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MENSTRUAL HEALTH AND HYGIENE IN THE CONTEXT OF SUSTAINABLE DEVELOPMENT

MASTER THESIS

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MENSTRUAL HEALTH AND HYGIENE IN THE CONTEXT OF SUSTAINABLE DEVELOPMENT

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Abstract

The biological process of menstruation affects around a quarter of the world's population. Nevertheless, it is surrounded by secrecy and taboos, and encompasses various sociocultural and structural challenges. These and their impacts negatively affect the lives of menstruators restricting their freedom, choices, participation, and mobility. The concept of Menstrual Health and Hygiene (MHH) aims to tackle these issues so menstruators can lead a dignified and healthy life with no restrictions from realizing their full potential. Good MHH is crucial for sustainable development in the sense of the United Nation's 2030 Agenda and interventions for its improvement are implemented worldwide. However, a focus of campaigns on the Global South and adolescent girls suggests a narrow view of the topic. This thesis aims to investigate how MHH is outlined in the context of sustainable development using an adapted and combined approach of qualitative content and critical frame analysis. Six selected United Nations resolutions were examined with specific attention to power and gender dimensions. Results showed that certain themes are mainstreamed by the inclusion and exclusion of information. In the documents, MHH is framed as (i) a human rights issue; (ii) it is to blame for school absenteeism; and (iii) it is a problem of the 'third-world' girl. It can be concluded that these frames tend to be reductionist, instrumentalist, and universalizing thereby overlooking further causes, effects, target groups, and localities.

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List of Abbreviations

BIPoC *Black, Indigenous, People of Color*

CFA *Critical Frame Analysis*

GA *General Assembly*

HRC *Human Rights Council*

LGBTQ *Lesbian, Gay, Bisexual, Trans, Queer*

MH Day *Menstrual Hygiene Day*

MHH *Menstrual Health and Hygiene, Menstrual Health and Hygiene*

MHM *Menstrual Hygiene Management*

NGO *Non-governmental organization*

QCA *Qualitative Content Analysis*

SDG *Sustainable Development Goal*

SRHR *Sexual and Reproductive Health and Rights*

TSS *Toxic Shock Syndrome*

UNESCO *United Nations Educational, Scientific and Cultural Organization*

UNICEF *United Nations International Children's Emergency Fund*

USA *United States of America*

WASH *Water, Sanitation and Hygiene*

WHO *World Health Organization*

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1. Introduction

State-funded paid menstrual leave in Spain, free period products in public buildings in Scotland, reduced tax on period products in Germany, tax-free menstrual products in Kenya and India – during the last years, news about national policies regarding menstruation repeatedly reached the public (BBC, 2018; Chabba, 2022; DW, 2022; Koschyk *et al.*, 2019; Schmidt and Mckenzie, 2019). This shows that menstruation is gaining more and more importance in national political agendas. For some long overdue, for others groundbreaking, these policies have one thing in common: They bring menstruation, and particularly some of its challenges into the limelight.

In 2021, about 1.9 billion women were estimated to be of reproductive age, between 15 to 49 years old (World Health Organization, 2021). This group is estimated to constitute about 25% of the total word population (United Nations, Department of Economic and Social Affairs, Population Division, 2019). While acknowledging the limitations of the estimates, this means that approximately a quarter of the world's population menstruates at some point in some form. Even though there is such a large number of people menstruating, menstruation can be described as a well-kept secret and only recently came to trend on the news. Shark, ketchup, or strawberry week or visits by aunts called by the names of Red, Flo or Rose – all these are euphemistic expressions for menstruation (Clue, 2016). Hardly any other biological process can boast this many code words. There seem to be no limits to creativity and yet, this often amusing kind of secret language is almost reminiscent of a top secret mission: The average five days of menstruation that commonly occur every month for the people who are endowed with a uterus and who are of reproductive age.

Besides having to keep this mission a top secret, many menstruators face additional challenges that can make this natural process a great difficulty, leading to negative effects on well-being, education, productivity, equal opportunities and participation, among others.

The following quote illustrates a few of the issues menstruators[1] struggle with:

> Consider that people who menstruate are often unfamiliar with bodily processes, in particular before reaching [their first menstruation]. […] Consider that many menstruators hesitate to seek medical advice, and those who do are often faced with healthcare providers who are not trained on menstrual cycle-related conditions. […] Consider that menstruators are often labelled and perceived as hysterical, not trustworthy, and unfit for decision-making. (Winkler, 2021, p. 244)

Menstruation has a very big impact on the lives of people who menstruate. However, the general secrecy and taboo around menstruation as well as an extraordinary amount of coping mechanisms make it hard to tell. These can include staying away from school or work, modifying clothes and activities or avoiding to buy menstrual materials in stores where they could be recognized, among others (Winkler and Roaf, 2015, pp. 9, 11). Restrictions in mobility, freedom and choices of millions of menstruators call for global action. In 2014, the United Nations Human Rights Council acknowledged, for the first time, that the menstrual stigma and lack of MHH have a negative impact on gender equality (Human Rights Council resolution 27/7, 2 October / 2014, p. 3).

Within sustainable development, the concept of Menstrual Health and Hygiene seeks to tackle these issues and many interventions are being implemented worldwide. The Menstrual Health Hub lists more than 900 organizations working in the field (Menstrual Health Hub, 2022). While recently governments of countries of the Global North[2] have been reported to take action, it stands out that issues and interventions for MHH are mainly discussed with reference to the Global South. It is of further interest that in sustainable development MHH has been framed as an adolescent girls' issue. Bobel (2019, p. 122) identified three nested problem frames used in MHH campaigns: The umbrella frame is 'Girlhood in the Global South is precarious', within it lies 'Menstruation is a hygienic crisis for girls' and embedded in this is 'Girls lack access to "appropriate" menstrual materials'.

[1] Not all who menstruate are women and not all women menstruate. The author thus will use the term menstruator where possible. For further explanation please refer to Appendix A: Language notes on 'Menstruator'

[2] For a detailed explanation of the terms Global North and Global South, please see chapter 3.1

Encouraged by these findings, this thesis aims to find out how MHH is outlined in and for sustainable development. This thesis seeks to answer the following questions through a critical review of MHH in selected resolutions of the United Nations with special attention to power relations and gender:

1. What information about MHH can be found in the selected documents?
2. How are diagnoses and prognoses of issues around MHH represented?
3. What do patterns/frames imply, also regarding gender and power relations?

A combination of qualitative content analysis and critical frame analysis was applied.

This thesis begins by laying out the theoretical framework of this research. Chapter two seeks to explore what makes MHH important for sustainable development and vice versa. It presents the evolvement of the concept and examines the challenges and experiences of menstruation. It establishes its relevance for sustainable development in the sense of the Agenda 2030, presents common trends and foci in programming and interventions as well as a closer illustration of common themes MHH is embedded in.

Chapter three seeks to explore how power relations manifest and reflect in sustainable development, amongst other from a gender perspective. It examines the relationship between the Global North and the Global South, the power relations on the Agenda 2030 as well as with regard to similarities, differences and double standards in MHH work. It discusses images of women and girls in the Global South and their implications, also with regard to MHH work.

Chapter four describes the methodology used for the research including methods for data collection and analysis.

Chapter five presents the findings of this research. The overall content is presented focusing on the key themes of larger context, menstrual challenges, affected groups, locality, focus of action and aspiration. Subsequently, each resolution is presented focusing on diagnoses and prognoses frames of the resolutions.

Chapter six analyzes the results, giving an overview of content included and excluded in the resolutions, highlighting the identified frames ‘MHH is human rights issue’, ‘MHH is to blame for school absenteeism’ and ‘MHH is a problem of the “third-world girl”’.

2. Menstrual Health and Hygiene and Sustainable Development

Menstruation marks the beginning of a new cycle where the uterus repels mucous membrane it had formed for a possible pregnancy. On average, menstruation occurs for a duration of 5 days and will reoccur 23 days later. From menarche[3] to menopause[4], approximately 2,100 days total are spent menstruating during a lifetime of a woman, mostly starting around the age of 12 until a woman's 40's (UNICEF, 2008, p. 7)[5]. Menstruation constitutes a significant stage in the transition to maturity and adulthood alongside previously entered puberty involving physical, psychological, and cognitive changes as well as marking the ability to reproduce. Perimenopause again involves physical and psychological changes with menopause marking another new stage in a woman's life (Coast, Lattof and Strong, 2019, p. 293; The African Population and Health Research Center, 2010, p. 1).

It can be stated that firstly, menstruation is experienced by a large number of people in the world and secondly, menstruation constitutes a very profound experience that occurs over a long and crucial period of time in a person's life. The large amount as well as the profundity give reason to think of menstruation as a topic of utmost importance and exceptional significance. Yet, menstruation is surrounded by silence and remains a big taboo. The following chapter will explore the link between MHH and sustainable development. It will begin by defining the concept of MHH, then move to investigate menstrual experiences and challenges such as information and knowledge, menstrual material, facilities, health services, stigma, and their impacts. The last part of the chapter will review the role of MHH in the 2030 Agenda, with a focus on MHH programming as well as human rights and school absenteeism as common themes of MHH.

[3] The first menstrual period of an individual (Merriam-Webster Dictionary, no date).

[4] The natural cessation of menstruation (Merriam-Webster Dictionary, no date).

[5] It needs to be emphasized that these numbers cannot depict the great variety of and within menstruation, the female cycle and the people who undergo it. Not all who menstruate are women and not all women menstruate. The author thus will use the term menstruator where possible. For further explanation please refer to Appendix A: Language notes on 'Menstruator'

2.1. From MHM to MHH to MH

Menstruation is experienced by many people, it is a major life event reoccurring over a long period of time, and there are a number of challenges menstruators have to face. This illustrates why menstruation is a topic of great importance that needs special attention. The term 'Menstrual Hygiene Management' (MHM) was established in 2012 by the World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) Joint Monitoring Programme for drinking water, sanitation, and hygiene (2012, p. 16):

> 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 safe and convenient facilities to dispose of used menstrual management materials.

This first concept of MHM showed a strong focus on the management of menstruation through a description of the material and facilities necessary. A more comprehensive definition has been shared by UNICEF (2019, p. 8) which included intangible factors and illustrated the evolution of MHM into 'Menstrual Health and Hygiene':

> Menstrual health and hygiene (MHH) encompasses both MHM and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights. These systematic factors have been summarised by UNESCO as accurate and timely knowledge, available, safe, and affordable materials, informed and comfortable professionals, referral and access to health services, sanitation and washing facilities, positive social norms, safe and hygienic disposal and advocacy and policy.

In 2021, a group of researchers, practitioners, advocacy, and funding experts developed a definition for the term 'Menstrual Health'[6]. The goals of this new definition and evolution of the MHH concept were to ensure prioritization of menstrual health as an objective in national policy, development, global health, and funding frameworks as well as to point to the breadth of menstrual health. Finally, a shared vocabulary for learning and communication across silos was needed (Hennegan *et al.*, 2021, p. 1). In addition to these objectives, there were also substantive reasons for the new definition: the former

[6] Throughout this thesis, the author will use the abbreviation MHH as it is still commonly used in the development sector and emphasizes the sector's focus on the hygiene aspect of menstruation.

hygiene terminology was criticized for unintentionally reinforcing menstruation as dirty or impure, a proper definition should go beyond the care for menstrual bleeding and include social, psychosocial, and health components, and, lastly, should include gender-diverse populations (Hennegan *et al.*, 2021, p. 5). The new core definition of menstrual health includes "information about the menstrual cycle and selfcare; materials, facilities and services to care for the body during menstruation; diagnosis, care, and treatment for menstrual discomforts and disorders; a positive and respectful environment which minimises psychological distress; and freedom to participate in all spheres of life" (Hennegan *et al.*, 2021, p. 3). Thus, menstrual health is defined as follows:

> 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.
>
> Achieving menstrual health implies that women, girls, and all other people who experience a menstrual cycle, throughout their life-course, are able to:
>
> - access accurate, timely, age-appropriate information about the menstrual cycle, menstruation, and changes experienced throughout the life-course, as well as related self-care and hygiene practices.
> - care for their bodies during menstruation such that their preferences, hygiene, comfort, privacy, and safety are supported. This includes accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation and hygiene services, for washing the body and hands, changing menstrual materials, and cleaning and/or disposing of used materials.
> - access timely diagnosis, treatment and care for menstrual cycle-related discomforts and disorders, including access to appropriate health services and resources, pain relief, and strategies for self-care.
> - experience a positive and respectful environment in relation to the menstrual cycle, free from stigma and psychological distress, including the resources and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle.
> - 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. (Hennegan *et al.*, 2021, p. 2)

This definition of menstrual health encompasses mental, social, and physical well-being and aligns with the WHO definition of health. It is explicitly linked to the female cycle to show that health issues or consequences are not limited to menstruation only and it shows a more holistic view of the matter (Hennegan *et al.*, 2021, p. 2). Further, it is more inclusive than the former definitions as it includes all who experience a menstrual cycle.

It also recognizes that regular bleeding does not necessarily occur by staying by the term menstrual cycle and acknowledging changes throughout the life-course (Hennegan *et al.*, 2021, p. 3). The word 'experience' emphasizes that menstruation and the cycle are experienced differently depending on needs and circumstances such as religion, ethnicity, caste, culture, disability, age, gender identity, housing factors, migration, disaster, insecurity acknowledging intersectionality[7] and heterogeneity of menstruators (Hennegan *et al.*, 2021, p. 3).

The first key element for Menstrual Health, accessible information appropriate in age and adjusted to impairments, enables menstruators to make informed decisions that can tackle taboos and myths, it supports bodily autonomy, can decrease discomforts, and helps menstruators to distinct cycle changes that might need medical attention. Timely information about biological factors, nutrition, self-care, hygiene as well as about changes in the menstrual cycle in the life-course with its relation to reproduction and fertility provides for mental well-being and an understanding of menstrual health and sexual and reproductive health and rights (SRHR) (Hennegan *et al.*, 2021, p. 3). Materials, facilities, and services are defined as a second key element for MH. Menstrual care materials should be affordable and accessible so that menstruators are able to choose their preferences that are comfortable for them to support their hygiene and minimize harm. Menstrual materials need to be safe and so must the location of infrastructure and services, facilities, and disposal practices to avoid risks of physical, emotional, social, or environmental harm. Good infrastructure and facilities include transporting and storing materials, the availability of changing materials, material disposal and cleaning and/or sterilizing options as well as hand and body washing facilities to enable self-care in privacy (Hennegan *et al.*, 2021, pp. 3–4).

A third key element for MH are appropriate health services. Menstruators need to have access to these services, competent health workers, and a menstrual needs responsive health environment. Additionally, they need to feel comfortable seeking advice and

[7] The complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups (Merriam-Webster Dictionary, no date); concept coined by Kimberlé Crenshaw (1989).

support as well as to be able to identify cycle abnormalities for their body for timely diagnosis and support for menstrual disorders and discomforts (Hennegan *et al.*, 2021, p. 4). A positive and respectful environment is the fourth key element for menstrual health. This applies to the interpersonal, community, and societal level so that family members, care-givers, the community, educational institutions, and the government can support and equip menstruators to confidently care for their bodies throughout their menstrual cycle (Hennegan *et al.*, 2021, p. 4). The fifth and last key element for menstrual health is the freedom to participate in all spheres of life. Decision-making and choice by menstruators on engaging in or abstaining from activities in civil, cultural, social, economic, and political life depending on their beliefs, preferences, and values without restrictions or exclusions related to their menstrual cycle play an important part for Menstrual Health (Hennegan *et al.*, 2021, p. 4).

From a strong focus on facilities and materials for MHM to MHH firstly including the broader systemic factors to MH with the most comprehensive and inclusive definition: Five key elements for physical, mental, and social well-being to achieve Menstrual Health for all people who experience a menstrual cycle.

2.2. Menstrual experiences and challenges

Menstruation may be experienced by the vast majority of people with a uterus but menstruation is by no means a universal experience of a unified community (Bobel, 2010, p. 90). It is broadly seen as an integral part of female identity, yet not perceived as 'feminine' in the sense of cleanliness and propriety which illustrates almost an irony surrounding this topic (Winkler and Roaf, 2015, p. 3). Topped by a culture of silence and stigma, the topic of menstruation hardly allows discussing problems and challenges around it. In line with Bobel's (2010, p. 8) remark "[i]f we can't *talk* about menstruation, how can we possibly make productive noise about menstrual culture and its interventions?". Across studies, menstruation is often associated with negative feelings like shame, distress, fear, and worry (Hennegan *et al.*, 2019, p. 27; Barrington *et al.*, 2021, p. 18). Seldom, positive sentiments about it were shared, such as pride of womanhood, healthy body function, or fertility (Hennegan *et al.*, 2019, pp. 27–28). To make menstruation a bearable experience and change the negative feelings around it, different

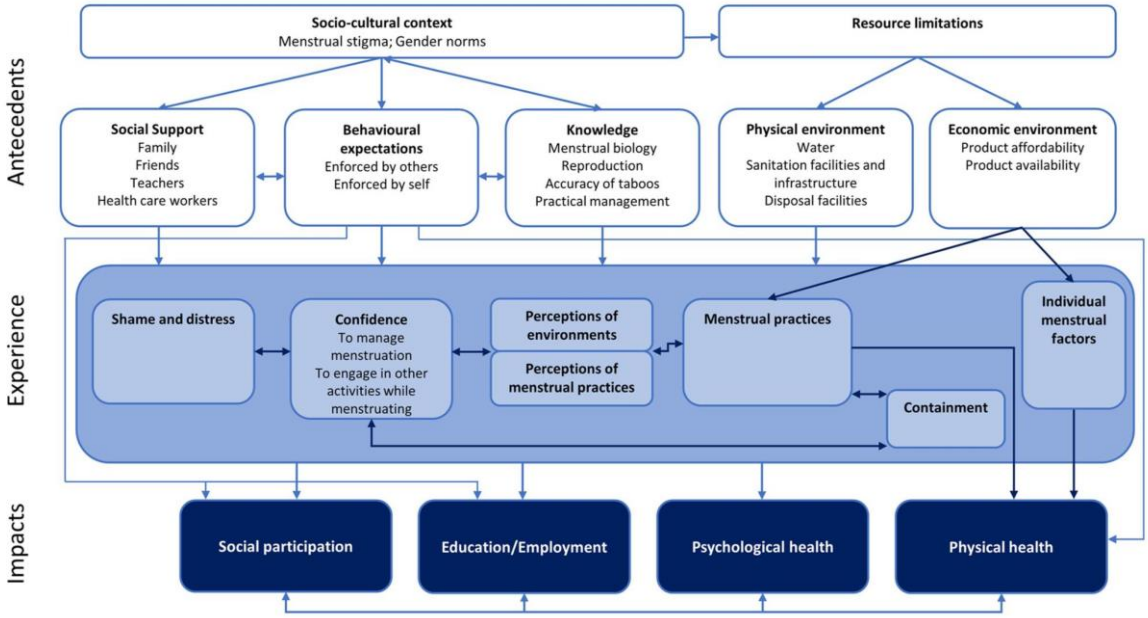
needs have to be met. Those needs have already been addressed by the aforementioned definition of MH and include information, materials, facilities, etc. A growing body of research in countries of the Global South[8] aims to inform governments and policies, of which countries of the Global North still have to learn (Barrington *et al.*, 2021, p. 2). Still, the evidence base for appropriate MHH interventions is regarded as limited and sometimes results in exaggerated and dramatized presentations or even misinformation (Bobel, 2019, p. 100; Winkler *et al.*, 2020, pp. 2–3). High-quality studies of MHH interventions tend to reveal more about knowledge gaps than the actual matter (Winkler *et al.*, 2020, p. 4)[9].

In the following, different forms of menstrual challenges will be elaborated on and discussed. The challenges can be characterized by structural and sociocultural nature. The author will present five types of challenges and their impacts based on the literature: (i) information and knowledge, (ii) menstrual materials, (iii) facilities, (iv) health services, and (v) stigma, taboo, and myths. See Figure 1 for a graphic overview as well as an illustration of links and mutual influences between menstrual challenges and experiences.

[8] For an explanation of the term please see chapter 3.1

[9] The study reviews chosen are not representative of all countries of the categories Global South or Global North, there is great cultural variation across and within and no intention of homogenization, only an intention to illustrate and summarize results along global power relations. Two meta-studies about the Global South and one meta-study about the Global North were selected, based on the latest publication available as well as representation of girls as well as women, and diverse.

Figure 1: Integrated model of menstrual experience



Source: Hennegan *et al.*, 2019, p. 13

Menarche

For many people, one of the first confrontations with menstruation is the very first own experience: the menarche. Menarche can occur as early as 9 years and as late as 16 years but averagely occurs between the ages 12 and 13 in Germany and other European countries. The age at menarche varies across several categories, including ethnicity, social status, and urban/rural context (Kahl, Schaffrath Rosario and Schlaud, 2007, p. 677; Tschacher *et al.*, 2022, p. 8).

Puberty and the onset of menstruation mark a big change in the lives of girls. It indicates fertility and female identity and brings along significant changes in how girls see themselves and how they are seen by society and family (Lahiri-Dutt, 2015, p. 3). This can include cautions about sexuality and propriety in ways that restrict the formerly enjoyed freedom of behavior (Johnston-Robledo and Chrisler, 2013, p. 10). Alongside, girls' roles increasingly become more adult, including changes in dress and behavior, possible school interruption or cessation, and restrictions of mobility (Coast, Lattof and Strong, 2019, p. 293). Especially the newly required menstrual practices involve new behaviors from girls in private and public spheres (Sommer, 2011, p. 78). Bobel (2010, p. 92) points to the controversy of menarche as a gateway to womanhood and warns of

equating menstruation with maturation and womanhood because it can lead to a reductionist and one-dimensional view of women as merely reproductive beings leaving out intellectual and emotional maturity, which is important for self-determination and development.

A girl's sense of self-esteem and own empowerment can take a negative shift during puberty (Sommer, 2011, p. 78). The impact of menstruation remains mostly negative in both societies of the Global North and Global South, which causes largely negative and sometimes mixed emotions (Bobel, 2010, p. 31). The study review by Chandra-Mouli and Patel[10] (2017, p. 7) shows that many girls living in different countries of the Global South had negative reactions to their first period, reaching from a shocking and fearful event to feelings of disgust. Another review by Hennegan et al[11] (2019, p. 20) confirms this impression and states that menarche was met with intense distress and confusion when unaware nearly universally across studies, with many thinking they might be sick or even dying. On the other hand, there were also some positive feelings about reaching menarche: Girls living in different countries of the Global South who had received prior information described menarche as a positive experience (Hennegan *et al.*, 2019, p. 20). More than half of schoolgirls in China, India, and Malaysia felt pride, and the more school-going girls in Mexico knew in advance, the less negative their attitudes were (Chandra-Mouli and Patel, 2017, p. 7). Another study from Mexico showed that late maturers were less scared and had positive feelings about menarche (Marva´n and Alcala´-Herrera, 2014 cited in Coast, Lattof and Strong, 2019, p. 300). The study review by Barrington et al[12] (2021, pp. 18–19) shows that menarche also causes predominantly negative emotional responses in countries of the Global North and it triggered gender

[10] Mapping the knowledge and understanding of menarche, menstrual hygiene and menstrual knowledge among adolescent girls in low- and middle income countries: 81 articles, 21 countries, rural-urban-mixed setting, school-going and out-of-school girls (Chandra-Mouli and Patel, 2017).

[11] Women's and girls' experiences of menstruation in low- and middle income countries: A systematic review and qualitative metasynthesis: 76 studies, 35 countries, over 6,000 participants (Hennegan *et al.*, 2019).

[12] Experiences of menstruation in high income countries: A systematic review, qualitative evidence synthesis and comparison to low- and middle-income countries: 104 studies, 16 countries, over 3,800 participants (Barrington *et al.*, 2021).

dysphoria, in the case of non-binary or transgender menstruators. With increasing age, some participants reported more positive emotions.

Many studies show that girls living in countries of the Global South are under-prepared for menarche (Coast, Lattof and Strong, 2019, p. 301; Chandra-Mouli and Patel, 2017, pp. 6–7). It is common that menarche serves as a trigger for knowledge acquisition (Coast, Lattof and Strong, 2019, p. 297). However, the gained information often is limited to its link with fertility and to avoid males without further explaining how pregnancy occurs (Hennegan *et al.*, 2019, p. 20). In countries of the Global North, participants reported that mothers play a key role at menarche; they provide emotional support or deal with menarche matter-of-factly, not mentioning it much (Barrington *et al.*, 2021, p. 27). In conclusion, menarche not only comes along with bodily changes and fertility. It also brings about new behaviors and (self-)perception. Most menstruators are not prepared, which leads to negative feelings and distress with a few exceptions of positive attitudes.

Similarly, menopause is met with uncertainty as well, and again comes along with bodily changes. Like menarche and menstruation, menopause is mostly invisible and met with silence. In countries of the Global North, women's menstruation ends between their early 40s and late 50s. Experiences differ for everyone, some see it negative (i.e. no longer able to reproduce, loss of female identity), some positive (i.e. free from menstruation and possible pregnancy), and for some it is both (Dillaway, 2020, pp. 253, 259, 262).

2.2.1. Information and Knowledge

Information is key for a good and healthy approach to menstruation, as the previous chapter about menarche illustrates. Studies show that many girls, who live in countries of the Global South enter puberty and menstruation with knowledge gaps and misconceptions and are thus un- or under-informed and unprepared (Chandra-Mouli and Patel, 2017, pp. 1-3, 12; Coast, Lattof and Strong, 2019, p. 297; Lahiri-Dutt, 2015, p. 8; Hennegan *et al.*, 2019, p. 20; Kirk and Sommer, 2006, p. 2; Sommer, 2011, pp. 80–81). Bobel (2019, p. 158) identifies menstrual ignorance as a global problem, although the Global North seems to assume it is more acute in the Global South. This could explain the lopsided data availability. Bobel (2019, p. 158) describes menstrual ignorance as an

inheritance from the menstrual stigma which suppresses information sharing and genuine dialogue. Barrington et al (2021, p. 28) reported that study participants from the Global North with menarche in the early-mid 20th century had not known about menstruation before. In Germany, every 5th participant did not know about menstruation before menarche occurred and in the United States of America (USA), Black, Indigenous, and People of Color (BIPoC) adolescent girls living in urban cities also lacked knowledge (Tschacher *et al.*, 2022, p. 7; Schmitt and Hagstrom *et al.*, 2021, p. 105).

To some, it is not clear that menstruation is a necessity for conception, or that the uterus is the source of menstrual blood (Chandra-Mouli and Patel, 2017, p. 3; Hennegan *et al.*, 2019, p. 20). Overall, information gaps can occur around the physiology of puberty and menstruation but also menstrual practices as well as relief and recognition of menstrual symptoms; or clarity on menstrual disorders and what is considered normal (Mumtaz, Sommer and Bhatti, no date, p. 1; Hennegan *et al.*, 2019, p. 20). Countries of the Global North show the same pattern: Survey participants also lacked sufficient and accurate knowledge about the biology and the link to reproduction as well as adequate menstrual practices (Barrington *et al.*, 2021, p. 28). Chandra-Mouli and Patel (2017, p. 3) reported that girls with limited knowledge often held misconceptions and Hennegan et al (2019, p. 20) confirmed that many girls sought information resulting from taboos such as practices or appropriate foods during menstruation.

Knowledge levels are influenced by a range of factors. In some studies in countries of the Global South, knowledge varied with school education, and deficits varied in content depending on the age of the menstruator (Hennegan *et al.*, 2019, p. 20). Studies conducted with Indian slum dwellers and Nigerian schoolgirls report that age had a significant effect on knowledge; older girls tend to be better informed. Education levels also had a significant influence in studies conducted in India and Nigeria. In studies carried out in India and Pakistan, schoolgirls had greater awareness than those not attending school (Chandra-Mouli and Patel, 2017, p. 3). In Nigeria, the parents' education level significantly influenced girls' knowledge prior to menarche (Chandra-Mouli and Patel, 2017, p. 6). In countries of the Global North, social support influenced the amount of knowledge of menstruators regarding practices and biology with knowledge increasing over time (Barrington *et al.*, 2021, p. 34). In turn, knowledge also influences other factors of menstruation: Studies conducted in the Global South showed that knowledge greatly

influences the menstruation experience (Hennegan *et al.*, 2019, p. 17). In the Global North, a lack of knowledge led to negative menstruation experiences, affected participation, and increased mental burden and in Mexico and China studies showed that a higher level of knowledge decreased negative feelings and made girls feel more prepared and less secretive (Barrington *et al.*, 2021, p. 34; Marva´n and Molina-Abolnik, 2012 & Su and Lindell, 2016 cited in Coast, Lattof and Strong, 2019, p. 298). Knowledge also influenced practices undertaken for managing menstruation as well as the menstruator's perceptions of their practices (Hennegan *et al.*, 2019, p. 20).

Girls living in the Global South expressed a strong need for more practical information, especially on pain relief and menstrual practices (Hennegan *et al.*, 2019, p. 20). Kirk and Sommer (2006, p. 3) conclude that girl's practical needs are not properly addressed and Coast, Lattof and Strong (2019, pp. 294, 302) emphasize that menstrual information needs to enable girls to "deal with the software (e.g. knowledge) and hardware (e.g. absorbents, disposal) of menstruation", that it needs to be culturally and age appropriate and taught to both girls and boys. They also criticize that research needs to develop a consistent and evidence-based standard of what makes knowledge acceptable and appropriate to be able to collect and compare data better.

