



IFMSA

International Federation of
Medical Students' Associations

IFMSA Policy Document Menstrual Health

Proposed by Team of Officials

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Policy Statement

Introduction:

Menstruation is a natural and physiological process but is associated with many social taboos and stigmas. Currently, there are more than 1.8 billion people who menstruate who cannot obtain menstrual products and services and menstruate in hygienic, safe and supportive environments.

IFMSA position:

The International Federation of Medical Students' Associations (IFMSA) recognizes menstrual health as integral components of sexual and reproductive health and rights. We acknowledge the crucial role of menstrual health in ensuring the right to the highest attainable standard of health. In this context, we address gender inequality, discriminatory social norms, cultural taboos, poverty, and lack of essential services, supplies, and facilities contributing to unmet menstrual health needs. It is imperative to analyze and address these challenges through an intersectional perspective and gender transformative initiatives that protect all menstruating individuals' dignity and bodily integrity. We aim to create inclusive and empowering environments that enable individuals to make informed choices about their menstrual health.

Call to Action:

Therefore, the IFMSA calls for:

Governments to:

- Provide gender-neutral WASH (water, sanitation, and hygiene) facilities and kits with basic menstrual supplies to ensure proper conditions to sanitize and use menstrual materials without prejudice.
- Regulate availability of WASH facilities in public and private buildings and monitor for standardization.
- Allocate resources to evidence-based menstrual health research and programs to assess and address menstrual needs by devising holistic plans, especially for under-resourced communities.
- Develop and implement policies that guarantee free and easy access to menstrual health products and services, including more environmentally-friendly products.
- Include menstrual health education in schools for all genders to improve menstrual health awareness.
- Legislate the exemption of menstrual health products from sales tax, remove the pink tax and the over-inflation of menstrual product prices.
- Create laws that ensure accommodations for people who menstruate and protect them from discrimination, especially at work.
- Promote the spread of specialists such as obstetricians and gynecologists out of urban centers and facilitate access to menstrual health care in rural and geographically excluded communities.
- Provide affordable and easily-accessible eco-friendly menstrual products.
- Acknowledge and address the needs of people that menstruate during periods of crisis such as armed conflicts, humanitarian crises, pandemics and natural disasters.

NGOs and UN Agencies to:

- Recognize menstrual health as a core element in achieving the 2030 Sustainable Development Goals, and promote action to achieve good menstrual hygiene management.
- Research the accessibility to menstrual hygiene management within the scope of their work (locally, nationally, or internationally) and identify unaddressed barriers or gaps.
- Develop guidelines and policies on achieving good menstrual hygiene management, and track their implementation for improvement and updates.
- Contribute actively to the fight against menstruation stigma by initiating projects that raise awareness of the importance of menstrual health, its relation to human rights, and the consequences of poor menstrual hygiene management.
- Provide free menstrual health products to the public to improve general access to them.

Medical students and NMOs to:

- Coordinate programs affirming the importance of menstrual health in comprehensive sexuality education (CSE).
- Conduct physical and online campaigns on period poverty, WASH awareness, usage of menstrual products and the importance of menstrual health management, to help break down the stigma surrounding menstruation and promote greater understanding and empathy.
- Advocate for change and improvement of current menstrual health provisions, at all levels of the government using different advocacy methods to encourage gender equality and social justice.

Education sector and medical universities to:

- Develop and implement an intersectional global health curriculum that addresses menstrual health to reduce the left-behind population's barriers to accessing menstrual services, supplies and WASH.
- Conscientize students about the stigma and challenges in menstrual health management to ensure that future physicians will address menstrual health and menstrual poverty with their patients.
- Educate students on conditions such as endometriosis and menopause to ensure patient-centered care and that menstrual health concerns are addressed, well-managed, and diagnosed in a timely manner.
- Equip professors and teachers with resources to discuss menstruation at the different levels of education and redirect them to healthcare facilities and experts if needed.
- Equip families with educational resources so that they can provide support to menstruating children.
- Implement CSE programs for all genders at all levels of education, that promote the eradication of misinformation, harmful practices, taboos and stigmas around menstruation.
- Expand the medical curriculum intersectionally to include menstrual health and equip students with knowledge of the diversity of menstrual presentation in trans and non-binary menstruating patients.
- Advocate for the visibility of menstruation and menstrual conditions and their inclusion in the differential diagnosis from the start in the medical curriculum and in general practice.

Healthcare providers and researchers to:

- Develop extensive and evidence-based information on effective methods of menstrual health management and contribute to the production of materials and services through research on improved menstrual products and WASH facilities.
- Prioritize and improve awareness of proper menstrual health and hygiene management by disseminating information one-on-one to patients and engaging other relevant mediums of disseminating information present in the healthcare center.
- Provide adequate WASH facilities and menstrual hygiene supplies as a necessity in all healthcare centers, especially for emergencies.
- Ensure that all those in need of medical attention due to menstruation issues, either physical or mental, receive proper care and are not dismissed.
- Treat painful menstruation as an important healthcare situation and provide information and access to drugs for pain management.
- Advocate for the need for increased research on menstrual health and the inclusion of information gathered into the development of better policies and education materials on menstrual health.
- Create capacity-building initiatives on menstrual health and hygiene for other healthcare workers, particularly on the basis of subsequent awareness raising by them.
- Employ gender-neutral language in addressing menstruation matters and ensure inclusivity in work by accounting for the realities of gender-diverse people with regard to menstruation.
- Contribute to destigmatizing menstruation as a member of society who is a healthcare professional.

Broadcast stations, journalists and influencers to:

- Create programs that contribute to breaking taboos and destigmatization of menstruation.
- Conduct social media campaigns on WASH awareness and usage of menstrual hygiene products.
- Create advertisements and publications on the importance of menstrual hygiene and how not taking care of personal hygiene can lead to serious health conditions.

Position Paper

Background information:

The menstrual cycle has different definitions that vary in words but give the same idea as it is a natural, physiological and healthy process associated with hormonal changes and vaginal bleeding in people with uteruses of reproductive age. Currently, there are more than 1.8 billion people who menstruate [1].

The Global Menstrual Collective bases its definition of menstrual health on the WHO's definition of health: "Menstrual health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle" [2].

There is also alternative terminology used in the context of menstruation - "menstrual hygiene management" or "menstrual health and hygiene management". The WHO and UNICEF Joint Management Programme (JMP) defines menstrual hygiene management (MHM) as: "Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials" [1]. However, the WHO calls to consider menstruation as a health matter, not a hygiene issue, considering its physical, psychological and social aspects, and therefore, the policy will use the terminology "menstrual health" [3].

