

How Menstrual Discrimination is Approached by Menstrual Movements in the Global North and the Global South

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Abstract

Background: *It has been shown that approaches of the menstrual movement often focus on lacking hygiene and access to menstrual products. However, menstrual discrimination also encompasses taboos, embarrassment and shame, restrictions, abuses, and violence as root causes perpetuating gender inequality. Our research examines how networks working on menstruation from the Global North and the Global South address menstrual discrimination. More precisely, we explored to what extent the agenda and perspective of these networks consider menstrual discrimination, how menstrual discrimination is defined, if different forms of it are acknowledged, and if measures to overcome them are prioritized.*

Methods: *The Menstrual Health Hub (MH Hub) and the African Coalition for Menstrual Health Management (ACMHM) were included. We conducted qualitative research comprising an analysis of the networks' content, and semi-structured interviews with key informants from the leadership teams. We operationalized the GSCDM's definition of menstrual discrimination examining if and how related words are used. Interviews included personal and organization-related questions.*

Results: *In the interview with the MH Hub representative, different forms of menstrual discrimination existing globally were addressed, including restrictions but also bullying, and the role of gender inequality. Also the database they provide includes important resources addressing menstrual discrimination comprehensively. But in the MH Hub's own content, not all dimensions of menstrual discrimination are represented. Here, the words taboo and stigma, indicating menstrual discrimination, are often mentioned in the context of access to menstrual products. Especially in the ACMHM's official documents, many forms of menstrual discrimination are described. Further, their content as well as the interviews showed the diverse influences leading to menstrual discrimination, and its lifetime consequences for menstruators, including the effects on self-esteem, agency and participation. Community transformation was acknowledged as a necessary action and the importance of education was emphasized. Something that we found misleading was that in some contents the ACMHM stated that taboos and stigma only exist in some societies which makes it seem like an exception.*

Conclusion: *Overall, the dimensions of menstrual discrimination are still not acknowledged comprehensively. Consequently, tackling menstrual discrimination is not sufficiently framed as one of the overarching priorities for the menstrual movement. All aspects of menstrual discrimination need to be considered to address all experiences that menstruators have. Organizations, donors and other actors should make efforts to shift resources to addressing menstrual discrimination which is a root cause of further disadvantages that girls, women and all menstruators experience.*

Background

At least half of the world's population experiences menstruation in the course of their life. Still, this natural phenomenon is widely perceived as dirty, impure and shameful. The stigma and discriminatory practices, which are a global phenomenon, have negative consequences for the health, mobility, and dignity of women, girls and all menstruators (Plesons et al., 2021).

The Global South Coalition for Dignified Menstruation (GSCDM) on whose behalf this research was conducted, defines menstrual discrimination as follows: "Menstrual discrimination refers to taboos, stigma, shyness, restrictions, violence and abuse, deprivation from resources and other forms of discrimination associated with menstruation that can affect menstruators throughout the life cycle. Menstrual Discrimination is a form of sexual and gender-based violence and is considered a human rights violation." (GSCDM, 2019).

According to Radha Paudel, founder of the GSCDM, menstrual discrimination exists globally "regardless of class, caste, education, religion and region with differences in the names, forms, severity, visibility and spheres" (Paudel, 2019c, p. 10).

Discrimination includes superstitions that exist for example in Myanmar saying that menstruators should not eat specific foods, take part in spiritual rituals or touch male members of the family (Cnandra & Gomez, 2019). In Brazil, there is a serious lack of infrastructure, menstrual products, and privacy for many women, girls and menstruators. That, in combination with cultural stigma impedes their physical and mental wellbeing hindering them from participation at school or work which then leads to gender inequalities in the chance for financial autonomy (Monteiro, translated by Côte-Real, 2019). One example for Africa is Congo where restrictions exist that do not allow people who menstruate to participate in groups or cross streams of water (Paudel, 2019d). Whereas in Morocco, the words used for menstruation are the same that are used for things that are perceived as disgusting like defecation, and menstruators are not allowed to pray during their menstruation (Lacher, 2019).

Also in European countries, menstruators are discriminated against which is shown through the example of Germany, where 50% of women stated that during their menstruation, they feel uncomfortable being in social situations (Frei, 2018, as cited in Paudel, 2019e, p. 46). Also, a recent survey from the UK found that 78% of those girls who described themselves as being sporty in the past, avoid participating in sports during their menstruation (Women in Sport, 2022). For women in North America, starting their first menstruation without being prepared has caused feelings of embarrassment and anxiety (Free the Tampons, 2013, as cited in Paudel, 2019f).

Menstrual discrimination perpetuates the patriarchy and shapes unequal power relationships between men, and girls, women and all menstruators enabling gender-based violence. These gender inequalities constrain women's and all menstruators' equal access to resources and participation in decision-making, denying them their human rights. This makes it imperative to involve men and boys in the efforts for challenging harmful social norms that lead to menstrual discrimination (Belbase, 2019). Moreover, as it affects women, girls and menstruators throughout and in many spheres of their life, a life cycle approach towards menstruation is crucial as well as the integration of efforts for dignified menstruation into all sectors including education, health, WASH, human rights and the environment (Paudel, 2019b).

The work on menstruation is still a new and evolving sector. Since 1994 the word menstruation has been appearing in relation to sexual and reproductive health and rights like adolescent health or family planning, starting with the ICPD conference (United Nations 1995). However, this confined to a rather superficial discussion on menstruation that to some extent remained around physiological aspects. Also later, menstrual dignity or menstrual discrimination and its impact were not addressed (GSCDM, 2019).

The concept of menstrual hygiene management (MHM) has been predominant in the menstrual movement. In 2012, MHM was firstly defined by the Joint Monitoring Programme of the WHO and UNICEF and put on the agenda for advocacy for the sustainable development goals (SDGs). This definition did not include menstrual discrimination, the taboos and stigmas associated with menstruation, the community in which this happens and the understanding of menstruation as part of menstruators' sexual and reproductive health and rights (Thomson et al., 2019; Bobel, 2019).