Lahiri-Dutt (2015, p. 10) sees the source and transmission of knowledge as fundamental. In South Asia, sex education remains controversial and menstruation is not captured in the institutional education system, whereas in the Global North, girls source menstrual information from institutions that teach scientific knowledge about physiology. Mothers constitute the primary source of information globally (Tschacher *et al.*, 2022, p. 9; Barrington *et al.*, 2021, p. 29; Hennegan *et al.*, 2019, p. 21; Coast, Lattof and Strong, 2019, p. 300; Chandra-Mouli and Patel, 2017, pp. 1-3, 12). However, mothers are not always the preferred source and they often communicate their own misconceptions or, in the case of the Global North, do not provide enough information (Coast, Lattof and Strong, 2019, p. 300; Chandra-Mouli and Patel, 2017, pp. 1–2; Barrington *et al.*, 2021, p. 29). In some countries of the Global South, mothers as interlocutors were considered culturally inappropriate (Hennegan *et al.*, 2019, p. 21; Chandra-Mouli and Patel, 2017, p. 6). Sometimes, sisters were the second most common source of information and a few times they surpassed mothers as the primary source (Chandra-Mouli and Patel, 2017, p. 3). Also, other female relatives and friends were reported to provide menstrual

knowledge (Sommer, 2011, p. 81; Chandra-Mouli and Patel, 2017, p. 3). However, often the information received was not timely, as it was mostly provided after menarche, nor adequate, as their own knowledge was not comprehensive or misconceptions were passed on (Chandra-Mouli and Patel, 2017, p. 12). Nevertheless, the majority of girls in a study in Mexico reported to have discussed menstruation prior to menarche with their mothers and in Nigeria, more than half of the school girls were made aware of menstruation and informed on practices to collect and dispose of menstrual flow (Chandra-Mouli and Patel, 2017, p. 6). In most parts of the world, the source of menstrual knowledge is informal and mostly provided by mothers, female relatives, or friends (Thakre et al. 2011 cited in Lahiri-Dutt, 2015, p. 10). Lahiri-Dutt (2015, p. 10) criticizes that knowledge traditionally transferred through the generations within the private sphere seems to have been devalued by medical and public health studies to be 'pre-modern or underdeveloped' leading to a kind of knowledge competition.

Teachers were among the least common sources of menstrual knowledge in countries of the Global South, whereas a study from Germany showed that school played a key role in knowledge transmission as many menstruators and boys obtained first information there (Chandra-Mouli and Patel, 2017, p. 3; Tschacher *et al.*, 2022, p. 9). In countries of the Global South, several factors seem to explain why menstruation is often not discussed in schools: On the one hand, cultural taboos prevented teachers in studies from Nigeria and Afghanistan to discuss menstruation and sex-related topics (Chandra-Mouli and Patel, 2017, p. 6; Kirk and Sommer, 2006, pp. 9–10). On the other hand, some teachers do not perceive menstrual education as part of their role or lack the training and preparation to teach it, which leads to the avoidance of the topic and also the reproduction of myths (Chandra-Mouli and Patel, 2017, p. 6; Sommer, 2011, p. 81; Kirk and Sommer, 2006, p. 9). An example from Ghana shows that teachers who had been trained in a play-based approach to teaching about menstruation were more confident than those without training (Chandra-Mouli and Patel, 2017, p. 6). Additionally, school curricula of government schools in Mumbai, India often did not cover puberty and menstruation in a comprehensive and explicit way, with some textbooks containing sexless bodies and no reference to reproduction or menstruation (Kirk and Sommer, 2006, p. 8). Kirk and Sommer (2006, p. 10) also point to the male dominance at school among staff and in administration which could lead to the dominance of male perspective regarding school facilities and teaching perspectives.

Media, such as websites, books, newspapers, magazines, television, and radio was not a common source of information, because not all have access to them. In some studies from Turkey, Sri Lanka, Nigeria, Nepal, Malaysia, Jordan, India, Ghana, and Egypt, it was reported to be used as additional information sources or as the only source available (Chandra-Mouli and Patel, 2017, pp. 4, 12).

Besides stress and a lack of self-confidence, menstrual ignorance and more broadly ignorance about the own body and sexuality can cause exploitation and increase vulnerability to early sexual debut that can lead to abuse, unwanted pregnancies, sexually transmitted diseases, genito-urinary infections, as well as child marriage (Parfitt, 2015, p. 257; Coast, Lattof and Strong, 2019, p. 293; Dauenhauer *et al.*, 2017, p. 3). To conclude, information about menstruation is often shared 'too little too late', starting after menarche instead of before. Informants sometimes pass on misconceptions and taboos, information is incomplete or not explicit enough, and access to information is not always easy. Knowledge about the biological process but also about practical ways to deal with it is key to good MHH. There seems to be an unmet need of guiding girls through puberty and participatory approaches are needed to fill the knowledge gaps (Sommer, 2011, p. 86; Kirk and Sommer, 2006, p. 13). Additionally, information is needed to raise awareness about menstruation and change perceptions as well as for addressing more practical issues like menstrual materials or adequate facilities (Winkler and Roaf, 2015, p. 25). To solve this problem, Bobel (2019, p. 158) calls for innovative ways to communicate information to adolescent girls and their surroundings, including parents, boys, teachers, principals, community leaders, etc.

2.2.2. Menstrual materials

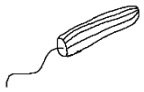
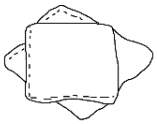
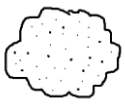
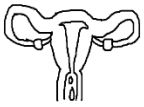
For good MHH, menstrual materials must be affordable and accessible to all. Many menstruators do not have sufficient access to the menstrual care products of their choice often due to financial constraints, commonly referred to as period poverty (Winkler and Roaf, 2015, pp. 22–23). In studies from India, Tanzania, and Uganda, the cost of sanitary pads was a concern for some girls and, in other studies from the Global South the lack of funds to purchase products was a frequent finding as well (Chandra-Mouli and Patel,

2017, p. 12; Hennegan *et al.*, 2019, p. 24). Some noted that commercial sanitary pads were considered an unaffordable luxury and many struggled to afford their preferred material, including pain relief and soap. Some studies identified factors like shortages in stock or taxes, retailer markup, and remote location leading to inflated prices (Hennegan *et al.*, 2019, pp. 24, 32). Furthermore, studies reported that girls undertook paid employment to generate funds, with one study from Ghana and two studies from Kenya noting that some girls engaged in transactional sex to meet funding and menstrual needs. Sometimes, although unreliable and inconsistent, free materials were provided by non-governmental organizations (NGOs) or in humanitarian contexts (Hennegan *et al.*, 2019, p. 24). Lack of access to adequate materials and period poverty resulted repeatedly in the use of materials like paper, cotton, or old cloth, among others, to catch the menstrual flow. Those alternatives, however, are not safe and unhygienic (Chandra-Mouli and Patel, 2017, p. 12).

The issue of period poverty is mostly reported in countries of the Global South but it can be observed that countries of the Global North, too, have identified a lack of access to menstrual care products for marginalized people such as poor, homeless, and incarcerated menstruators (Bobel, 2019, pp. 104–105). The study review by Barrington et al (2021, p. 29) confirms this as several study participants of the Global North stated resource limitations, most prominent with low-income or marginalized groups, sometimes experiencing homelessness. In Germany, period poverty is experienced mostly by young women between 16 and 25 years old. Many girls and women indicated period products to pose a financial burden with many trying to decrease material consumption, sometimes by delaying material change as long as possible risking infections (Tschacher *et al.*, 2022, p. 7). In other studies, participants reported feeling embarrassed when they had to obtain materials from friends, NGOs or shelters when they could not afford them (Barrington *et al.*, 2021, p. 30). In the Global North, an overwhelming policy response to tackle period poverty was observed; Scotland, for example, started to provide free materials for all who want them and Australia announced to provide free pads for government schools (Barrington *et al.*, 2021, p. 2). In both the Global South and North, resource limitations for menstrual materials affect the menstruators' confidence and give rise to disgust and negative experiences. This leads to a mental burden and constrains the person's participation in activities (Hennegan *et al.*, 2019, p. 24; Barrington *et al.*, 2021, p. 34).

There is a range of menstrual materials, and each menstruator should choose the material that fits personal preferences (for an overview please see Table 1). These also may differ across cultures and regions and what is considered acceptable there. For example, some might select tampons while others find vaginal insertion not acceptable. Regardless of the specifics, all materials need to be comfortable and absorbing to avoid leaking and staining as well as safe, so as not to cause infections (Winkler and Roaf, 2015, p. 22). A study about urban living girls in Kenya reported sanitary pads to be the preferred option for convenience and reliability, although half used a combination of cloth and pads or only cloth due to budget constraints. A third of rural living schoolgirls in a study in Uganda reported using tissue paper which was stated, among cotton, as an absorbent for girls in various countries of the Global South (Chandra-Mouli and Patel, 2017, p. 12). Coast, Lattof and Strong (2019, p. 301) also noted that the use of sanitary pads was low amongst studies from countries of the Global South, while most seemed to prefer and value pads they were unaffordable for many. A Nigerian study about school girls showed that almost all of them used sanitary pads and a case from India indicated that alternative and/or reused absorbents were associated with illness by girls (Coast, Lattof and Strong, 2019, p. 301). This could be explained by the stigma getting in the way of proper washing and drying of menstrual cloth as it must be hidden and thus often cannot dry and disinfect outside in the sun leading to bacteria growth and possible infections when used again (Bobel, 2019, p. 115). Bobel (2019, p. 102) points to a double standard in the MHH agenda concerning menstrual materials, namely that many traditional practices from the Global South, like using cloth, are regarded as less desirable while reusable cloth pads are the centerpiece of sustainable menstrual practices in the Global North. Studies from the Global North showed that the materials used during menstruation varied over time, from menstrual belts and washable cloths to single-use adhesive pads and tampons and later to reusable cups. Participants reported selecting menstrual material based on absorbance and length of changing periods. Heavy bleeders described to layer materials or combine them to prevent leakage. Many participants indicated sanitary pads to be scratchy and hot causing discomfort. Menstrual materials also impacted the choice of activity engagement during menstruation, especially sports activities. Tampons or menstrual cups were not preferred by some nonbinary persons or trans-men as the

Table 1: Overview of menstrual materials with advantages and disadvantages

DISPOSABLE PAD		Convenient, widely available, comfortable, easy to change	Relies on disposal systems and access to markets, risk of infections, certain activities not possible, short wearing time
TAMPON		Convenient, available in some countries, almost invisible when inserted, suitable for swimming, easy to change	Relies on disposal systems, hindered by cultural taboos on inserting and virginity, risk of infections, sexual intercourse not possible
SOFT TAMPON		Convenient, available in some countries, invisible when inserted, suitable for swimming, sexual intercourse possible, easy to change	Relies on disposal systems and access to markets, hindered by cultural taboos on inserting and virginity, risk of infections
MENSTRUAL DISC		Convenient, available in some countries, invisible when inserted, suitable for swimming, sexual intercourse possible	Relies on disposal systems, hindered by cultural taboos on inserting and virginity, not easy to change, risk of infections
PERIOD PANTY		Reusable, available in some countries looks like a normal panty, easy to change, sexual intercourse possible	Relies on privacy, water, soap and time to wash and dry, needs to be transported in a wet bag when not at home, certain activities not possible, expensive
MENSTRUAL CLOTH		Reusable, affordable, already used in many contexts, easy to change, sexual intercourse possible	Relies on privacy, clean water and soap, and time to wash and dry, needs to be transported in a wet bag when not at home, certain activities not possible, short wearing time
REUSABLE PAD		Reusable, can be home-made or produced locally, easy to change, sexual intercourse possible	Relies on privacy, water, soap and time to wash and dry, needs to be transported in a wet bag when not at home, certain activities not possible, short wearing time
MENSTRUAL CUP		Reusable, available in some countries, invisible when inserted, suitable for swimming	Relies on privacy, water and soap to clean, hindered by cultural taboos on inserting and virginity, not easy to change, sexual intercourse not possible, risk of infections
MENSTRUAL SPONGE		Reusable, available in some countries, invisible when inserted, suitable for swimming, sexual intercourse possible	Relies on privacy, water and soap to clean, hindered by cultural taboos on inserting and virginity, not easy to change, risk of infections
FREE BLEEDING		No material, low risk of infections, sexual intercourse possible	Requires high level of expertise, need for a toilet nearby when flow collects, certain activities not possible

Source: Author, adapted from International Planned Parenthood Federation, 2020; New Zealand Family Planning, 2022; Schmidt, 2021; UNICEF, 2019, p. 59

insertion contributed to gender dysphoria[13] (Barrington *et al.*, 2021, p. 29). Tampon use was considered taboo by study participants who reached menarche in the mid-20th century, often connected to a possible 'loss' of virginity. Many tampon users considered them as liberating because they allowed them to participate in activities and the use was easy to conceal, while others were reluctant to try them due to the risk of Toxic Shock Syndrome (TSS)[14]. Across studies, menstrual materials were often hidden when purchasing them and caused embarrassment when the cashier was male (Barrington *et al.*, 2021, p. 30).

Disposal methods for single-use materials can include throwing away with other trash, flushing, burying, burning, or unsafe disposal. Burning was a reported disposal method in studies from India and Nigeria. For reusable cloth, drying the washed material in sunlight rather than in hiding varied a lot with only a third indicating so from urban Pakistan compared two thirds of schoolgirls in India (Chandra-Mouli and Patel, 2017, p. 12). In countries of the Global North, disposal practices were chosen on the basis of concealment so that the menstrual status was not revealed. The washing of reusable cloths was reported to have to be done discreetly, although they often hung on shared clotheslines (Barrington *et al.*, 2021, p. 30). Reusable materials have a positive effect on the environment as they minimize waste but often are not as available or as affordable as single-use materials, except for menstrual cloths, and they need a washing and drying infrastructure to work well and cause no harm. Nevertheless, a single investment instead of a reoccurring one that needs steady funding is an attractive option for many menstruators. Single-use materials are widely available and commonly affordable, although they need to be repurchased, generate lots of waste and require a disposal

[13] a distressed state arising from conflict between a person's gender identity and the sex the person has or was identified as having at birth (Merriam-Webster Dictionary, no date).

[14] an acute disease that is characterized by fever, diarrhea, nausea, diffuse erythema, and shock, that is associated especially with the presence of a bacterium (*Staphylococcus aureus*), and that occurs especially in menstruating females using tampons (Merriam-Webster Dictionary, no date).

infrastructure to not cause further harm to the environment. Some are said to contain toxins from the bleaching process of industrial production which can be a health threat.

It can be concluded that menstruators must be able to choose menstrual materials that are acceptable to them. Accessibility, affordability, and acceptability must be ensured and materials need to be comfortable, absorbing, and safe to use to contribute to good MHH. Additionally, stigma can constrain the purchase and use of menstrual materials and disposal infrastructure is as important as washing and drying infrastructure.

2.2.3. Facilities

Facilities are important for MHH as menstruators must be able to change and dispose of menstrual materials when required, with access to soap and water for washing. Facilities need to be safe and hygienic and good maintenance is important to ensure adequacy (Winkler and Roaf, 2015, p. 23). A lack of access to functional toilets, clean water, and privacy thus make menstruation a difficult endeavor and limit preferred menstrual practices and safety (Chandra-Mouli and Patel, 2017, p. 13; Hennegan *et al.*, 2019, pp. 31–32).

In countries of the Global South, facilities for changing, washing, and drying materials and for cleaning hands and bodies were often unavailable or did not meet these needs (Hennegan *et al.*, 2019, p. 22). There was a variation in the availability and features of facilities across locations like home, work, school, or public areas and the absence of sanitation facilities outside of the home increased distress and the fear of shame of participants while decreasing their confidence. Menstrual practices were influenced by the availability of or the distance to soap and water, as well as the presence of locks and lights. Further, they were influenced by the environment and weather, as water scarcity altered behaviors and wet seasons challenged the thorough and discreet drying of reusable materials. Disposal practices were influenced by the availability of the kind of disposal mechanism, like an incinerator, bin, or community waste disposal or the use of pit latrines. Menstruators preferred disposal facilities that ensured privacy, and avoid pests, while non-affected persons were concerned about blockages of the sanitation systems (Hennegan *et al.*, 2019, p. 22).

In many parts of the world, sanitation in schools in particular is a neglected issue. Inadequate facilities cause disgust in children who use them only if they are desperate (Burt, Nelson and Ray, 2016, p. 22). In these cases, menstruators often undergo high discomfort and have to use one sanitary pad for the whole day with the risk of leakage, go home to change and do not return, or avoid school at all (Burt, Nelson and Ray, 2016, p. 23). Studies from the Global South showed that only a minority of girls in India and Egypt changed materials at school, while in Nigeria, almost half of the girls did. Due to a lack of privacy at school, girls from Nigeria, India, Uganda, and Egypt preferred to change absorbents at home. Besides the lack of privacy, water supplies, disposal options, and inadequate latrines were a barrier to managing menstruation at school for students from Uganda, Tanzania, and India (Chandra-Mouli and Patel, 2017, p. 12; Sommer, 2011, p. 81). In the USA, a study found that BIPOC adolescent girls living in urban cities lacked adequate facilities in schools (Schmitt and Hagstrom *et al.*, 2021, p. 105). In rural areas, outside of the school scenario, stress was often caused by cleaning and drying menstrual cloths or disposing of pads safely. This was because menstruators underwent the fear of being observed in non-private places so they cleaned or disposed of menstrual material when they were alone at home (Burt, Nelson and Ray, 2016, p. 22).

In the Global North, several study participants did not have access to adequate facilities where they could change or dispose of menstrual materials and clean themselves. This limitation was often indicated by participants that were part of marginalized and low income groups, sometimes undergoing homelessness (Barrington *et al.*, 2021, p. 29). A study about homeless menstruators in the USA found that suitable spaces for changing and disposing of menstrual materials, bathing, and washing clothing and underwear were not available for sheltered as well as street individuals (Sommer *et al.*, 2020, p. 7). For nonbinary and transgender menstruators, it was uncomfortable to use ‘men’s’ rooms facing a fear of being identified as a non-cis man and often no disposal options were available there (Barrington *et al.*, 2021, pp. 29–30).

Gendersensitive facilities

An adequate toilet is key for good health and hygiene for all. Nevertheless, sanitation experiences vary among men and women as they are impacted by biological, cultural, and social realities as well as differences in the ability to address and advocate their specific sanitation needs (Schmitt *et al.*, 2018, p. 1). The inadequate access of women and girls to a private and convenient toilet is, in fact, one of the most common forms of daily experienced gender discrimination (Schmitt *et al.*, 2018, p. 1). The distinct sanitation needs of women and girls stem from "their physiology, reproductive health processes, existing social norms, and vulnerability to violence" (Schmitt *et al.*, 2018, p. 2). They use sanitation facilities more frequently and for a longer period of time, particularly when pregnant, menstruating, or during other periods of vaginal bleeding (Schmitt *et al.*, 2018, p. 2). Also, the greater care work of women and girls requires them to accompany other persons into toilets to help children, the elderly, or family members with disabilities with their sanitation needs (Schmitt *et al.*, 2018, p. 2). In some areas, an additional financial burden for women and girls is created due to the coverage of children's access to pay-for-service facilities, sometimes limiting their own usage (Massey, 2011; Amnesty International, 2010 cited in Schmitt *et al.*, 2018, pp. 2–3). Especially in vulnerable situations, like low-resource or humanitarian contexts, women and girls suffer from stress, embarrassment, physical discomfort, and gender-based violence due to limited access to adequate sanitation facilities as these often lack easy access to water and soap, options for discreetly handling menstrual waste and safety measures like light, lock, doors and gender segregation (Schmitt *et al.*, 2018, pp. 1–2).

The consequences of inadequate toilets include a set of behaviors and coping mechanisms on the part of women and girls such as but not limited to the reduction of intake of liquids or food which can bear potential health risks, refraining from daily activities like work, school, or visiting the market place, using the dark hours of the day to bury the menstrual waste or disposing menstrual materials directly into toilets when disposal options are missing (Schmitt *et al.*, 2018, pp. 3–4). Besides health risks, self-exclusion, and system blockage, the lack of an adequate and accessible toilet bears high safety risks and can make women and girls victims of gender-based violence. When dependent on public or communal toilets, the risks for violence and stress increase for women and girls as they might need to walk long distances through unsafe areas. Furthermore, direct harassment

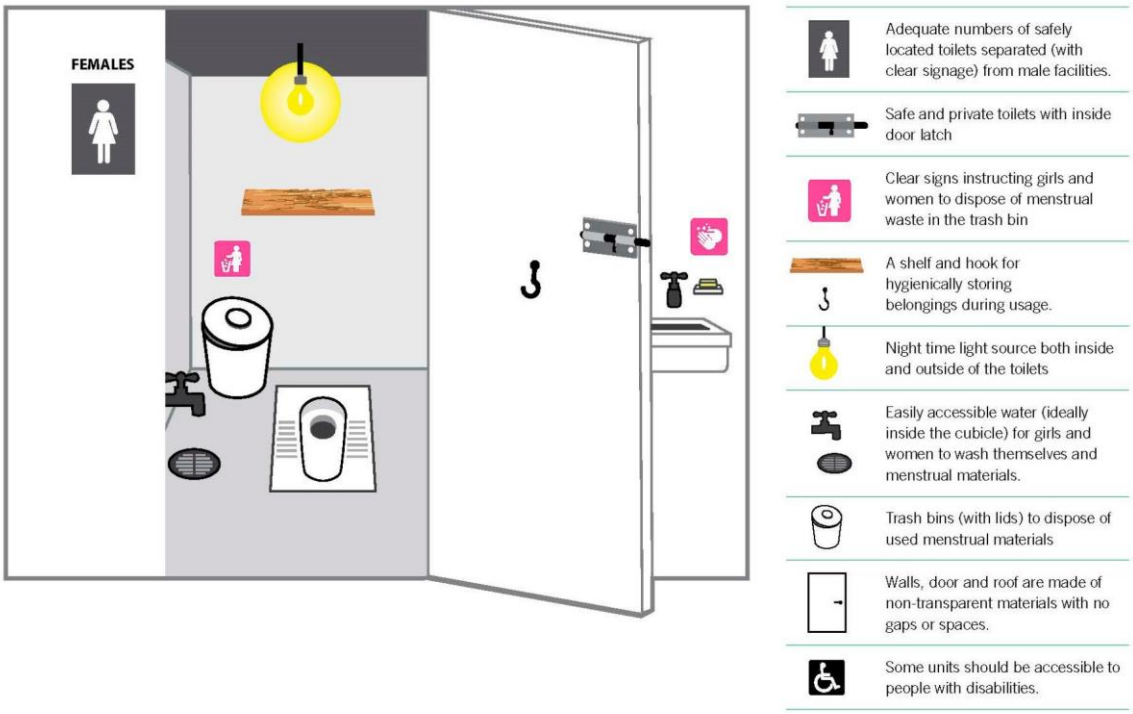
including sexual assault while using communal or public toilet facilities can occur (Schmitt *et al.*, 2018, p. 4).

Thus, adequate sanitation and hygiene facilities should guarantee access for users that are reliable, continuous, convenient, and safe for users. They should be supplied at school, work, public institutions, and places apart from their home. The distance and proximity to males are further core elements of the location. Gendersensitive facilities should protect privacy and dignity, with lockable doors, gender segregated stalls in public places, lighting inside the toilet block and in the surrounding area, and, dependent on the cultural background, have space for washing and drying menstrual cloths in private. Facilities should be accessible for people with disabilities and have enough space for caregivers (Winkler and Roaf, 2015, p. 23 Schmitt *et al.*, 2018, p. 4). They should include culturally acceptable disposal facilities as they are often the only available location to manage menstruation (Winkler and Roaf, 2015, p. 24; Schmitt *et al.*, 2018, p. 4). Additional requirements of public and communal toilets include affordability and availability, so that there are enough cubicles to avoid long queues, and reasonable opening times. In addition, they need to be well maintained and managed (WaterAid, 2018, p. 3).

These preconditions are also reflected in Schmitt *et al.*'s (2018, p. 2) definition of a gendersensitive toilet in a humanitarian context:

> A safe and conveniently located toilet, separated by gender (if communal or public), which provides privacy (doors, locks), a culturally appropriate menstrual waste disposal option (trash bins, chutes, pits), water and soap is available for washing blood off one's hands (water tap or bucket), suitable drainage and accessibility both during the day and night (area and internal lighting).

Figure 2: Example of a gendersensitive toilet in a humanitarian context



Source: Schmitt *et al.*, 2018, p. 5

Figure 2 shows a graphic example of a gendersensitive toilet incorporating the defined requirements. The design components of this toilet should always be adapted to the local context. This includes the facility type, such as public, institutional, or household, the toilet design, like pit latrines or pour-flush latrines, the water source (i.e., bucket or tap), as well as the preferred disposal mechanism, such as chute, trash bin or incinerator. Hooks or shelves for bags or menstrual cloths can be added, just like the provision of a wall mirror so the users can check for blood stains on clothing (Schmitt *et al.*, 2018, p. 5). Besides all preconditions and design adjustments, operations and maintenance of the gendersensitive toilets ensure sustainable and functional use. Waste management systems need to be intact, water sources need to be available, ventilation, doors, locks, and lights are working well and stalls are regularly cleaned (Schmitt *et al.*, 2018, p. 5). A study conducted by Schmitt *et al.* (2021, p. 9) in refugee camps in Cox's Bazar, Bangladesh shows that multi-purpose water, sanitation and hygiene (WASH) spaces can reduce shame and promote a sense of privacy as many people experience discomfort in accessing toilets depending on cultures and contexts. Such WASH spaces can help to diminish the stigma from changing, washing, or disposing of menstrual materials as they provide options for bathing, laundering, material changing or disposal in the same space (Schmitt and Wood *et al.*, 2021, p. 10).

This example illustrates that there is no such thing as the one true gendersensitive toilet. But, as described above, there are numerous characteristics that should be fulfilled and adapted to the local context to make sanitation and hygiene facilities adequate and gendersensitive - and thereby support good MHH. Schools are often underequipped and marginalized groups struggle the most with adequate access.

2.2.4. Health services

Access to health services for diagnosis, treatment, and care of menstrual discomforts or disorders is another important aspect for good MHH. Many menstruators experience pain during their periods but access to health services and their affordability can be a challenge (Winkler and Roaf, 2015, p. 8). In the Global South, at least half of the sample of the studies undertaken reported physical impacts of menstruation like pain or premenstrual symptoms (Chandra-Mouli and Patel, 2017, p. 7). Nevertheless, many did not access healthcare – often the economic environment restricted access to pharmaceutical pain relief. Therefore, many turned to household remedies (Chandra-Mouli and Patel, 2017, p. 13; Hennegan *et al.*, 2019, p. 28). Some girls in Bangladesh, Brazil, Egypt, Turkey, India, Iran, Malaysia, and Nigeria reported to self-medicate or consulted pharmacies for pain relief while others from Bangladesh, Brazil, India, Malaysia, and Sri Lanka took traditional medicine (Chandra-Mouli and Patel, 2017, p. 9). The consultation of health professionals was minimal and mostly perceived as unsupportive. Some participants with menstrual disorders or dysmenorrhea[15] were embarrassed to seek help while others reported various attempts through different kinds of health practitioners for effective pain relief (Chandra-Mouli and Patel, 2017, p. 9; Hennegan *et al.*, 2019, p. 21). In India, one study showed that some girls never discussed their problems with anyone and another study from India showed that the majority of girls sought help from a health professional (Chandra-Mouli and Patel, 2017, p. 9).

[15] painful menstruation (Merriam-Webster Dictionary, no date)

In the Global North, many menstruators indicated physical symptoms during their menstruation, varying in intensity from discomforts to disorders. Pain inflicted mental burden and affected relationships and participation in activities (Barrington *et al.*, 2021, p. 31). In Germany, a great majority of participants indicated pain and cramps and a third relies on painkillers. Another third referred to natural remedies (Tschacher *et al.*, 2022, p. 11). In other countries of the Global North, pain medication was also used often but with varying success and hormonal contraceptives for less painful menstruation were regarded controversially (Barrington *et al.*, 2021, pp. 31–32). Study participants with menstrual disorders like endometriosis[16], menorrhagia[17], or dysmenorrhea were usually not taken seriously by health professionals, and when pain and/or heavy bleeding was acknowledged the person's pain threshold was questioned and they were often told these menstrual symptoms were a part of 'being a woman' (Barrington *et al.*, 2021, p. 28). Similarly in Germany, many perceived health services for menstruation as inadequate and many were dissatisfied with the support often being dismissed with painkillers (Tschacher *et al.*, 2022, p. 7). Where healthcare workers were supportive, usually following many negative experiences, their help contributed to relief, reduction of the mental burden, as well as improvements in relationships and participation (Barrington *et al.*, 2021, p. 34).

In conclusion, menstruation is widely painful and many menstruators rely on painkillers or other remedies to navigate through it. For good MHH, there is a global need for supportive and educated health personnel who take menstrual issues, disorders, and menstruators themselves seriously.

2.2.5. Stigma, taboo, and myths

Sociocultural factors like behavior expectations, stigma, and taboo surrounding the menstrual cycle can impact mental, physical, and social well-being. For good MHH, the interpersonal, community, and societal levels need to form a respectful and positive

[16] the presence and growth of functioning endometrial tissue in places other than the uterus that often results in severe pain and infertility (Merriam-Webster Dictionary, no date).