Barriers to achieving menstrual health are numerous and multifaceted, with social determinants of health and structural layers of gender inequity acting as main contributors [4]. Cultural norms, stigma, and taboos surrounding menstruation create additional obstacles. A lack of access to quality hygiene products is another significant barrier, with an estimated 500 million lack access to menstrual products and adequate facilities, leading them to use homemade alternatives such as old cloth, hay or sand [5,6]. Period poverty, referring to financial difficulties in obtaining products to manage menstrual bleeding, privacy in hygiene management, and proper education on menstruation, also contributes to poor menstrual health outcomes [4].

Discussion:

MH and international frameworks

The concept of menstrual health and hygiene is defined by UNICEF as "MHM and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights" [1].

Menstrual Health and Human Rights

Human rights and menstrual hygiene are intrinsically connected, as every person who menstruates should be able to manage their menstruation with dignity. Various factors can affect the accessibility to menstruation management, causing it to become a basis for stigma and discrimination. [1] Therefore, menstrual hygiene is recognized as an overlooked barrier to human rights. [7] Difficulties in accessing facilities, supplies and healthcare services negatively impact the rights of women and girls as well as transgender and other non-binary individuals, hindering the possibility of reaching their full potential. Therefore, a significant link can be made between good menstrual hygiene management and the fulfilled

right to health, education, and work, as well as gender equality and non-discrimination. [8] Additionally, a need for an intersectional approach becomes apparent when exploring menstrual health issues, as poor menstrual hygiene management may pose more complex challenges for marginalized groups in the population. [9] It is important to note that multiple international human rights treaties (such as The Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention on the Rights of Persons with Disabilities (CRPD)) are paramount for menstrual hygiene management.[1]

Menstrual Health and Sustainable Development Goals

In 2018, the side events in the High-Level Political Forum brought attention to how menstrual hygiene is paramount in achieving the 2030 Sustainable Development Agenda, as menstrual health heavily affects sanitation, health, education, decent work, gender equity and consumption. [10,11]

SDG 3 - Good Health and Well-Being

Poor menstrual hygiene is recognized as a barrier to overall health and well-being. Lack of access to good menstrual hygiene management often results in unhygienic practices such as using unfit absorption materials and reusing them; engaging in adjusted bathing and cleaning practices. Subsequently, there is an increased risk for reproductive tract infections, bacterial vaginosis and urinary tract infections. [12]

SDG 4 - Quality Education

Lack of good menstrual hygiene management components can hinder the education of menstruating persons. Low school attendance is indistinguishably linked with menstruation, stigma and shame surrounding it and lack of proper access to menstrual hygiene products being identified as the key factors in menstruation-related school absenteeism. [13,14] UNESCO reported that the number of girls that miss school due to menstruation is as high as 1 in 10 girls in Sub-Saharan Africa. [15] A study in Delhi, India, determined that 40% of girls did not attend school during their periods and stressed how menstruation also affected their school performance. [12]

SDG 5 - Gender Equality

The stigma and discrimination surrounding menstruation directly affect gender equity: women and girls are treated as inferior to men and oftentimes experience harassment and ostracism from social and cultural gatherings. [12] Additionally, it is acknowledged that menstruation can make girls more susceptible to early marriage along with a higher risk for pregnancies, unwanted pregnancies and maternal deaths as well as domestic violence and sexual violence. [16–18]

SDG 6 - Clean Water and Sanitation

Ensuring access to clean water and sanitation is especially vital to those who menstruate. The absence of facilities and clean water leads to poor menstrual hygiene management; moreover, as privacy and safety are sought for menstrual waste disposal, menstruators are forced to do so in inadequate settings. [19] Furthermore, there may be strong links between the lack of WASH facilities and subsequent inequalities. [20]

SDG 8 - Decent Work and Economic Growth

Similarly to education, menstruation can strongly impact the working life of menstruating individuals. As work days are typically long, there is a higher need to change one's menstrual absorption materials;

moreover, the workplace conditions (e.g., working in the streets or fields) can decrease the likelihood of being in reach of suitable WASH facilities. These factors contribute to work absenteeism, consequently lowering economic growth and hindering economic opportunities. [21]

SDG 12 - Sustainable Consumption and Production

Access to proper menstrual hygiene products is imperative for sustainable consumption and production. Nonetheless, menstrual products still have a luxury tax or are expensive in many parts of the world, causing some people who menstruate to forgo using menstrual hygiene products overall. [22,23] Lack of proper facilities leads to waste disposal in water bodies, forests, and bush areas, leading to detrimental environmental effects [17].

UN Water Conference

In March 2023, there was a UN Water Conference to deliver multisectoral action on water and their acceleration to achieve the SDGs. The Water Action Agenda collects commitments from different stakeholders, including governments, UN agencies and civil society organizations and many pledges to work towards catalyzing progress on WASH and ensuring dignity in menstruation [24].

Stigma and discrimination

Although menstruation is part of normal physiology, misconceptions and stigmas, have persisted among different cultures and throughout history. This mainly stems from the notion that menstrual blood is dirty and is viewed as aversive in comparison to other bodily fluids. As a result, in some cultures, there are views that it stains one's character and necessitates rituals to purify oneself. In fact, in the 1930s, some scientists hypothesized that during menstruation, the body produces poisonous elements termed "menotoxins" [25]. All these can lead to exclusion from communities. For instance, the Chhaupadi tradition in Nepal bars one from cooking and sleeping in their home when menstruating, exposing them to dangers from the environment or violence. There are communities in Afghanistan that believe that infertility can be caused by washing the body during menstruation, while some other communities believe it can be caused by burning menstrual products [26].

Additionally, menstrual discrimination is perpetuated in the media as menstrual products are often advertised to prevent the embarrassment from stains and associated odors, as well as these products being easily concealable, and this presents menstruation as unhygienic and shameful. Medically, genuine discomfort related to menstruation is often trivialized, ignored and portrayed as irrational or emotionally unstable behavior by people who menstruate [27]. Likewise, in schools and the workplace, this discrimination is reflected in the lack of accommodations for painful menstruation symptoms from people who menstruate and no provision of menstrual products or WASH facilities for efficient menstrual health management [28][29].