The approach of Dignified Menstruation applied by the GSCDM addresses menstruation holistically and emphasizes the elimination of menstrual discrimination that associated throughout the life cycle. The GSCDM (2019) defines Dignified Menstruation as a state of being free from any form of menstrual discrimination including stigma, taboos, abuse, violence, restrictions, deprivation from resources associated with menstruation throughout the life cycle of all menstruators. Through the years, also menstrual health and menstrual health management have become more prevalent terms. In 2021, a new definition of menstrual health has been developed by the Global Menstrual Collective in consultation with key stakeholders. This also applies a more holistic perspective that involves the social well-being and participation of all menstruators (Hennegan et al., 2021) however it lacks to examine the power within the perceptions and practices that underlying of menstrual discrimination.

However, the WASH sector had and still has a dominant role in menstrual hygiene management as tangible intervention. Consequently, most interventions concentrate on hygiene (Thomson et al., 2019). Accordingly, research in critical menstruation studies has found that the vast majority of MHM interventions follow a technical approach and focus rather on providing products than on promoting societal change and challenging the menstrual stigma (Bobel, 2019). Yet, a transformation in society is required in order to address all the forms of menstrual discrimination and achieving overarching and lasting goal of gender equality.

As the sector is growing, new actors have been emerging (Thomson et al., 2019). This offers opportunities for new approaches and agenda setting for menstruation that need to be studied. With this research, we sought to explore the current representation of menstrual discrimination in the menstrual movement and in the perception of people that are active in it. We aimed to identify gaps but also to promote interaction and mutual learning. More precisely, we wanted to find out to what extent the agenda and perspective of new networks in the field of menstruation consider menstrual discrimination based on the concept of the GSCDM. We analyzed how menstrual discrimination is defined, if the different forms of menstrual discrimination that menstruators experience are acknowledged, and if measures to overcome them are prioritized.

Two networks of the menstrual movement from the Global North and the Global South have been examined with a qualitative approach including content analysis and key informant interviews with members of the respective leadership teams. We examined if they address the causes and consequences for girls, women and all menstruators throughout the life cycle. We also considered if they acknowledge the importance of involving the community, including men and boys.

The overarching question guiding this research is: How do networks of the menstrual movement from the Global North and the Global South currently address menstrual discrimination?

Methodology

After the decision to include one network from the Global North and one from the Global South to represent and examine the menstrual movement in both spheres, we scanned the websites of several networks. As we intended to choose actors that may have a significant influence but also represent the work and perspective of various organizations, we concentrated on bigger networks. Indicators for these were the number of members and partners, the social media presence, and the reach. Further criteria that made them eligible for inclusion were frequent and recent activity, and the provision of online materials they created themselves which was necessary to conduct a profound analysis.

We included the Menstrual Health Hub (MH Hub) representing the Global North and the African Coalition for Menstrual Health Management (ACMHM) representing the Global South. As both were founded within last few years it can be expected that they represent current perspectives and approaches applied in the menstrual movement which we aimed to investigate.

We conducted qualitative research comprising an analysis of the networks' online content, and semi-structured interviews with key informants from the respective leadership teams.

We operationalized the GSCDM's definition of menstrual discrimination. Both the content they produced themselves as well as the topics of resources they provide on their websites were analyzed considering contents that were published until January 2022. We scanned and searched for specific words related to menstrual discrimination to see if and how they are used, as an attempt to determine through the frequency the representation of menstrual discrimination. The words we searched and scanned for included: *Stigma, taboo, shame, restrictions, violation of human rights, exclusion related to stigma, myths, abuse, violence, gender-based violence/GBV, sexual and reproductive health and rights, participation, patriarchy, equality, discrimination.*

These include words that describe causes of menstrual discrimination and its integration in the wider picture, for example of sexual and reproductive health and rights. We examined if different forms of menstrual discrimination are addressed. We also focused on whether these words occurred in the vision or objectives and the described actions of the networks. The use of words describing menstrual discrimination in resources was further categorized by the context in which they are used. This is to determine how menstrual discrimination is defined and if it is also predominantly addressed in relation to hygiene or if the connection to issues such as gender inequalities is made.

Key informant interviews were conducted that served to complement our findings and to get an insight into the background, perceptions and priorities of people working with the respective

networks. The interview guide contained 13 open-ended questions starting with personal questions on the interviewees' own experience with menstruation and societal perceptions. Further, the guide included questions regarding their organization's perspective and work on menstrual discrimination as well as their view on the work of the menstrual movement. To maintain the anonymity of our interviewees, we refer to them as 'Key informant (organization)'. Our research was conducted between January and March 2022, the key informant interviews were conducted virtually in the timespan between February 21st and March 1st.

Results:

Content analysis

Analysis of the Menstrual Health Hub

The Menstrual Health Hub was founded in 2016 with the goal to advance advocacy and networking, provide a knowledge platform for evidence, and professionalize the menstrual health sector.

The Menstrual Health Hub states that more than 900 organizations are registered under it and their database, the Knowledge Hive, includes over 1600 resources, which enables "influencing and shaping the MHH agenda at high-level events" (MH Hub UG, 2022a).

Regarding the MH Hub's agenda, on their website, the definition by Hennegan et al. (2021) is incorporated which includes that menstruators should have the "Freedom to participate in all spheres of life: decide whether and how to participate in all spheres of life, including civil, cultural, economic, social, and political, during all phases of the menstrual cycle, free from menstrual-related exclusion, restriction, discrimination, coercion, and/or violence" and "A positive and respectful environment: In relation to the menstrual cycle, free from stigma and psychological distress" (2021, as cited in MH Hub UG, 2022a). This can be considered a list of different forms of menstrual discrimination.

However, in the MH Hub's presentation of needed efforts for menstrual health to achieve the Sustainable Development Goals, overcoming Menstrual Discrimination is addressed in a limited way. The work around menstruation is shown through specific building blocks. In policy advocacy which includes asserting human-rights-based policies regarding menstruation, they refer to access to products and menstrual leave. Additionally, they stress the need for awareness at all levels to break the silence of menstrual health. But menstrual discrimination and related words such as stigma are not mentioned here either. So, while the lacking access to menstrual products which is a form of menstrual discrimination is addressed extensively, the presence and depth of menstrual discrimination is not covered (MH Hub UG, 2022a).