[17] abnormally profuse menstrual flow (Merriam-Webster Dictionary, no date).

environment for menstruating individuals (Hennegan *et al.*, 2021, p. 4). In studies, the importance of the sociocultural context, including gender norms and menstrual stigma, was stressed in both the Global North and the Global South. It influenced menstruation experiences by enforcing behavioral expectations, limiting social support, and restraining menstrual knowledge (Hennegan *et al.*, 2019, p. 1; Barrington *et al.*, 2021, p. 18). Cultural and social determinants have a great influence on harmful practices (Parfitt, 2015, p. 257). Hennegan et al (2019, p. 17) found that restrictive gender norms of female propriety and expectations of roles of women and girls as daughters, wives, and mothers influenced knowledge, behavior, and social support in the Global South. Additionally, gender norms during menstruation restricted resource access, caregiving tasks, and movement (Hennegan *et al.*, 2019, p. 17).

Behavioral expectations were enforced externally and internally (Hennegan *et al.*, 2019, p. 21). Externally, behavior was enforced by family, teachers, community, etc. through teasing, discipline, signals, gestures, or instruction. The extent of behavior expectations varied in the degree of adherence and greatly influenced the menstrual experience with fear of menstruators failing to comply (Hennegan *et al.*, 2019, p. 22). Explicit cultural or religious expectations of menstruators as well as implicit concepts of propriety and cleanliness were part of externally enforced behavior varying across and within countries. This translated into various restrictions, such as not touching or cooking food, having contact with livestock, crops, or farming, interacting or sitting with males, having sex, not entering places of worship, or praying (Hennegan *et al.*, 2019, pp. 21–22). Internal behavior expectations, those that women and girls placed on themselves, comprised internalized stigma and restrictions and manifested in impacts on confidence as well as feelings of shame (Hennegan *et al.*, 2019, p. 22).

Stigma as a mark of defect has the power to isolate people from others. This can spoil appearance or character (Goffman, 1963 cited in Johnston-Robledo and Chrisler, 2013, p. 9). Bobel (2019, p. 124) identifies menstrual stigma as a set of socially constructed, shared cultural meanings shaped by community values of freedom, obligations, justice, and institutions like family, religions, governments, and schools. Menstrual stigma is learned and transmitted via sociocultural routes through a variety of codes and discourses, from product advertisement and media to everyday talk (Bobel, 2019, p. 11; Johnston-Robledo and Chrisler, 2013, p. 11). Advertisements for menstrual care products play an

important role in reiterating the stigma and communicating taboos. This is, by using blue rather than red liquid for the demonstration of the product, emphasizing secrecy and freshness, or even playing with a menstruator's fear of discovery which can result in stigmatization (Johnston-Robledo and Chrisler, 2013, p. 11).

According to Johnston Robledo and Chrisler (2013, p. 11), the widespread secrecy and taboo around the topic of menstruation and its hygienic management as well as the regular absence of menstruators in public life make menstruation a hidden stigma. Menstrual products are designed to be discrete and the menstrual status is not visible unless leaks expose the menstruator's stigmatized condition (Johnston-Robledo and Chrisler, 2013, p. 11). The silence around menstruation in many cultures emphasized its (hidden) stigmatization as something 'dirty' and 'impure' (Hennegan *et al.*, 2019, p. 17). Silence is seen to indirectly perpetuate menstrual stigma as it is typically avoided in conversation (Johnston-Robledo and Chrisler, 2013, p. 12). Only special talks in secret or privacy seem to be accepted for this topic, which conveys guidelines for communication about menstruation that define it as something to be concealed, not discussed openly, and something embarrassing (Johnston-Robledo and Chrisler, 2013, p. 12).

Menstrual stigma rationalizes different restrictions and discrimination. According to Bobel (2019, p. 12), it naturalizes prohibitions and restrictions for menstruating women such as food preparation and water fetching for their families, sharing sleeping quarters, sexual activity, or entering places of worship. Winkler (2021, p. 249) agrees, as it justifies unequal power relations as natural and necessary. In examples from India, Nepal, and Kenya, menstruating girls were sometimes limited from entering the kitchen or bedroom, or household work and cooking were not allowed. In India, there were sometimes limitations on who the girls were allowed to touch during menstruation and abstinence in religious practices (Chandra-Mouli and Patel, 2017, p. 9). Examples from Zambia stated movement restrictions, not being allowed around babies and children, not playing with males, or not praying. In Bolivia and Kenya, further limitations for menstruators included not touching plants or crops and not harvesting fruits. In an example from Nepal, complete seclusion for the time of menstruation was practiced. These restrictions are based on myths that menstruators are impure and that they may contaminate food or others (Dauenhauer *et al.*, 2017, pp. 3–4). In the Global North, some participants reported that they were not allowed to swim in cold water or wet their hair during menstruation

and were told that it would be physically dangerous to do so (Barrington *et al.*, 2021, p. 28). For Johnston-Robledo and Chrisler (2013, p. 10), the treatment of menstrual blood as an abomination is reasoning for menstrual rituals and hygiene practices. Even reminders of menstrual blood, actual or symbolic, like packaged tampons, were found to lead to a negative attitude towards women like social distancing and avoidance (Johnston-Robledo and Chrisler, 2013, p. 16).

Shame, self-consciousness, hypervigilance, and concerns about the revelation of the menstrual status are all consequences of the stigma and have negative consequences for health, well-being, social status, and sexuality (Johnston-Robledo and Chrisler, 2013, p. 12; Chandra-Mouli and Patel, 2017, p. 2). Menstrual stigma can even mark women as out-of-control, ill, unfeminine or crazy (Johnston-Robledo and Chrisler, 2013, p. 10). Internalized stigma has led to a variety of coping mechanisms, such as adapting menstrual materials, staying away from work or school, and other ways to hide the fact of menstruating demonstrating the difficulties menstruators face (Winkler and Roaf, 2015, p. 11). Self-monitoring and self-policing are common to ensure femininity and concealment of the menstrual status (Johnston-Robledo and Chrisler, 2013, p. 13). A stain of menstrual blood on clothes can be seen as a blemish on one's character so leakage can be described as the worst-case scenario as it is afflicted with a lot of shame (Johnston-Robledo and Chrisler, 2013, p. 10; Tschacher *et al.*, 2022, p. 7). Stigma prevents good menstrual literacy as it dictates how menstruators care for their bodies - including their access to facilities and materials. It compromises girls' access to the software and hardware needed to care for their bodies. The silence around the hidden stigma leads to more stigma hindering informative talk and good menstrual health education (Bobel, 2019, pp. 128, 285). It exacerbates difficulties, feelings of shame, and embarrassment and thereby constrains daily activities and seeking services for help, especially for marginalized and poor people (Sommer *et al.*, 2020, p. 7).

To overcome the stigma, Johnston-Robledo and Chrisler (2013, p. 12) assert that "women must resist, and cultures must reduce, the stigma" meaning that women must take over control about their experiences and that cultures must change how menstruation is viewed. For Bobel (2019, p. 285), this can be achieved with quality menstrual health education to cultivate a body-positive culture.

Stigma and taboo go hand in hand when it comes to MHH. Kirk and Sommer (2006, p. 2) describe the taboo around menstruation as a "culture of silence". Nobody should know when a girl or woman is menstruating – they are expected to cope in silence and refrain from discussing it. Especially in public and mixed company, silence is expected, sometimes even in family circles between mothers and daughters. Silence means that menstruation is shameful; it needs to be hidden and makes menstruators ignorant of their bodies (Winkler and Roaf, 2015, p. 5; Kirk and Sommer, 2006, p. 2). Menstruation can be regarded as a global taboo, resulting from social conventions differing in details across cultures but with one common feature: reluctance or great discomfort to openly address the topic (Dauenhauer *et al.*, 2017, p. 3). In some countries of the Global South, the taboo and silence around menstruation hindered those who wanted to support newly menstruating girls. Girls felt ashamed when having to inquire from adults and in another case girls who talked about menstruation were viewed as rude (Sommer, 2011, p. 81; Chandra-Mouli and Patel, 2017, p. 6; Coast, Lattof and Strong, 2019, p. 298). In the Global North, menstruation is generally avoided in conversation and many would not talk about menstruation with their fathers and around males (Johnston-Robledo and Chrisler, 2013, p. 12). The cultivation of the taboo manifests particularly in the product world: Quiet wrappers or concealing packaging for pads and tampons and carrying them in handbags to the bathrooms are common ways to keep menstruation secret (Bobel, 2019, p. 22; Lahiri-Dutt, 2015, p. 3).

But sometimes, even when silence is demanded, menstruators must talk about menstruation. Euphemisms provide a remedy to circumvent the communication taboo. They can be found around the world and the great number of them are exemplary of the secrecy and hidden stigma around menstruation. With the help of an international survey that was taken by people from 190 countries, the cycle tracking app 'Clue' (2016) identified more than 5,000 euphemisms for the word 'period'. In the USA, euphemisms were examined to be based on different themes. For example, some refer to cyclicity (e.g. 'it's that time of the month'), female visitors (e.g. 'my friend is here', 'a visit by Aunt Flo'), redness or blood (e.g. 'shark week', 'red plague'). Others refer to illness (e.g. 'the curse'), nature (e.g. 'Mother Nature's gift'), or products (e.g. 'riding the cotton pony', 'on the rag') (Johnston-Robledo and Chrisler, 2013, p. 12; Winkler and Roaf, 2015, p. 6).

To break the taboo and silence around menstruation, beliefs need to be identified and communication needs to be adjusted while respecting the culture in which they are rooted (Dauenhauer *et al.*, 2017, p. 3).

Menstrual mandate and etiquette

Bobel (2019, pp. 9–10) translated the taboo, hidden stigma, and behavior expectations into the 'Menstrual Mandate' which implies a set of rules for every menstruator to fulfill the expectation that menstruation should be silent and invisible:

> The mandate directs action. Keep your menstrual status to yourself. Hide menstrual care materials. Deny your body, buck up, and move on! The mandate requires vigilant menstrual stain management and creative concealment of products before, during, and after use. It also suppresses discussion about periods except in certain company and under specific conditions.

She elaborates further, that the mandate locates menstruation in the personal and private domain and that it is leveraged by shame to maintain menstrual invisibility and silence (Bobel, 2010, pp. 31, 220). The mandate dominates the behavior during menstruation, with menstruators preferring tampons over pads due to less visibility, wearing baggy clothes, and avoiding certain activities (Bobel, 2019, pp. 22–23; Johnston-Robledo and Chrisler, 2013, p. 12). However, complying to the etiquette of keeping menstruation a secret can also be seen as protective: When girls might not be empowered to make their own decisions concerning sexual activity and marriage, their power might lie in keeping their menstruation hidden (Bobel, 2019, p. 308).

In countries of the Global North, studies showed that the menstrual mandate is manifested by stigmatization, gender norms, and resulting behavior expectations. Difficulties in fulfilling the menstrual mandate often led to an increased mental burden, stress, negative experiences as well as decreased participation and consequences for intimate relationships (Barrington *et al.*, 2021, pp. 33–34). Speaking publicly about menstruation was generally avoided by study participants, especially addressing men and boys, as it was perceived as breaking a social norm (Barrington *et al.*, 2021, p. 19). Besides not speaking about menstruation, other behavior norms for menstrual etiquette included buying materials discreetly, hiding materials, concealing odor, and hiding physical

symptoms like pain. Behaviors were often instructed and enforced by mothers (Barrington *et al.*, 2021, p. 19). Similarly, in countries of the Global South, studies showed that menstrual etiquette enforced negative attitudes and concealing the menstrual status by keeping materials in place and minimizing detectable odor (Hennegan *et al.*, 2019, pp. 17, 27). Not abiding by the menstrual mandate (i.e. not being able to contain menstrual blood or odor) was viewed as a personal failure associated with shame, distress, and embarrassment (Hennegan *et al.*, 2019, p. 27).

Johnston-Robledo and Chrisler (2013, p. 14) point out that menstrual etiquette requires menstruators to stay in the menstrual closet, but "etiquette, like stigmatized conditions, depends on social, cultural, and historical context, and contexts can change". So there might be hope that the menstrual mandate can evolve from a constraining and rigid context to a supportive and accepting one so that menstruators are helped to achieve body-positive menstrual literacy instead of helping menstruators to pass as a non-menstruator (Bobel, 2019, p. 287).

Social support

Another factor of the sociocultural sphere relevant for good MHH is social support. As menstruators do not exist in a vacuum this factor, even if very apparent, can often be overlooked. In studies of countries of the Global South, social support consisted of peers, siblings, parents, teachers, and partners who were sources of comfort, resources, information, and assistance to undertake menstrual tasks (Hennegan *et al.*, 2019, p. 21). In school settings, friends and peers showed support by checking for stains, providing emergency supplies, and accompanying others to changing facilities. On the other hand, teasing or harassment about menstruation by peers, especially male ones, caused great distress (Hennegan *et al.*, 2019, p. 21). Mixed support was provided by teachers as some were sensitive and provided information and emergency supplies, but others were punitive or uncomfortable when girls experienced leakage. Female teachers were preferred over male teachers in this context as the latter were perceived as less understanding and could present threats of sexual advances (Hennegan *et al.*, 2019, p. 21). The support and perceptions of partners were reported to contribute to women's self-

conceptualization, the impact of menstruation on daily activities, and resource availability (Hennegan *et al.*, 2019, p. 21).

In studies from countries of the Global North, the perception of social support influenced menstrual experiences as well as the impact of menstruation on the study participants' lives. The support or lack of it, from family members, friends, colleagues, adolescent boys, and healthcare workers could influence emotional responses and participation in daily life. Menstrual knowledge could support confidence and well-being (Barrington *et al.*, 2021, pp. 27, 35). Support by grandmothers, sisters, and aunts was appreciated during adolescence by participants, sometimes also by brothers and fathers, and a few times fathers' support was perceived as inadequate (Barrington *et al.*, 2021, p. 28). In work settings, friends and colleagues were stated to assist in concealing and containing menstruation across the lifespan by notifying about stains, hiding menstrual practices, or providing materials. Sometimes, female colleagues and, a few times male, were reported to be emotionally and/or practically supportive allowing flexibility at work. Negative experiences included frustration by other women and their implication of menstrual disorders being a 'normal' part of life and thus must not have effects on participation or work quality when menstruators indicated being unable to fulfill social or work obligations due to pain or others symptoms (Barrington *et al.*, 2021, p. 28).

The stigma, along with the taboo, myths, and the mandate is the most influential factor on menstruation experiences on a global scale. Not only do the menstrual challenges of knowledge, materials, facilities, and health services mutually influence each other, but they all are also greatly impacted by the overarching stigma of menstruation.

2.2.6. Impacts

Menstruation and its challenges, particularly bad MHH, have many impacts on menstruators as seen throughout this chapter. These include harm to social engagement, education, and physical and mental health (Hennegan *et al.*, 2019, p. 2). Reduced participation, self-exclusion, and/or restrictions are among the most common effects that affect the lives of people who are menstruating. In countries of the Global North, reduced participation has various reasons: Pain and feeling unwell were stated by menstruators

but also a lack of confidence due to fear of disclosing their menstrual status or leakage and fear of inadequate or unavailable facilities (Tschacher *et al.*, 2022, p. 7; Barrington *et al.*, 2021, p. 32). Many refrained from participating in physical activities, including swimming. This was either due to behavior expectations and restrictions, the lack of appropriate materials, physical symptoms, or the fear of leakage (Barrington *et al.*, 2021, p. 32; Schmitt and Hagstrom *et al.*, 2021, p. 105). Non-participation also resulted from behavior restrictions from myths and religion. Many generally practiced social seclusion during menstruation and some were restricted from social engagement by mothers (Barrington *et al.*, 2021, p. 33). In some cases, participation was forced, either by mothers or due to behavioral expectations that menstruation should not be an obstacle which often led to distress and pain for the menstruators (Barrington *et al.*, 2021, 32).

In studies from countries of the Global South, altering movements and participation outside the home as well as restricting daily routines and physical activities such as sports were reported as results of pain or the fear of disclosing the menstrual state by odor or leakage (Hennegan *et al.*, 2019, p. 31; Chandra-Mouli and Patel, 2017, pp. 7–9). Non-participation also resulted from behavior expectations, also concerning sexual maturation and female propriety, myths and religion. There was varied adherence and acceptance to activity restrictions and non-participation with some disapproving of being excluded and others appreciating the rest (Hennegan *et al.*, 2019, p. 31). It needs to be highlighted that not all forms of non-participation are comparable. Some studies mentioned a sort of chosen non-participation that menstruators ideally practice based on their own decision but can be influenced by factors like infrastructure, stigma, and physical symptoms. Hence, the foundation for the choice to refrain from participation can be externally influenced. Here, rest can be a positive intention although often menstruators still seemed to feel uncomfortable due to their unproductivity or unsociability. On the other side, there is a sort of forced non-participation brought by restrictions, behavior expectations as well as myths deliberately excluding and limiting menstruators from participation. In this case, menstruators might go along more or less voluntarily due to internalized behavior expectations or less voluntarily to avoid conflicts or shaming. Conversely, forced participation also exists motivated by internalized behavior expectations or by mothers. All forced behaviors concerning participation deprive menstruators of their self-efficacy and can sustain long-lasting disempowerment and again negatively influence MHH.

Education is another dimension that is impacted by bad MHH. In countries of the Global South, this impact ranged from disengagement from class over part- to full-day absence. There were multiple reasons for it including unreliable materials with fear of leakage and odor, lack of knowledge and confidence in menstrual practices, inadequate facilities, pain, punishment from teachers after leakage, as well as travel and socializing restrictions (Hennegan *et al.*, 2019, pp. 30–31). In urban Malaysia, urban Lebanon, rural India, and Brazil, pain, dysmenorrhea, and other menstrual disorders were highly associated with school absenteeism (Chandra-Mouli and Patel, 2017, p. 9). Teachers noted that girls were distracted in class and girls from India, Uganda, and Malaysia even associated low grades and poor academic performance with menstruation (Chandra-Mouli and Patel, 2017, p. 9; Hennegan *et al.*, 2019, pp. 30–31). In the Global North, participants reported missing school usually due to pain while classroom engagement and concentration could also decrease due to a lack of knowledge and confidence as well as inadequate resources for pain management (Barrington *et al.*, 2021, p. 33; Schmitt and Hagstrom *et al.*, 2021, p. 105).

All in all, menstruation can be described as a biological process with many challenges: Some of them are of sociocultural nature and some concern resource limitations. Gender norms and menstrual stigma sort of lay at the foundation of the menstrual experience and an individual menstruator's experience is further impacted by knowledge, materials, facilities, health services, social support, and behavior expectations. In the end, the nature of the menstrual experience impacts physical and psychological health, education, and/or employment as well as social participation. To promote good MHH, it is crucial to not only focus solely on one challenge. Due to its cross-cutting nature, a comprehensive and multidimensional approach is necessary. As study results presented often varied within countries, it is difficult to draw general conclusions about certain areas of the world. The menstrual challenges presented can vary between individuals, groups, areas, etc. However, what can be established is that there is one kind of problem or another for menstruating individuals all over the world. Besides, menstruators far too often have to overcome problems single-handedly.

2.3. MHH in the Agenda 2030

MHH can be considered to be of great importance for sustainable development in the sense of the United Nation's 2030 Agenda. 17 Sustainable Development Goals (SDGs) with 169 targets and 230 indicators to be achieved by 2030 were ratified by 193 countries during the United Nations General Assembly (GA) in 2015. The goals are built around people, planet, prosperity, peace, and partnership to tackle poverty, climate change, and inequality for all people in all countries (Chakrabarti and Chaturvedi, 2021, p. 110).

Figure 3: MHH in the SDGs

Source: UNICEF, 2019, p. 15

Good MHH is central to achieving several SDGs. The issues, challenges, and negative outcomes elaborated on in the previous chapter can impact menstruators and simultaneously menstruators can be impacted by them. For example, this applies to education, work, health and well-being, gender equality, clean water and sanitation, consumption, and production patterns which are all themes of the SDGs. **Fehler!**

Verweisquelle konnte nicht gefunden werden. illustrates how MHH is implicated in these six SDGs.

2.3.1. MHH programming and interventions

Interventions and programming for good MHH must focus on three components: assets, services, and spaces. Assets include, for example, awareness, knowledge and confidence, water and soap, as well as a supply of menstrual materials; services include information and education; spaces include safe and adequate sanitation facilities. These three components are crucial for meeting the rights articulated in the SDGs (Loughnan *et al.*, 2020, p. 579). The SDG indicator framework only addresses MHH needs of menstruators in limits (Loughnan *et al.*, 2020, p. 587). In addition, MHH interventions are often differentiated between software and hardware interventions. The former focus on psychosocial interventions like the provision of menstrual literacy or efforts to address stigma and harmful taboos; the latter provide material resources such as infrastructure, disposal facilities, or menstrual materials (Hennegan, 2020, pp. 640, 643).

In February 2020, the author conducted a landscape analysis of current MHH activities to gain an overview of localities, foci, reusability of menstrual care products, and kinds of organizations implementing MHH work[18]. While the methodological constraints limited the generalizability of the results, the approach provides insight into patterns within the MHH activities landscape. Results showed that MHH programs were mostly implemented by non-profit organizations but also by several social enterprises. Implementation took place in many countries, the majority of them in the Global South, while most organizations were based in and headed by a person from the Global North. The most prevalent foci of the activities implemented were the distribution of menstrual

[18] Based on a quantitative content analysis, the websites of 114 active organizations working in the field of MHH were examined. These organizations were taken from the partners' list of the Menstrual Hygiene (MH) Day WASH United (2020). It needs to be pointed out that the sample does not represent the overall population of active organizations in MHH as the reliability of the data was impacted by the constrained methodological choices, the small sample size, and the author's influence on the data. The scope of this study was limited so that many aspects were not able to be investigated in more detail.

care material and provision of information while concentrating on reusable products. The landscape of MHH activities in 2020 was described as product-oriented with increased importance given to the sustainability of menstrual care products as well as indicating a possible diversification of the North-South pattern of program implementation.

The effectiveness of MHH interventions remains unclear as trials of effectiveness are limited in number and encompassed with limitations. Only little evidence is emerging about the effectiveness of improving knowledge with education interventions as well as greater school attendance encouraged by product provision interventions (Hennegan and Montgomery 2016 cited in Hennegan, 2020, p. 644). This means implementing organizations need to proceed with caution. Seemingly intuitive programs often fail to anticipate results and thus risk unintended harms. Therefore special attention to unintended outcomes should be paid in integrated monitoring (Hennegan, 2020, pp. 638, 647).

In the past, MHH has been closely associated with the WASH sector. Positive outcomes of this link are the scope and awareness of the international community as well as the advocacy, and technical contribution from the WASH sector of development cooperation. Linkages between MHH and WASH remain strong, especially regarding WASH infrastructure. Nevertheless, the strong association with the WASH sector was criticized as it would narrow the scope of human rights for women and girls. Menstruation is not just about cleanliness and MHH affects more sectors of life. Many MHH programmers call to move beyond the WASH sector, to link MHH with SRHR, education, work, human rights, and economics, among others. It should be treated as an intersectional and multi-sectoral issue with prioritization of a lifecycle approach (Miller and Winkler, 2020, pp. 653–656). Looking forward, comprehensive MHH programming needs to include conversations about menstruation as an entry point to comprehensive programming, strengthening investments, gender-smart policies, integrating MHH in education, and accessible guidance for parents. Furthermore, there is a need for a definition of what constitutes MHH programming, needs for MHH programming standards, regulations, unified frameworks, and effective coordination mechanisms (Miller and Winkler, 2020, pp. 664–665).

The close link to the WASH sector has also been criticized to be too male-dominated, that is by male engineers primarily focusing on technical solutions. Instead of supporting women's autonomy and agency, project efficiency is improved by putting women at the center of initiatives using them to extract value for invested money while positioning women as a development target (Lahiri-Dutt, 2015, pp. 1–2). Similarly, the 'girling-of-development' discourse is criticized for placing girls at the center to promote economic growth and make change for others: The 'girl effect' predicts that empowered girls will grow local economies and permanently interrupt the cycle of poverty. Suh a model places girls in an onerous situation and ignors other important factors (Bobel, 2019, pp. 47, 53). Further critique calls out MHH interventions for focusing too much on the individual level and too little on societal and structural change (Bobel, 2019, p. 7). Girls must not be the only target for MHH interventions as they do not exist in a vacuum, but also their social environment like families, boys, teachers, etc. (Bobel, 2019, pp. 10, 26). Bobel (2019, p. 285) further argues interventions should use a gender lens to address "the patriarchal social construction of the menstruating body as dirty, polluting, and out of control" to be able to challenge the stigma.

Many MHH campaigns judge traditional menstrual care methods as inappropriate so many women are falsely portrayed as lacking knowledge by them (Bobel, 2019, p. 129; Lahiri-Dutt, 2015, p. 13). Furthermore, Lahiri-Dutt (2015, p. 5) observes a universalization and generalization of menstruation for all women. Thus, tacitly communicating a kind of normativity, especially in their management practices and deviating from the norm being portrayed as lacking. This leads directly to a much criticized focus on product provision by MHH initiatives: Many campaigns seem to embrace a commodified simplification of the complex issues around good MHH by mainly or solely providing menstrual care products whereby materials are just a part of a complex sociocultural and economic problem (Bobel, 2019, pp. 10, 265). As tampons and single-use pads remain the standard products in the eyes of the Global North the product fix generates a waste problem adding to an often stressed system of waste management in different countries (Bobel, 2019, pp. 23, 71, 115). The resulting consumerism and commercialization of menstruation are criticized for facilitating emerging markets for multinational corporations as well as presenting improvement and relentless work by women as the norm (Lahiri-Dutt, 2015, pp. 2, 5, 13). It suggests power over the body through consumerism to ensure efficiency (Bobel, 2019, p. 255). Through the narrow

product focus, MHH initiatives also miss the cultural, psychological, and social factors that influence health and lead to gender discrimination as harmful practices are often a result of cultural or social influences. Sociocultural determinants are important for determining women's health status and for good MHH the cultural, educational, and attitudinal dimensions are often overseen due to the tangibility of product provision (Parfitt, 2015, pp. 250, 257, 259).

2.3.2. MHH and human rights

Besides the common association of MHH with WASH due to its evolvement from that development sector, human rights and school absenteeism are found to be often associated with MHH in the context of sustainable development. In the following, these links are observed in more detail.

Human rights are universal and inherent to all humans. The Universal Declaration of Human Rights was adopted by the UN General Assembly in 1948 and now contains 30 articles which range from fundamental to those that guarantee a good livelihood, regardless of nationality, religion, language, sex, or any other status (The Office of the High Commissioner for Human Rights, 2022). MHH touches upon several human rights. A lack of adequate WASH facilities affects, besides the right to water and sanitation, also the "right to privacy, human dignity, gender equality, and for non-discrimination and equality more broadly" (Winkler and Roaf, 2015, p. 13). Those further influence the livelihood of the menstruator and have an impact on the human rights to education, work and health (Winkler and Roaf, 2015, p. 13). Starting from this example scenario, several human rights will be reviewed in the context of MHH in the following (for an overview of human rights please refer to Appendix B: List of human rights).

When menstruating, sanitation facilities are also used for managing the disposal or change of menstrual materials (Winkler and Roaf, 2015, p. 21). These facilities must include adequate disposal options and moreover, how Winkler and Roaf (2015, p. 21) point out, the stigma around menstruation must not hinder the use of the facilities due to beliefs of contamination or impureness. *The human right to water and sanitation* is affected by these facts. *The right to ,privacy* is endangered when menstruators cannot wash or dispose

of used menstrual materials and clean themselves, and when there is no safe and private space to change menstrual materials. This can be the case, for example, for menstruators living in dense settlements, detention or poorly equipped work or school buildings (Winkler and Roaf, 2015, p. 14). *The human right to dignity* is compromised when shame, embarrassment, and stigma restrict the lives of menstruators. Besides a fear of leaking, smelling, or staining, infections, or discomfort due to inappropriate materials negatively affects the dignity of menstruators (Winkler and Roaf, 2015, p. 14). In 2014, the UN Human Rights Council acknowledged for the first time that the lack of MHH and the menstrual stigma negatively impact gender equality (Winkler and Roaf, 2015, pp. 12–13): "Menstruation and societal perception of menstruation are linked to gender stereotypes and the stigma surrounding the issue. Women both experience stigmatization through others and internalize the stigma of menstruation" (Winkler and Roaf, 2015, p. 16). The substantive equality in the human rights framework demands working on menstruation as a signifier of an alleged position of inferiority and otherness of women (Winkler and Roaf, 2015, p. 16). *The right to non-discrimination and equality* is touched by MHH in the case of intersectionality: Some menstruators may face multiple discrimination, such as prisoners, homeless menstruators, sex workers, menstruators living in informal settlements, and menstruators with disabilities. Adding to the general challenges of managing menstruation including the stigma, these menstruators experience particular challenges due to their status, living conditions, etc. (Winkler and Roaf, 2015, p. 18). *The right to education* also includes the right to comprehensive sex education including menstruation. Further, Winkler and Roaf (2015, pp. 18–19) conclude that adequate WASH facilities and services as well as menstrual materials might be as important as other school supplies to ensure a quality education for girls, as school absenteeism and premature departure from school due to menstruation difficulties and lack of facilities. Learning institutions should recognize the need to ensure an environment where girls do not fall behind because of biological difference (Winkler and Roaf, 2015, pp. 18–19). Similarly, *the right to work and good working conditions* in the context of MHH implies access to safe, private, and adequate facilities for managing menstruation at work. Additionally, menstruation should not be a barrier to seeking employment or attending work for menstruators (Winkler and Roaf, 2015, p. 19). Menstruation is an underlying determinant of women's reproductive health. Poor MHH

can bear health risks for menstruators but also the stigma and some cultural practices can endanger the health and fertility of women and girls (Winkler and Roaf, 2015, p. 20).

