe forms of menopausal symptoms where they need support from the family, the community, and the state. Therefore, while having a conversation around menopause, we need to specifically discuss the menopausal conditions among LBQ womxn as well.

Q 31: Do LBQ womxn experience similar kinds of symptoms of menopause as others do?

Response:

LBQ (Lesbian, Bisexual, Queer) womxn may experience similar menopause symptoms as others, though individual experiences can vary. During menstruation, there are a range of menopausal symptoms too¹³ :

- Menopausal symptoms may begin around age 40, with the transition usually occurring between 47-51 years, and will continue for another 10-12 years.
- In the case of surgical menopause, symptoms may start as soon as a few days to weeks after surgery.
- Gradual decline and cessation of the production of estrogen, progesterone, and testosterone.
- Emotional symptoms may include feeling empty, irritable, or emotionally unstable.
- **Symptoms due to the decline in estrogen hormone:** hot flushes, feeling cold, sleep disturbances, joint pain, osteoporosis, palpitations, dryness of skin, nails, hair, eyes, and vagina, itching, pain during intercourse, incontinence, migraines, increased emotional sensitivity e.g. crying over petty matters, and Feelings of loneliness.
- **Symptoms due to the decline in testosterone:** low energy, low self-esteem and self-confidence, a loss of sexual interest, fatigue and lethargy, body aches, irritation, depression or even suicidal feelings.

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- Brain fog, for example; mental fatigue or difficulty staying focused, forgetfulness or trouble recalling tasks and appointments, struggling with even making simple decisions
- Increased appetite, laziness, dizziness.
- Physical changes such as curving of the shoulders and spine.
- Prioritizing family members over selfcare
- A reluctance to ask questions or discuss health concerns with a doctor

Menopausal experiences can differ from person to person, but many of the common symptoms affect LBQ womxn in much the same way as they do others, influenced by individual health, lifestyle, and circumstances. It is important to recognize that LBQ womxn also go through these symptoms, and that their partners, families, and coworkers should offer support accordingly. When discussing topics like menopause or creating inclusive workplace environments for menstruation, it is essential to include the experiences of LBQ womxn to ensure true inclusion.

Q 32: What kind of support can a partner extend to LBQ womxn during menopausal symptoms?

Response:

During menopause, it is important for LBQ womxn and their partners to approach this phase as a natural biological process. Open and informed communication is key. Partners should be proactive in discussing menopausal symptoms and their management, ensuring both are up-to-date with the latest information. It is crucial for partners to listen attentively to the emotional and physical experiences their LBQ partner is going through. If the LBQ womxn is experiencing moderate to severe symptoms, their partner can support them by creating space for relaxation, encouraging walks, helping prepare nutritious, mineral-rich meals, and offering consistent emotional support, including during intimate moments. Additionally, if needed, the partner can assist in finding a trusted counselor or healthcare professional for further guidance.

Q 33: How can the LBQ womxn sex workers deal with menstruation?

Response:

LBQ women sex workers can manage menstruation by using suitable menstrual products, having open communication with clients regarding their

comfort, and planning their schedules to accommodate any potential discomfort which might ensue during menstruation, all while maintaining their dignity.

Q 34. What is the difference between Dignified Menstruation Day and Menstrual Hygiene Day?

Response:

Dignified Menstruation Day and Menstrual Hygiene Day are both significant observances, but they differ in their approach and origins. Dignified Menstruation Day, initiated by the Global South Coalition for Dignified Menstruation and the Radha Paudel Foundation in 2019, takes a decolonized, human rights-based, and holistic approach. It is marked on December 8th each year and aims to promote dignity and respect around menstruation. On the other hand, Menstrual Hygiene Day was launched by Wash United in Germany in 2014, and is observed on May 28th annually. While Menstrual Hygiene Day focuses on raising awareness about menstrual hygiene, the term “hygiene” itself is considered by some to be discriminatory, as it can perpetuate menstrual stigma and discrimination.

Q 35: Why is dignified menstruation everyone is (including LGBTQA+), business?