In the philosophy, the MH Hub describes its understanding of menstruation as a matter of human rights that provides a chance to address women's health through a life cycle approach as well as the promotion of gender equality (MH Hub UG, 2022a). This understanding is fundamental for addressing menstrual discrimination.

The MH Hub's Annual Reports which were available for 2019 and 2020 were scanned for the topic of menstrual discrimination, we searched for our defined words as well as other words related to menstrual discrimination. We found that the 2019 report spoke five times about menstrual discrimination while the 2020 report mentioned the topic only twice. The term

menstrual discrimination was not used. They mostly referred to it through the words menstrual myths, stigma and taboo, and ‘systematic discrimination based on sex’ without specifically mentioning menstruation as a reason for discrimination. Also, the impurity that is often associated with menstruation was mentioned as well as the integration of menstrual health in SRHR programming and the involvement of men and boys to challenge discrimination (Menstrual Health Hub gUG, 2019, Menstrual Health Hub gUG, 2020). In one report, they demonstrated the need to work on menstrual discrimination through a poll. The results were that eliminating menstrual stigma was the most named for the most important considerations needed globally (Menstrual Health Hub gUG, 2019).

Menstrual Memo: The Menstrual Memo is the MH Hub’s newsletter that started in 2017. Titles and summaries of articles of the 57 available memos were reviewed. 7 of our defined words were used at least once with stigma, taboo and shame being the most-used words. Menstrual discrimination was also referred to through words like ‘secrecy’ and ‘silence’ and important aspects for fighting against menstrual discrimination were mentioned such as ‘social, physical and clinical needs across the lifecourse’ and ‘engaging communities’. Four times, words related to menstrual discrimination were contained in headlines, so it was rather an exception that menstrual discrimination was an important part of an article in the newsletter. Categorizing the context of used words, we found that five times they were used in relation to products and hygiene like discrimination related to taxation. Fourteen times they were used rather loosely in article on for example the period emoji or clothing brands. Nine times they were used to describe further types and understanding of menstrual discrimination in a broader sense like gender-based violence (MH Hub UG, 2022b).

Projects and Advocacy: Of the eight projects listed, only taboo and myths are mentioned in the context of a board game to “playfully dissolve myths about the female body, removing taboos about periods and female sexuality” (MH Hub UG, 2022c). Besides that, there is currently no project or advocacy work on menstrual discrimination (MH Hub UG, 2022c). However, in the recently published ‘Glossary for the Menstrual Movement’, that different experts contributed to, we found some of our defined words describing menstrual discrimination. These are, among others, ‘exclusion’, ‘restriction’, ‘discrimination’, but also further words including ‘coercion’, ‘oppression’ and ‘reproductive violence’. But while taboo and stigma were frequently used, the occurrence of these other words, and thus forms of discrimination, was rather an exception. Still, of the 60 definitions with explanations, of which 20 are medical definitions, fourteen addressed menstrual discrimination to some extent. A further consideration is that the people involved in the development of the Glossary were predominantly from the Global North (Madami & PERIOD, 2022).

Box 1: Menstrual Discrimination-related words used in Knowledge Hive

3x social/ cultural stigma,
54x stigma
38x shame
57x taboo, 5x social taboo
11x myths
19x restrictions, 3x socio-cultural and religious restrictions, cultural and bodily restrictions, restrictions on work, sex, food and bathing
5x SRHR,
3x: Human rights, violate basic rights, human rights violation
5x patriarchal
4x discrimination,
2x: gender discriminatory, discriminatory social norms, gender and power relations, power, gender inequality
2x violence, 3x GBV, violation against women
6x exclusion, abuse

Analysis of Knowledge Hive: The Knowledge Hive which is the MH Hub's data base gathering resources in four categories to "ensure that no aspect of menstrual health is left behind" (Menstrual Health Hub gUG, 2019). We conducted a search for the defined set of words related to menstrual discrimination in the titles and summaries of the resources in the categories Education and Learning, Policy, Innovation, and Research. Some subcategories of Innovation and Research were excluded from screening as they for instance focus merely on menstrual products or medical issues.

Of 1545 resources in the Knowledge Hive (provided by MH Hub UG, 2022d), 142 addressed menstrual discrimination in some way. This was determined by including defined words (Box 1) as well as further words and descriptions related to menstrual discrimination. All of our defined words occurred at least once. The 19 times they were included in headlines. Additionally, there were many resources addressing more aspects of menstrual discrimination. These include root causes like misogyny, socio-cultural norms and beliefs, sexism and gender hierarchies as well as perceptions towards menstruation and people who menstruate, for example as deficient or dirty. Also consequences of menstrual discrimination, for instance refraining from social interaction, impairment of mental health and self-esteem, marginalization and inequality are mentioned. We also categorized the found resources by whether they addressed menstrual discrimination mostly focusing on hygiene and products or not, or used related words but did not address menstrual discrimination in depth. Based on our assessment, 83 resources addressed menstrual discrimination without only focusing on hygiene.

Interpretation:

Although the MH Hub presents the new definition of menstrual health which highlights menstrual discrimination and provides a list of different forms, this is not fully reflected in their output. Besides the definition, the network's own description of its goals and activities does not present menstrual discrimination in all its dimensions as one of the highest priorities. In their description of the work around menstruation, menstrual discrimination is not addressed through any of our words. Only access to menstrual products and breaking the silence are addressed explicitly (MH Hub UG, 2022a). This may indicate a focus on products.