The connection of MHH to human rights illustrates its importance and cross-cutting nature. According to Winkler (2019, p. 236), the underlying problems which affect education, work, and healthcare seeking behavior, particularly for marginalized groups are psychosocial stress and anxiety caused by self-monitoring, menstrual disclosure, and stigma. The stigma "has profound effects on the realization of human rights across all spheres of life" (Winkler, 2021, p. 244). It justifies discrimination as necessary, desirable, and natural and hinders the realization of human rights due to unequal power relations spurred by the structural and social dynamics of the stigma (Winkler, 2021, p. 249). In conjunction with this, a UN expert group confirmed in 2019 that women and girls are continuously discriminated and excluded due to misconceptions, taboos, stereotypes, harmful sociocultural norms, shame, and the stigma around menstruation (The Office of the High Commissioner for Human Rights, 2019). These impact all aspects of women's and girls' human rights, "including their human rights to equality, health, housing, water, sanitation, education, freedom of religion or belief, safe and healthy working conditions, and to take part in cultural life and public life without discrimination" (The Office of the High Commissioner for Human Rights, 2019).

The pitfalls of instrumentalization, tokenism, and reductionism

With MHH increasingly being framed as a human rights issue in UN documents which many organizations adopt comes the opportunity to follow this approach. Yet Winkler also criticizes the present and predominant human rights framing for being at risk of instrumentalization, tokenism, and reductionism (Winkler, 2021, p. 245). The instrumentalization of the human rights frame is used to advance narrow, technical fixes like menstrual products and hygiene interventions can be observed in global organizations. The most common policy is product provision at the national level. The priority for products and facilities stems from the focus on water and sanitation which are perceived as quick material fixes to menstrual needs. This overlooks the more complex barriers like the impact of the stigma on other human rights like education, work, and

health, to name a few (Winkler, 2021, p. 246). Tokenism is revealed in the human rights framing of MHH within the dignity theme when interpreted narrowly in ensuring privacy and cleanliness instead of body agency and autonomy. This portrays dignity through the management of the body in contrast to body autonomy. It creates expectations on menstruators to manage, keep clean and exercise proper hygiene, so keeping the body under control, reinforcing the stigma, and keeping menstruation hidden (Winkler, 2021, pp. 246–247). In the context of MHH, there is a focus on the rights to water and sanitation, while other human rights are discussed in a reductionist way. Culture is presented as a restriction and barrier to the realization of human rights. Often, menstruators are portrayed as victims of their culture: powerless and oppressed. The modernity of the Global North having overcome cultural ties is presented as ideal and the cure for poor MHH and achieving gender equality. A positive view of culture and religion where women and girls engage with agency was not found (Winkler, 2021, p. 247).

To prevent an instrumentalization, tokenism, and reductionism of the human rights frame of MHH all relevant human rights need to be considered and the menstrual stigma and its impacts rooted in power relations need to be addressed (Winkler, 2021, pp. 249–250). For this purpose, Winkler (2019, p. 235; 2021, p. 250) identifies three key contributions of human rights as a guiding framework for good MHH for all.

Firstly, the lived experiences of all menstruators need to be addressed, especially those shaped by inequalities, discrimination, and marginalization. The human rights principle of non-discrimination and substantive equality stands for the equality of all human beings and the inherent dignity of each human individual so that no one should be discriminated based on a certain status like “race, colour, ethnicity, gender, age, language, sexual orientation, religion, political or other opinion, national, social or geographical origin, disability, property, birth or other status as established by human rights standards” (United Nations Population Fund, 2005). To follow this principle for MHH work, Winkler (2021, p. 250) demands a “concerted effort in policy, practice, and research to decenter our menstrual health efforts to include *all* people who menstruate and address the double stigma that many face”. By framing MHH as an adolescent girls issue with girls in schools other groups are missed, like girls out of school or older menstruators (Winkler, 2021, p. 250). Non-discrimination in MHH programming also means, for example, how menstrual needs are intertwined with food insecurity and transportation

challenges for low-income women or the experiences of homeless women who rely on public toilets and need to wait all night to change materials or fear assault. Further, the experiences of migrants, refugees, people with disabilities, incarcerated individuals, as well as transgender, queer, and nonbinary menstruators need to be heard and valued (Winkler, 2019, p. 235). An intersectional approach to menstrual health is needed to see how income interacts with race, age, and needs across the life cycle as well as a focus on the intersection of the menstrual stigma with class, culture, race, ethnicity, religion, and other factors (Winkler, 2019, p. 235; 2021, p. 250).

Secondly, human rights require to address the menstrual stigma and look beyond access to menstrual products. This means looking beyond the narrowly conceived image of menstrual hygiene and recognizing the interrelated nature of the human rights to work, education, culture, health, religion, gender equality, and environment, among others. The role of the stigma in maintaining negative outcomes in the realization of human rights needs to be explored (Winkler, 2019, pp. 235–236). The human rights principle of participation and inclusion states that "[a]ll people have the right to participate in and access information relating to the decision-making processes that affect their lives and well-being" (United Nations Population Fund, 2005). In the MHH context, menstruators should "decide on any aspect related to menstruation" (Winkler, 2021, p. 250). This means that menstruators should be enabled to deal with menstruation in their own way. It includes making informed decisions about materials to use, activities to engage or not engage in, and one's body (Winkler, 2021, pp. 250–251). Menstrual literacy of the menstruators and healthcare providers is important for good health services and more research is needed on the experiences and effects of the stigma on healthcare seeking and provision. There are other barriers to good MHH like gender inequalities and gender stereotypes which affect everyone and not only menstruators (Winkler, 2019, pp. 235–236). Education must go beyond menstrual hygiene and cover the menstrual cycle and be linked to comprehensive sex and puberty education as education is key for combatting the stigma and for (bodily) autonomy, voice, and agency of menstruators (Winkler, 2019, p. 236; 2021, p. 251).

Thirdly, the underlying structural causes of unmet needs must be addressed. This means not relying on local organizations or charities to meet menstrual needs but on the accountability of government institutions. Accountability and the Rule of Law as a human

rights principle illustrate that "[s]tates and other duty-bearers are answerable for the observance of human rights" (United Nations Population Fund, 2005). They have a range of corresponding obligations to realize human rights and individuals can demand accountability to claim their rights. Although MHH is a deeply personal matter, states are obligated to make menstrual health or the right to the highest attainable standard of health a reality (Winkler, 2021, p. 251). Examples of government accountability in the context of MHH are the sales tax on menstrual products, regulations for flexible health spending accounts, prison regulations on menstrual product supply, and policies and regulations at the workplace, often relying on the old standard of the young, white, able-bodied male (Winkler, 2019, p. 236). Structural disadvantages like the ones mentioned before should be eliminated and, simultaneously, the promotion of menstrual literacy, period-friendly workplaces, tackling gender stereotypes, and the menstrual stigma need to be advocated (Winkler, 2021, p. 251). Winkler (2021, p. 251) emphasizes, although most indirect and least visible, these obligations are likely to be the most important to realize human rights.

Human rights as a guiding framework for good MHH for all along the three key contributions describes a comprehensive approach beyond the surface of the problem. As all human rights are indivisible and interdependent, "one set of rights cannot be enjoyed fully without the other" (The Office of the High Commissioner for Human Rights, 2022). So to make good MHH attainable for all, all of the issues and challenges around it need to be eliminated as they are interconnected in the same manner as human rights.

2.3.3. MHH and school absenteeism

Menstruation and school absenteeism are often related issues in MHH interventions in the context of the 2030 Agenda. Menstruation can impede schooling in many ways: through lack of adequate toilets and changing facilities, lack of resources for adequate menstrual materials, and pain alongside reduced concentration due to fear of leaking as well as stigma and shame (Benshaul-Tolonen *et al.*, 2020, p. 705).

Although often communicated otherwise, there is mixed evidence on whether menstruation leads to higher school absenteeism (Benshaul-Tolonen *et al.*, 2020, p. 718; Hennegan, 2020, p. 637). Many studies show large differences across contexts and studies

and for more reliable results, school absenteeism should not be the predominant indicator of a good MHH intervention (Benshaul-Tolonen *et al.*, 2020, pp. 706, 712). Many factors are said to hinder the understanding of how menstruation affects the educational attainment of schoolgirls (Benshaul-Tolonen *et al.*, 2020, pp. 718–719). There are other constraints that menstruation poses to school attendance as well as psychosocial aspects, self-reporting of girls often leads to bias in studies, and external factors like the influence of stigma and taboos must be considered for determining experiences and behavior. Thus, study results should not be over-interpreted and cannot be generalized (Benshaul-Tolonen *et al.*, 2020, p. 719). Instead, Benshaul-Tolonen et al (2020, p. 719) recommend that studies should focus on menstrual pain management, the impact of menstruation on the concentration of girls, test scores, and self-esteem.

Bobel (2019, pp. 14–15) also stresses that bad MHH is not the only reason for girls living in countries of the Global South to drop out of school; reasons can also include limited resources to afford school fees, uniforms, and materials as well as household and family responsibilities. School absenteeism is quite common in some contexts for both girls and boys and more research is needed to inform about the underlying reasons (Benshaul-Tolonen *et al.*, 2020, p. 720). Joseph (2015) also stresses that taking a few days off of school due to menstrual pain and discomfort is not the same as dropping out of school. Instead, dropouts have more to do with required help at home, to work, or parents' fear of teenage pregnancy for which good WASH facilities and the distribution of menstrual materials are not a solution.

Therefore, it can be concluded that poor MHH cannot be solely responsible for school absenteeism among school girls, just as MHH interventions do not solely help to improve school attendance. MHH certainly has a lot of influence on girls' school performances, but the other factors must not be ignored, lest MHH interventions must not be reduced to a cure-all and other important issues stay unresolved.

3. Power relations in sustainable development and MHH

The last chapter established the theoretical framework. It explained the concept of MHH, the challenges to menstruation, and the role of MHH in the 2030 Agenda. The following chapter will examine power relations in sustainable development and MHH. The first part describes the relationship between the Global North and the Global South and how it is reflected in the 2030 Agenda, followed by an investigation of similarities, differences, and double standards between the Global North and Global South concerning MHH. The second part of the chapter analyzes images of girls and women in the Global South in the context of MHH, with specific attention to hierarchy and othering, and exposes neocolonial narratives through a postcolonial feminist perspective.

3.1. The Global South, the Global North, and the 2030 Agenda

The relationship between the Global North and the Global South

The term Global South has traditionally been used within intergovernmental development organizations as an alternative to 'Third World' after the Cold War. The term referred to nation-states that were economically disadvantaged (Mahler, 2017, p. 1). A more present and deterritorial concept of the Global South is that the term emphasizes geopolitical relations of power instead of development ('developing and developed countries') or cultural difference ('Western') and thus is more than a "metaphor for underdevelopment" (Dados and Connell, 2012, p. 13). The term denotes regions that are mostly low-income, outside Europe and North America, often marginalized culturally or politically. It aims at referring to colonialism, neo-imperialism, inequalities in living standards, life expectancy, and access to resources (Dados and Connell, 2012, pp. 12-13). The Global South does not simply refer to the Southern hemisphere and an economic divide between a geographic North and South but is also geographically flexible and addresses spaces and peoples negatively impacted by globalization and capitalist accumulation (Mahler, 2017, pp. 3-4). Thus, it also specifies a subaltern position towards the Global North that is portrayed as more economically strong and modern. This position is not only conceived by the experience and legacy of colonization but also through a shared experience of the negative effects of capitalist globalization (Mahler, 2017, pp. 1, 5). The Global South as

a geopolitical formation of nation-states emerged in the 1970s within the United Nations Group of 77 that aimed to facilitate economic cooperation between economically disadvantaged countries. It is then, that countries of the Global South mutually recognize their conditions as shared (Mahler, 2017, pp. 1, 3). For the allocation of countries belonging to the Global South, the author relied on a list of countries consisting of the United Nations Group of 77 and China by the Finance Center for South-South Cooperation (2015), an organization in special consultative status with the United Nations Economic and Social Council.

Power relations on the 2030 Agenda

The 2030 Agenda stands for a fundamental turn from 'classic' international development with aid from the Global North for the Global South to a more universal concept of global sustainable development in and between countries (Kloke-Lesch, 2021, pp. 136–137). It can be regarded as a new normative framework for contesting traditional norms of development cooperation (Kloke-Lesch, 2021, p. 128).

The 2030 Agenda aims to be strongly universal as it calls on all countries to achieve its global goals. But it has been criticized to be lopsided towards 'developing countries' as the document still maintains a distinction between 'developing' and 'developed' and the prominence to implementation is particularly given to 'developing countries' whereas 'developed countries' are called to support the former (see target 12.9 in **Fehler! Verweisquelle konnte nicht gefunden werden.**) (Kloke-Lesch, 2021, pp. 137, 139). Kloke-Lesch (2021, p. 139) consequently describes the 2030 Agenda as two-faced: strongly universal on the one side and disproportionally addressing countries of the Global South on the other side. The fundamental turn in sustainable development thinking thus remains incomplete reflecting power relations and interests of countries and institutions from a pre-2015 world (Kloke-Lesch, 2021, p. 139). In their critical frame analysis of the SDGs, Spencer, Corbin and Miedema (2019, p. 852) also observe this lopsidedness and conclude a largely top-down orientation to the achievement of goals sustaining a dominance of the Global North by framing the Global South as being in need

and vulnerable while omitting their relational history and critical impacts of colonialism and neo-colonialism on nations and populations.

While the Global South can be described as being used to goals for their development established by the international community, it can be termed a new experience for the Global North, especially in the common framework of the Agenda 2030 (Kloke-Lesch, 2021, pp. 139–140). For the 2030 Agenda to be implemented and achieved globally, due to its indivisible, integrated and universal nature, the SDGs have to be also achieved in and by the Global North (Kloke-Lesch, 2021, p. 129). But countries of the Global North remain hesitant to enforce implementation and monitor goals, especially when domestic and international development goals conflict (Kloke-Lesch, 2021, pp. 139–140). In the traditional understanding of development, a progressive and positive socioeconomic process that had happened previously in 'developed countries' needs to happen in 'developing countries' (Kloke-Lesch, 2021, p. 131). So traditionally, countries of the Global South were 'norm-takers' to be eligible for aid or development assistance and countries of the Global North were 'norm-makers' for development, thereby executing their power over the Global South forming a classic donor-recipient relationship (Esteves and Klingebiel, 2021, p. 188; Kloke-Lesch, 2021, p. 130).

This former understanding of development cooperation seems to still be encountered in the international community and the 2030 Agenda shows in its lopsidedness towards the Global South. Nevertheless, sustainable development cannot be confined to countries of the Global South as the 2030 Agenda declares that development everywhere needs to be sustainable (Kloke-Lesch, 2021, p. 131).

Similarities, differences, and double standards in MHH

Power relations between the Global South and the Global North are also visible in MHH work. This can be observed around differences, similarities, and certain double standards in MHH work of the Global North and the Global South.

Menstrual ignorance of young people who start to menstruate is a worldwide problem, as discussed in chapter 2.2 (Bobel, 2019, p. 158). Barrington et al (2021, p. 35) found varied confidence to engage in activities and concealment emphasis globally. This contributed to negative impacts on mental burden and participation as well as pressure and discomfort while having to maintain expected activities like work. Bobel (2019, pp. 104–105) also observes similarities in MHH work concerning accessibility. Whereas it has been a dominant agenda in the Global South for longer, the accessibility of menstrual materials is now shared in the Global North – especially around the topic of period poverty and the needs of marginalized groups. Generally, women and girls in vulnerable situations in the Global North as well as in the Global South face exacerbated challenges regarding menstruation. This applies to menstruators in detention, homeless menstruators, those living in informal settlements, menstruators with disabilities, sex workers, and those affected by humanitarian emergencies (Winkler and Roaf, 2015, p. 10).

Menstruators living in countries of the Global North have better opportunities for good MHH compared to the Global South, including sex education at school, a wide range of affordable menstrual materials to choose from, and WASH services nearby – although this should not blur the persistent strength of stigma and silence which are omnipresent around the globe (Winkler and Roaf, 2015, p. 9). Although commercial products are not always as available and accessible everywhere in countries of the Global South as in the Global North, Bobel (2019, pp. 115–116) notes a broader range of options produced locally, for example, single-use pads made of banana fibers, papyrus, paper waste or hyacinth as well as underwear with pockets to hold different menstrual flow absorbents. In the Global North, menstrual product safety is also a concern for a small number of activists while product access plays a bigger role in the Global South (Bobel, 2019, p. 103). When it comes to sanitary facilities for MHH, the Global North aims for more inclusivity by promoting gender-neutral toilets whereby the Global South concentrates more on clearly sex-segregated toilets in schools to ensure safety for girls (Bobel, 2019,

p. 103). In the Global North, Bobel (2019, p. 104) observes broader attention to menstrual disorders like endometriosis, premenstrual syndrome[19], etc.

Besides differences and similarities in MHH work and concerns between the Global North and Global South, a range of double standards imposed by the Global North can be witnessed. Many MHH campaigns seem to downgrade traditional means like the use of cloth for collecting menstrual flow in the Global South putting it in the same line with harmful or inadequate materials like leaves, paper, or mattress stuffing for a sensationalistic generation of empathy for menstruators in need (Bobel, 2019, p. 116). While initiatives in the Global South aim to move women and girls away from traditional practices like using cloth, initiatives in the Global North for promoting environmentally friendly and sustainable cloth pads or period underwear are peaking (Bobel, 2019, p. 102). The double standard of downgrading the traditional use of cloth on the one hand while promoting it as the new and better trend on the other makes one pause for thought and may point to the imbalance of power between the Global North and the Global South. Viewed from another angle, and rightfully criticized by Joseph (2015), the Global North finally catches up in the field of environmentally friendly menstruation, which the Global South has been practicing for a long time. Another example poses the free bleeding movement among some feminists in the Global North which promotes the right to bleed without using any product. Women practicing free bleeding are portrayed positively as strong, emancipated, body aware, etc. At the same time, indigenous women practicing free bleeding for generations are looked down upon by international organizations and portrayed as in need of help or unhygienic (Joseph, 2015). Likewise, the 'red tents' promoted by feminist-spiritualist menstrual activists of the US line up with the double standards. These tents are set up for menstruators to congregate for support, healing, and respite practicing seclusion during menstruation (Bobel, 2019, p. 102). Meanwhile the Global North denounces age-old menstrual seclusion sometimes practiced in the Global South, referring to those places as 'menstrual huts' one-sidedly portraying it as something where menstruating women are shamefully banished. With this narrative, it falls by the wayside that 'menstrual huts' may serve as a kind of sanctuary, just like the 'red tents',

[19] a varying group of symptoms manifested by some women prior to menstruation that may include emotional instability, irritability, insomnia, fatigue, anxiety, depression, headache, edema, and abdominal pain (Merriam-Webster Dictionary, no date).

thus returning to the double standard (Joseph, 2015; Bobel, 2010, p. 74). In all of these examples, it is striking that many organizations, institutions, the public, etc. of the Global North devalue traditional methods for handling menstruation as negative and regressive, yet at the same time present precisely these methods as positive and progressive in their own environment.

3.2. Images of women and girls in the Global South

3.2.1. Hierarchy, spectacularization, and bad culture

Regrettably, the problems surrounding MHH in different countries of the Global South are often sensationalized and portrayed in the light of a spectacle. In their textual analysis of 82 popular media articles about menstrual beliefs and practices, Winkler and Bobel (2021, p. 321) found sensationalizing language characterizing menstrual practices of countries of the Global South in exaggerated ways and, all in all, describing these practices as 'absurd'. Cultural beliefs and practices were often ridiculed, and girls and women were depicted as passive and subject to these 'backward' and 'bizarre' beliefs (Winkler and Bobel, 2021, p. 315). Bobel (2019, p. 202) also points to NGOs as another player in the spectacularization of MHH problems, as a spectacle can be a necessary condition for funding and often the saddest stories are rewarded with limited resources. Even though intentions are to promote MHH and to make its importance more visible, too often there seems to be "a battle between authentic precarity and spectacle, or how particularly strategic depictions of girls' lives becomes an exaggeration" (Bobel, 2019, p. 190). These images detached from complexity and evidence join several "catastrophic accounts of life in the Global South that invites pity and authorizes rescue" (Bobel, 2019, p. 190).

Neocolonial reproductions of the regressive, precarious life of women and girls in the Global South oppressed by poverty and culture favor an agenda to modernize those following the lead of the Global North (Winkler and Bobel, 2021, p. 315). Winkler and Bobel's (2021, p. 313) analysis reveals a discourse that cast girls and women as passive victims of their 'savage' culture in need of 'saviors' with authority and resources, reflecting the "neocolonial trinity of victim, savage, and savior". Girls' and women's

agency thus remained unacknowledged, and complex and diverse menstrual beliefs and practices were misunderstood (Winkler and Bobel, 2021, p. 313).

It is striking that tradition and culture of the Global South are mostly perceived as something boldly negative and oppressing by the Global North. This can also be observed in the MHH context. The narrative is thus, to reach an oversimplified level of development, to reject culture, tradition, and religion and to embrace modernity for liberty (Winkler and Bobel, 2021, p. 315). The assumed progression from culture to logic or rationality strives for enlightenment associated with the modernity in the Global North while forgetting that modernity itself can be seen as a cultural system (Merry 2003, p.62 cited in Winkler and Bobel, 2021, p. 329). In their analysis, Winkler and Bobel (2021, p. 327) found a relative absence of present-day cultural references to menstrual practices and beliefs in the Global North in contrast to a multitude of present-day cultural and religious references. In articles about cultural practices from the Global North mostly historical references were made, time, not place can be observed as marker so that culture is presented as a historical relic to overcome for an ideal of culturelessness (Winkler and Bobel, 2021, p. 327). According to Winkler and Bobel (2021, p. 317), culture also serves as a connector to the neocolonial trinity of the victim, savage and savior as "[t]he victim is commonly represented as victimized *by* (her) culture, whereas both the savage and savior are rooted *in* culture, although the savior's reliance on cultural norms is obscured, as if cultureless".

Looking at what stands behind these notions and observing all this from a more meta-analytical perspective, Lugones (2016, p. 17) perceives the differentiation and classification of humanity in two groups, i.e. the inferior and superior, traditional and modern, primitive and civilized, rational and irrational. This duality stems from the former understanding of Europe as the most advanced moment in a unidirectional and linear path of development as it was understood to pre-exist a pattern of power as a world capitalist center to which is also referred to as "coloniality of power" (Quijano, 2000 cited in Lugones, 2016, p. 17). De Lima Costa (2016, p. 50) contributes that gender as a colonial category emphasizes how patriarchy, heteronormativity, capitalism, and racial classifications are interwoven all along and according to Lugones (2016, p. 27), the modern, colonial gender system cannot exist without the coloniality of power. She (2016, p. 15) describes the modern/colonial gender system as relations organized in biological

dimorphism, patriarchy, and heterosexuality. Similarly, settler colonialism is described as dependent on hetero-patriarchal social systems which perceive other configurations as abnormal (Arwin, Tuck and Morell, 2913, p.13 cited in Risling Baldy, 2017, p. 22).

With the example of the menstrual house in the culture of the Hupa in North America, Risling Baldy (2017) illustrated the power relations between the Global North and Global South. That is, with the image of culture portrayed as something regressive, oppressive, and historical to overcome while pointing to the colonial introduction of patriarchy and menstrual stigma as problem factors. In Hupa culture, the menstrual house is a place where women would gather during certain periods of their life, including menstruation but also after giving birth, having a miscarriage, or other significant events. The length of stays was autonomously exercised by the Hupa women themselves (Risling Baldy, 2017, p. 27). There were special bathing spots for menstruating women which were commonly associated with luck and men could also use these spots to increase their power and luck (Risling Baldy, 2017, p. 27). In summary, the Hupa view menstruation as something positive and powerful with the menstrual house as a place for healing and recovery.

But as previously noted in the examples for the double standard in MHH work, indigenous 'menstrual huts' are often viewed as unsanitary, uncomfortable, and small as well as a perception that women were considered polluting and thus isolated and oppressed in indigenous cultures (Risling Baldy, 2017, pp. 21-22). Risling Baldy (2017, p. 22) argues that the settler colonial desire to make indigenous knowledges obsolete and cultures historical and primitive as well as to erase the power of women from these societies is still evident in the Global North view of indigenous MHH practices and beliefs. Further, indigenous menstrual practices of celebration strongly contrasted the believed 'curse' of menstruation of the Global North which then brought upon the taboo as the new norm. This view is rooted in Bela Schick's pseudo-scientific finding of potential toxic elements in menstrual blood influencing theories and ideas of the Global North of a harmful and polluting menstruation showing the power of 'science' over culture (Schick, 1920 cited in Risling Baldy, 2017, p. 23).

By a culturalist hierarchy, the Global North frames the 'native woman' as one who suffers and is judged by their standards as 'underdeveloped' or 'developing' (Gandhi, 1998, p. 85; Mohanty, 2003, p. 67). Other terms like 'non-western' or 'third world' are also

applied to enforce difference and hierarchy placing the Global North at the top, a norm by which other cultures and people are compared and expected to aspire for the Global North status (Bailey Jones, 2011, p. 5). Mohanty (2003, p. 68) sees the assumption that people of the Global south have not yet evolved to the extent the Global North has in the 'third-world-difference'. The hierarchy of civilization once constructed during colonial times remains relatively intact as former colonizers stayed in economic control and are part of the 'first', the 'developed', world while cultures are still being placed on a measuring line of Global North standards (Bailey Jones, 2011, p. 50). By taking itself as the yardstick, the Global North creates hierarchy and difference and thereby shapes the way 'other' are viewed – as traces of the savage, primitive and uncivilized which is still reproduced in media (Bailey Jones, 2011, p. 104). These images along with homogenization of livelihoods uphold stereotypical beliefs about life in the Global South, also in the portrayal of MHH issues in countries of the Global South, where the power of the assumption is often more potent than the actual truth (Bobel, 2019, p. 188). In the context of India as Lahiri-Dutt (2015, p. 14) argues, the Global North yardstick is the health science of development agencies that proclaims single-use pads as a matter of health and hygiene and traditional use of cloth as inferior.

Othering and the figure of the savage

By Othering and imposing a culturalist hierarchy, the 'savage' culture of the Global South must be eradicated or its 'victims', women and girls, must be 'saved' (Winkler and Bobel, 2021, p. 322). Othering describes a construct of 'us' and 'them' implying imaginary differences, built upon unequal power legacies of colonialism, modernity, and patriarchy (Bailey Jones, 2011, p. 19). This unequal power is exercised in discourse giving reference to a Global North standard by which to encode Others (Mohanty, 2003, p. 52). Othering can be reinforced through the use of dimensions of time and place, whereby 'once' is often applied to refer to past menstrual practices and beliefs of the Global North and 'still' to the present-day practices of the Global South attributing stagnancy and regress to the Global South and progress and evolvement to the Global North (Winkler and Bobel, 2021, p. 323). Winkler and Bobel (2021, p. 323) see the frame of reference of practices in the Global North as historical, not cultural. The former 'backwardness' of Europeans is

acknowledged but presented as wise enough to learn from the 'uneducated' past which again undermines the binary of modernity as something superior and tradition as an obstacle. Geographical and cultural Othering implies that sexism and patriarchy are taking place elsewhere and not in one's own context so these are only issues of the Global South (Lazar, 2014, p. 181).

Composite Othering of women of the Global South feeds into their homogenization and constructs a powerless universal group of implicit victims of sociocultural and economic systems (Gandhi, 1998, p. 85; Mohanty, 2003, pp. 51, 53-54). Mohanty (2003, 52–53; 59-60) explains the homogenous notion of the oppression of women as a group in the Global South by firstly, the assumption of the coherent category 'women' with identical interests, problems, and needs. Secondly, the uncritical universalization of this category and thirdly, the implication of power and struggle which results in the image that the women of the Global South as a group which suffers from oppression. All this ignores that women are not a coherent group based on particular economic systems but that complex interactions between culture, religion, class, and other dimensions constitute them as women (Mohanty, 2003, p. 60). The application of the homogeneous category of women of the Global South disregards the "pluralities of the simultaneous location of different groups of women in social class and ethnic frameworks" (Mohanty, 2003, p. 67) and thus encourages an object status.

3.2.2. The 'third-world woman and girl' and their saviors

Through hierarchization, othering, and homogenization the so-called 'third-world woman' image of the victim is formed. It stands in contrast to self-represented women of the Global North as modern, educated, and having control over their own bodies and decisions. The image of the 'western' woman or the woman from the Global North who attributes the aforementioned characteristics to herself would not exist without the strong demarcation to the 'third-world woman' or the woman of the Global South image. The 'third-world woman' is attributed to being sexually constrained, ignorant, poor, uneducated, tradition-bound, religious, domesticated, and family-oriented (Mohanty, 2003, pp. 53, 69). Women of the Global South as a group are hereby perceived as not

progressive when they are religious, regressive when they are domestic and they are still not conscious of their rights when defined as legal minors (Mohanty, 2003, p. 68). The characterization as being infantile, incapable of self-determination or autonomy reproduces neocolonial beliefs and justification for intervention, and in the face of menstrual norms women and girls of the Global South are discursively described as submissive to the restrictions placed on them and powerless (Winkler and Bobel, 2021, pp. 317, 321). For Lahiri-Dutt (2015, p. 13), a developmental knowledge about menstruation creates a lacking and deficient person out of the poorer women in South Asia. Accordingly, in the MHH sphere and often amplified through spectacularized stories, the 'third-world girl' can be found, a homogenized narrative representing every 'poor, brown' girl (Bobel, 2019, p. 191). Exemplary for this narrative is the portrayal of the "poor Indian girl in a village who is dropping out of school because she suddenly started her period" (Joseph, 2015) as any write-up about menstruation in India contains horror stories of only a few Indian women using single-use pads with others almost dying from the lack of access to it (Joseph, 2015).