Hence, these views on menstruation have affected how it is handled by people who menstruate, particularly having to conceal all signs of it. It is taboo for many to discuss menstruation and menstrual management products publicly. Products are designed to be absorbent, to not allow for any stains on clothing, as well as discrete to hide any signs when discarded that one is menstruating [25]. In the USA, nearly half of the people who menstruate report that they have experienced some form of menstruation shaming, and this has resulted in subsequently having to actively hide the fact that they are menstruating, cancel plans and activities that could expose that they are menstruating, keep menstrual products from view, and use euphemisms to refer to menstruation [30].

According to UNFPA, society's silence on menstruation is also reflected in how it is often neglected in larger discussions, such as in national policies, making it more challenging for those experiencing period poverty, discrimination, and lack of access to facilities and materials. When people who menstruate cannot access menstrual needs, they are robbed of the freedom to manage their menstruation with dignity [26]. Menstrual dignity here is the opportunity for affordable, broad and shameless access to menstrual management needs and self-care that is safe and dignified for all menstruating people regardless of age, gender, ability and socioeconomic status[31,32].

Consequently, the stigma and discrimination surrounding menstruation directly affects menstrual health management as people who menstruate will receive less education on menstruation as it isn't spoken about openly enough, will lack access to menstrual products, and will be less likely to seek out these products or WASH facilities. Destigmatizing menstruation will break down these barriers of access, address misconceptions about menstruation and create room for better awareness and inclusivity on menstrual health[33].

Access to WASH

Good menstrual management is necessary for maintaining the well-being of menstruators and enabling them to reach their full potential. On the other hand, neglecting menstrual management can cause serious health problems, like the spread of infections, birth complications, or even future infertility. To avoid such complications, those who menstruate need access to water, sanitation and hygiene (WASH) facilities. [6]

Access to water and sanitation is an important human right and is a crucial aspect of menstrual health management, yet it is still not guaranteed for many people who menstruate all over the world, as about 500 million menstruators lack access to WASH facilities and services. [6]

About half of all schools worldwide do not have basic hygiene services, with nearly 1 in 3 primary schools lacking basic sanitation and water. This is a great part of why many menstruators are absent or less attentive in school during their menstrual cycles.[6,34,35]

It is estimated that by 2050, 2.5 billion people are to join urban populations. Access to quality WASH services has lagged behind this growth, as there were more people without basic water and sanitation services in 2017 than there were in 2000. Menstruators count as one of the most vulnerable groups in such dire circumstances [6,34,35].

Promoting menstrual health through improving the availability, accessibility and privacy of WASH services is important for safeguarding women's dignity, privacy, bodily integrity, and, consequently, their self-efficacy. Awareness of MHH contributes to building an enabling environment of nondiscrimination and gender equality in which female voices are heard, girls have choices about their future, and women have options to become leaders and managers [6,34].

Access to supplies and materials

On any given day, more than 300 million people are menstruating. To these people, access to menstrual products is crucial for maintaining their health and well-being. There are various period products, and their usage depends on personal preferences for the most part [6].

They include, but are not limited to:

Sanitary pads

They are the most commonly used menstrual products. Sanitary pads could be disposable (used only once) or reusable. The disposable ones are made of a thin absorbent material that allows them to absorb the menstrual flow, while the reusable ones are made of various natural and synthetic materials.

Tampons

They are the second most common type of menstrual products, and they are meant to be only used once, then to be disposed of. Tampons are considered medical devices by the FDA and are normally made of either cotton, rayon, or a blend of both. They are also used to absorb the menstrual blood flow, but unlike sanitary pads worn externally, these are directly inserted into the vagina.

Menstrual cups and discs

Menstrual cups are bell-shaped reusable cups that are inserted into the vagina and are responsible for collecting blood instead of absorbing it. These cups are flexible and are normally made of medical-grade silicone [36]. Menstrual discs are similar to the cups in their insertion and collecting blood function, but unlike the cups, they have no suction component and some users report that they can be more comfortable. In addition, menstrual discs can be used during penetrative sexual activity [37,38].

Menstrual Underwear

Menstrual underwear are used like regular underwear, but they are designed with multiple layers of microfiber polyester to be highly absorbent and keep moisture of menstrual blood away from skin. They are washable and reusable and can be a more accessible option than disposable menstrual products for individuals with visual or morbidity impairments. In addition, it can be an effective menstrual management option for some individuals with gender incongruence [39–41].

Despite the presence of a variety of options, many still have limited access to menstrual health products and an unmet need for menstrual health. About 500 million menstruators globally lack access to menstrual health products (MHP). This primarily stems from social, cultural, economic, and political barriers to access to menstrual products. These barriers are mainly in the form of costly products and pink tax, period poverty, living in areas with poor supply of MHP, discriminatory social norms, cultural taboos, and stigma associated with menstruation. Moreover, transgender men and non-binary people who menstruate often face discrimination due to their gender identity, which prevents them from accessing the necessary materials and facilities. All these barriers mostly lead menstruators to resort to rags, leaves, diapers, toilet paper, or just using the same MHP for a longer time than intended as alternatives to the hygienic MHP. This can cause infections and serious medical complications, especially in countries where female genital mutilation (FGM) still takes place [6,42].

Menstruation poverty

Menstrual poverty (menstrual precarity, period poverty) is defined as the struggle of many low-income menstruators to access and afford menstrual products, pain medication, and underwear to manage menstrual bleeding. It also includes inadequate access to WASH facilities and hygienic menstrual waste management. [26,43,44] In those situations, menstruators may use unhygienic alternatives like old fabric, paper towels, toilet paper, cardboard, or various other unsafe materials to collect menstrual blood.[43] Other alternatives include reusing disposable products or using them for an extended time. Those alternatives are not only potentially inefficient and prone to leaks, contributing to the stigma, but they also increase the risk of urogenital tract infections, changes in vaginal discharge, skin irritation, and vaginal

itching, which can have long-lasting impacts on reproductive and overall health. [1,6,26,43,45] This also has significant impacts on mental health as it increases levels of anxiety, distress, and depression. [43,46] Altogether, this struggle has been shown to increase absenteeism in school and the workplace, which can exacerbate financial instability and penalize a menstruator's educational and professional progress. [1,43,45] In certain countries, it can lead girls to drop out of school, putting them at higher risk of child marriage.[47]

While the prevalence of period poverty varies across countries depending on the rates of poverty, education, and access to menstrual hygiene products and WASH facilities, it touches every country. For example, 12% of menstruators in India cannot afford menstrual products.[47] In rural Haiti, 77% of 200 women had reused their menstrual hygiene products during their last menstruation.[48] Schoolgirls in Kenya, an HIV-endemic area, are known to exchange sexual services to pay for menstrual hygiene products, with girls aged 13-15 years being six times more likely to do so.[26,49] In Canada, 1 in 3 women under 25 years old struggles to afford menstrual hygiene products [50] and in the United States, 2 in 3 low-income women struggled to afford menstrual products in the past year. [44] This highlights the importance of remembering that menstruation poverty can affect anyone and occur in any environment, including large urban centers and high-income countries. As we have already addressed access to sanitation products and WASH facilities, this section will focus on menstruation poverty in environments where WASH and sanitation products are readily available but cannot be accessed due to financial limitations.