In the MH Hub's own activities, coverage of menstrual discrimination is limited according to our search, as indicated by the frequency of mentioning the topic menstrual discrimination. In 57 Menstrual Memos, four article headlines included words related to menstrual discrimination indicating menstrual discrimination as the main topic of the article. The projects and advocacy work, besides the boardgame, do not include any project with the direct aim to address menstrual discrimination, which would be important, especially on the community level (MH Hub UG, 2022c). In one annual report the findings of a poll were presented showing that eliminating menstrual stigma was the highest ranked issue when asking about the most important considerations needed globally (Menstrual Health Hub gUG, 2019). So, the MH Hub did demonstrate the need to work on menstrual discrimination.

Words that were used the most when referring to menstrual discrimination were taboo and stigma which are surely important aspects of menstrual discrimination. They also cause other forms of menstrual discrimination like misinformation and resulting restrictions. These explicit

consequences and other forms are addressed less. Whereas access to products was in some parts the only issue talked about in the context of stigma and taboo. This does not reflect the depth and diversity of existing discriminations as experienced by girls, women and all menstruators. However, the MH Hub offers a platform, including the Knowledge Hive, with multiple publications and resources by many experts. 142 of them address menstrual discrimination, several in a comprehensive way. Thus, the problem of menstrual discrimination does find space for representation there.

Analysis of the African Coalition for Menstrual Health Management

The ACMHM was established in 2018 following a call to action at the first African Symposium for Menstrual Health Management hosted by UN Women, UNICEF, UNFPA East and Southern Africa Regional Office (ESARO) and the Department of Women of South Africa. It is a platform for strengthening policy dialogue, coordination and knowledge sharing with more than 500 members, including individuals and organizations (ACMHM, 2020a).

On the ACMHM website, in the sections ‘Vision’, ‘Purpose’ and ‘How we work’, no words related to menstrual discrimination are mentioned. “Menstrual health management needs throughout the menstrual lifecycle” are mentioned here without being specified (ACMHM, 2020a). Whereas menstrual products are specifically mentioned in ‘How we work’. But there is also an emphasis on an multisectoral approach and the integration of menstrual health management (here MHM) into SRHR and education, besides WASH (ACMHM, 2020a).

MHM and the SDGs: The ACMHM links proper menstrual health management to realizing sexual and reproductive rights and other human rights. The SDGs serve as a strategic framework for their work. Menstrual discrimination is directly mentioned here: In the context of the goal Good Health and Wellbeing, shame, discrimination and stigma are mentioned. What is also addressed is the access to menstrual products in low-resource settings where the health of menstruators is often not prioritized in families due to poverty. However, for example here they also say that only in some societies, menstruation is seen as a “sign of shame, discrimination or stigma”, not in all societies (ACMHM, 2020b). Regarding Quality Education, they explain that gender inequalities cause barriers to education, and that it needs to be ensured that menstruation as such is not a barrier to education. They stress that there should be access without fear or prejudice but do not mention stigma or other discrimination. Further, they advocate for the integration of MHM into education. For achieving Gender Equality, MHM is stated to be crucial. They mention stigma, discrimination and shame due to low standing of women in most communities and countries as well as the link of menarche to child marriage and the need to involve communities, boys and men. For Goal 8 Decent Work and Economic growth, they refer to social isolation and not participating in daily activities as forms of discrimination as well as the economic consequences. But regarding workplaces, they only focus on hygiene, namely infrastructure, not stigma etc. that menstruators suffer from. Lack of infrastructure and menstrual products are mentioned as a barrier to empowerment and inclusion in all spheres, while other forms of menstrual discrimination are not mentioned here. Finally, they state that partnerships to achieve the SDGs should address MHM issues including social and cultural norms which are underlying reasons of menstrual discrimination which then again is not mentioned itself (ACMHM, 2020b).

In the section ‘What are the issues’, the ACMHM addresses the connection of MHM in the seven thematic areas for which they have task forces. We scanned them to see if and how they include menstrual discrimination in their position. Following thematic areas directly address menstrual discrimination in the descriptions, indicated through our defined or similar words related to menstrual discrimination: In *MHM and Sexual and Reproductive Health and Rights*, MHM is recognized as a sexual and reproductive health issue. Stigma and limited knowledge on menstruation and MHM are stated as preventing menstruators from seeking and receiving timely treatment. Also, GBV and unintended pregnancy is mentioned as a risk of transactional sex. In *MHM and Education*, shame and embarrassment are mentioned and as underlying causes they name “limited knowledge, social and cultural norms and inadequate means of managing their menstruation.” For social well-being of girls and all menstruators, they emphasize targeting schoolgirls, health workers, educators and communities. For *MHM and Water, Sanitation and Waste Disposal*, it is stated that inadequate sanitary facilities in schools affect the hygiene and dignity of girls (ACMHM, 2020e).

Analyzing further resources, the content of important organizational documents that indicate the ACMHM’s agenda were scanned and analyzed more precisely regarding menstrual discrimination. The Resource Center on the ACMHM website included thirteen resources and we scanned titles and abstracts. Defined words were found in seven resources of which six directly address menstrual discrimination. One mentions taboo only in relation to menstrual products (ACMHM, 2020d). While searching for the words in the resources, we found that in the discussion points of a webinar mostly talking about access to menstrual products, there was also named the need to address stigma also in political institutions and the media. Furthermore, it includes the example of girls not being allowed in the house during menstruation due to their perception as dirty (UNFPA et al., 2020).

The Africa Coalition Call to Action from 2021, available in the resource center, acknowledges menstruation as necessary for achieving the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). It emphasizes the evolution of the menstruation concept towards a holistic, integrated and inclusive approach throughout the life cycle (ACMHM, 2021c). Following quote shows such a holistic approach and understanding of menstrual discrimination and its lifetime consequences: “We are aware of the influence that social, religious and cultural norms, and stigma about menstruation, have on bodily autonomy, including mental health, self-esteem, agency, and the daily practices of people who menstruate throughout their life. We emphasize the role of communities, parents, guardians, men and boys in overcoming social stigma and creating supportive and gender-equitable environments.” (ACMHM, 2021c, p. 3). Also, the connection of menstrual health to harmful practices like child marriage is made. Next to efforts for integrating menstrual health into several sectors including SRHR, their commitments include “tackling menstrual stigma and restrictive social and cultural norms” (ACMHM, 2021c, p. 5) which is named several times.