It leaves women and girls of the Global South as objects of the knowledge of the Global North and as part of an identifiable margin (Gandhi, 1998, pp. 84, 86; Mohanty, 2003, p. 67). According to Gandhi (1998, p. 83), this narrative and objectification make women and girls of the Global South perfect victims between imperial ideology and native and foreign patriarchies. Winkler and Bobel (2021, p. 320) note in their study that menstruating women and girls were rendered as victims, "passively subjugated to outmoded and oppressive menstrual beliefs and practices". Along with the object status, to be affected or not affected by certain systems and victimization, women's and girls' agency is ignored (Mohanty, 2003, p. 54). In the context of menstrual practices and beliefs in the Global South, the 'third-world women' image ignores women's cultural and religious rights and negates that agency can also take the form of reclaiming, transforming, or observing cultural and religious practices (Winkler and Bobel, 2021, p. 315). In the discourse about menstrual beliefs and practices in popular media, agency is never acknowledged for the intentional embrace of culture and religion, for engaging in or honoring traditions but only for the resistance to and rejection of certain menstrual practices (Winkler and Bobel, 2021, pp. 321, 330). Winkler and Bobel (2021, p. 331) stress that agency can take many forms and that "women's agentic decisions must be

understood as being shaped by individual priorities, the social environment, a sense of the collective, and belonging".

After the neocolonial images of the 'savage', the 'victim', both constructed through hierarchization, othering, homogenization, and objectification, is now in need of a 'savior'. Through the creation of the former two narratives, as well as through the contrasting demarcation from these, the Global North can now earn the justification and create the need to be the 'savior'. Winkler and Bobel (2021, p. 318; Bobel, 2019, p. 171) show that MHH discourse today often relies on spectacularized and one-dimensional representations of girls in the Global South, rendered 'victims' by their 'savage' cultures, to authorize rescue by well-meaning 'saviors' of the Global North. The logic behind this seems to be that until girls are liberated from the prison of certain menstrual attitudes, expectations, and traditions, their human rights are compromised and that the intervention of the 'savior' offers the restoration of rights and freedom (Winkler and Bobel, 2021, pp. 322, 325). The 'savior' figure is complex and takes many shapes in the MHH discourse in an increasingly globalized world permeated by neocolonialism, from white men to white sisters and friends to people of color who are featured to have benefitted from exposure to Global Northern ideas and education (Spivak, 1985, p.33; Abu-Lughod, 2013, p. 101; Khoja-Moolhi, 2017, p. 388 cited in Winkler and Bobel, 2021, p. 318). As the general pattern is still Global North saves the Global South, Cole (2012) sees in it a "White Savior Industrial Complex" which he describes as a "valve for releasing the unbearable pressures that build in a system built on pillage". It criticizes that many people from the Global North feel the need to 'make a difference' and can go to the Global South to "become a godlike savior or, at the very least, have his or her emotional needs satisfied" (Cole, 2012) whereby principles of 'first do no harm' or 'consult the ones who are being helped' are not included.

Seemingly, what used to be colonization is nowadays saving, but mainly for one's own peace of mind, with the same outcome of disimprovement. As found in many dimensions in the development sector, the above-mentioned examples show that the MHH sphere in particular ought to be vigilant and self-reflect on what kinds of images and narratives its problem statements, campaigns, and programs are based on. For the research conducted, postcolonial feminist theory informed two major aspects to which particular interest was given during the research. Firstly, the power relation between the Global North and

Global South, i.e. the definition of the desirable standard of ‘development’ with the reasoning to ‘help’ to reach that standard. And secondly, the portrayal and consideration of women and girls in the Global South, i.e. the passive group of ‘victims’ who are at the mercy of inadequate standards and in need of ‘rescue’.

4. Methodology

In the last chapters, the power relations in sustainable development as well as in MHH were examined. Moreover, the role of MHH in sustainable development, menstrual challenges, and the concept of MHH were reviewed. In this chapter, the methods for data collection and analysis will be described. It will begin by reasoning for the type of data source, sampling strategy, coding procedure, and respective limitations. Then, the data analysis procedure, its limitations, and elaboration of the problem frames will be reported.

The overall research question ‘How is Menstrual Health and Hygiene framed in and for international development cooperation?’ guided the conception of the thesis. This research question was discussed based on four sub-questions, each with several further sub-questions as presented in the following table:

Table 2: Research sub-questions

1. What makes MHH important for sustainable development and vice versa?	1.1. What is the concept of Menstrual Health and Hygiene?
	1.2. What are the challenges around menstruation?
	1.3. What is the role of MHH in the Agenda 2030?
	1.4. What are common foci and action patterns in current MHH work?
2. How do power relations manifest and reflect in sustainable development, amongst other from a gender perspective?	2.1. How is the relationship between the Global South and the Global North?
	2.2. How is the Agenda 2030 impacted by power relations between the Global North and Global South?
	2.3. What are images of women and girls in the Global South?
3. How is MHH represented and framed in the United Nations policy context?	3.1. What information about MHH can be found in the selected documents?
	3.2. How are diagnoses and prognoses of issues around MHH represented?
	3.3. What do these patterns/frames imply?
4. How do common patterns/frames impact MHH approaches and solutions?	4.1. On the Global South?
	4.2. On the Global North?
	4.3. On MHH?

Source: Author

MHH is gaining importance in the global agenda and development cooperation. The overall objective of the thesis was to explore how MHH is framed in and for development cooperation based on six exemplary United Nations resolutions. The interplay of sustainable development in the sense of the 2030 Agenda and MHH was examined, with special attention to power relations from a postcolonial feminist angle. In more detail, it was of particular interest in which contexts MHH is embedded; what information the resolutions contain about issues around MHH; target groups; localities; solution approaches; and in what way this information is represented in terms of power relations. Furthermore, the possible implications and effects of these framings on MHH work were discussed. Hence, a qualitative content analysis was extended by a critical frame analysis to investigate the context in addition to the content. The idea for the approach emerged

from Chris Bobel's (2019) "The Managed Body: Developing Girls and Menstrual Health in the Global South". In this book, the author analyzed the movement of Menstrual Health and Hygiene from a critical, feminist perspective and identified common problem frames used within the movement.

The research followed a qualitative design. This was reasoned by the research motivation to gain insights into the qualities of communication and meanings of the representation of MHH in UN resolutions and to better understand processes of their meaning management (Leeman and Novak, 2017, p. 1375). A qualitative research design means that the researcher interacts with the data generated from a sampled source. Hence, the researcher affects the data generated extending from their decisions made regarding study design and theoretical influences but also their values, attitudes, orientations, and positionality of the researcher (Garnham, 2008, p. 192). Further, qualitative research largely focuses on snapshots. It is concerned with a description of the data at the time of the research rather than aiming at a retrospective reconstruction of it (Flick, 2004, p. 148). It is therefore, that the author's positionality as a white, cis woman from the Global North needs to be taken into account, as possible biases may influence all steps of data collection and analysis. This research should be regarded as a snapshot of MHH in the context of sustainable development with great dynamics to influence how MHH can be portrayed in the context of sustainable development in the future or how it was in the past.

4.1. Data collection

Documents

The data analyzed in this study were in the form of documents. Documents are a means of communication through which messages, opinions, and information are passed on. The knowledge that documents contain about the setting of menstruation, the documents' role and place in the setting, as well as certain values were of interest (Coffey, 2015, p. 370). The social production and consumption of documents were of analytical importance and intended to inform about the scope and possible thought patterns of the topic of menstruation as they are produced for a certain purpose, by a certain author for a certain audience (Coffey, 2015, p. 369; Flick, 2009, p. 257). Since the intended meanings of the

texts cannot be known but only be assumed, the received meanings of the documents were analyzed (Coffey, 2015, p. 371).

The documents had to meet a set of criteria to be included in the sample (Scott, 1990, p.6 cited in Flick, 2009, p. 257):

- Representativeness: The documents are typical of their kind
- Meaning: The documents are clear and comprehensible
- Content: The documents discuss menstruation and possible challenges, wholly or partly

Limitations of this approach include the difficulty to identify the context of functions and use, as well as explicit and implicit meanings of the content of the documents and how to take these parameters into account when interpreting them (Flick, 2009, p. 261). Furthermore, it needs to considered that the reader of the documents, in this case the author of the thesis, might not have understood a document's content the way it was intended by the document's author. This may be due to language barriers and/or the fact that the reader is not part of the audience the text was meant to address (Wolff, 2004, p. 287). Wolff (2004, p. 288) elaborates further that neither a text is sealed against attempts of interpretation nor will it leave the interpretation entirely to the reader. Hence, a certain degree of interpretation was needed for the document analysis which can be open to error as it is done in a subjective nature. The original authors of the analyzed documents were not known to the author and therefore factuality, authorization as well as implicit and explicit meanings of the texts were not known and could only be assumed to some extent (Wolff, 2004, pp. 287–288).

Selection criteria

Resolutions of the United Nations were selected as the documents to be analyzed because they contain policy recommendations, reflect the state of global cooperation, and reflect the views of Member States as they provide meaningful guidance that has been adopted by a large number of Member States. They are "formal expressions of the opinion or will of UN organs" (United Nations, 2022). General Assembly resolutions reflect the state of

global cooperation on a given topic, the evolutions of political ideas, and the degree of intergovernmental agreement. Furthermore, they reflect the views of the 193 Member States, provide policy recommendations, assign mandates and decide on the UN budget (Ruder, Nakano and Aeschlimann, 2017, p. 52). General Assembly resolutions are not binding for Member States and it is the responsibility of each Member State to implement the policy recommendations (United Nations, no date).

With UN resolutions being the data population eligible for inclusion in the sample, the sampling strategy aimed to define the sample to be analyzed in size and content (Morgan, 2008a, p. 797). As an a priori sampling strategy for the data collection, convenience sampling was chosen which "accepts any eligible case that can be found" (Morgan, 2008b, p. 800). Out of a total of 17 resolutions found via the United Nations digital library (United Nations, no date) under the keyword 'menstruation' that included only full texts in resolutions, six final documents were included in the data sample according to the following criteria:

- Currency: The resolution needs to be published from 2015 onwards to be part of the Agenda 2030 time period, the most current publication selected
- Bodies: When a resolution of the General Assembly *and* the Human Rights Council were available, the latest resolution of each body was selected

The six resolutions form the basis of this research:

1. The human rights to safe drinking water and sanitation : resolution / adopted by the General Assembly on 18 December 2019
2. The girl child : resolution / adopted by the General Assembly on 18 December 2019
3. Consequences of child, early and forced marriage : resolution / adopted by the Human Rights Council on 11 July 2019
4. The human rights to safe drinking water and sanitation : resolution / adopted by the Human Rights Council on 6 October 2020
5. Child, early and forced marriage : resolution / adopted by the General Assembly on 16 December 2020
6. Menstrual hygiene management, human rights and gender equality : resolution / adopted by the Human rights Council on 12 July 2021

Although the resolutions contained statements about menstruation and MHH to varying degrees, reaching from only one paragraph to 21 paragraphs, the sample was considered as saturated because variation within the sample was considered to give broader insights than only typical or favorable cases (Merkens, 2004, p. 167).

Three of the resolutions were from the Human Rights Council (HRC). The HRC is an intergovernmental body within the United Nations system which is responsible for addressing and taking actions on human rights violations and for strengthening the protection and promotion of human rights around the globe (United Nations Human Rights Council, no date, p. 1). The HRC is formed by 47 Member States which are elected by the UN General Assembly. 117 countries have served as HRC members so far (United Nations Human Rights Council, no date, p. 3). Resolutions of the HRC can be adopted by Council members without a vote or with a majority vote and are not legally binding (United Nations Human Rights Council, no date, p. 4). The entire population of data meaning all publications and documents by the United Nations about menstruation was not included in this study. In this regard, the analysis of the sample did not allow conclusions to be drawn about the total population.

Coding strategy

The qualitative content analysis aims to examine communicative material systematically following certain rules of procedure (Mayring, 2004, p. 266). The systemic structure of qualitative content analysis (QCA) with a system of pre-formulated categories makes it a transparent and comprehensible procedure for data collection (Mayring, 2004, p. 269). It reduces data but still can be adapted flexibly throughout the procedure and requires focusing on the selected aspects that relate to the overall research question (Schreier, 2015, p. 170). To examine the selected documents a combination of summarizing and structuring content analysis was applied for the data collection so that the material was reduced to essential contents and particular aspects, in this case menstruation, to be examined further (Mayring, 2004, pp. 260, 268). The author merely concentrated on the contents of paragraphs that contained the concept of MHH or menstruation for the data

collection and analysis. The reason for this was to ensure that the general context of the resolution, which usually had a different topic than MHH, would not distort the results.

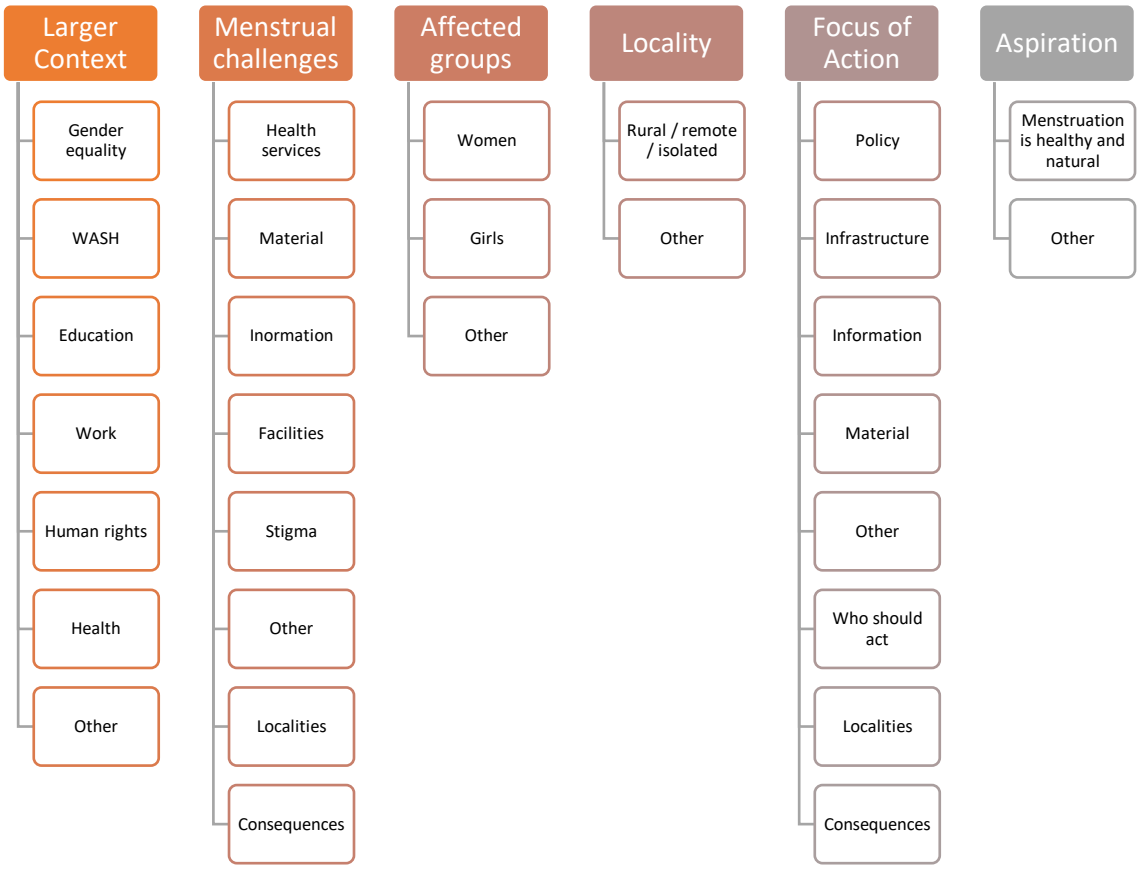
For qualitative content analysis, the text was gradually broken down into units of analysis and oriented to a system of categories so that the coding frame with all the categories in used was at the center of the method (Mayring, 2004, 267). The coding frame of this research was made of main categories consisting of aspects the author liked to gain information on and subcategories which specified the content of the documents concerning the main categories (Schreier, 2015, p. 174). The main categories were created mainly in a concept-driven way and subcategories were created also in a data-driven way (Schreier, 2015, p. 176). All categories were theory-dependent and were complemented by inductive categories from the texts (Mayring, 2004, pp. 267, 268).

For the first round of coding, an initial coding frame was set up. The first set of main and subcategories was created from theory. The categories were then defined consisting of a name, a description of the meaning of the name, and positive examples (Schreier, 2015, pp. 176–177). The software MAXQDA 11 (VERBI Software, 2012) was used via remote access to the university's pc pool for the data collection. During the trial round of coding, main categories as well as subcategories were added or expanded resulting from subsumption and/or successive summarizing. Paraphrasing relevant passages of text and disregarding superfluous passages was used for successive summarizing. Similar passages were then summarized and turned into categories. For subsumption, relevant concepts encountered during the reading of the texts were turned into a subcategory. This was repeated until a point of saturation was reached (Schreier, 2015, p. 176). The newly added categories were then defined according to the above-mentioned pattern. The coding frame thus consisted of two hierarchical levels of categories. Exhaustiveness of the coding frame was ensured by using residual categories so that all relevant aspects of the data were covered by a subcategory. To ensure unidimensionality and mutual exclusiveness, the main categories covered only one aspect of the data material each and each unit could be coded only once under each main category (Schreier, 2015, p. 175).

While working through the paragraphs on menstruation, codes were assigned to different units of text which resulted in the segmentation of the paragraphs. These segments were mostly thematic and seldom formal. Coded segments reached from a single word to

several sentences (Schreier, 2015, p. 178). After the second round of coding, all relevant segments were assigned to a category. In a third step, the assigned codes were reviewed and the segments were verified against the category they were assigned to. Even though the author proceeded thoroughly and revised the results, the coding can be open to error. In the final step, the coded segments were summarized to simplify the subsequent analysis of the data.

Figure 4: Final coding frame



Source: Author

4.2. Data analysis

Qualitative content analysis

The final coding frame with its segments gave a first impression of how MHH is considered and seen in the resolutions. It particularly revealed the context MHH is embedded in, the types of problems around it, who is affected by these problems, where they are located, what the focus of solutions is and what MHH aspires for. The data was exported to Microsoft Excel (Microsoft, 2013) for further analysis. MAXQDA's 'code matrix browser' was used to gain an overview from a quantitative view, i.e. which codes were found in which resolutions and how often they occurred where. The 'quote matrix' was used in the next step to examine the segments against their contents to gain a qualitative understanding of the types of statements and what they might comprise regarding MHH. This was done in an explorative manner and segments of interest were then reexamined against the full paragraph of the respective resolution to ensure the best comprehension possible. It needs to be pointed out that reading means decoding and thus producing concepts and categories with which the contents of the resolutions acquire an interpretation. The interpretative framework by the author determines which and how much of the data is presented while every explanation is selective (Matt, 2004, p. 327).

Critical frame analysis

In a second step, after the paragraphs were examined concerning their contents around menstruation, they were examined further using critical frame analysis (CFA). First developed by Goffman (1991), frame analysis is used to reveal (unconscious) meaning complexity in a 'world of implicit knowledge' (Willems, 2004, pp. 24, 26). According to Entman (1993, pp. 51–52), frame analysis examines the way information transferred by communication from one location to the consciousness influences the latter. Therefore, it offers a tool to explore influence and meaning-making among, for example, governmental elites and the public (Winslow, 2017, p. 583). It often involves uncovering the construction of meaning as well as identifying the effects on actors' behavior (Björnehed and Erikson, 2018, pp. 110–111).

A frame can be defined as an organizing principle that is socially shared and works symbolically to shape and influence discourse and public opinion (Reese, 2001 cited in Winslow, 2017, p. 583). Frames can bracket out certain factors and reduce the complexity of the world thus transforming complex issues into manageable thought structures to make sense of it (Winslow, 2017, p. 584; Lombardo, Meier and Verloo, 2009, p. 20). Frames cannot be understood as objective as they are always imposing a certain logic while excluding alternative perspectives in subtle ways for an audience (Winslow, 2017, p. 584). Nevertheless, frames should not be considered as manipulative human constructs. They should rather be understood as unconsciously used concepts that may reflect deep cultural meanings. These work with audiences deriving their appeal from existing narratives, symbolic traditions, or social orientations, which can have power over how issues are represented (Winslow, 2017, p. 584; Lombardo, Meier and Verloo, 2009, pp. 19–20). Frames define problems, diagnose causes, make moral judgments, and suggest remedies (Entman, 1993, p. 52). They can have different positions in the communication process, such as the communicator, the text, the receiver, and the culture (Entman, 1993, pp. 52–53). Interestingly, frames are not only defined by inclusions guiding the audience regarding problem definitions, explanations, evaluations, and recommendations but also by the omissions concerning them (Entman, 1993, p. 54).

Critical frame analysis is designed to examine the various representations in policy documents about policy problems and solutions offered by sociopolitical actors. Explicit attention to the varying power of authors in diagnosis, prognosis, and call for action as well as to gender as a power dimension is essential to the critical part of the CFA (van der Haar and Verloo, 2016, pp. 1–2). It aims to disclose how particular meanings of reality shape particular modes of action and assumes multiple interpretations of policy documents, including what is stated and not stated. In this way, the resolutions can be understood as particular constructions of realities (Spencer, Corbin and Miedema, 2019, p. 849). An important guiding principle for the analysis of the documents were the power relations between the Global North and Global South as well as the gender dimension in the context of MHH.

To inform the analysis, a set of sensitizing questions was created (see Table 3). These guiding and sensitizing questions were adapted from Verloo (2005, pp. 30–31) and Spencer, Corbin and Miedema (2019, p. 851). They sought to identify (i) the content and

context of the nature of the problem as well as (ii) the content and context of the solutions or pathways to action (Spencer, Corbin and Miedema, 2019, p. 850). Additionally, the sensitizing questions helped to discover an implicit and explicit representation of problems and solutions (van der Haar and Verloo, 2016, p. 2).

Table 3: Critical frame analysis questions

A. Diagnosis: How is the nature of the problem(s) identified?

Content

- How is MHH defined?
- Whose menstrual health is prioritized?
- What are necessary conditions to achieve menstrual health?
- What are barriers to achieving menstrual health?
- What assumptions are made with regards to the achievement of menstrual health?
- What are localities of lacking menstrual health?
- What are consequences of the lack of menstrual health?
- Who are the problem holders?

Context

- What is represented as the main problem, what as sub problem(s)?
- Why is it seen as a problem?
- Causality: What is seen as a cause of what?
- What are the dimensions of gender? (social categories, identity, behavior, norms and symbols, ..)
- Intersectionality?
- From which perspective is menstruation and menstrual health elaborated?
- Who is seen to have made the problem?
- Who is seen as responsible for the problem?
- What is a norm group if there is a problem group?
- What are the active/passive roles?

B. Prognosis: What are proposed solutions to the problem(s)?

Content

- What is the goal of MHH promotion (stated and implied)?
- What is the hierarchy or priority in goals?
- What approaches MHH promotion are stated and implied? (income redistribution, behavior change, community development, infrastructure, policy change, ..)
- What are the methods and techniques to achieve MHH? (education/knowledge, infrastructure, ..)
- How do these methods and techniques relate to individual, community and political dimensions MHH?
- How is MHH promotion operationalized (bottom-up, top-down)?
- What are prerequisites for MHH promotion? (individual, social, political conditions)
- What challenges/barriers MHH and its promotion are mentioned?
- How should the achievement of MHH be funded?
- Are particular channels of communication mentioned?
- Are there examples of success given?
- What are localities of solutions?
- Who is affected by solutions?
- Who are key players of MHH promotion?

Context

- What is represented as the main approach, what as sub approach(es)?
- Why is it seen as an approach?
- What are the dimensions of gender?
- intersectionality?
- What are the active/passive roles?

Source: Author, adapted from Verloo (2005, pp. 30–31) and Spencer, Corbin and Miedema (2019, p. 851)

The questions were gradually answered for each resolution using Microsoft Excel (Microsoft, 2013). The author referred to the ‘quote matrix’ and also reread the respective paragraphs of the resolutions. When applicable, the same codes for answers were used as in the previous qualitative content analysis. By looking for patterns and comparing the answers a summarizing diagnosis and prognosis frame was established for further analysis. Combined with the results of the QCA, this summary diagnosis and prognosis frame formed the basis for the following three thematic frames which that guided the discussion of the thesis:

Frame 1: MHH is a human rights issue

Frame 2: MHH is to blame for school absenteeism

Frame 3: MHH is a problem of the ‘third-world girl’

A general methodological limitation was that frame analysis remains conceptually unclear (Björnehed and Erikson, 2018, p. 110). The method was adopted from two studies involving multiple researchers making it difficult to adapt to the scope of a master thesis. The CFA was performed under constraints since not all questions could be answered and many resolutions were not able to provide enough information given the limited number of paragraphs concerned with MHH. Analytical models of frame analysis usually do not include factors to explain how different framings of the same issue can arise (Björnehed and Erikson, 2018, p. 114). The assessment of questions was based on the subjective impression of the author who relied on the information available in the texts, a process which is therefore open to error.

5. MHH in selected UN resolutions

In the following chapter, the results of the methodology used and described in the last chapter are presented. It will begin by introducing the results of the qualitative content analysis revolving around the coding frame. First, the contents of the resolutions with special attention to parts around MHH will be presented. Then, detailed findings of each category with subcategories will be elaborated. While this part of the chapter concentrates on themes and takes a cross-resolution approach, the second part examines each resolution as a separate unit in order to put the results more into context. Hence, the results of the critical frame analysis revolving around the documents will be presented. The answers to the sensitizing questions are elaborated for each resolution focusing on the diagnosis, the nature of the problem, and the prognosis, the proposed solutions for the problem, each concerning content and context (Spencer, Corbin and Miedema, 2019, p. 5).

5.1. The content around MHH

5.1.1. Larger context

The main category *Larger context* was set up to find out more about the general themes MHH is embedded in the respective paragraphs of the resolutions. It was carried out using the following subcategories: *Gender equality, WASH, Education, Work, Human rights, Health,* and *Other.*

Segments assigned with the code *Gender equality* talked about equal opportunities and rights of the genders. The code *WASH* was applied when segments talked about water, sanitation, and/or hygiene. Similarly, the code *Education* was applied when educational institutions, schools, or education, in general, were mentioned. The code *Work* included segments about jobs, professions, and work. The code *Human rights* was applied when different human rights or dignity were mentioned. The code *Health* comprised segments of context referring to health institutions and services, among others. When segments did not compare to any code mentioned before, they were assigned to the category *Other*.

Table 4 shows how many segments were coded under each subcategory and each resolution. It provides an overview of the contexts in which MHH was most often embedded in the resolutions. It can be stated that, menstruation and MHH were surrounded by seven major themes including a residual category. As the main category *Larger Context* was used to obtain an indication of the themes MHH was most often embedded in, this category needs to be understood in a more quantitative than qualitative way.

WASH was found to be the theme MHH was most often linked to, closely followed by *Gender equality*. *Education* and *Other* were the third most frequently used codes for the context in the paragraphs under examination. *Human rights* as a larger context closely followed them. 11 segments were assigned to the subcategory *Health* and *Work* was used the least number of times to describe the larger context where MHH was embedded.

Table 4: Numbers of coded segments within the main category Larger Context by subcategory and resolution

LARGER CONTEXT	A_RES_74_141-EN The human rights to safe drinking water and sanitation	A_RES_74_134-EN The girl child	A_HRC_RES_41_8-EN Consequences of child, early and forced marriage	A_HRC_RES_45_8-EN The human rights to safe drinking water and sanitation	A_RES_75_167-EN Child, early and forced marriage	A_HRC_RES_47_4-EN Menstrual hygiene management, human rights and gender equality	TOTAL
Education	2	4	1	2	2	3	14
Gender Equality	6	1	2	2	2	2	15
Health	2	2	0	0	1	6	11
Human Rights	1	0	0	5	1	6	13
WASH	4	3	0	6	1	3	17
Work	1	0	0	2	0	3	6
Other	3	2	0	1	2	6	14
TOTAL	19	12	3	18	9	29	90

It can be observed that the *Larger context* of the paragraphs that mentioned menstruation in the resolutions was diversified among a variety of subcategories. This gives the impression that MHH touches and has an impact on many of the overarching themes of sustainable development underlining the cross-cutting nature of MHH. The distribution

among resolutions shows that MHH is more present in three resolutions and less present in the other three as total segments of *Larger context* indicate in Table 4. Both resolutions on *child, early and forced marriage* contain the least coded segments while the resolutions on *water and sanitation* contain a lot more topped by the resolution about *menstrual hygiene management*.