For many low-income menstruators, financial precarity means they often must choose between buying menstrual hygiene products and other necessary goods such as groceries.[43] A qualitative study done on women from Barcelona, Spain, highlighted that small events like periods coming before payday or the cheaper options being sold out could be enough for a woman to struggle to afford products.[51] Other aspects, like living in a rural or indigenous community, also greatly impact the ability to purchase menstrual products. For example, it is estimated that a Canadian woman will spend up to 6000 CAD on menstrual hygiene products in her lifetime but up to 12 000 CAD if she lives in a rural community.[50] Indeed, the price of menstrual hygiene products in rural areas, indigenous reservations, and territories is significantly higher, up to 200% of the prices in urban centers.[50] This phenomenon has also been documented in the USA and in Australia. [52,53]

Not only is the cost of menstrual products high, but many countries also do not consider menstrual hygiene products as necessary goods, which means that they are subjected to taxation and not eligible for coverage under food stamps.[43] In recent years, increasing movements worldwide have worked on addressing period poverty by raising awareness, distributing free hygiene products, and advocating for governments to reduce the prices and abolish the taxes on menstrual products.[51] Nonetheless, in 2023, some countries like Sri Lanka, Nicaragua, Slovenia, Slovakia and 22 states in the USA still tax menstrual products as luxury items and many other countries are still faced with so much stigma and shame related to menstruation that they hinder the potential for change[54]. [43] Despite those challenges, the example of countries such as Canada, Australia, Kenya, India, Jamaica, Nigeria, Lebanon, Malaysia, Colombia, South Africa, Namibia, and Rwanda have eliminated the tax on menstrual hygiene products, and Scotland that made them completely free in 2021, shows that reducing the health and financial inequalities linked to menstruation is possible in high, middle, and low-income countries [50].

Menstrual health and the environment

Evaluating the effect of menstrual health products on the environment is a difficult procedure due to many potential indicators of environmental impacts, such as gas emissions in manufacturing and the amount of menstrual waste created. As a result, measuring the impact of menstruation on the environment is highly dependent on the raw materials used in MHP (Menstrual health products), their packaging, and their disposal methods.

Plastic seems to be a predominant material used in manufacturing mainstream menstrual products, from wrappings to plastic applicators, and then it mostly ends in a landfill. While in a landfill, disposable pads take nearly 500 to 800 years to decompose, and materials such as plastic never truly biodegrade. This is of major concern given that each menstruator will use and dispose of between 5000 and 15 000 pads and tampons in their lifetime, causing massive fuel depletion and a high estimated carbon footprint that negatively affects the environment [55,56].

The use of tampons, pads and applicators generates 200,000 tonnes of waste per year in the UK. These wastes mostly end up in landfills, incinerated, or become a part of the sewage-related debris, thus risking the blockage of the sewer pipes. They also affect the environment by causing air pollution through incineration, forming marine debris, and destroying marine life. One estimate is that MHP forms about 6.3% of the sewage-related debris along rivers and beaches [56,57].

One of the most important barriers to the use of eco-friendly menstrual products is thought to be their cost.

The eco-friendly products are in most cases reusable, and their price is almost twice the price of disposable synthetic menstrual products, which serves as a burden for the average menstruating individual. However, in the long term, the use of reusable products has not only been proven to be environmentally friendly, but also cost effective. While disposable pads are cheaper, eco-friendly products can be used for years, so the total cost per menstrual cycle is significantly lower.[58] [59]

Menstrual health services and counseling

In keeping with the challenges in accessing healthcare worldwide, seeking medical care from professionals competent in menstrual pathologies, such as obstetricians and gynecologists, is difficult and sometimes impossible for menstruators worldwide. Even in high-income countries, the shortage of obstetricians and gynecologists, the lack of expertise of physicians, and the stigma and normalization of menstrual symptoms prevent menstruators from accessing timely, competent, and empathetic care. [8,51,60–62] Despite this unfortunate context, it is imperative for menstruators struggling with heavy menstrual bleeding, dysmenorrhea (painful menses), irregular menses, and severe premenstrual symptoms to access and receive the medical care they require. Those symptoms can negatively impact menstruators' quality of life by causing excruciating pain, school and work absenteeism, and even leading to infertility or other health issues.[63] Additionally, they can be caused by underlying diseases that require medical attention. As many menstruators will not discuss menstrual issues if not prompted, it is even more important for physicians to be knowledgeable and to recognize the importance of menstrual health and address it with their patients. [63]

Dysmenorrhea

One of the most common symptoms of menstruation is dysmenorrhea, which is consistently present across the world and ranges in frequency between 34 and 94% of women [63,64]. It has been shown in multiple studies that dysmenorrhea is a leading cause of school and work absenteeism and that many do

not seek medical counseling to address this symptom [26,63,65]. This is sometimes a result of the disregard and dismissal that the painful experiences of people that menstruate are often met with. It could also be because dysmenorrhea is underestimated and considered a natural phenomenon across some cultures.[66,67]

Endometriosis

The most common cause of secondary dysmenorrhea is endometriosis. According to the WHO, 190 million people in the world live with endometriosis.[63,68] Nonetheless, a study in the US estimates that 60% of cases are undiagnosed.[69] The delay in diagnosis averages 7 years due to misdiagnosis, normalization of symptoms, and lack of knowledge by the treating physician. [69,70] In Australia, 74% of people with an endometriosis diagnosis were previously misdiagnosed with another condition. The fear of being labeled as a complainer also contributes to this phenomenon.[70] Additionally, the lack of studies for new and improved treatments for endometriosis has constituted an added constraint to its visibility and management.[71]

Polycystic Ovarian Syndrome (PCOS)

Another example of an underdiagnosed menstrual pathology is PCOS, which can have severe impacts on menstruators' quality of life and overall health. It affects 8 to 13% of people with uteruses of reproductive age globally, but it is estimated that up to 70% of cases are undiagnosed. [72]

Menorrhagia

Menorrhagia (abnormally long or heavy menstrual bleeding) can be a symptom of an underlying disorder that needs to be investigated. Additionally, it increases the risk of iron-deficiency anemia, which in turn causes other physiological issues and increases the risk of complications during pregnancy. It also severely impedes the quality of life as it causes extreme fatigue, shortness of breath, weakness, and dizziness. [26]

Menopause

The symptoms associated with menopause and perimenopause can greatly impact a menstruator's quality of life. The lack of experience of physicians in addressing menopause-related complaints, stigma and ageism, and misconceptions about treatments often prevent people from satisfactory symptom management.[73] For example, a study in Canada reported that only 27% of patients had a family physician that proactively addressed menopause, and overall, 38% of perimenopausal people felt their symptoms were undertreated.[73]

With the severe impacts on menstruators' quality of life and physical, reproductive, and psychological health, increasing access to medical care is imperative where patients' experiences are validated and addressed competently.