In the *Technical Brief on the Integration of Menstrual Health into Sexual and Reproductive Health and Rights Policies and Programmes* by UNFPA ESARO (2021) with contributions from ACMHM members, eleven of our defined words could be found in text and annexes. In the following, we provide examples of statements showing the context in which the words were

used by UNFPA ESARO (2021) as well as the frequency: “Stigma [used 52 times in text] can reinforce discriminatory practices” (p. 6); menstruation taboos (six times) may lead to workplace discrimination of women and girls; shame (eight times) makes “them vulnerable to gender discrimination, child marriage, exclusion, violence, poverty and untreated health problems” (p. iv); restrictions (fifteen times): “Menstruation is often experienced negatively and associated with [...] restrictions in social participation” (p. 2); “All forms of menstrual-related discrimination are violations of human rights” (p. 8) (three times); “Restrictions [...] can be considered acts of violence [25 times] as they deprive people of the right to free movement” (p. 9); participation (twelve times): “In some settings, menstrual stigma manifests as restrictions on bathing, handling food, swimming, participating in religious gatherings, eating certain foods, or sleeping in the same household as non-menstruating family members” (p. 8). Discrimination directly related to menstruation was mentioned eighteen times and exclusion three times.

Lastly, the News section was analyzed including 28 diverse resources that were not covered before. Twelve of these addressed menstrual discrimination, three were predominantly about hygiene and products (ACMHM, 2020e). Especially the resource *Menstruation and Human Rights – Frequently Asked Questions* describes menstrual myths and different forms of menstrual discrimination comprehensively, and how they reinforce unequal access to public spaces and gender inequality generally (UNFPA 2022, as cited in ACMHM, 2021b).

Two documents were examined more thoroughly including the abstract of the *Menstrual Health in East and Southern Africa: Update of the 2018 Rapid Review and Stocktaking* that aims to document progress. Following of the defined words referring to menstrual discrimination were mentioned: stigma, shame, SRHR and gender-based violence. It addresses the need for validated indicators for issues like stigma. Further, fear and anxiety were mentioned as well as mental health implications. Menstrual discrimination was addressed seven times. In the recommendations, the document stresses that broader issues like gender relations should be addressed (ACMHM, 2021a). Further, in the *Report of the Africa Symposium on Improving Menstrual Health Management* of 2021, twelve of our defined words were mentioned, in total 86 times, which included patriarchy and restrictions (UNFPA, 2021).

Interpretation:

In the contents of the ‘About us’ page where the ACMHM describes its work, menstrual discrimination is not addressed, it did not include any words related to menstrual discrimination (ACMHM, 2020a). But explaining menstrual health management in the context of the sustainable development goals, they mention several words and forms of discrimination including stigma and shame, but also social isolation and not participating in daily activities. Furthermore, they acknowledge the connection to the low standing of women in most communities and countries, and social and cultural norms. However, they state in some parts that shame, stigma and discrimination exist only in some societies (ACMHM, 2020b). Also, only in two out of seven descriptions of task forces/thematic areas, menstrual discrimination was directly addressed through the defined words (ACMHM, 2020e). This creates uncertainty about how they address menstrual discrimination through their activities.

However, in the ACMHM's official documents, they explicitly address and use the term discrimination in relation to menstruation. Very often menstrual discrimination is referred to without focusing only on hygiene. Many forms of menstrual discrimination are shown here: Menstrual myths and different forms of menstrual discrimination are described comprehensively, and examples of restrictions are named. They address causes and consequences of menstrual discrimination for menstruators, including the effects on their self-esteem, agency and participation over their life course. The role of men, boys and further persons to provoke change is emphasized as well as the need to address gender relations. As they unfold many layers of menstrual discrimination, this indicates a holistic perspective on the topic.

Findings from key informant interviews

We conducted four key informant interviews between 02/21/2022 and 03/01/2022. We were able to interview one person from the MH Hubs leadership team and three from the ACMHM's leadership team. All of them were female. The willingness to participate in our research was very high. For the MH Hub we were not able to conduct at least two interviews as planned due to the high workload of the leadership team. Also, the leadership team is smaller than that of the ACMHM. The length of the interviews was 30-60 minutes depending on their availability. Due to the limited time and depending on the interviewees' answers we did not always ask all questions of the guide which can be found in Box 2. Through the explorative character and the semi-structured method of the interviews, we were able to have a discussion which, as we felt, enhanced reflection on both sides and increased our knowledge a lot. In the following, we provide a summary and analysis of the interviews by question.

Box 2: Topics of the interview questions:

1. First knowledge on menstruation
2. Own first experience
3. Menstrual practices and perceptions at that time
4. Current practices
5. What Dignified Menstruation means to the interviewee?
6. Most urgent needs of menstruators
7. Understanding of menstrual discrimination
8. Underlying reasons
9. How do they implement the part of the definition of menstrual health that is on menstrual discrimination?
10. What do we need to fight menstrual discrimination – only asked in first interview (MH Hub)
11. Main barriers for the work on menstruation
12. What improvement in organizations is needed

MH Hub

The following information is from our interview with a key informant from the Menstrual Health Hub (February 21, 2022):

1./2.: She had expected her menstruation to come and experienced her first menstruation in a very positive environment in which she received verbal support from a male family member which had a big impact on her, also retrospectively. It enhanced her confidence and decreased feelings of shame. Still, she mentioned that it is unfortunate that this is rather an exception. This indicates that the majority of male caregivers might not talk about menstruation in a positive way or at all, so girls and other menstruators do not grow up in an environment that gives them support in that way.

3.: About further menstrual practices at that time in the USA where she grew up, she stated to have never suffered from ‘period poverty’.

4. Today, through her work she is in a positive environment and experiences that many people work on menstruation and “help busting the taboo” which is only possible because of the strong feminism. Menstruation is “a strong piece of a movement to create a more gender-equal world” (Menstrual Health Hub key informant, February 21, 2022).