Taking a closer look at the data, in particular at the most frequently used code *WASH*, it can be noted that the resolutions often talked about access to water and sanitation services or facilities and hygiene in the context of MHH. In the resolutions, the term *Gender equality* was often referred to, as a goal or, something that could be negatively affected by a lack of MHH or where a lack of MHH can constitute an obstacle to. Often, paragraphs talked about the disproportionate negative impact of girls and/or women in certain scenarios. Also empowerment and not being able to realize one's full potential as a girl and/or woman were mentioned as well as their exclusion or stigmatization with regard to MHH. Considering the code *Education*, resolutions often talked about the right to education, school attendance of women and girls, and access to education. The code *Other* comprised many segments that talked about the safety of girls and/or women, as well as crises like emergencies, conflicts, or natural disasters as well as situations of economic vulnerability. In addition, violence against girls as well as compounding levels of discrimination for people in vulnerable situations were mentioned. The segments also point to the different needs of girls and boys as well as the specific needs of women throughout the life course. Once, the neglected management of used menstrual products was observed as a part of the larger context of the paragraph under examination. The aforementioned segments could be summarized as focusing on difficult and dangerous situations and on gender specifics.

Human rights as a code comprised segments mentioning different kinds of human rights in the context of the analyzed paragraphs. Examples are the right to physical and mental health, the human right to education, health, safe and healthy working conditions, and employment, to participate in public affairs, as well as the human right to safe drinking water and sanitation. Rights in general along with dignity and respect were mentioned in the resolutions, too. The enjoyment of human rights and the international human rights instruments, human rights system and the Human Rights Council were segments stated in the resolutions. The listing of various human rights in the paragraphs of interest in the

resolutions suggests a strong connection and a possible mutual influence between MHH and many of the human rights. With regard to the data of the code *Health*, the right to good physical and mental health were mentioned in the resolutions as well as healthcare services and health practices. The negative impairment of health, such as health risks, health impacts, or health issues, sometimes specified as health issues relating to menstrual pain but also health crises such as the coronavirus disease pandemic were stated in the resolutions. Additionally, health consequences after female genital mutilation were indicated. The code *Work* comprised the right to safe and healthy working conditions, and to employment but also that work or professional fulfillment can be affected by MHH. Work and the workplace were additionally stated in the paragraphs of interest in the resolutions.

5.1.2. Menstrual challenges

The next main category *Menstrual challenges* aimed to find out about the challenges stated in the resolutions regarding MHH. Subcategories included *Consequences* and *Localities, Health services, Material, Information, Facilities, Stigma,* and *Other*.

The subcategory *Consequences* was used to collect information about the effects to arise from (certain) menstrual challenges, e.g. negative health effects, and negative impacts on school attendance. The code *Localities* was applied when segments referred to areas where menstrual challenges occur, i.e. at school, public places, etc. The code *Health services* collected information about menstrual challenges in terms of the availability and access to health services. Segments were collected under the code *Material* when they referred to challenges about the availability and access to menstrual care materials. The subcategory *Information* comprised passages that covered challenges in availability and access to information about MHH. *Facilities* was used as a code when challenges covered the availability and access to facilities needed for MHH, i.e. WASH facilities. The code *Stigma* was assigned when challenges spoke about the stigma surrounding menstruation, e.g. the negative perceptions or silence. When segments about menstrual challenges did not compare to any code mentioned before, they were assigned to the category *Other*.

A total of 65 codes were collected and distributed between seven subcategories under the main category *Menstrual challenges*. Findings show that there were five main types of challenges mentioned in the resolutions including a residual category (see Table 5). Additionally, the texts talked about the consequences and localities of menstrual challenges. Most segments were assigned to the code *Consequences* followed by the code *Localities*. Following the category *Stigma*, *Facilities* was mentioned most often as a challenge for menstruation. *Information* and the residual category *Other* were assigned only half as much, closely followed by *Health services* and *Material*. The absolute frequencies within the main category *Menstrual challenges* suggest that the resolutions focused rather on the localities and consequences of those challenges than on the kinds of challenges themselves. The distribution of segments across the resolutions shows that the resolution concerned with *menstrual hygiene management* mentions *Menstrual challenges* most often. The resolutions about the *human rights to safe drinking water and sanitation* mentioned it only about half as much.

Table 5: Numbers of coded segments within the main category Menstrual Challenges by subcategory and resolution

MENSTRUAL CHALLENGES	A_RES_74_141-EN The human rights to safe drinking water and sanitation	A_RES_74_134-EN The girl child	A_HRC_RES_41_8-EN Consequences of child, early and forced marriage	A_HRC_RES_45_8-EN The human rights to safe drinking water and sanitation	A_RES_75_167-EN Child, early and forced marriage	A_HRC_RES_47_4-EN Menstrual hygiene management, human rights and gender equality	TOTAL
Facilities	3	2	0	1	1	2	9
Health Services	0	0	0	0	0	3	3
Information	1	0	0	1	0	2	4
Material	0	1	0	0	0	2	3
Stigma	2	1	1	3	1	3	11
Other	0	0	0	1	0	3	4
Consequences	3	2	1	3	1	7	17
Localities	4	2	0	3	2	3	14
TOTAL	13	8	2	12	5	25	65

Three of the resolutions named *Information* as a challenge to good MHH. In the resolutions on *The human rights to safe drinking water and sanitation*, it is stated that girls and women "often lack basic information" (Human Rights Council resolution 45/8, 6 October / 2020, p. 3) due to the stigma and silence surrounding menstruation. The

resolution on *Menstrual hygiene management, human rights and gender equality* identifies an "absence of appropriate information and education on menstrual hygiene management" (Human Rights Council resolution 47/4, 12 July / 2021, p. 2) and a lack of access to information concerning health issues relating to menstruation. In summary, the resolutions hardly name information as a challenge to good MHH. The lacking information about MHH was described as basic, appropriate, and once as completely absent. The lack of access to it was brought up in connection with negative effects on health and the ability to realize one's full potential. It is also interesting that women and girls were the only groups named in connection with the lack of information as a challenge to MHH.

The code *Material* as a challenge to MHH was assigned in only two resolutions. Both named the "inadequate access to effective feminine hygiene products" (General Assembly resolution 74/134, 18 December / 2019, p. 4) as a problem. Further, the resolution on *Menstrual hygiene management, human rights and gender equality* also identified that the management of used material was often neglected which can create new problems like health risks and environmental degradation. It is striking that *Material* was named so seldom as a challenge for good MHH and that the problem about the lack of access to menstrual materials was not further specified. *Health services* as a challenge to good MHH was only presented in the resolution on *Menstrual hygiene management, human rights and gender equality*. Here, the lack of access to appropriate treatment for the "adverse effect of the health issues relating to menstrual hygiene" (Human Rights Council resolution 47/4, 12 July / 2021, p. 2) as well as a general lack of adequate access to "medical care and medicines to identify and treat health issues relating to menstrual hygiene" (Human Rights Council resolution 47/4, 12 July / 2021, p. 2) were a concern. Health issues relating to menstruation can reach from menstrual pain and cramps to menstrual diseases like endometriosis. Surprisingly, the inadequate access to health services was mentioned only in one resolution as part of the problems around MHH.

The subcategory *Stigma* was stated as a challenge to MHH in all of the resolutions. It was put as "negative perceptions of menstruation" (General Assembly resolution 75/167, 16 December / 2020, p. 4) in three resolutions and as negative social norms in the HRC resolution on *The human rights to safe drinking water and sanitation.* The widespread silence, stigma, and shame were a concern in both of the resolutions on *The human rights*

to safe drinking water and sanitation. The resolution on *Menstrual hygiene management, human rights and gender equality* named it "discrimination based on harmful social norms and stereotypes" (Human Rights Council resolution 47/4, 12 July / 2021, p. 2) and further listed "silence, stigma, misconceptions and taboos around menstruation" (Human Rights Council resolution 47/4, 12 July / 2021, p. 2) as menstrual challenges.

In five of the six resolutions *Facilities* were named as a menstrual challenge. It was noted as a "lack of means to maintain safe personal hygiene, such as water, sanitation and hygiene facilities" (General Assembly resolution 74/134, 18 December / 2019, p. 6) by four of the resolutions. In three resolutions the "lack of access to adequate water and sanitation services (Human Rights Council resolution 45/8, 6 October / 2020, p. 3) was stated as a problem. The resolution on *The human rights to safe drinking water and sanitation* noted 'particular barriers' for women and girls in accessing water and sanitation. All in all, this challenge to menstruation is described as a lack of WASH facilities and services. The code *Other* of menstrual challenges was assigned in two of the resolutions. The resolution on *Menstrual hygiene management, human rights and gender equality* considered "situations of economic, humanitarian and health crisis, including the coronavirus disease (COVID-19) pandemic" (Human Rights Council resolution 47/4, 12 July / 2021, p. 2) as another challenge to MHH as well as "harmful practices, including female genital mutilation" (Human Rights Council resolution 47/4, 12 July / 2021, p. 3). It further pointed to the problem that MHH "continues to receive limited attention in policy, research, programming and resource allocation" (Human Rights Council resolution 47/4, 12 July / 2021, p. 3). The HRC resolution on *The human rights to safe drinking water and sanitation* stated that still existing gender inequalities were another challenge for MHH.

Looking at the *Consequences* of challenges in more detail, the consequences that "girls' attendance at school can be affected" (General Assembly resolution 74/134, 18 December / 2019, p. 6) was stated most often as an outcome of the various menstrual challenges. Along with this, sometimes the attendance of women at work or girls' attendance at university was mentioned. Another consequence repeatedly mentioned in the resolutions was that women and girls are "excluded and stigmatized, and are thus prevented from realizing their full potential" (Human Rights Council resolution 45/8, 6 October / 2020, p. 3) which can have negative effects on health. Often, a whole series of consequences

was listed, including negative effects on gender equality, the enjoyment of human rights like the rights to education, the highest attainable standard of physical and mental health, safe and healthy working conditions, and to participate in public affairs. Negative impacts on dignity and well-being were also named a few times in this context. Unsanitary living conditions, environmental degradation, and health risks were also stated as a consequence of bad MHH. Difficulty in managing menstrual hygiene in a safe and dignified way was another consequence named in one of the resolutions. In terms of the consequences of challenges regarding menstruation, the data reveals a strong focus on school attendance alongside a strong link to several human rights.

Subsequently, it is not surprising that schools were the principally stated *Localities* of challenges regarding MHH. Alongside, workplaces, universities, health centers as well as public facilities, places, or buildings were also named in the resolutions. Humanitarian emergencies and crises, armed conflict, and natural disasters were also mentioned once in a resolution.

5.1.3. Affected groups

Affected groups was established as a main category to find out about who is affected by problems around menstruation and MHH according to the UN resolutions. Three subcategories were established which included *Girls*, *Women*, and *Other*. *Other* was assigned as a code when neither of the remaining codes fitted for the segment on *Affected groups*. Examples of the use of this code were men and boys or specifications like women with disabilities. Table 6 shows that *Girls* was the most frequently encountered group affected by problems around MHH, followed by *Women*. In comparison, *Other* was assigned only a few times. The distribution of absolute frequencies proposes that the focus in the resolutions concerning MHH was a bit more on girls than on women. Again, the pattern of the numbers of segments shows that the resolution about *menstrual hygiene management* contains the greatest number followed by the resolutions about the *human rights to safe drinking water and sanitation*.

Table 6: Numbers of coded segments within the main category Affected Groups by subcategory and resolution

AFFECTED GROUPS	A_RES_74_141-EN The human rights to safe drinking water and sanitation	A_RES_74_134-EN The girl child	A_HRC_RES_41_8-EN Consequences of child, early and forced marriage	A_HRC_RES_45_8-EN The human rights to safe drinking water and sanitation	A_RES_75_167-EN Child, early and forced marriage	A_HRC_RES_47_4-EN Menstrual hygiene management, human rights and gender equality	TOTAL
Girls	6	3	1	5	2	10	27
Women	6	1	0	5	0	9	21
Other	1	0	0	0	0	8	9
TOTAL	13	4	1	10	2	27	57

The segments under the codes *Women* and *Girls* did not further specify these groups. It was never stated whether girls were pre- or post-menarche and whether women were pre- or post-menopause. Moreover, the data shows a binary gender view with no further diversification. The code *Other* comprises more specified groups of women and girls such as those in vulnerable situations, with disabilities, female teachers, or, twice, men and boys. Men and boys were part of the *Affected groups* of information and education solutions for good MHH. These specifications were only found in two of the six resolutions.

5.1.4. Locality

The main category *Locality* was established to find out more about the general places and locations where problems around MHH tend to occur. Two subcategories were established from the data, namely *Rural, remote, isolated* and *Other*. Whenever text passages used the words rural, remote, isolated, or similar to describe a location in connection with MHH, these passages were assigned to the aforementioned code. The residual subcategory *Other* was applied when text passages referring to location did not fit the *Rural, remote, isolated* subcategory. Examples of this were passages talking about more specific locations like humanitarian settings or informal settlements or, very unspecific text passages like “in many parts of the world” (General Assembly resolution 74/141, 18 December / 2019, p. 4). Table 7 presents the distribution of absolute

frequencies between the two subcategories from a total of 12 codes assigned to the main category *Locality*. The comparatively low number of codes in this category suggests that the text passages from the resolutions that included MHH were not able to provide many references to localities. It is noteworthy that the HRC resolutions on the *human rights to safe drinking water and sanitation* and the *consequences of child, early and forced marriage* did not give any hints on localities concerning their paragraphs about MHH.

Table 7: Numbers of coded segments within the main category Locality by subcategory and resolution

LOCALITY	A_RES_74_141-EN The human rights to safe drinking water and sanitation	A_RES_74_134-EN The girl child	A_HRC_RES_41_8-EN Consequences of child, early and forced marriage	A_HRC_RES_45_8-EN The human rights to safe drinking water and sanitation	A_RES_75_167-EN Child, early and forced marriage	A_HRC_RES_47_4-EN Menstrual hygiene management, human rights and gender equality	TOTAL
Rural, Remote, Isolated	0	1	0	0	2	2	5
Other	3	0	0	0	1	3	7
TOTAL	3	1	0	0	3	5	12

The code *Other* comprised segments that mentioned humanitarian settings, humanitarian emergencies, armed conflict, natural disasters, informal settlements, settlements for internally displaced persons, refugee camps, and migrant shelters. Remote or insecure areas, disadvantaged areas like rural communities and informal settlements, and rural or isolated areas, mentioned in the resolutions were comprised under the code *Rural, remote, isolated.* In summary, it can be argued that localities were specified so that countries or socioeconomic groups such as the Global South, Global North, Low-Income Countries, Middle-Income Countries, etc. were not named.

5.1.5. Focus of action

The fifth main category was created to learn in which areas the resolutions articulate a need for action to promote MHH. Eight subcategories were formed to determine the focus of actions for MHH, namely *Information, Facilities, Material, Policy, Other,*

Consequences, *Localities* and *Who should act*. The code *Information* was assigned when segments talked about the availability and access to information as measure to be taken for MHH. Examples of this code were the promotion of educational practices or increased access to information about MHH. When actions required for MHH related to the availability and access to water and sanitation facilities, the code *Facilities* was assigned. The code *Material* was chosen when text passages mentioned availability and access to menstrual care materials as a necessary measure. Examples included to have a choice of menstrual hygiene products or adequate disposal options for these products. When actions included policy measures like the implementation of gendersensitive policies or the elimination of sales taxes on menstrual care material, the code *Policy* was assigned. *Other* was assigned as a code when neither of the remaining codes fitted for the segment on measures or actions. Additionally, the code *Consequences* of actions was created to mirror the code *Consequences* of challenges from the main category *Menstrual challenges*. It was assigned when the resolution talked about prospected or desired outcomes of actions to be implemented. The code *Localities* comprised segments that indicated where actions should take place, i.e. at school, work, public or private places. When resolutions spoke about who should take action to improve MHH, the code *Who should act* was assigned. Examples of this code included states or international organizations.

Table 8: Numbers of coded segments within the main category Focus of Action by subcategory and resolution

FOCUS OF ACTION	A_RES_74_141-EN The human rights to safe drinking water and sanitation	A_RES_74_134-EN The girl child	A_HRC_RES_41_8-EN Consequences of child, early and forced marriage	A_HRC_RES_45_8-EN The human rights to safe drinking water and sanitation	A_RES_75_167-EN Child, early and forced marriage	A_HRC_RES_47_4-EN Menstrual hygiene management, human rights and gender equality	TOTAL
Facilities	4	2	0	2	2	4	14
Information	2	1	1	1	0	5	10
Material	2	1	0	1	0	4	8
Policy	1	0	0	2	0	4	7
Other	2	2	0	0	1	2	7
Consequences	0	1	0	0	0	0	1
Localities	2	1	0	0	3	4	10
Who Should Act	0	2	0	2	0	2	6
TOTAL	13	10	1	8	5	25	62

Table 8 shows that *Facilities* was used the most frequently of the total of 62 codes in the main category of *Focus of action*. *Information* and *Localities* were assigned a lot less frequently, followed by *Material*, *Policy*, and *Who should act*. *Other* was assigned six times as a residual subcategory. *Consequences* of actions were only mentioned once in the resolution about the *girl child*. These absolute frequencies of subcategories indicate a focus on infrastructure as an area where action is needed whereas the other focus areas are mentioned less but to a similar number.

Taking a closer look at the data subsumed under the code *Facilities*, segments mentioned the provision and access to "safe and adequate sanitation" (General Assembly resolution 75/167, 16 December / 2020, p. 7), to "affordable, safe and clean water" (Human Rights Council resolution 47/4, 12 July / 2021, p. 3) as well as to "adequate and equitable […] hygiene" (General Assembly resolution 74/141, 18 December / 2019, p. 6) as a focus of action for MHH. For WASH facilities, the main specifications given were that they must be 'adequate', 'safe', 'affordable', and 'equitable' without any further specifications or examples given. In the resolution on *The girl child,* toilet facilities were further described

to have to be "private […], including feminine hygiene product disposal facilities" (General Assembly resolution 74/134, 18 December / 2019, p. 6). Similarly, the resolution on *Menstrual hygiene management, human rights and gender equality* specifies sanitation facilities to have to be "separate […], including affordable and accessible disposal options for used menstrual hygiene management products" (Human Rights Council resolution 47/4, 12 July / 2021, p. 3). The resolutions on *The human rights to safe drinking water and sanitation* both described that facilities must be "gendersensitive […], including options for the disposal and waste management of menstrual hygiene products" (Human Rights Council resolution 45/8, 6 October / 2020, p. 6). The more detailed specifications in four of the six resolutions pointed to the important factor that not every washroom is perfectly suitable for managing menstruation and that a couple of requirements must be met since the toilet facility is where menstrual material is inserted or changed, washed or disposed of (please refer to Chapter 2.2.3 Facilities). The resolutions give mixed information about the types and kinds of WASH facilities needed for good MHH, with mainly very general conditions and some with more detailed requirements.

The code *Information* covered text passages that named access to information as a focus of action for good MHH. This information was often described as 'factual', 'adequate', and once as 'accessible'. Access to information was once further defined to have to be increased by the reduction of the "digital divide among and within countries" (Human Rights Council resolution 47/4, 12 July / 2021, p. 3). Some resolutions specified that the content of information must be about "menstrual hygiene management" (Human Rights Council resolution 47/4, 12 July / 2021, p. 3) and address "negative social norms" (Human Rights Council resolution 45/8, 6 October / 2020, p. 6) or "the widespread stigma and shame surrounding menstruation and menstrual hygiene" (General Assembly resolution 74/141, 18 December / 2019, p. 6). Additionally, the promotion of educational practices, ensuring educational opportunities, educational initiatives, as well as publicity and awareness-raising campaigns that specifically need to "tackle the stigma, shame, stereotypes and negative social norms" (Human Rights Council resolution 47/4, 12 July / 2021, p. 3) were stated in the resolutions as an information-centered approach of action. The example of the "requirement that women and girls isolate themselves during menstruation or wear dark school uniforms" (Human Rights Council resolution 47/4, 12 July / 2021, p. 3) was given for these stereotypes and negative social norms. The

resolutions on *Menstrual hygiene management, human rights and gender equality,* and on *The human rights to safe drinking water and sanitation* both specified that men and boys should also be included in educational initiatives. In summary, only a few resolutions described the content of information needed for good MHH. Two of them even mentioned the inclusion of men and boys besides women and girls in the provision of information.

The code *Material* was found as a focus of action in four of the six resolutions. Both resolutions on *The human rights to safe drinking water and sanitation* asked for "universal access to hygienic products" (Human Rights Council resolution 45/8, 6 October / 2020, p. 6), another resolution called them feminine hygiene products. The resolution on *Menstrual hygiene management, human rights and gender equality* described menstrual materials as "products for optimal and effective menstrual hygiene management" (Human Rights Council resolution 47/4, 12 July / 2021, p. 3). Furthermore, it demanded access to a choice of menstrual hygiene products naming sanitary pads as an example that need to be "safe, culturally sensitive and environmentally friendly" (Human Rights Council resolution 47/4, 12 July / 2021, p. 3). 'Safe' most likely means that materials should be made from non-toxic material, 'culturally sensitive' that materials that need to be inserted are not acceptable in certain cultures, and 'environmentally friendly' can mean either that the products are reusable as they don't generate waste, or that they are made from organic materials and thus easy to dispose of. It is the only resolution that specified requirements for menstrual materials and mentioned sanitary pads twice as an example of such materials. In order for the products to reach all menstruators, the resolution clarified that "safe and efficient infrastructures and means of transport for the delivery" (Human Rights Council resolution 47/4, 12 July / 2021, p. 3) must be available. Further, it addressed period poverty by demanding to "eliminate or reduce sales taxes on menstrual hygiene management products" (Human Rights Council resolution 47/4, 12 July / 2021, p. 3) and to provide support for women and girls in difficult economic situations. Adequate disposal options for menstrual products were called for in the context of preparedness in humanitarian emergencies in the resolution on *Human rights to safe drinking water and sanitation.* It can be noted that the characteristics and requirements of menstrual materials were specified only in one resolution that also specified accessibility through economic means and retail infrastructure. From the other

resolutions, it remains unclear whether the products should be single-use or reusable or what requirements the products need to fulfill for good MHH.

A more detailed look at the data listed under the code *Policy* shows that three out of six resolutions suggested different types of policies as a focus of action. The resolution on *Menstrual hygiene management, human rights and gender equality* calls for the need for menstrual hygiene to be fully addressed by all appropriate means "including in particular through the adoption of relevant legislative measures" and "nationally and through international assistance and cooperation, especially economic and technical" (Human Rights Council resolution 47/4, 12 July / 2021, p. 3), and located MHH policies in the area of human rights. It further, asked to integrate MHH in "relevant national policies, including water, sanitation and hygiene programmes and emergency preparedness and response programming" (Human Rights Council resolution 47/4, 12 July / 2021, p. 3) and to eliminate and reduce sales taxes on menstrual products. Similarly, the HRC resolution on *Human rights to safe drinking water and sanitation* urged to "adopt a human rights-based approach that includes menstrual health management when designing, implementing and monitoring development programmes in support of national initiatives and plans of action relating to the rights to safe drinking water and sanitation" (Human Rights Council resolution 45/8, 6 October / 2020, pp. 4–5) and directly linked these programs to the achievement of the SDGs. Moreover, its sister resolution asked to implement "gender-responsive policies, plans and programmes that address, inter alia, effective menstrual hygiene management and adequate disposal options for menstrual products, without compromising their safety and dignity" (General Assembly resolution 74/141, 18 December / 2019, p. 6). Lastly, the resolution on *Menstrual hygiene management, human rights and gender equality* called for the report and publication of progress made and challenges affecting MHH in relevant reports to the human rights treaty bodies, working groups, and human rights review processes. In summary, most of the segments located MHH policies in the areas of human rights, especially safe drinking water and sanitation, and humanitarian response. Once, taxes on period products were addressed and once a direct link to the achievement of SDGs was made. A more precise description of the policies was not elaborated, except for the sales tax on period products.

The promotion of health practices and access to medical care and medicines was highlighted in the majority of segments covered by the code *Other*. The resolution on

Menstrual hygiene management, human rights and gender equality called for "free access to medical care and medicines to prevent, identify and treat health issues relating to menstrual hygiene" (Human Rights Council resolution 47/4, 12 July / 2021, p. 3) for women and girls with disabilities or in vulnerable situations. The resolution on *Child, early and forced marriage* demanded to ensure "uninterrupted access to and funding for essential healthcare services, including sexual and reproductive healthcare services" (General Assembly resolution 75/167, 16 December / 2020, p. 9). Additionally, "adapted investments that are consistent with and responsive" (General Assembly resolution 74/134, 18 December / 2019, p. 6) to changing needs of girls were requested.

Localities of action were found only in four out of the six resolutions. They contained remote or insecure areas, disadvantaged areas, rural communities, isolated areas, informal settlements, as well as humanitarian settings, including "settlements for internally displaced persons, refugee camps, and migrant shelters" (Human Rights Council resolution 47/4, 12 July / 2021, p. 4) and "times of armed conflict or natural disaster" (General Assembly resolution 74/141, 18 December / 2019, p. 6). It has to be noted that some localities can change or disappear, like humanitarian settings that have a certain dynamic, while rural, remote, isolated areas seem to be more constant. Interestingly, all these localities describe areas that are not usually connected to the Global North but to the Global South. The other type of locality found for the focus of actions for good MHH was more specific on a micro level, namely educational institutions, schools, public and private spaces, out-of-school settings, or family units. These localities can be found globally, with some still very general, like out-of-school settings, private spaces as well as public spaces. They seem to concentrate on school and educational spaces, only the resolution on *Menstrual hygiene management, human rights and gender equality*, and *Human rights to safe drinking water and sanitation* included private settings for MHH interventions to focus on.

Half of the resolutions included segments about *Who should act.* Primarily, states that were mentioned that should participate in actions for good MHH or that are responsible for the realization of human rights. Additional actors were mostly from the development sector, such as regional and international organizations, UN specialized agencies, international partners, development partners, donor agencies as well as civil society and other relevant actors. These were also stated in the HRC resolution on *The human rights*

to safe drinking water and sanitation. The code *Consequences* was used only once in the resolution on *The girl child* and described that actions for MHH would lead to the improvement of health, access to education, and increased safety.

5.1.6. Aspiration

The sixth and last main category of the data collection encompasses the question of how menstruation should be seen according to the UN. This standalone category was formed during data collection as text segments in four resolutions repeatedly stated a kind of aim underlying the problem and action descriptions for MHH. Table 9 shows that this code was assigned six times with one resolution with a different and additional aspiration which was comprised under the code *Other*.

Table 9: Numbers of coded segments within the main category Aspiration by subcategory and resolution

ASPIRATION	A_RES_74_141-EN The human rights to safe drinking water and sanitation	A_RES_74_134-EN The girl child	A_HRC_RES_41_8-EN Consequences of child, early and forced marriage	A_HRC_RES_45_8-EN The human rights to safe drinking water and sanitation	A_RES_75_167-EN Child, early and forced marriage	A_HRC_RES_47_4-EN Menstrual hygiene management, human rights and gender equality	TOTAL
Menstruation is healthy and natural	1	1	0	1	0	1	4
Other	0	0	0	1	0	0	1
TOTAL	1	1	0	2	0	1	5

The aspiration in the resolutions was to "foster a culture in which menstruation is recognized as healthy and natural (General Assembly resolution 74/134, 18 December / 2019, p. 6) which was identical throughout the resolutions. The HRC resolution on *The human rights to safe drinking water and sanitation* also stated to "enable menstrual hygiene management in a dignified and healthy way" (Human Rights Council resolution 45/8, 6 October / 2020, p. 2).

Overall, the results of the qualitative content analysis give hints about the mainstreaming of certain aspects of the larger context, menstrual challenges, affected groups, localities, the focus of action, and aspirations for MHH. This is deducted firstly from the quantitative number of segments coded under each category and secondly, from how these segments are elaborated and described in the resolutions. However, the details and descriptions omitted in the resolutions prove to be of particular interest. The themes MHH was embedded in the paragraphs of the resolutions were very diversified, with the WASH context slightly leading but gender equality, education, difficult and dangerous situations, human rights closely following. Work was a context MHH was least frequently linked to. Though still closely connected to WASH, MHH shows to be touching upon many different themes in the resolutions.

Surprisingly, consequences and localities of menstrual challenges were named more often in the resolutions than the kinds of challenges themselves. Stigma and facilities were named most often as menstrual challenges, while the rest was mentioned only about half as much. In quantitative terms, these issues seem to be the most important according to the resolutions makers, and it is striking that the other challenges were mentioned only in such a low number. The menstrual challenge of the lack of information was only described further as basic and appropriate, without any details of what it should contain. The lack of access to it was brought up in connection with negative effects on health and realizing one's full potential, and women and girls were the only group named to be affected. The lack of access to menstrual materials as a challenge to MHH was not further specified but the effects on the environment and health due to neglected disposal management were named. The access to medical care and health services for menstruation-related health issues or pain was only brought up in one resolution. How the menstrual stigma shows and limits menstruators was not mentioned in resolutions but negative social norms, perceptions, silence, and taboos were often named as a problem related to MHH. The lack of access to WASH facilities and services was often mentioned in the resolutions but not further specified how these facilities should be equipped for MHH.

The groups affected by issues around MHH were, almost to equal parts, women and girls with girls being mentioned only six times more. A few times, women and girls with disabilities or in special situations and even men and boys were mentioned. Interestingly,

trans or non-binary menstruators were not part of the resolutions. In addition, neither women were further defined as pre- or post-menopausal and nor girls as pre- or post-menarche. It was also difficult to gain insight into the localities around MHH. Descriptions such as rural, remote, or isolated were found only a few times, as were sites places of humanitarian emergencies and crises or informal settlements. Here, the resolutions do not give much information and generally avoid names of countries or socioeconomic groups.