Menstruation and mental health

Menstrual health is inherently linked to mental health, as this monthly cycle could act on a person's mental health in many ways, starting from causing them psychological distress and behavioral changes to severe mental disorders that can ultimately affect their quality of life. [74]

One of the most prevalent conditions among menstruating people is PMS (Premenstrual syndrome). It is a group of physical and psychological symptoms that some experience before the start of their menstrual cycle and right after ovulation. Its presentation differs from one person to another, and the

symptoms include but are not limited to, anxiety, mood swings, sleep disorders, and depression.[75]

The severe form of PMS that requires medical attention and treatment is called PMDD (Premenstrual dysphoric disorder). While their symptoms are similar, PMDD is more alarming as it is a disabling disorder that could negatively affect people's lives and damage their relationships. PMDD is less common than PMS, affecting only about 10% of those AFAB (assigned female at birth) who are of reproductive age, and it is confined to the premenstrual period. [75,76]

Another premenstrual disorder that can affect one's mental health during menstruation is PME (Premenstrual Exacerbations of Mood Disorders). Unlike PMS and PMDD, PME is characterized by a premenstrual exacerbation of a pre-existing disorder, like depressive, bipolar or generalized anxiety disorder. Differentiating between PMDD and PME is hard, and it requires prospective symptom ratings across at least two symptomatic menstrual cycles to consider the extent of postmenstrual symptoms. This could be easy to perform for PMDD as there are many scales made for it due to it being listed as an official diagnosis, in contrast to PME, which is still lagging behind in research and is not officially recognized as a medical condition yet. [77,78]

Aside from these disorders, a menstruator's mental health can also be disrupted due to period poverty and its implications. The absence of means of menstrual hygiene can cause them psychological stress and intensify the sense of humiliation, anxiety and depression that menstruating people experience due to the stigma related to menstruation. Many incidences of discriminatory malpractice towards people AFAB have been witnessed all over the world, especially in developing countries, leading to the impairment of the victims'/survivors' mental health and the development of severe emotional and psychological damage in the aftermath. [79]

Access to information on menstruation

There is still limited knowledge of menstruation, especially in low and middle-income countries. Even those aware that menstruation occurs may hold misconceptions about it. Studies have revealed that there are persons who menstruate who are not aware of the origins of menstrual blood or its role in fertility. These result in unpreparedness and fear when reaching menarche. The main sources of information on menstruation are female relatives and peers rather than from schools and media. However, the knowledge passed is not always correct and may lead to resorting to home remedies rather than appropriate menstrual hygiene products and facilities. These may be due to limited training of educators or lack of inclusion of menstrual-related topics in schools at all [80].

Comprehensive sexuality education (CSE) can empower people to reflect on the social norms and cultural values in their communities regarding menstrual health and allow the development of age-appropriate knowledge, attitudes, and skills. The International Technical Guidance on Sexuality Education aims to assist authorities in education and health in the implementation of CSE programs and materials that are evidence-based and adapted to local contexts within and outside the school setting. Its key concepts and learning objectives cover a wide range of topics, including menstrual health and related issues, and it recognizes that failure to discuss such can contribute to the persistence of negative attitudes towards it [81].

Prioritizing a deliberate closure of the research gaps that still exist on menstruation is essential for the development of improved information on menstruation. This information can serve as relevant

educational tools on menstruation for authorized educational forums such as government websites and will also contribute to building the capacity and knowledge of healthcare workers on menstruation, as they have an important and regarded position as professional channels on health education. These provisions will go a long way towards wider availability of information and awareness on menstrual health.[4][82][83]

Left-behind populations

Youth

Young patients and their parents often lack clarity on what constitutes normal menstrual patterns. On top of that, practitioners also often have a lack of knowledge regarding menstrual health and sexual education.[84] It is crucial to educate young patients and their parents about what to expect from a first period and the range of normal cycle length for subsequent menses, as well as clinicians to understand bleeding patterns in adolescents, distinguish between normal and abnormal menstruation, and possess the skill to evaluate young patients' conditions appropriately.[85]

A study reviewed the experiences of adolescent girls from 25 different low- and middle-income countries, which showed menstrual health education and support for adolescent girls are often lacking, which leaves them unprepared when reaching menarche and has an emotional and physical impact on them. When asked about the emotional impact on their menstruation, most often, the connotations were negative: 89.4% of anticipated changes reported by pre-menarcheal girls and 88.7% of experienced changes reported by post-menarcheal girls. Information about menstrual health is often obtained from mothers or other female family members, who aren't always fully equipped to answer all their questions.[80]

In most cases, teenagers in high school and college who menstruate are financially dependent on their parents, which leads in some situations to the use of unsafe materials during periods and resort to unclean and homemade alternatives such as rags, old clothes or toilet paper. [79] A recent study from the US states that one in five teenagers has struggled to afford period products or has not been able to buy any at all, while one in four teenagers has missed class because they did not have access to menstrual hygiene products. [86]

In many cultures, people who menstruate experience exclusion and humiliation, which lead to misconceptions and unhygienic practices during menstruation; for youth, it is also linked to missing school, self-medicating and isolating socially during their period. To address these problems, the communities should focus on improving the provision of knowledge, understanding, and support for adolescents. This includes empowering them, enhancing menstrual health education, and training teachers, relatives, and community members to respond effectively to girls' needs.[87]

Indigenous people

Krusz E. et al. conducted a series of interviews and conversations with and between Indigenous Australian people and communities remotely located to explore the consideration of unmet menstrual health in their community.[88] The group identified multiple socio-ecological considerations for that: affordability and access to menstrual products, barriers to knowledge and culturally sensitive education, infrastructure and supply chain challenges, and the necessity of Indigenous-led research and community-driven data collection methods in addressing the sensitive topic.