5. Although she stated that Dignified Menstruation is not her own approach, she describes it as a nice perspective as it refers to human rights, although the right to dignity seems to be a more abstract right. She states that when talking about dignity there is a lot to unpack. As components of the right to dignity, she lists freedom of shame, privacy, a lock on your toilet, a supportive social environment, and social support. We can analyze from this that the concept of dignified menstruation seems to be not measurable and tangible and thus maybe less easily implementable.

6. She referred to the wide variety of needs that cannot be generalized on a global level. As one of them, she mentions that there should be less focus on menstruation and more on the menstrual cycle which is a “holistic experience that happens across the month and across the life cycle” (Menstrual Health Hub key informant, February 21, 2022). She emphasized a life cycle approach, but did not refer to how menstrual discrimination also has an effect over the life cycle. Further, she stated that hygiene is important in low-resource settings, but there are further questions and education needed on what a normal period is, to see signs of illnesses. Progress is different in every country, also depending on gender equality, and countries in the North are not automatically more progressive. She gave the example that in the US being very Christian, there are belief systems which are outdated compared to Uganda where girls are more educated and could educate people in the Global North. From this it can be said that the MH Hub wants to promote rather a ‘holistic health concept’ than hygiene, and that they acknowledge that there are taboos as well as a lack of education in countries of the Global North too.

7. She addressed different levels on which menstrual discrimination happens of which one is a personal level. As examples for the interpersonal level, not being looked at or touched by a partner as well as restrictions like Chhaupadi are mentioned. But also patriarchy and bullying by other women and girls who hold up the patriarchy are named. She told of her own experience with that stating that it was her worst experience of menstrual discrimination affecting her self-esteem. Besides that, she named not being allowed to enter places of worship, but there are different theories on how practices became discriminating.

8. For underlying reasons, a lack of education, misinformation and miscommunications were named, she also refers to traumatic first experiences. It was stated that there should be a biological view that perceives menstruation as a human experience and part of reproduction. Talking about feminism when approaching the topic can be a barrier. This opens up the question why those first experiences are often traumatic.

9. Our interviewee from the MH Hub admitted that they do not and cannot show that they directly address menstrual discrimination. They are rather creating a platform for education,

networking, centralization of information and actors, connecting people from different fields like SRHR and Femtech.

10. To combat menstrual discrimination it was said that it needs attention and money from the top level to frame it as a public health issue which leads to destigmatization. But there need to be measurable indicators to receive funding.

11. Lack of funding is named as an important barrier caused by not valuing the topic of menstruation and subsequently the people working on it.

12. She did not say what exactly needs to be improved in the work of organizations but stressed that menstruation needs to be integrated, especially into the SDGs. There are not enough players and although menstruation is experienced by so many people, it is not a life-or-death issue, only e.g. in Kenya or Nepal. Periods should be an entry point for further topics like menopause. There also needs to be a high-level strategic organization that has only menstruation as a mandate.

ACMHHM

All interviewees from the ACMHHM work in a different organization in Africa. Therefore, we asked them first about their work for them and for the ACMHHM. The following information is from our interviews with a key informants from the ACMHHM (February 24, 2022; February 25, 2022; February March 1, 2022):

Work fields include evaluation and research for an organization working primarily on education for children and youth including MHM, ministry of health and activities with youth, and MHM projects for refugees in humanitarian settings. They are all member or co-lead of different task forces of the ACMHHM that meet every year to present their work and share knowledge. So, we interviewed one co-lead of task force menstrual health management and education, a member of the SRHR task force and a co-lead in the humanitarian task force.

Questions 1.-4.:

Our interviewed persons grew up in Uganda, Lesotho and India.

One interviewee learned about menstruation from her sister and friends as her parents did not talk a lot about it and her mother left out details, and she also learned about ‘dos and don’ts in India’. She was not allowed to go to school when she firstly learned how to manage menstruation, as her mother was worried that she would be ashamed to go to toilet at school. She described it as a big support and said it was a privilege to take care of herself during that time. For her, there was no period poverty or lack of infrastructure. She grew up in the capital city. In her family, that was different, there were no restrictions or taboo, but the “culture insists that you do not visit temples” for seven days because you are not clean (Key informant ACMHHM, February 25, 2022). She said that you are irritated during menstruation. Further practices in rural families included insisting that girls have a bath in the morning, not being allowed to eat together with the father or to go to the kitchen, to touch or sell food, and to sleep in the same room or in a bed. She said that she thinks that in India there has been an

improvement in the existence of these forms of discrimination, but in Africa discriminating practices are still very prevalent.

One interviewee grew up also learned about menstruation from her sister at the age of seven. People said that her sister must have slept with someone when she got her menstruation. At the age of eight, her grandmother had to tell her more. As she was told that she would get her menstruation at the age of fifteen, she was terrified when she experienced severe menstrual pain for a week before her first menstruation started at the age of nine. She also did not know that it happens every month and it was hard to treat the pain that started a week before menstruation. She grew up in a village. While for her, there were no specific practices, for some girls there was a ritual to let people know about their first menstruation. They would go to a river or well, fill a bucket with water and pour it on the way to the village. They would be only half dressed in a skirt but breasts out.

One interviewee learned about menstruation in grade seven from a youth club that came to schools and talked about reproductive health, menstrual health and puberty. She was curious as she did not know where the blood and babies come from. She grew up in a rural area and did never know about any cultural myths, taboos or restrictions that were discrimination. Menstruation was normal to her and not perceived as bad. Her parents showed her how to manage it, although that was challenging at school.

5. While all interviewees included products as requirement for dignified menstruation, one mentioned additionally safe and private infrastructure and school support for pain management. Another interviewee added that although products should be free, they should not be distributed without education. Especially in a setting with different cultures that put restrictions on girls, education is important.