The focus of action for good MHH was largely put on WASH facilities in the resolutions. It was followed by information and descriptions of which places the actions need to be implemented, material, policy, and healthcare. The resolutions give mainly general conditions for WASH facilities without further specifying its components for MHH. However, four resolutions do name the need for gendersensitive facilities characterized by disposal and waste management options for menstrual materials. Regarding information as a focus of action, some resolutions further described the content of information needed for MHH, including that it must address negative social norms, stereotypes, stigma, and shame. The addressees of this information were mainly women and girls themselves. However, two times the inclusion of men and boys in educational initiatives was recommended. The characteristics and requirements of menstrual materials as a focus of action were only specified in one resolution. The product's safety, cultural sensitivity, and environmental friendliness but also economic and infrastructure constraints to accessible purchase were named. Sanitary pads were given as a product example twice. When policy measures were mentioned as area of action for MHH, many related to human rights, particularly the right to safe drinking water and sanitation, and humanitarian aid. Interestingly, a direct link to the achievement of SDGs was made for policies concerning MHH. However, while the calls for policy integration of MHH remained general, a specific call was made for the elimination or reduction of sales taxes on menstrual products. Other areas of actions for MHH included the promotion of health practices and access to medical care which were mentioned most frequently. In addition, measures for humanitarian emergency preparedness and response, as well as adapted investments for changing needs of girls throughout childhood and adolescence were recommended. On a broader level, the localities of action were described as humanitarian settings, different types of settlements, as well as rural, remote or insecure areas. Although not stated directly, the latter point to locations in the Global South. On a narrower level,

localities included educational and public spaces. Private settings were only named thrice while all localities were stated in a very general manner. States and other development sector actors that should be engaged in MHH were identified. Increased safety, access to education, and improved health were presented as the only outcomes of actions for MHH. The goal of the resolutions was to foster a culture in which menstruation is recognized as healthy and natural, and to enable MHH in a dignified and healthy way.

Throughout the resolutions, the information given on menstrual challenges, affected groups, localities, and focus of action was kept generic. Only a few subcategories of interest were described in a more detailed manner. Nevertheless, the results obtained do give insight into how MHH is seen in sustainable development, although it varied widely across documents: The HRC resolution on *Menstrual hygiene management, human rights, and gender equality* proved to be most informative with 122 segments on MHH coded, followed by 65 coded segments in the resolution on *The human rights to safe drinking water and sanitation*. 51 segments about MHH were obtained in the HRC resolution on *The human rights to safe drinking water and sanitation*, 36 segments coded in the resolution on *The girl child*. 26 segments about MHH were found in the resolution on *Child, early and forced marriage* and, lastly, 9 segments about MHH in the HRC resolution *Consequences of child, early and forced marriage*. It is not surprising that the resolutions on WASH and menstrual hygiene management were the most informative. The most recent resolution was on menstrual hygiene management, followed by child, early and forced marriage; the human rights to safe drinking water and sanitation (HRC); the girl child; the human rights to safe drinking water and sanitation and consequences of child, early and forced marriage. For the HRC resolutions, the more recent they are, the more segments about MHH were found. For the GA resolutions this was not the case. For the two resolutions on In the case of the two resolutions on *The human rights to safe drinking water and sanitation,* the number of segments about MHH was similar, while the two resolutions on *Child, early and forced marriage* varied greatly.

5.2. Prognoses and diagnoses in the resolutions

The human rights to safe drinking water and sanitation: resolution / adopted by the General Assembly on 18 December 2019

This resolution presents the latest developments in drinking water and sanitation at that time. It specifies affected groups, localities, effects of a lack of drinking water and sanitation, and demands for actions to improve the realization of the human right. There were six paragraphs concerned with menstruation in this resolution (General Assembly resolution 74/141, 18 December / 2019).

Diagnosis: The stigma, a lack of access to adequate WASH facilities, and the lack of information were named as barriers to MHH. The problem was said to occur in many parts of the world, in humanitarian crises and emergencies, during armed conflict and disaster, but also in schools, universities, workplaces, health centers, and public facilities. Consequences of a lack of MHH were negative effects on health, women and girls being prevented from realizing their full potential, gender equality and empowerment of women and girls,. Further consequences were negative effects on the enjoyment of human rights, school, and university attendance, as well as restriction of time for other activities like education and earning a livelihood. Problem holders were women and girls without any further description. The lack of access to adequate WASH facilities was seen as the main problem as women have specific hygiene needs during menstruation, pregnancy, childbearing, and rearing, and throughout the life course. Further, women and girls face barriers to WASH access and the lack of WASH affects the enjoyment of their human rights. The lack of MHH was seen as a subproblem. A causality found in this resolution was that stigma and silence lead to a lack of information and education about MHH. As a result, girls and women are excluded and stigmatized, their health can be affected, and they are prevented from realizing their full potential. They were restricted in time for activities like education leisure or earning a livelihood as they often shouldered the main burden of collecting household water and care responsibilities. Further, stigma and lack of WASH facilities could negatively impact school, university, or work attendance. A biological and social dimension of gender were presented in this resolution. The gender dimension concentrated on women and girls bearing the burden of collecting household water and care responsibilities but also showed by their specific hygiene needs throughout

the life course. In terms of intersectionality, residing in areas of crisis was found to be another factor of discrimination. The document elaborated from a WASH, human rights, and gender equality perspective and attributed women and girls as passive. They were disadvantaged by gender behavior norms and vulnerable due to crisis situations and areas.

Prognosis: The goals of MHH promotion were empowerment measures of women and girls in terms of crises preparedness, safety, and dignity, as well as to foster a culture where menstruation is seen as natural and healthy. The approaches included infrastructure, behavior, and policy changes. The methods to achieve MHH comprised the implementation of gender-responsive policies, access to WASH services and materials with disposal options as well as information access and promotion of health practices. The main approach represented was to promote WASH access with gendersensitive facilities. MHH seemed to be operationalized top-down with men and boys being an additional target group for information on MHH. Localities of solutions were public and private spaces as well as sites of humanitarian emergencies and crises.

The girl child: resolution / adopted by the General Assembly on 18 December 2019

This resolution is concerned with problems girl children are facing, their causes and effects as well as approaches to end these problems. There were three paragraphs on menstruation in this resolution (General Assembly resolution 74/134, 18 December / 2019).

Diagnosis: Barriers to menstrual health were water scarcity, unsafe water, inadequate sanitation, and poor hygiene, lack of WASH facilities at school, stigma as well as inadequate access to effective menstrual products. The problem was located in schools and rural areas. Consequences comprised the negative effect on school attendance and the exclusion from full and continued participation in school. The problem holders were girls and young women. The main problem was the negative effect on education due to the different needs of girls during childhood and adolescence, like the need for adequate WASH facilities, materials, and disposal options. Causalities presented were the exclusion of education due to inadequate WASH facilities, materials, and burden of water procurement, and the general effect of stigma and lack of WASH facilities in schools on school attendance of girls. Gender dimensions were biological and social, including the specific needs of girls and young women as well as the behavior expectation of water procurement. Education and WASH, followed by gender equality, were the main dimensions of perspectives on MHH. Girls and young women were portrayed as passive being disadvantaged by issues around WASH, a lack of menstrual materials, and gender behavior norms.

Prognosis: Goals of MHH promotion included continued access to education, followed by improvement of health, increase of safety, and fostering a culture where menstruation is recognized as natural and healthy. Access to infrastructure and behavior change were the approaches to MHH promotion. Methods included access to WASH facilities adequate for menstruation and menstrual material, as well as the promotion of educational and health practices. The target groups for solutions were girls and young women. Respective localities were educational institutions and public places. Key players for MHH promotion were states, civil society, and other relevant actors.

Consequences of child, early and forced marriage: resolution / adopted by the Human Rights Council on 11 July 2019

This resolution is concerned with the consequences of child, early, and forced marriage on the human rights of the affected groups. It identifies the dimensions of the problem and lists demands for ending the cause. In this resolution, one paragraph was found to be concerned with menstruation (Human Rights Council resolution 41/8, 11 July / 2019).

Diagnosis: The barrier to the achievement of MHH was the stigma, which consequently forces girls to drop out of school. The lack of education was seen as the main problem as education is one of the most effective ways to prevent and eliminate child, early, and forced marriage. Girls were the problem holders and the causality found was the discontinuation of school due to menstrual stigma. The dimension of gender was social, referring to social norms confining married women and girls to the home. Age and marital status were found to be additional dimensions of discrimination. MHH was looked upon from the perspective of education and girls were attributed a passive role being disadvantaged by social norms.

Prognosis: There was no paragraph about the problem solution concerned with menstruation.

The human rights to safe drinking water and sanitation: resolution / adopted by the Human Rights Council on 6 October 2020

This resolution presents the status quo at the time of the realization of the human right to drinking water and sanitation. It specifies affected groups, localities, the impact of the COVID-19 pandemic, related problems and effects of a lack of drinking water and sanitation as well as policy demands for the realization of the human right. There were seven paragraphs on menstruation in this resolution (Human Rights Council resolution 45/8, 6 October / 2020).

Diagnosis: A lack of access to WASH facilities and services, the menstrual stigma, a lack of information, gender inequalities but also the COVID-19 pandemic which perpetuates and exacerbates inequalities, especially for persons in vulnerable and marginalized situations were named as barriers to MHH. Localities lacking MHH were schools, universities, workplaces, health centers, public facilities, buildings, and places. Consequences of a lack of MHH for women and girls were exclusion and stigmatization; preventing them from realizing their full potential; negative effects on school, university, and work attendance; as well as negative effects on gender equality and their enjoyment of different human rights. The problem holders were women and girls without any further description. Achieving universal and equitable access to safe drinking water, sanitation, and personal hygiene was identified as the main issue. This is because there is a link to other water-related SDGs and handwashing as the most effective way to prevent the spread of COVID-19. The difficulty to achieve gender equality and the enjoyment of other human rights were subproblems. Causalities named were that stigma and silence lead to a lack of information and education about MHH, thereon girls and women are excluded and stigmatized and thus prevented from realizing their full potential. Another causality noted that gender equality and the enjoyment of different human rights are affected by the lack of access to WASH facilities and services. Further, school, university, and work attendance are affected by stigma and the lack of WASH facilities. Specific hygiene needs of women and girls as well as negative social norms were found as biological and social dimensions of gender while intersectionality was only found in the mention of people in marginalized and vulnerable situations. MHH was elaborated from a WASH, human rights, and gender inequality perspective. Women and girls had passive roles, they were specifically affected by the lack of access to WASH services and negative norms around menstruation.

Prognosis: The goal of MHH promotion was to enable MHH in a healthy and dignified way as well as to foster a culture in which it is recognized as healthy and natural. Approaches included behavior change, infrastructure, and policy change. Methods for these approaches were access to information, access to menstrual materials, and gendersensitive WASH facilities including material disposal options, as well as a human rights-based approach for development programs which includes MHH in the design, implementation, and monitoring. The methods were part of the political dimension of MHH and must be operationalized in a top-down manner. Continued existence of gender

inequalities in the realization of the human right to safe drinking water and sanitation was stated as a challenge to MHH promotion. Women and girls were the target group and key players for MHH promotion were states, specialized UN agencies, international and development partners, donor agencies, as well as regional and international organizations.

Child, early and forced marriage: resolution / adopted by the General Assembly on 16 December 2020

This resolution talks about child, early, and forced marriage of girls and women. It specifies the causes and effects of the matter as well as the affected group. It further mentions the impact of COVID-19 and lists demands to fight the cause. In this resolution, three paragraphs on menstruation were found (General Assembly resolution 75/167, 16 December / 2020).

Diagnosis: Barriers to MHH were the stigma and lack of WASH facilities at school. Furthermore, it was assumed that good WASH facilities will keep girls in school, hence MHH was regarded more as a tool. Localities were schools in remote, insecure, or disadvantaged areas such as rural communities, informal settlements, and humanitarian settings. The lack of MHH was found to have a negative effect on the school attendance of girls, and girls at school were the problem holders. The context of the diagnosis presented the likely exclusion of girls from primary and secondary education as the main problem, as well as MHH and the lack of WASH facilities as subproblems. The main problem was considered as critical as education proves to be one of the most effective ways to prevent and eliminate child, early, and forced marriage. Causalities identified were that poor MHH prevents girls from obtaining education and that unsafe WASH facilities prevent good MHH and can lead to violence against girls. Intersectional dimensions of discrimination were found to be gender, age, class, and residence in a rural location. Gender was found as a social and biological dimension due to specific needs for menstruation. The perspective on MHH was a human rights perspective, combined with safety, violence, health, and education. Girls were attributed passive roles in the context of the diagnosis. They were described to be vulnerable to violence and prevented from education in specific areas.

Prognosis: The goal of MHH in this document was to keep girls in school. Recommended approaches for MHH promotion included improving of infrastructure such as WASH facilities and access to essential healthcare services, including sexual and reproductive healthcare. These methods suggested a top-down approach to MHH as the provision of infrastructure was embedded in the political dimension. Girls were the target group for solutions. Localities of solutions were schools, remote or insecure areas, disadvantaged areas like rural communities, informal settlements, and humanitarian settings. Key players for MHH promotion were states. Access to safe and adequate sanitation was presented as the main approach.

Menstrual hygiene management, human rights and gender equality: resolution / adopted by the Human rights Council on 12 July 2021

This resolution links MHH to human rights and gender equality. It identifies and describes dimensions of the three linked themes and calls for actions to improve MHH in connection with human rights and gender equality. In this resolution, 21 paragraphs contained information on menstruation (Human Rights Council resolution 47/4, 12 July / 2021).

Diagnosis: Barriers to MHH were the lack of information and treatment of health issues related to MHH; lack of WASH facilities; the menstrual stigma; a lack of access to information and menstrual materials; neglected menstrual product disposal practices; lack of access to health service; situations of crisis including the pandemic which exacerbates existing challenges; harmful practices including female genital mutilation as well as limited attention in policy, research, programming, and resource allocation. Localities of poor MHH were schools, workplaces, health centers, public facilities and buildings, rural areas, and humanitarian settings. According to the resolution, poor MHH was associated with negative effects on gender equality; limitations of the enjoyment of different human rights; adverse effects on school attendance and professional fulfillment; negative impacts on dignity, rights, and well-being as well as unsanitary living conditions, environmental degradation, and health risks. Problem holders were women and girls, female teachers, women and girls with disabilities, and in vulnerable situations. The main problem was

the impact of MHH on different human rights which further impact dignity and well-being and is an obstacle to the achievement of gender equality. Gender equality and health were subproblems. Different causalities were found to describe the nature of the problem: gender equality and the enjoyment of human rights are negatively affected by a lack of WASH facilities; stigma and discrimination affect school attendance and professional fulfillment; dignity, well-being, and rights are undermined by stigma, a lack of access to menstrual materials, medical care and information which constitute an obstacle to gender equality; situations of crisis including the pandemic impact economic, social and health sphere and exacerbate existing challenges, especially for women and girls with disabilities; neglected management of used menstrual materials results in inappropriate and unsafe disposal which leads to unsanitary living conditions, environmental degradation, and health risks; harmful practices against girl children have detrimental consequences for health and growth. Gender was included in social norms and the specific needs of women and girls. Intersectionality was identified for women and girls with disabilities and in vulnerable situations. In this resolution, MHH was elaborated from the perspective of human rights, health, and gender equality. Women and girls had passive roles, they suffered from different levels of discrimination.

Prognosis: The goal of MHH promotion was for MHH to be optimal and effective and to foster a culture where menstruation is recognized as healthy and natural. Approaches for MHH promotion included policy change, infrastructure, and behavior change. These were to be achieved by the adoption of relevant legislative measures, nationally and through international assistance and cooperation; by access to WASH facilities with disposal options; access to a choice of menstrual materials which are safe, culturally sensitive, and environmentally friendly; by the elimination or reduction of sales tax on menstrual materials and support for women and girls in economically vulnerable situations; efficient infrastructure and means of transport for the delivery of menstrual materials in certain settings and the reduction of the digital divide between and within countries; free access to medical care in vulnerable situations; publicity and awareness-raising campaigns; integration of MHH in relevant national WASH and emergency preparedness policies; promotion of access to information; as well as sharing of information progress in reports and reviews. Access to facilities, information, and products was presented as the main approach given its relevance for optimal and effective MHH. The methods all related to the political dimension and must be applied from the

top down. Target groups for solutions were women and girls, women and girls with disabilities and in vulnerable situations as well as men and boys for information on menstruation. Localities of solutions were rural, isolated, and humanitarian settings as well as public and private spaces; family units and out-of-school-settings; informal settlements, settlements for internally displaces persons, refugee camps, and migrant shelters. Key players for MHH promotion were states.

Diagnosis and Prognosis Framing of MHH in UN resolutions

The diagnosis framing mostly identified infrastructure as a barrier to MHH, such as the menstrual stigma, WASH facilities, as well as a lack of information. It locates a lack of MHH mainly in public institutions and places, and in a broader sense, mostly in rural areas or in emergency settings. Most often, discontinuation of schooling as well as limitations of human rights were the consequence of poor MHH. Problem holders were women and girls without any further specification with a focus on school-aged girls. The context reveals that MHH is never presented as the main problem, instead the main problems mostly revolve around the title issues of the resolutions. Main problems include the lack of, negative effect on, or exclusion from education; the lack of access to adequate WASH facilities and the achievement of universal and equitable access to safe drinking water, sanitation, and personal hygiene; and the impact on human rights which hinders dignity, well-being, and gender equality. A lack of MHH was presented as a subproblem among the lack of WASH facilities, obstacles to gender equality, the enjoyment of human rights and health. Women and girls had a passive role in the problem diagnosis attributing them the role of the victim. Problem causalities were mostly that poor MHH prevents girls' education and hinders the enjoyment of human rights. Gender dimensions were evident in the specific needs of women and girls due to menstruation as well as in social norms and behavior expectations placed upon them. Intersectionality with other dimensions of discrimination was rarely explicit, with vulnerable situations and disability mentioned as other factors. The problem was mostly elaborated from a WASH, education and human rights perspective.

The prognosis framing of the solution seeks to promote MHH to foster a healthy and natural menstrual culture. However, implied goals also aim at keeping girls in school, as well as promoting emergency preparedness, gender equality, and the enjoyment of human rights. Approaches to achieving these goals include infrastructure, behavior change, and policy change. The primary approach was to provide access to gendersensitive WASH facilities. Secondary methods included access to menstrual materials, information, and implementation of policies by states. Target groups were mainly women and school-aged girls, some of them marginalized. Actions for improvement should be carried out mainly in public places, and more broadly, in rural and emergency settings.

In a bold summary, the diagnosis and prognosis framing across resolutions appear as follows: Women and girls, but especially school-aged girls, living in rural areas and emergency settings, are affected by gender-specific social norms and needs and are hindered by the menstrual stigma, a lack of WASH infrastructure as well as information and in mainly public places, to attend school and enjoy their human rights, because a lack of MHH prevents education and the enjoyment of human rights. To recognize menstruation as healthy and natural as well as to keep girls in school, enjoy human rights, gender equality, and be prepared for emergencies, women and school-aged girls in mainly public places in rural and emergency settings need gendersensitive WASH facilities, menstrual materials, information and certain policies from states.

6. The contents and contexts around MHH in the resolutions

The research conducted aimed to gain insight into how MHH is framed in and for sustainable development in UN resolutions with a closer examination of power relations from a gender perspective. The study explored what makes MHH important for sustainable development and vice versa; it elaborated how power relations manifest and reflect in sustainable development, amongst other from a gender perspective; the data gave information about MHH in the selected resolutions; the analysis explored how diagnoses and prognoses of issues around MHH are represented in the selected resolutions and, lastly, presented implications of frames and their impacts on MHH approaches in sustainable development work.

The contents

The results of the qualitative content analysis give information on the larger context, challenges, affected groups, locality, focus of action, and aspiration around MHH. The textual information was kept in a generic manner, occasionally describing aspects in more detail. The omission of certain information suggests that the resolutions mainstream certain aspects of MHH, more specifically of its problems and solutions. The larger context MHH was embedded in showed a great diversity of themes, reaching from WASH, gender equality, education, difficult and dangerous situations, human rights to work. The challenges to good MHH most often encountered were the menstrual stigma and the lack of adequate WASH facilities. Negative perceptions, social norms, silence, misconceptions, and taboo comprised problems referring to the stigma without illustrating how the stigma shows or in what ways it limits menstruators were omitted. The lack of basic or adequate information was neither described further in terms of content while women and girls were named as the only group in lack of it. The lack of access to menstrual materials did not contain further description, however, neglected disposal management was pointed out to create new problems for health and the environment. The lack of access to health services and to care and treat health issues relating to menstruation was not further explained and did not give any information on what these services should comprise. The residual category contained further challenges

such as situations of crises, harmful practices, gender inequalities, and limited attention in policy, research, and programming. Information about consequences and localities of challenges were encountered in a far more increased number than the challenges themselves. The most prevalent consequences were the negative effect on school attendance, prevention from realizing one's full potential, and the prevention of the enjoyment of several human rights. Similarly, the localities of challenges mainly named schools, but also other public institutions and in a broader view, crises and emergencies.

The information about who is affected by a lack of MHH mainly contained women and girls. A few times disability or vulnerable situations were further attributed. Men and boys were a group solely named with regard to being affected by solution approaches. Any additional details describing these groups, pre- or post-menarche, pre- or post-menopausal were not encountered. Non-binary or trans menstruators were not included in the resolutions. Information about general localities of MHH problems and solutions, such as countries, continents, or socioeconomic groups were not detected. Localities were only described as rural, remote, or isolated as well as places of emergencies and crises or informal places.

Information about the focus of action to improve MHH was largely referring to the access to adequate WASH facilities which were sometimes further described to need to be gendersensitive. Information as solution approach was further described with content to address stigma, shame, stereotypes, and negative social norms. Menstrual materials were named as part of actions for MHH but only once further described to be safe, culturally sensitive, and environmentally friendly with sanitary pads as an example and mentioning economic and infrastructural constraints that hinder access. Policies as solutions concerned human rights with special emphasis on the right to safe drinking water and sanitation, as well as humanitarian response. They linked MHH to the achievement of SDGs and further details on policies included a specific demand for the elimination or reduction of sales taxes on menstrual products. The access and promotion of health practices and medical care as well as emergency preparedness measures or adapted investments to changing needs of girls were other fields of action named for MHH promotion. Localities, where action needs to be taken, were educational and other public spaces, sometimes private settings, on a more narrow level. On a broader level, localities were humanitarian settings, different types of settlements as well as rural, remote or

insecure areas. Responsible for acting on MHH were mainly states and other stakeholders of the development sector. The sole consequence of the interventions detected was increased safety, access to education, and improved health. The aspiration for MHH articulated was to foster a culture in which menstruation is recognized as healthy and natural.

The contexts

The results of the critical frame analysis give insight into the more underlying information regarding diagnosis and prognosis around MHH in the resolutions. Across resolutions, results regarding the content of the diagnosis were identical to those of the qualitative content analysis. The context indicated that the main problems concerned education, WASH facilities, and the human right to water and sanitation as well as human rights impacts on dignity, well-being, and gender equality. MHH was only outlined as a subproblem, along with WASH facilities, gender equality, human rights, and health. Problem causalities featured girls' education being impacted by a lack of MHH as well as impacts on and restrictions of human rights. Gender showed in a biological and social dimension, as the specific needs of women and girls during menstruation but also in social norms and behavior expectations placed upon them. The intersection and overlapping of other dimensions of discrimination were found in residence in rural location as well as in vulnerable situations and disability. The perspective on the problem was typically from a WASH, education, and human rights perspective. The roles of the problem holders were elaborated in a passive manner. The prognosis content also identifies with the results of the qualitative content analysis. However, implied goals, besides the expressed aim of menstruation to be recognized as healthy and natural, were to keep girls in school, gender equality, and the enjoyment of human rights. Approaches named were of a top-down manner and the main approach was access to gendersensitive WASH facilities.

The literature reviewed indicated that menstruation, although experienced by a large number of the global population, comprises several challenges which negatively affect menstruators' lives. The development sector saw this as well and recognized its importance for sustainable development, and so the concept of MHH was established to

confront its systemic and structural aspects. Important but often challenged factors for MHH are of structural but also sociocultural nature. They comprise information, menstrual materials, gendersensitive facilities, health services, and stigma. MHH interventions are often linked to the WASH sector and often include a focus on the provision of menstrual care materials. Furthermore, MHH is often linked to human rights and school absenteeism. Even though issues around MHH occur to different degrees and forms depending on many influences, they do occur on a global level. Nevertheless, a lopsidedness towards the Global South found in data availability, the formulation of the Agenda 2030 SDGs combined with the power relations between the Global North and the Global South give the impression that problems around MHH almost exclusively arise in the Global South and need to be solved with the help and following the example of the Global North. Frequently, alongside this view on MHH, a unidimensional image of women and girls in the Global South is created depicting them as a passive, homogeneous group oppressed and limited by economic status, traditions and culture.

6.1. Frame 1: MHH is a human rights issue

In the resolutions, MHH was repeatedly framed as a human rights issue and/ or to impact different human rights. Human rights were mostly named in connection to the consequences of a lack of MHH. These were the rights to water and sanitation; education; work; health; participation in public affairs as well as dignity and gender equality. The human rights frame emphasizes the critical importance of MHH for a dignified life and may contribute to a more serious reception of MHH as crucial.

Commonly, MHH was embedded in the context of the human right to water and sanitation, specifically in the form of WASH facilities. A lack of or inadequate WASH facilities was also found to impact the rights to education, work, health, and participation in public affairs. Access to adequate water, sanitation, and hygiene facilities is a structural key component for MHH. Menstrual materials are changed, washed, or disposed of there, menstruators need water to wash themselves or stained clothes. Nevertheless, WASH facilities are merely a part of the problem and the solution, one factor among others. They are neither the cure-all for MHH nor for the human rights impacted. Winkler (2021, p. 247) criticizes the reductionist focus on the human right to water and sanitation within

the MHH sphere while other human rights are thereby relegated to the background. Even with great WASH facilities at schools, workplaces, public places, health centers, etc. a lack of information, menstrual materials, health services, and, first and foremost, the stigma can still impact these human rights and MHH itself. The resolutions seem to instrumentalize the human rights frame following Winkler's (2021, p. 246) critique as the main approach of most resolutions suggested access to WASH facilities as a narrow, technical fix to menstrual needs while overlooking the complexity of barriers to the enjoyment of human rights concerning MHH. The resolutions show a partly tokenistic view of dignity as they emphasize hygiene and cleanliness by connecting the lack of WASH facilities to dignity which can lead to a portrayal of dignity through body management reinforcing the stigma (Winkler, 2021, pp. 246–247). For gender equality and dignity, good WASH facilities are not the sole condition. But resolutions also named stigma and harmful social norms to impact dignity which stresses its importance for good MHH. The menstrual stigma, overarching and influencing all issues around menstruation, compromises dignity and gender equality of menstruators which was acknowledged by the UN Human Rights Council in 2014 (Winkler and Roaf, 2015, pp. 12–13).

The framing of MHH as a human rights issue yields the necessary significance for the topic. On the one hand, it stresses that for many people MHH is part of their human rights and on the other hand it underscores that MHH has an impact on many human rights. However, reductionism, instrumentalism, and tokenism are possible pitfalls that can undermine the goals of MHH when only concentrating on the human rights to water and sanitation, WASH facilities as a tech fix, and dignity as cleanliness and hygiene.

6.2. Frame 2: MHH is to blame for school absenteeism

The resolutions commonly listed negative effects on school attendance as a consequence of a lack of MHH. Schools were also stated principally as localities of challenges to MHH as well as localities of action. The main problems of the resolutions revolve around the lack of, negative effects on, or exclusion from education. A common problem causality was that a lack of MHH prevents girls' education and keeping girls in school was an implied goal in resolutions.

This frame suggests that MHH is mainly a problem in schools and consequently leads to a decrease in school attendance and, in the worst case, to dropouts. School-aged girls that attend school are the specific target group in this frame. MHH can affect school in many forms. A lack of adequate toilet facilities, water facilities for washing hands and/or body and clothes; a lack of adequate menstrual materials; pain; reduced concentration due to fear of leaking, stigma, and shame all take influence on the school performance of menstruators (Benshaul-Tolonen *et al.*, 2020, p. 705). The resolutions named the stigma and the lack of adequate WASH facilities at school to have effects on school attendance. The problem this framing yields is that a lack of MHH is most probably not the only reason girls' school attendance can be affected. School absenteeism can even be common in some contexts for both girls and boys (Benshaul-Tolonen *et al.*, 2020, p. 720). Reasons include limited resources to afford school fees, uniforms, and materials as well as household and family responsibilities or parents' fear of teenage pregnancy (Bobel, 2019, pp. 14–15; Joseph, 2015). And finally, evidence on whether menstruation leads to higher school absenteeism is mixed (Benshaul-Tolonen *et al.*, 2020, p. 718; Hennegan, 2020, p. 637). Hence, the hypothesis that MHH is to blame for school absenteeism needs to be treated with caution. When thinking about programming, this can lead to false assumptions and also to a failure of interventions as the other reasons for school absenteeism are not taken into account. It reduces MHH to the sole factor for girls' school attendance often narrowly focusing on WASH facilities and material provision for improvement. But MHH encompasses more than infrastructural needs. A lack of knowledge, health services, and the menstrual stigma can also impact girls' schooling. The resolutions have identified at least the stigma besides the lack of adequate WASH facilities to affect girls' schooling. Information on menstruation as well as on negative social norms was named as actions to tackle the stigma around MHH. From another perspective, it needs to be questioned whether a few days of school missed due to discomfort and menstrual pain have an unproportioned impact on girls' education. Nevertheless, the affected groups, i.e. women and girls, were the main addressees with only men and boys as additional target audience named in two resolutions. For a reduced menstrual stigma in the school scenario, it is not sufficient to only educate menstruators themselves but also everybody involved. This includes teachers, general staff, classmates, and parents.