Another study conducted in ten rural communities of Guatemala aimed to analyze the knowledge of women on fertility, reproductive health, and the menstrual cycle. After asking participants if they believed fertility was higher on certain days, only 5.9% of women correctly identified these days as the ovulating period. The investigators concluded there is a lack of education regarding family planning methods, contraception use and menstrual health in rural Guatemala, which implicates women's health risks and seeks education-based interventions in reproductive health.[89]

Munduruku women in an indigenous community of Brazil conduct practices of self-attention to menstruation among the community carried out within the family, believing the self-realization of one's body and the person who goes through this journey helps prevent illness and death. Some studies and overviews reflect that understanding the indigenous perspective can help promote improvements in the quality of differentiated healthcare and the betterment of understanding and assessing their specific needs.[90,91]

Another point to mention is the cost of sanitary products in the indigenous communities. Women can spend up to 6,000 CAD (4177,17€ or 4475,43\$) on menstrual supplies throughout their lifetime in a nation like Canada. For those residing in rural areas, this expense can increase to CAD 12,000 (8354,34€ or 8950,74\$) from what it is now. In First Nations and Indigenous communities, a bundle of pads sold at CAD 10 can cost CAD 17 (11,83€ or 12,68\$).[92]

In some cases, local projects have been created to provide resources and services to indigenous and rural menstruating people to guarantee their sexual and reproductive rights. For example, Project *Sakhi* creates awareness about menstrual hygiene and has set up low-cost sanitary napkin production units in rural India.[93]

People with disabilities

An estimated 16% of the population - 1.3 billion people - experience significant disability in the world [94]. People with disabilities also have SRH needs, however, these needs are often ignored or forgotten. Moreover, they often face barriers to information and services, and the stigma associated with the disability is another layer of discrimination they face while menstruating.

A meta-analysis reviewing 22 studies showed that the lack of standardized guidance for professional carers, the scarcity of menstruation education, information, and support for people with intellectual disabilities and their caregivers, the high cost of menstrual products, and the lack of suitable options for those with physical disabilities were some of the most frequent obstacles encountered. A few interventions were found and methods for managing menstrual hygiene used by caregivers of people with intellectual disabilities, including restricting the disabled person's movement during menstruation and suppressing menstruation. [95] The research gap when it comes to menstruation and the interaction with the needs of people with disabilities is significant as it fails to satisfy their menstrual hygiene-specific needs, which can lead to humiliation, exclusion from society, health problems and even sterilization. [95]

Houselessness

Menstrual hygiene supplies come at a high cost, making it difficult for individuals to afford them. Consequently, many resorts to using unsanitary alternatives, like dishcloths, toilet paper from public restrooms or even clothes scraps. On top of the accessibility to materials, they also face challenges in

accessing appropriate facilities for personal hygiene, as they have limited access to clean ablution facilities. Public toilets are often scarce, lack clean water and don't have a private area to manage menstrual hygiene effectively. [96]

The obstacles to personal hygiene for people experiencing homelessness increase their vulnerability to disease and are compounded by other risk factors. Wenzel et al. remarked that women experiencing homelessness were more likely to be seen in local health clinics for gynecological problems than their non-homeless counterparts and that menstrual-related issues accounted for the majority of diagnoses (urinary tract infections, yeast infections, and vulvar contact dermatitis, among others). [97]

The constant threat of feeling "dirty" or unclean, combined with pervasive menstrual stigma, was a big challenge to the mental health of the homeless menstruating women interviewed. The stigma around cleanliness surrounding menstruation added to the condition of homelessness and impacted their self-esteem, confidence, and sense that they could be respected in the world around them. [96]

Refugees

Menstruation plays a vital role in sexual and reproductive health, and when menstrual needs are unmet, it negatively affects girls' education, health, and overall well-being. Disasters and conflicts have resulted in approximately 26 million displaced menstruating girls and women as of 2017. [1]

In refugee crises, sexual and reproductive health issues are viewed as non-important or lower-scale problematic, thus, providing little to no services and facilities to live integral, safe and healthy menstruation. Lack of proper hygiene products, in addition to problems like excess pain and heavy bleeding during menstruation, impacted schooling, physical health and social participation of many adolescent girls.

While many studies [98–100] showed that a good part of refugees also live in homeless situations and very often develop or already show diseases related to their menstruation, women and young girls in asylum rarely sought medical help for these problems but rather stayed home, missed school or duties during their monthly cycle.

The unmet need for menstrual health in refugee camps is as high as 45%. Combining the lack of access to menstrual health products with the lack of access and distribution of WASH services, these camps only serve to pose physical health risks to the menstruating refugees. Moreover, due to the stigma surrounding the menstrual cycle, many end up taking extreme measures to cover the fact that they are on their period, like traveling to secluded areas to change their underwear or even going as far as to bury their used pads and tampons.[101]

Psychological effects during menstruation were also reported, demonstrating the need for counseling and proper education of adolescents about the physiology behind menstruation, including the hormonal changes that affect their moods. [99]

LGBTQIA+ community

Historically, menstruation was thought of as a bodily process that only affected cisgender women as a result of the binary vision and hegemony and invisibility of other identities and realities. Menstruating individuals can be represented across a wide spectrum of gender identities, including but not limited to cisgender women, transgender men, intersex individuals, gender non-binary individuals and gender diverse individuals [102].

The gendering of menstruation comes with many connotations, for example, the menarche marking the beginning of 'womanhood' in some cultures, the gendered messages about menstruation materials, menstrual hygiene, and education or the biological changes the body faces during the different cycles that often is only discussed in conversations between cisgender women and women from the family.