Response:

Dignified menstruation is a fundamental human right that should be upheld by everyone, regardless of gender identity, including those in the LGBTQIA+ community. There should be no distinction between menstruating and non-menstruating days, and all menstruators deserve to be free from menstrual discrimination throughout their entire life cycle.

Q 36: Is there any policy on menstruation for LBQ womxn?

Response:

Many countries have begun developing policies related to menstruation, with some focusing on menstrual management and others on menstrual hygiene. Nepal, for example, has initiated and introduced a concept called Dignified Menstruation. Other relevant policies, such as those concerning Gender Equality and Social Inclusion (GESI), Sexual and Reproductive Health and Rights (SRHR), as well as financial and safeguarding measures, also address the needs and priorities of menstruators or dignified menstruation.

However, LBQ womxn (Lesbian, Bisexual, and Queer womxn) often receive limited attention in these discussions and policies surrounding menstruation.

Most organizations focus primarily on issues like menstrual products, tax policies, or accessibility, but there is a lack of awareness regarding the specific needs of LBQ womxn in relation to dignified menstruation.

In Uganda, while there is no dedicated national menstrual health policy, menstrual health is integrated into existing policies. The ongoing implementation of the National Strategic Plan could pave the way for the development of a specific menstrual health policy in the future.

Suggested Books

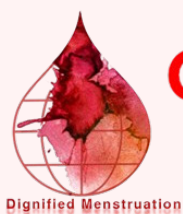
1. Dignified Menstruation is Everyone's Business, 2018
2. Dignified Menstruation, A Practical Handbook, Menstrual Dignity of Menstruators throughout the Life Cycle, 2020
3. Dignified Menstruation for Adolescents with Neurodevelopmental Disorders, 2022
4. Unholy Blood, 2019
5. Menstrual Stories, Anthology from Global South
6. Training Manual on Dignified Menstruation



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Suggested Links:

1. Female Reproductive Organ Source: <https://www.everydayhealth.com/sexualhealth/female-reproductive-organs.aspx>
2. Situation analysis study on menstrual health and hygiene management (MHM) in Uganda, <https://www.ircwash.org/resources/situation-analysis-study-menstrual-health-and-hygiene-management-mhm-uganda>
3. Menstrual Cup: Usage, Benefits, Advantages and Disadvantages, <https://healthlibrary.askapollo.com/menstrual-cup-usage-benefits-advantages-and-disadvantages/>
4. How do I use tampons, pads, period underwear, and menstrual cups? <https://www.plannedparenthood.org/learn/health-and-wellness/menstruation/howdo-i-use-tampons-pads-and-menstrual-cups>
5. UNICEF-Guide-menstrual-hygiene-materials-2019.pdf-<https://www.unicef.org/media/91346/file/UNICEF-Guide-menstrual-hygiene-materials2019.pdf>
6. Structural Exclusion - <https://creaworld.org/strategies/>
7. CDC-<https://www.cdc.gov/hygiene/personal-hygiene/menstrual.html>
8. Menopause: Symptoms and Causes -<https://www.mayoclinic.org/diseases-conditions/menopause/symptoms-causes/syc-20353397>
9. Menstrual Bracelet – Wash United menstrualhygieneday.org
10. **Menstruation and Wellness – Planned Parenthood**–plannedparenthood.org/learn/health-and-wellness/menstruation
11. **Menstruation and Hormones** - <https://www.sog.com.sg/blog/menstruation-and-hormones-understanding-your-own-cycle/>
12. Ba queer twogere podcast- <https://www.youtube.com/watch?v=HMY-IoDCeTRg&t=38s>
13. Under the Shadow of the Anti-Homosexuality Act: Experiences and Barriers to SRHR Access for LBQ Womxn in Uganda- <https://faruganda.org/wp-content/uploads/2025/03/AHA-RESEARCH-FOR-LBQ-WOMXN.pdf>
14. QUEERING SRHR ;A guide for LBQ womxn- <https://faruganda.org/wp-content/uploads/2021/05/FARUG-GUIDE-ON-QUEERING-SRHR.pdf>



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