6. Regarding the most urgent needs of menstruators, one interviewee stressed education as the first urgent priority before products. She elaborated on the connection of education to preventing teen pregnancy: Knowledge about fertility and about their rights gives them bargaining power in situation of gender-based abuse and violence which is very frequent in Africa. So, the integration into SRHR is seen as important. Based on research, to avoid school absenteeism, schools need to provide pain killers as they cannot be provided by families. Further, youth friendly and comfortable health facilities were named as well as equipped toilets at schools. They also talked about the target group that should firstly include schoolgirls but also women out of school who have had children early but do not have knowledge about menstruation. Women in the community, the marginalized, poor, disabled, and refugees should not be forgotten, as well as parents and teachers so that they can support children.

7. As menstrual discrimination, the denial of rights like to education was named, for example, girls not being allowed to attend activities like school because they are not allowed to go or do not have necessary products. More examples given were forced marriage because of the assumption that menarche makes girls ready to give birth; cultural beliefs that a girl could harm the production of milk; a menstruating person and her clothes being perceived as dirty during menstruation; and bullying at school. One interviewee explained how discrimination starts from

the family and community, and then continues in schools and how from her experience, educating boys and mothers has been effective e.g. to reduce bullying.

8. As underlying reasons, strong cultural beliefs and taboos are named, as well as knowledge. This is especially in rural communities where menstruation is seen as a sin. Further, for period poverty, not only poverty is a factor but also women not having their own income and not being able to decide what the family's money is spent on which also leads to conflicts and GBV. This shows the connection to gender inequality.

9. Answers on the question of how the ACMHM addresses the forms of menstrual discrimination were not very specific. It was stated that the ACMHM has helped the organizations to raise these challenges on the national/ international level and speaking with one voice enables receiving higher priority. Scaling up helped coming up with policies like tax reliefs against period poverty. This addresses the access to products, but not the other forms of menstrual discrimination.

Further, the coalition helped through mutual learning and strengthening collaborations which has led to change through cooperations with governments. The ACMHM tries to mainstream issues of menstrual health in policy, school, and environmental health. According to one interviewee, all the thematic areas/task forces do something to address menstrual discrimination. Further statements by another interviewed person were:

“So stigma is still there because it takes time. But what we intend to do. We always say that girls are feeling discrimination in their community” (Key informant ACMHM, February 25, 2022).

The definition “is about whole wellbeing, emotional, physical, mental, you cannot say that the girl will be happy if we give her a product”. She stated that girls are discouraged and afraid to talk about their moods and experiences which affects their self-esteem and makes them lose confidence. This shows an understanding of menstrual discrimination as affecting girls' and all menstruators' whole life experience and self-confidence (Key informant ACMHM, February 25, 2022).

“We always say to include men in meetings, include men in campaigns, programming, everywhere” (Key informant ACMHM, February 25, 2022). The organization she works with educates communities, including men, and empowers girls to know their rights. We observed that the role of the community for eliminating stigma and discrimination is acknowledged.

11. As barriers for the work of organizations, acceptability of menstruation as an important topic was named by all interviewees. This is on different levels, as some schools don't prioritize it, governments and even NGOs feel like they have done enough. Also, standardization and a lack of funding were named, especially in settings with many competing issues. Mainstreaming menstruation in other activities was emphasized as a solution. Additionally, reaching all communities can be a challenge in countries like Lesotho where hard-to-reach areas make up 80% of the country.

12. The most important point to improve the work of organization was more collaboration, with organizations but importantly also with governments to achieve changes and to mainstream MHM in all sectors and activities including schools, communities, but also livelihood, WASH, and SRHR. Further, it is needed to discuss menstrual discrimination and how to address it. For Lesotho, it was criticized that NGOs are mostly distributing products although education is more important, so there is a need for capacity building. Also, it was mentioned by two interviewees that standards for products are important to be able to recognize diseases. Lastly, distribution needs to happen in a targeted way, as users of products need to have knowledge about the use as well as resources like soap to wash them.

Joint summary and analysis of interviews

The interviewees' own experiences with menstruation were very diverse. For the Global North, it was stated as an exception that a male caregiver would talk to a menstruator about menstruation, in order to decrease feelings of shame and embarrassment. All interviewees, from the Global North and from the Global South, were actively or passively confronted with the existence of negative perceptions towards menstruation or discriminating practices.

Interviewees from the Global South showed earlier knowledge on existing menstrual practices, however, the perceptions towards menstruation were very diverse. In some places it was seen as something very normal as stated by an interviewee. But it was noticeable that young girls and menstruators had received incomplete information on menstruation before menarche.

When asking about needs of menstruators, the MH Hub emphasized to look at the whole menstrual cycle which shows a focus on the holistic health concept of menstruation. But they also acknowledged that gender inequality and religious belief play a role when it comes to taboos around menstruation. The ACMHM underlined education as the priority and to include the community. This enables societal change and thus overcoming menstrual discrimination.

Regarding menstrual discrimination, the MH Hub representative mentioned different restrictions like Chhaupadi, not being allowed to places of worship, but also not being touched by the partner and bullying based on being seen as dirty. Members of the ACMHM named restrictions to participation describing them as denial of rights, as well as forced marriage, cultural beliefs and myths, like about menstruators being dirty, and bullying at school. Also, the origin of discrimination in the family was mentioned.

Both networks mentioned a lack of knowledge about menstruation as an underlying cause for menstrual discrimination. In addition, the ACMHM mentioned cultural beliefs and the low status of women.

Regarding the question how the networks address the social forms of menstrual discrimination like stigma, it can be said that both networks provide a platform for organizations to connect. The MH Hub cannot show how they directly address menstrual discrimination, but they provide comprehensive resources. The ACMHM intends to address menstrual discrimination through its task forces. Also, member organizations represented in the leadership team emphasize educating the communities.

As barriers for the work of organizations, the lack acceptability of menstruation as an important topic by all actors, governments, organizations, and donors was pointed out. Consequently, a lack of funding was named by both organizations as well. ACMHM members also stated as

barriers the difficulty of reaching communities as well as that NGOs are more focused on the distribution of products, despite the need to prioritize education. A further opinion articulated by both networks was that menstruation matters are different in every setting and that therefore there should not be used a one-fits-all approach.