In one study, where they conducted many interviews with non-binary menstruating individuals regarding their experience, they pointed out that other symptoms (like menstrual pain, back pain, breast swelling, fatigue, mood changes or associated nausea) feel as dysphoric as the bleeding itself. These mental and physical effects affected participants' self-image, and the indignity and stigma associated with menstruating as transgender and non-binary contributed to their high levels of discomfort and further alienation from their bodies. These findings can be highlighted, especially during puberty and adolescence, as experiencing discomfort and further establish the idea that they're growing into the wrong or a strange body, which can have both a physical and mental impact on their health. [102]

Sheila L. Cavanagh (2010) argues that gender-segregated toilets explicitly assert privacy as a social value between cis men and cis women and that there are underlying assumptions about the genitals and bodies associated with each space. The architecture of gendered toilets puts a barrier for menstruating individuals to ensure safe and clean hygiene or to have a shame-free menstruating experience; for example, not having a designated area to wash the menstrual cup or having no bins inside of each WC can negatively affect their health, often leading them to avoid public restrooms, go long distances to access private gender-neutral bathrooms and even use menstrual products for longer than the duration for which they must be supposed to be used. [102,103]

In the past few decades, sociologists have drawn particular attention to the menstruation discourse among cisgender women and the messages women and girls receive about menstrual management. Erchull et al. mention in their study that menstruation has been centered on cisgender women and girls as the subjects of it, but it is evident that menstruation presents complex sociological questions about gender/sex dichotomies and social interactions, and menstruating non-binary individuals are not called upon or considered part of the target in the advertisement of menstruation materials or targeted treatments (such as analgesics, anti-inflammatories or contraceptives). [104] For some trans and non-binary people, product packaging contributes to the aforementioned discomfort thoughts and negative conceptions about one's body. There are limited products targeted at trans and non-binary people, and those conventional ones either can trigger discomfort or are uncomfortable to use and handle. In recent years, a few companies have come up with reusable pads and gender-neutral shorts and underwear that can absorb menstruation. [102,105]

As per the awareness of healthcare providers regarding menstrual health for non-binary and non-cis patients, there is a lack of medical education regarding the topic and, most importantly, a lack of research. Regarding non-binary patients who decide to take hormones, there's a lack of data on the long-term effects on their menstrual health, what services should be provided in need of assistance, or what specific problems can manifest and the specific need these patients may have. The lack of knowledge also adds to the stigma surrounding menstruation (and menstrual health problems) in various medical settings. On top of that, these patients often lack knowledge about their own menstrual health and menstrual disorders because they avoid seeking medical help and often can't find any useful information. This may be due to past negative experiences with the healthcare system and avoidance of discussing menstruation with healthcare providers to avoid discomfort. [102,103]

Understanding diversity and different perspectives on menstruation contributes to a non-pathologizing academic discourse about trans bodies and experiences, thus, getting their needs met and advocating for a better understanding, caring and assessment of their physical and mental health.

Closed settings

Menstruating people who live in enclosed spaces like prisons, probation camps or detention centers have a very different experience from the general society. The treatment they receive in these environments is often described as inhumane and undignified, a violation of fundamental human rights. [106,107]

Lack of access to essential items during their monthly menstrual cycle results in a scarcity of privacy and can exacerbate the stigma surrounding menstruation. [106]

A personal experience of a woman in prison in Connecticut, United States, described the atmosphere of privation, including the shame and humiliation of staining her clothes and having to ask for tampons and pads from male guards. She argues that the issue is not a shortage of materials, but the power difference between guards and inmates that is used to negate their access to safe menstruation, sometimes leading to power dynamics where their life is put in danger, and gender-based violence takes place without any repercussions. [108,109]

These officers may exploit them by coercing them into performing unwanted activities or by pressuring them to refrain from reporting abuse or substandard care conditions in exchange for menstrual products. The power dynamics between those who menstruate and their guards/officers often lead to the adoption of unsafe and unhygienic methods of menstrual management, which can pose health risks. Reports of infections, toxic shock syndrome, sepsis, and increased mortality among individuals living in enclosed environments due to inadequate menstrual hygiene management have been on the rise.[110]

Furthermore, a study conducted by Catrin Smith in 1996, titled "The imprisoned body: Women, health, and imprisonment," revealed all imprisoned individuals who menstruate experience intensified menstrual symptoms and related disorders, thus being crucial the consideration of the overall state of confinement effects on the menstrual health, not only psychologically but also physically. [111]

Menstrual Health and Gender Equality

The comprehensive realization of menstrual health is fundamental for the achievement of gender equality as the resource inadequacies, harmful gender stereotypes, and discriminations that surround menstruation are rooted in inequality and remain a major deterrent to women and girls achieving their full potential.[112]

In many cultures, there have been and still are numerous taboos, myths and unsafe attitudes around menstruation. These menstruation misconceptions have served to perpetuate violence against people who menstruate, particularly women and girls, and have also caused them to be excluded from a variety of situations and activities throughout history, including everything from leadership positions to space exploration. The stigma and lack of adequate awareness surrounding menstruation has created a knowledge gap that helps reinforce menstruation-related gender-based violence. Gender-based violence is a root cause of gender inequality, and when it comes to menstruation, it is reflected in a number of ways.[113]

Period poverty, which is a lack of access to menstrual management products due to financial constraints, has gender-based violence as a hallmark and represents the major underlying issue regarding menstruation and achieving gender equality. When people who menstruate lack menstrual products and WASH facilities at home to manage their menstruation in a dignified manner, it leads to embarrassment and discomfort, and many people have to rely on other means, such as unhygienic materials and sources of water outside the home, which can increase risk of infections and exposure to harassment. Schools and workplaces frequently lack proper WASH infrastructure as well. In addition to a lack of products, this discourages engagement (such as getting up in class to answer questions) out of concern that blood stains may be visible. Additionally, it makes male peer harassment and bullying more common. Women and girls who menstruate in this state are denied the chance to go about their daily business at school and work efficiently, limiting their academic and financial abilities and thus widening the gap of gender inequality.[26,113,114]

Additionally, menstruation serves as a tool of exploitation in some communities, as women and girls are viewed as the weaker gender and not allowed certain liberties like working, hence having to depend on male figures to purchase menstrual management materials. This often creates a vulnerability that can be taken negative advantage of. Sometimes this leads to people who menstruate resorting to means like transactional sex to purchase menstrual products or hormone pills to delay their menstruation, leading to many negative physical and mental health consequences.[115]

In some communities around the world, the onset of menstruation puts girls at risk of sexual violence and child marriage, as menarche is regarded as an indication of readiness for marriage and sexual activities, even during menstruation. This often leads to a restriction to freedom of movement and participation in different functions and extracurricular activities. The risks of this often include reproductive tract infections, sexual abuse, teenage pregnancy and trafficking. Sometimes conflict arises between family members if women and girls have a resisting attitude towards these menstrual norms. In fact, conflict over spending on sanitary pads and other menstrual products is also common.[26,115]