Another shortcoming of this frame is that the school scenario is mainstreamed as the scenario where MHH can be problematic. But MHH can also be problematic in the work sphere, at home, in other public places or other institutions as well as in emergency situations. These additional scenarios were named in the resolutions but they fall short in their explanations. All in all, MHH can be problematic in all spheres of a menstruator's life and prioritization of schools can lead to ignorance of the other, equally important, potential localities of MHH issues. The localities excluded in this frame also encompass groups of menstruators largely excluded by this frame. These can be younger menstruators, those that are not attending school, older menstruators, or marginalized menstruators. Again, the school frame should not have the effect that all these other menstruators outside of the school scenario are overlooked by initiatives and programming. Only one resolution referred to women and girls with disabilities and those in vulnerable situations.

Schools are important localities for MHH. MHH can have a lot of influence on girls' school performances. This includes less concentration, pain, discomfort, and stress due to the stigma and fear of leakage as well as due to inadequate WASH facilities and a lack of adequate menstrual materials. Schools need to have MHH-friendly infrastructure so that MHH has as little interference on menstruators' education as possible. But the unidimensional framing of MHH being responsible for school absenteeism is not backed by data and other reasons for absence are thrown overboard by it. It should be clear that MHH interventions alone may not increase school presence. Further, menstruators outside of school are disregarded by this frame which undermines comprehensive approaches for MHH.

6.3. Frame 3: MHH is a problem of the 'third-world' girl

Although the resolutions do not name specific countries, continents, or socioeconomic groups and they largely avoid giving any geographic notes it is noteworthy that certain localities are mentioned repeatedly. These comprise rural, remote, isolated, insecure, and disadvantaged areas. Other localities named in the resolutions were humanitarian settings as well as informal settlements, settlements for internally displaced persons, refugee camps, and migrant shelters. In contrast, urban, central, secure, or advantaged areas were

never explicitly mentioned with regard to MHH, nor were settings without crises or the mention of a global issue. Particularly through this contrast, an emphasis on the previous localities stands out. Clearly, within the geographic boundaries of a country, there can be urban as well as rural, advantaged as well as disadvantaged regions. But what is of interest here is the placement of issues around MHH in rural, remote and isolated localities typically connoted with a lacking infrastructure, low income, and low access to resources, with probable importance of culture, traditions, and religion. Although these localities can be found in many parts of the world, they can be attributed to being part of the Global South. This term addresses spaces and peoples negatively impacted by globalization and capitalist accumulation describing mostly low-income regions, inequalities in living standards, life expectancy, and access to resources also referring to colonialism and neo-imperialism (Mahler, 2017, pp. 3-4; Dados and Connell, 2012, pp. 12-13). This frame reiterates a familiar image: MHH is a problem in the Global South. It is no doubt that issues around menstruation amplify in situations and regions where resources are already scarce and where there is no sufficient and/or adequate infrastructure. However, MHH is not only problematic in rural places or emergencies. It is also a problem in the unmentioned urban, central, secure, or advantaged areas. Certainly not to the same extent but recent studies prove various issues around MHH in the Global North (Barrington *et al.*, 2021; Schmitt and Hagstrom *et al.*, 2021; Tschacher *et al.*, 2022). Again, this frame can have the effect that issues around MHH in the Global North are overlooked as it implies that the problem lies in the Global South.

The second level of this frame must also be observed, that is, the power relation between the Global North and Global South. The Global South stands in a subaltern position towards the Global North which is depicted as modern and economically strong (Mahler, 2017, pp. 1, 5). Within the 2030 Agenda, this power relation shows by the disproportional addressing of countries of the Global South in the SDGs (Kloke-Lesch, 2021, p. 139). An explanation for this could be the Global North traditionally being a norm-maker in the development sector executing its power based on a socioeconomic development process that had already happened there and needs to happen in the Global South (Esteves and Klingebiel, 2021, p. 188; Kloke-Lesch, 2021, pp. 130–131). Similarly, Mohanty (2003, p. 68) sees the assumption that people of the Global South have not yet evolved to the extent the Global North has. By taking itself as the yardstick, the Global North creates hierarchy and difference. It shapes the way ‘others’ are viewed following on from the

constructed hierarchy of civilizations during colonial time. Still rather intact, former colonizers stayed in economic control and are part of the first, the developed world (Bailey Jones, 2011, pp. 50, 104). The analyzed resolutions do not seem to be an exception here suggesting that sexism and patriarchy are not taking place in one's own context but are only issues of the Global South (Lazar, 2014, p. 181).

Across problem diagnoses for MHH in the resolutions, women, and girls were assigned passive roles. They were described to be vulnerable to violence, prevented from education, disadvantaged by gender behavior norms, disadvantaged by issues around WASH and a lack of menstrual materials, specifically affected by the negative norms around menstruation, they suffer from different levels of discrimination and they are hindered by social norms. While all these aspects are important facts that always need to be considered in development work, the sole concentration of the texts on these specific attributes creates an image of the women and girls named in the resolutions as passive victims. None of the documents stated their capabilities or agency in the prognoses as a point of start for solution approaches. Instead, women and girls were the, again passive, target group (with one exception of men and boys) which would attain improvement through infrastructure and information provision as well as certain policies. Combined with the locality being rural, remote, and isolated or in the Global South, there is a risk of reproducing the stereotypical 'third-world woman' image, or with the resolutions' focus on girls in school struggling with MHH, the 'third-world girl', a homogenized narrative representing every 'poor, brown' girl (Bobel, 2019, p. 191). Women and girls of the Global South are therefore homogenized creating a powerless universal group of implicit victims of sociocultural and economic systems (Gandhi, 1998, p. 85; Mohanty, 2003, pp. 51, 53-54). The exemplary resolution statement of women and girls having to shoulder the main burden of collecting household water and care responsibilities restricting their time for other activities suggests this powerless universal group which is poor, tradition-bound, family-oriented, and domesticated (General Assembly resolution 74/141, 18 December / 2019, pp. 3–4; Mohanty, 2003, pp. 53, 69).

Along with the object status, to be affected or not affected by certain systems, as well as victimization, women's and girls' agency is ignored and hence a justification for intervention is provided (Mohanty, 2003, p. 54; Winkler and Bobel, 2021, pp. 317, 321). The logic behind this seems to be that until girls are liberated from the prison of certain

menstrual attitudes, expectations, and traditions, their human rights are compromised and that the intervention of the 'savior' offers the restoration of rights and freedom (Winkler and Bobel, 2021, pp. 322, 325). Being perceived higher up the development ladder, people from the Global North are consulted to be the designated 'savior'. This maintains a continuum to the spiral of the Global North taking itself as the yardstick for development upon which the 'third-world girls and women' require 'saving'. This can be broken down as an interplay of power and gender exemplary united in MHH within the context of sustainable development.

The effects of the frame that MHH is a problem of the 'third-world girl' can lead to the aforementioned neocolonial pattern of development interventions circling around 'saving victims from their savage culture'. It locates problems around MHH in the Global South ignoring pluralities of different groups of girls in social class, ethnic frameworks, and other dimensions while denying various forms of agency (Mohanty, 2003, pp. 60, 67). Upon reversion, this frame implies that firstly, the Global North does not have issues around MHH and secondly, that women and girls of the Global North are not oppressed by sexism or patriarchy having full control over their bodies and decisions (Mohanty, 2003, pp. 53, 69). Both sides of the frame represent an oversimplified and also incorrect depiction of reality. So on the one hand, this frame bears the danger of encouraging the "White Savior Industrial Complex" (Cole, 2012) with a patronization of menstruating women and girls. Meanwhile, on the other hand, it risks that the problems of menstruators in the Global North remain undetected and thus untreated. All, while the literature suggests that the menstrual stigmas in particular, deeply intertwined with sexism and patriarchy, is a global problem for MHH while recognizing different levels of impact of menstrual challenges regarding the physical, economic and sociocultural environment of each individual menstruator.

It is evident that people who menstruate are the major group affected by issues around MHH, just as it is that menstruators in regions with resource and infrastructure constraints are even more affected as well as marginalized menstruators or those in vulnerable situations. What should not be implied, however, is that girls and women in exemplary rural, remote, or isolated regions are the eternal victims. It is doubtful, whether paternalizing development initiatives provide a sustainable improvement for menstruators. As illustrated regarding the lopsidedness of the 2030 Agenda or the double

standards in MHH (see Chapter 3.1), MHH in the context of sustainable development is influenced by power relations from a North-South as well as from a gender perspective. Sustainable development cooperation needs to be continually aware of deeply rooted, often subconscious power relations between the Global North and the Global South. It needs to acknowledge them and ultimately work to improve them. Within the field of MHH, special attention needs to be given to the gender dimension of this power relation.

Overall, the research gave insight into the content, context, and frames used in the selected resolutions. With regard to the analysis, it must not be ignored that the resolutions as a type of document are of a special kind. The authors are unknown as resolutions are typically drafted by a group of delegates, adjusted in several rounds of discussion, and in the case of the sample, adopted without a vote. Therefore, it is not known, whether the authors did have the expertise or extended knowledge about MHH or, whether they might be affected by it themselves. The target audience are the Member States of the United Nations which are responsible for the adoption of the resolutions in their respective legislations as they are not binding. The recipients can thus be characterized as a sort of anonymous group of people representing their Member State, with unknown further recipients such as other actors in the development sector, interested individuals, etc. Three of the six resolutions are of the Human Rights Council which comprises fewer Member States than the General Assembly which implies that a smaller group of delegates worked on and adopted the resolutions. UN resolutions have to adhere to a specific format of a preamble and operative clauses (Ruder, Nakano and Aeschlimann, 2017, p. 58). It can be stated that many factors influence the creation of these documents. As exclusively the final documents were examined, it is not feasible to make any statements on or draw conclusions from their preparation. However, the many interests to be featured in one document possibly constrained by time and space could be an explanation for the mainstreaming, inclusion, and exclusion of certain themes, topics, and contents around MHH. It is to be welcomed that MHH is addressed in UN resolutions as they reflect the state of global cooperation, the views of Member States, the evolutions of political ideas, the degree of intergovernmental agreement and provide policy recommendations (Ruder, Nakano and Aeschlimann, 2017, p. 52). Although not binding, UN resolutions can be decisive for governments or different kinds of development actors. That is why it is so critical that MHH be treated as differentiated a manner and as comprehensively as possible in these documents. With the resolution on *Menstrual hygiene management,*

human rights and gender equality: resolution / adopted by the Human rights Council on 12 July 2021 an important step for MHH as a global development topic has been made. Here, MHH was not only a marginal topic within other main topics in resolutions, but the entire resolution was about this subject. Nonetheless, many important factors for MHH have not yet been given the attention they need and the advantages and disadvantages of the three apparent frames must not be disregarded.

The type of the documents analyzed as being of a very generic nature with not many detailed explanations of the content constitutes a limitation of the study. Further, it needs to be pointed out that the sample does not represent the overall population of United Nations' policy documents and resolutions that contain MHH and the reliability of the data is impacted by the author's influence on it, the small sample size as well as the constrained methodological choices (see chapter 4). The scope of this study was limited so many aspects could not to be investigated in more detail. Additional resources for the content analysis might provide more background information on the terms typically used in the resolutions and what the UN means by them. The addition of a further level in the coding frame might have provided a clearer picture of the results. Methodologically, feminist critical discourse analysis may provide further insights into the terms and meanings as it aims to investigate how, through the complex ways of gendered assumptions, power and dominance are discursively produced, sustained, negotiated, and contested (Lazar, 2014, pp. 182, 189). Definitions of concepts, such as an adequate or inadequate WASH facility for example, or basic and adequate information about MHH remain unclear. The answers to CFA questions about the content of diagnoses and prognoses of the resolutions overlapped with the results of the QCA and did not contribute to new insights. On a positive note, the content questions of the CFA were able to provide a kind of review and complement the results of the QCA. The combination of both methods needs to be refined to avoid unnecessary doubling and create a more effective way of analysis. Many questions of the CFA remained unanswered as the documents did not provide enough information. Due to the limitations, this study is unable to encompass the entire view and frames of the United Nations about MHH, its challenges, target groups, localities, and solution approaches. However, the results provide insights into which information makes it into the resolutions and is thus carried and disseminated on a large platform to the outside world.

Further research is needed to establish a more comprehensive picture of the contents and frames that UN resolutions contain about MHH. This would include additional documents as well as methodological approaches. Since frames are widely used in the context of social movements, it would be of great interest to examine whether frames from the menstrual movement have been taken up by the UN and in what way. According to Bobel and Fahs (2020, p. 1004), today's menstrual activism is difficult to categorize but can be described as dynamic and responsive to a globalizing world with shifting boundaries and identities recognizing race and class diversity, among others, thus pushing toward a more global understanding of menstrual health issues. Methodologically, Björnehed and Erikson's (2018, pp. 111–113) frame institutionalization can be of particular use as it seeks to capture the process and degree in which a frame gradually gains influence and regulative functions with the final step being formally institutionalized by legislation for policy. Another interesting perspective would be to examine the expression of the larger trend in development cooperation to center efforts on girls which has been criticized as superficially touching girls' most acute needs and being overly instrumentalist in policy and other documents of the UN (Hayhurst 2011; Koffman and Gill 2013 cited in Bobel and Fahs, 2020, p. 1011).

7. Conclusion

This research aimed to identify how MHH is framed in and for sustainable development by analyzing the contents and contexts regarding MHH in six relevant UN resolutions based on qualitative content analysis and critical frame analysis. It can be concluded that the resolutions give general information about challenges, affected groups, localities, and focus of actions without many detailed explanations or elaborations. The inclusion and exclusion of certain information point to a mainstreaming of certain themes.

MHH is embedded in a variety of contexts, such as WASH, gender equality, education, human rights, health, difficult and dangerous situations, and work. Menstrual challenges included the menstrual stigma, a lack of WASH facilities, information, menstrual materials, and access to health services. The consequences of these challenges include

effects on school attendance, prevention from realizing one's full potential and human rights as well as effects on well-being. Localities of challenges include schools, workplaces, universities, health centers, and public spaces, among others. Groups affected by challenges and solutions concentrated on women and girls but also mentioned those in vulnerable situations or with disabilities. General places and locations mentioned with problems around MHH were emergency and crisis situations as well as rural, remote, and isolated areas. The focus of action for solutions was placed on the provision of WASH facilities, information, menstrual materials, policies, and health practices. States were named as primary actors for solutions and educational institutions as well as different public and private spaces comprised the localities of solution approaches. It leads to a summarized problem diagnosis of mainly school-aged girls being affected by gender-specific social norms and needs. In mainly public places in rural areas and emergency settings, they are hindered to attend school and enjoy their human rights by the menstrual stigma, and a lack of WASH facilities, and information. The summarized prognosis aims for the recognition of menstruation as healthy and natural, to keep girls in school, enjoy human rights and gender equality. Women and girls in mainly public places in rural and emergency settings need gendersensitive WASH facilities, menstrual materials, information, and certain policies from states.

Special attention given to power relations in sustainable development amongst other from a gender perspective proved to be worthwhile for a differentiated and critical analysis of findings. Problem diagnoses and prognoses framings further revealed three main frames found in the selected resolutions: (i) MHH is a human rights issue; (ii) MHH is to blame for school absenteeism and (iii) MHH is a problem of the 'third-world' girl. The inclusion of MHH in UN resolutions is welcomed for its increase of prominence in the international political agenda for sustainable development. However, this also entails a certain responsibility to present problems and approaches to solutions in a differentiated manner and as completely as possible. The pitfalls of the detected frames include a reductionist concentration on the human rights to water and sanitation with WASH facilities as instrumentalist tech fix and a tokenistic portrayal of dignity as cleanliness and hygiene which can reproduce the stigma. Further, MHH is only one among a few reasons for school absence, so MHH interventions alone might not be sufficient to increase school attendance and menstruators outside of the school scenario are overlooked. Lastly and most importantly, menstruators should not be regarded as a homogenous group, it should

neither be suggested that they are passive ‘victims’ also because they might live in the Global South and nor should it be suggested that they need ‘saving’ from people in the Global North who hold the power of determining development.

While the methodological constraints limit the generalizability of the results, the approach provided insight into patterns and contexts MHH is embedded and portrayed in UN resolutions. The study explored what makes MHH important for sustainable development and vice versa; it elaborated how power relations manifest and reflect in sustainable development, amongst other from a gender perspective; the information included and excluded about MHH in the selected resolutions; the analysis explored how diagnoses and prognoses of issues around MHH are represented in the selected resolutions and presented implications of frames and their impacts on MHH approaches in sustainable development work.

To promote and strengthen MHH sustainably, the frames have to widen. Menstruators cannot stay the only target group solution approaches are concentrating on, and neither can the Global South stay the focus area. Tangible solutions like WASH facilities and menstrual materials cannot tackle the stigma, secrecy, and taboo culture around menstruation alone. To foster a global culture where menstruation is regarded as healthy and natural, all menstruators in all scenarios as well as their surroundings have to be included. Sustainable development and MHH work have to sensitize on power and gender dimensions to move beyond patronization and reproduction of neo-colonial patterns.

In conclusion, a comprehensive and holistic approach to MHH is critical for the well-being of all menstruators. The current definition of Menstrual Health, which emphasizes the importance of access to information, facilities, materials, health services, and a supportive and stigma-free environment, is a valuable starting point for addressing the many challenges and issues that menstruators face. However, it is also important to recognize that MHH is a dynamic and evolving field, and that the needs and experiences of menstruators may vary significantly across the life course. A life course approach to MHH, which takes into account the unique needs and challenges of individuals at different stages of their lives, is therefore essential for ensuring that all menstruators have the opportunity to live healthy and fulfilling lives and no one is left behind.

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Appendices

Appendix A: Language notes on ‘Menstruator’

Not all who menstruate are women and not all women menstruate. The latter include, among others, pregnant women, postmenopausal women, cis women born infertile, women who have had hysterectomies, intersex women, transwomen, women with amenorrhea and other persons who identify as a woman but who are not endowed with a uterus (Riedel, 2019). The former include transmen, intersex persons and other persons who do not identify as women but are endowed with a uterus. The term ‘menstruator’ is used to describe people who menstruate leaving aside a gender identification and is a foundational part of the terminology used in the field of critical menstruation studies (Rydström, 2020, p. 950). To gender neutralize menstruation is relatively recent in menstrual activism (Bobel, 2010, p. 157).

The term ‘menstruator’ tackles the general belief/assumption that menstruation is feminine, that it describes womanhood and that it is a part of being a woman. The difference between sex and gender underlies its usage and ensures that menstruation is separated from a gender identity and seen as a biological process dismantling gendered myths (Watta, 2020).

Bobel (2010, p. 156) elaborates that menstruation is coded as a women’s experience “as long as menstruation is attached to the sexed body”. Rydström (2020, p. 946) states that the “cisgendering of menstruation is closely linked to the idea of nature as an ontological fact”. She argues that “menstruation cannot be equated singularly with cis/womanhood” as it would attribute menstruation to a “biologically essentialist idea of corporeality” while, in fact, “menstruators are of a variety of gender identities” (2020, pp. 950–951). Rydström (2020, pp. 946–947) explains that “[o]ur identities, our bodies and regulative norm systems, intra-act and make menstruation appear as an experience natural to cis-female bodies, whereas it is considered unnatural to trans people who are seen as deviant/monstrous/Other. Thus, trans menstruators per se, are not only challenging, but actually *materializing* menstruation as other than ciswoman phenomena”.

The term ‘menstruator’ acknowledges the sexed dimension of menstruation, the bodily process that exists in relationship to the gendered body, while challenging an essentialist

gender binary fostering inclusive menstrual discourse (Bobel, 2010, p. 156). The hegemony of the essentialized gender binary is challenged by this linguistic move in the context of what is generally understood as a nearly universal embodied 'women's issue' (Bobel, 2010, p. 12). Frank and Dellaria (2020, p. 69) argue that trans and genderqueer perspectives of menstruation are essential to a non-pathologizing discourse about their bodies as menstruation is intertwined with social expectations, norms and stereotypes of femininity. Rydström (2020, p. 947) adds that a degendering of menstruation can be found in the multiplicity of it as a phenomena: "By showing that no menstruating body is more natural than another" the Othering of trans menstruators based on the conception of unnaturalness can be countered (Stryker 2013, 149; Barad 2015, 412–13, cited in Rydström, 2020, p. 947). Watta (2020) states that it is essential to ungender menstruation as society needs to unlearn of its patriarchy and cisnormativity every day. Furthermore, the reduction of trans people to their anatomy leads to violence against trans people, ignorance of non-binary people and discrimination of availing healthcare (Watta, 2020). Riedel (2019) adds that the classifications of gender, sex, biology and anatomy need to be reevaluated to make it easier to direct care and attention so that problems can be identified before they become crises. Reductive, gendered labelling shuts down individual needs for healthcare as naming specific health concerns presents more opportunities to access appropriate care (Riedel, 2019). Lahiri (2021) emphasizes that the gender binary vocabulary make it difficult for trans and non-binary people to access menstrual and reproductive healthcare and increases gendered violence.

Besides the trans-exclusivity of the cisgendered femininity of menstruation is the perspective of not reducing womanhood to one bodily process with chief purpose of reproduction (Lahiri, 2021). Bobel (2010, p. 11) argues that the framing of menstruation to equal being a woman essentializes their bodies "assuming that menstruation is necessarily a feature of all women's experiences and thus a political and practical concern for every woman". Watta (2020) adds that periods shouldn't be placed at the center of the identity as a woman and that not all women have a shared biological experience.

Bobel illustrates the oppositional opinions to the term 'menstruator' with the two social currents in menstrual activism: the feminist-spiritualists and the radical menstruation activists. The former see menstruation as a "sacred, honorable, and unique gift of womanhood" (Bobel, 2010, p. 158) supporting the category 'woman'. Feminist-

spiritualists rely on this category for their political action grounded in sexual difference theory. In their eyes, women need to claim authority over their essential embodiment to break free from oppression, they concentrate on celebrating on what they see as uniqueness of womanhood (Bobel, 2010, p. 12). Bobel (2010, p. 156) criticizes the feminist-spiritualist approach and frame to center on the salience of gender identification which is constrained by false assumptions of an essentialist conception of womanhood and the unity of women, implicitly meaning white and middle class women. On the contrary, the radical menstruation activists reject the category 'woman' aligning with gender theory grounded in third-wave feminism (Bobel, 2010, pp. 155–156). They aim to blur boundaries and use a gender-neutral discourse of menstruation as they resist corporate control of bodies (Bobel, 2010, p. 12). Bobel (2010, p. 156) explains that the strategic language 'menstruator' dismantles the gendered social order and underlines that feminism does not fade when the body is detached from identity but can mobilize around the experience.

Further, she embeds the discourse into the broader differences in feminism: those who embrace sexual difference theory and those who embrace gender theory. Bobel (2010, p. 12) questions whether "a movement rooted in a critique of patriarchal construction of menstruation [can] afford to erase the category 'woman'"? "Must the differences between women and men be articulated for feminist activism to exist, or should we throw out the very categories that construct these differences?" (Bobel, 2010, p. 12). There is no easy answer to her questions but she concludes that, "[t]o achieve true liberation, 'menstruators' must reject both essentialism *and* the commodification of the body" (Bobel, 2010, p. 12).

Riedel (2019) argues that calling people who menstruate 'menstruating people', or the inverse, allows to focus only on the people affected by the issue. To claim that all women have a shared and oppressed biological experience is a falsehood that many marginalized feminists have fought against for years. Watta (2020) aligns to the opinion that 'menstruator' is a more appropriate word for conversations about periods than reducing womanhood to the biological process of menstruation. Linguistic constructions like 'menstruating people' or 'menstruator' make room for specific experiences of trans masculine and non-binary people with uteruses, while sensitively excluding trans and cis women who do not menstruate for various reasons (Riedel, 2019). Rydström (2020,

p. 951) even suggests to expand the terminology by ‘cis menstruator’ and ‘trans menstruator’ to critically explore menstruation as cisnormative phenomena in a cisnormative context, but stresses that there is no uniform menstrual reality for trans or cis menstruators so that these terms should be considered as conceptual tools. Other activists argue that gendered-language of ‘women’ and ‘girls’ should be used in tandem with the non-gendered language term ‘menstruator’ for simultaneously marking feminization of menstruation and negativity grounded in misogyny while broadening the language of menstruation (Przybylo and Fahs, 2018 cited in Bobel and Fahs, 2020, p. 1010).

Opposing opinions towards the term ‘menstruator’ were difficult to be found in literature and remain on a not thoroughly articulated level. Although a supporter of ‘menstruator’ and gender-neutral language, Bobel (2019, p. 340) explains that the term carries the risk of alienating menstrual health supporters who “bristle at critiques of the gender binary and linkages with the LGBTQ movement” and that other advocates are worried that they will repel key audiences and influencers by being too radical. She also did not find this discourse taking on in the Global South, where “both discourse and action assume that exclusively girls and women menstruate” (Bobel, 2019, p. 339). There seems to be a regional limitation to the broader use and discourse of the term concentrating in the Global North.

This leads to another controversy of the term, the statistical representation. Scholarly pieces focus on cis women and only very few focus on (trans) menstruators (Rydström, 2020, p. 945). When there is no general agreement on the application of the term, data and studies which feature women and girls who menstruate probably do not include menstruators of other gender identities. There would be a need to overthink data collection and interpretation regarding categorization. This makes it difficult to apply the term ‘menstruator’ in the sense of inclusivity to studies which do not address gender identification.

There seems to be a growing disconcert form cisgender women that the term results in an erasure of their lived experiences as the sexuality of women has been under patriarchal control (Lahiri, 2021). Others even view the term as an attack on cis women and their bodies while Trans Exclusionary Radical Feminists criticize the term ‘menstruator’ to

erase femininity (Riedel, 2019; Watta, 2020). It shows that a binary gender concept is still relevant in terms of discrimination. There seems to be a fear of a trade-off between hegemonial and minority gender discrimination sensitization and visibility.

In summary, the term ‘menstruator’ is favored by many activists and scholars of critical menstruation studies. It is considered trans-inclusive, emphasizing the difference between sex and gender, moving away from womanhood to be defined by one bodily process and reproduction, as well as it offers the opportunity to focus on the people affected by the experience and improve inclusive access to reproductive health services. On the other hand, this term has not yet made it to the global level, in practice it is mostly assumed that exclusively women and girls menstruate, some might be alienated due to its radicalism, others see it as an attack on their bodies and erasure of experiences of oppression due to their sexuality. These controversies show that the debate about the ‘right’ terminology is not yet finalized and that it needs further articulation. What can be concluded, is that the term’s application needs to depend on the context and audience.

The previously presented discussion leads the author to apply the term ‘menstruator’ as often as possible and appropriate in this thesis. The argumentation of using the term ‘menstruator’ to narrow the focus to people who share the experience of menstruation when elaborating about periods proves to be convincing to the author. Further, the reasoning of not defining or reducing womanhood to a single bodily process for reproduction reflects the author’s position so that the term ‘menstruator’ seems to be a good alternative describing certain people with the experience of menstruation. Nevertheless, the author is aware of the limitations of the term, especially regarding the reference of studies. Thus, the author will apply the term ‘menstruator’ to the best of her knowledge.

Appendix B: List of human rights

Article 1: All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2: Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Article 3: Everyone has the right to life, liberty and security of person.

Article 4: No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.

Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 6: Everyone has the right to recognition everywhere as a person before the law.

Article 7: All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

Article 8: Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.

Article 9: No one shall be subjected to arbitrary arrest, detention or exile.

Article 10: Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.

Article 11: Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defence. No one shall be held guilty of any penal offence on account of any act or omission which did not constitute a penal offence, under national or international law, at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the penal offence was committed.

Article 12: No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.

Article 13: Everyone has the right to freedom of movement and residence within the borders of each state. Everyone has the right to leave any country, including his own, and to return to his country.

Article 14: Everyone has the right to seek and to enjoy in other countries asylum from persecution. This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.

Article 15: Everyone has the right to a nationality. No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.

Article 16: Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution. Marriage shall be entered into only with the free and full consent of the intending spouses. The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

Article 17: Everyone has the right to own property alone as well as in association with others. No one shall be arbitrarily deprived of his property.

Article 18: Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

Article 19: Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

Article 20: Everyone has the right to freedom of peaceful assembly and association. No one may be compelled to belong to an association.

Article 21: Everyone has the right to take part in the government of his country, directly or through freely chosen representatives. Everyone has the right of equal access to public service in his country. The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

Article 22: Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

Article 23: Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment. Everyone, without any discrimination, has the right to equal pay for equal work. Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection. Everyone has the right to form and to join trade unions for the protection of his interests.

Article 24: Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

Article 25: Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances

beyond his control. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Article 26: Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit. Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace. Parents have a prior right to choose the kind of education that shall be given to their children.

Article 27: Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits. Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

Article 28: Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.

Article 29: Everyone has duties to the community in which alone the free and full development of his personality is possible. In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society. These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.

Article 30: Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.

(United Nations, no date)

Declaration of Authenticity

I, Louisa van den Bosch, hereby declare that the work presented herein is my own work completed without the use of any aids other than those listed. Any material from other sources or works done by others has been given due acknowledgement and listed in the reference section. Sentences or pats of sentences quoted literally are marked as quotations. The work presented herein has not been published or submitted elsewhere for assessment in the same or a similar form. I will retain a copy of this assignment until after the Board of Examiners has published the results, which I will make available on request.

Kleve, 4 January 2023 _____

Louisa van den Bosch