Discussion

Drawing on our examination of menstrual networks from the Global North and the Global South, including an extensive content analysis as well as key informant interviews, this research report shows the extent to which they address, and how they define, menstrual discrimination. These networks' perspectives can indicate to a certain degree the approaches prevalent in the menstrual movement in the Global North and the Global South.

Exploring the Menstrual Health Hub, representing the Global North, several forms of menstrual discrimination that exist globally were addressed in the interview but also in the Knowledge Hive that includes various resources. Here, menstrual discrimination and diverse experiences find space. Whereas the MH Hub's own content, such as their agenda, does not address all dimensions of menstrual discrimination. Besides through the new definition of menstrual discrimination, menstrual discrimination is not addressed in depth. What is mentioned explicitly is the access to menstrual products. Limited access is one form or a consequence of menstrual discrimination. The words that were used the most to refer to menstrual discrimination were taboo and stigma, and in part they were only mentioned when talking about access to products. We conclude from that, as well as from the MH Hub's general focus on female health, that their focus lies more on the biological and possibly hygiene aspects of menstrual discrimination.

From our analysis, we found that the African Coalition for Menstrual Health Management representing the Global South, presents a quite holistic perspective on menstrual discrimination. Especially in their official documents, many forms of menstrual discrimination are described including examples of different restrictions. Also, causes of menstrual discrimination such as social and cultural norms are addressed as well as the lifetime consequences for menstruators, their mental health, opportunities, and participation in society. Moreover, they acknowledge community transformation as a necessary and crucial action and prioritize education about menstruation in general.

Although especially in low-resource settings, access to products and proper infrastructure are notable challenges, they emphasized the importance of education. In our interviews it was repeatedly stated that distribution of products without education about the rights of menstruators should never happen. The question in this matter is whether education given together with products is then sufficiently comprehensive and prioritized.

Something that we found misleading was that in some of the content the ACMHM stated that taboos and stigma only exist in some societies which makes it seem like an exception. We are convinced that menstrual discrimination is a global issue that is prevalent in most societies.

Also, we found that the ACMHM could incorporate more into their objectives and description of their task forces that and how they tackle menstrual discrimination so that it is more clearly recognizable as a priority when looking at their website. Still, we acknowledge that the ACMHM accredits increasing attention to menstrual discrimination in a comprehensive way.

Our research shows that menstrual discrimination is a topic that networks of menstrual movements are increasingly aware of. However, it is questionable if they rate it as a priority for their activities. This is because it does not appear as an issue in the objectives nor in the presentation of their work that can be seen at first sight. Not all dimensions and aspects of menstrual discrimination are covered, while products as a very tangible aspect of menstruation are often explicitly mentioned there. From our interviews we also learned in a qualitative way from the experience of members of menstrual networks that many organizations still focus on products and their distribution.

This is supported by the existing literature such as by Bobel (2019) who has identified gaps in the work that is done to challenge the menstrual stigma which she emphasizes as being of highest priority. She states that there is not sufficient representation of a holistic perspective on “menstrual experiences and their impact on physical, psychological, and social realities” (Bobel, 2019, p. 13). A further issue is that the focus on products, and framing menstruation as a matter of hygiene and management pictures it as a problem that needs to be solved and hidden by menstruators. This presents the risk of reinforcing the stigma and the notion that menstruation is impure (Bobel, 2019).

We want to stress that while the distribution of menstrual products, making them affordable through tax reliefs, and providing appropriate infrastructure at schools are very important and necessary efforts, it takes additional measures to change the mindset and behaviors in communities (Paudel, 2019a). The WASH sector has been an important entry point to put menstruation on the agenda. But the created momentum needs to be used as an opportunity to address the wider dimensions of menstruation which can significantly contribute to gender justice and the realization of human rights (Winkler, 2019).

Our research has some limitations that should be considered. Firstly, we mostly used words as a marker for addressing menstrual discrimination and did not analyze all available resources in depth. This approach was seen as adequate for an assessment as to whether menstrual discrimination is explicitly and visibly addressed and thus prioritized. We are also aware of the two networks’ differences in structures, resources and means to produce them. Therefore, we did not aim to directly compare the networks. The fact that we limited our research to exploring two networks does in turn limit the capacity to generalize the results to the whole menstrual movements. However, as explained before, we endeavored to select big networks that have a certain influence as representatives of current approaches.

The findings of our research can contribute to a better understanding of the current landscape of approaches and agendas in the menstruation sector in the Global North and the Global South, and can help to see differences as well as similarities. By looking at networks, we could partially get an insight into some organizations that are represented through their members as being part of the ACMHM leadership team. We could find out to what extent menstrual discrimination is covered in the online contents of each network and subsequently interpret how comprehensively they define menstrual discrimination. Some interviewees also gave feedback saying that the interviews have provoked reflection on the work that is carried out by organizations. Also, for us as an organization, the whole research process and findings have delivered important information about opportunities for collaboration and mutual learning to

bring the topic of menstrual discrimination on to the agenda of the menstrual movement. Collaboration, exchange of experiences and unifying different voices is crucial for that.

To conclude overall, the dimensions of menstrual discrimination are still not acknowledged comprehensively. Consequently, tackling menstrual discrimination and promoting menstrual dignity is not sufficiently framed as one of the overarching priorities for the menstrual movement.

There is a need for broader research on the global menstrual movement and approaches that are applied. Further there is a need for research on the effectiveness of interventions aiming to improve the menstrual experience of girls, women and all menstruators on all levels. This evidence is needed to motivate the allocation of necessary funds for addressing menstrual discrimination and its root causes. Supported by this research, we as the Global South Coalition for Dignified Menstruation highlight our recommendation to redefine the scope of work of the menstrual movement and widen the focus from primarily menstrual products. Organizations, donors and other actors should make efforts to shift resources to addressing menstrual discrimination which is a root cause of further disadvantages that girls, women and all menstruators experience. Another important recommendation is to listen to the views and experiences emerging from the Global South and to provide them with the necessary resources for tackling menstrual discrimination.

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