Poorly managed menstrual health can lead to undermining the human rights of women and girls; right to health, right to water and sanitation, right to education, right to work and right to non-discrimination, to mention a few. Gender equality cannot be achieved if these human rights are not treated as sacrosanct. Hence, inclusive education, increased awareness of menstruation and menstrual health, improved WASH facilities, free and accessible menstrual products and destigmatizing menstruation are expedient in empowering people who menstruate for the elimination of menstruation as a tool of gender-based violence and, by extension, gender inequality.[26,116]

Menstruation during crises

Women and girls are particularly vulnerable in emergencies, disasters, and conflict zones. A significant but often overlooked issue facing these girls and women is their ability to privately, safely, and comfortably manage their menstruation. [117]

Girls in humanitarian crises encounter specific difficulties: lack of access to necessary menstrual hygiene products, a low-nutrient diet, lack of privacy in bathrooms and unhygienic conditions in bathrooms, lack of access to safe and clean water, lack of accessibility to medical services and procedures, lack of efficient treatment for menstrual symptoms and lack of reproductive and menstrual health education. [118]

Along with a lack of sufficient sanitary facilities (including water), which are crucial for managing menstrual hygiene, there are frequent shortages of the basic supplies required to control blood in humanitarian catastrophes. Additionally, seclusion is sometimes difficult to come by during crises, and even when restrooms are on hand, they frequently lack locks, functional doors, lights, and gender-specific separation. Cultural taboos and beliefs about menstruation can limit girls' and women's movements and actions (such as going to school, standing in line for products and services, or going to the market), exacerbating these hurdles.[119]

Women and young girls frequently experience sexual and gender-based violence and gender-based marginalization, exclusion, stigmatization, and abuse when living in hostile or adverse circumstances. Access to basic services is hampered by gender inequality, which also encourages detrimental behaviors for women, such as unintended pregnancies and forced marriages. [120]

A multidisciplinary approach is therefore necessary for effective menstrual health management in emergencies, including culturally appropriate sanitary products for every woman and girl, women-safe latrines and bathing areas, suitable methods of disposing of or caring for used sanitary products, including space for washing and drying reusable pads, and pertinent information on managing menstruation. [119]

At the end of 2022, an estimated 108.4 million people were displaced due to natural disasters or conflict, with half or more of them being women and girls [121,122]. Cultural attitudes and taboos towards menstruation might exacerbate these physical situations. In humanitarian settings, access to basic necessities may be provided, but access to MHM products may vary. In the 2015 earthquake in Nepal, women reported being too ashamed to leave their tents due to a lack of MHM products [123]. Despite the women placing priority on obtaining MHM products, supply proved a challenge for humanitarian actors. Uganda provides a different setting: around one million refugees live in settlements, some having been there for over a decade. [124,125].

Positive strategies

To ensure good worldwide menstrual health and hygiene, many positive strategies have been implemented all over the world. One of the most applaudable is the UNFPA's humanitarian response that involved creating and distributing dignity kits to the people who menstruate to help them maintain menstrual hygiene and good mental health. The kits contain 10 basic supplies (which can be customizable from 39 different items) and can be delivered within 48 hours. [126]

Additionally, many countries have worked and are still working to accomplish equal healthcare services for people who menstruate in society. We take these strategies as successful examples to seek our goals in global health, human rights and advocacy.

Scotland

The Scottish parliament passed an act: The Period Products (Free Provision) (Scotland) Act 2021, on 24 November and received the Royal assent on 12 January 2021; this act came to support equality, rights and dignity for everyone who menstruates by getting convenient access to period products that are free of charge, available to meet individual needs. [127]

Spain

Progressive movements toward a new law that will be the first of its kind in Europe after the Spanish cabinet approves the menstrual leave law. A paid menstrual leave of three days can be extended to five days if needed; this is for everyone who suffers from dysmenorrhea/painful periods.

According to the Spanish Gynecology and Obstetrics Society, a third of people who menstruate suffer from dysmenorrhea.

The legislature was adopted and made effective in June, making Spain one of the first few countries in the world to integrate such measurements into legislation. [128]

Indonesia

Being one of the first countries in Asia and the world to adopt a menstrual leave policy, the first policy was introduced in 1948 and then restructured in 2003, and it says that women are not obliged to go to work on the first two days of their cycle.[129]

Zambia

One day leave per month, known as “mothers’ day,” enables all women, regardless of whether these women have children or not, to take a day off due to their menstrual cycle. Even though the law doesn’t spell out menstruation as a reason behind this day off, everyone knows that it is because of the period. This positive example makes Zambia the only country in Africa to take such action [130].

Argentina

Pro Mujer (PM), a leading organization for women's development, offers services in six distinct nations—Argentina, Bolivia, Nicaragua, Mexico, Peru, and Guatemala—combines financial products and services with high-quality education and health care. These facilities promote community building and provide approximately 250,000 low-income women with the training and resources they need to confront the obstacles they encounter on a daily basis regarding their menstrual health. Since its founding in 1990, PM has documented how the stigma associated with menstruation restricts women's access to comprehensive sexual health education. To address this problem, Pro Mujer in Argentina (PMA) teamed up with Johnson & Johnson's "Golden Initiative Campaign" - #SiempreJuntas (Always Together) in June 2019 to reach more than 15,000 women and girls (ages 18 to 65) in some of the country's most impoverished regions with basic Menstrual Health information and resources. [131]

IFMSA Contributions to Menstrual Health

In the last three terms, a total of 16 activities relating to menstrual health were reported under the menstrual hygiene focus area of the Maternal Health and Access to Safe Abortions (MHASA) IFMSA Program. There were 4 activities in the 2019/2020 term, 10 activities in the 2020/2021 term and 2 activities in the 2021/2022 term.

Globally, menstrual health is commemorated on Menstrual Hygiene Day in May and consecutively, for the last three terms, the IFMSA has held a campaign in this regard. In 2021, the campaign addressed Menstrual Hygiene Management in relation to LGBTQ, period pain, infertility, menstrual abnormalities, SDGs and the disabled. In 2022, the campaign addressed MHM, focusing on period poverty and its environmental impact.

During the August meeting 2020 IFMSA General Assembly, a policy document on Menstrual Health was adopted.

Furthermore, in the last three terms, the IFMSA has also contributed to menstrual health through the following sessions on menstrual health:

1. IFMSA August Meeting 2019 Session: Menstrual Hygiene.
3. IFMSA Africa Regional Meeting 2020 Session: The Men in Menstrual Hygiene.
4. IFMSA Asia-Pacific Regional Meeting 2021 Session: Pink tax and reproductive health amidst pandemic. [132–134]

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