

# Menstrual Myths Gazette

The first edition \*\*\*\*

## Just for you

Period blood is impure!

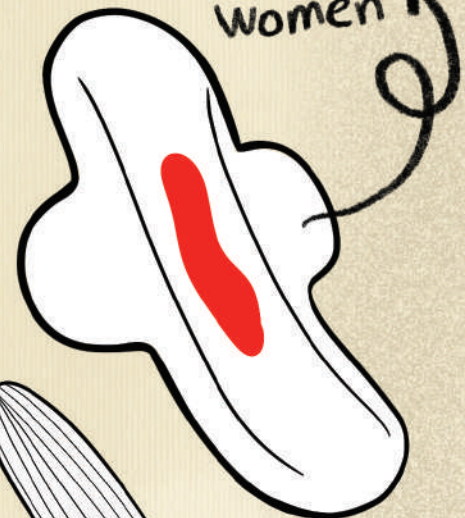
Bathing during menstruation!

Menstruation is a forbidden topic!

Menstruating women are not allowed in the kitchen!

Free  
with every  
Newborn

Married and  
unmarried  
women



Married women  
only



## EXPLORING MENSTRUAL EQUITY IN JORDAN

Socioeconomic Factors Influencing Women's Experiences  
With Period Poverty

June 2024



## I. Background and Significance

Period poverty, a term increasingly prevalent in public health and international development sectors, sheds light on critical issues surrounding menstrual health. At its core, period poverty highlights the lack of access to essential menstrual health and hygiene (MHH) resources, including menstrual products, hygiene facilities, waste management, and education. These pervasive challenges affect countless women globally, imposing physical, mental, and emotional burdens.

UNICEF and the World Health Organization consider MHH as menstrual hygiene management, including safe and private management, access to necessary menstrual products, and basic knowledge regarding the menstrual cycle. <sup>1</sup>Menstrual Hygiene Management (MHM) encompasses both MHH and the broader systemic factors that link menstruation with overall health, well-being, gender equality, education, equity, empowerment, and rights. <sup>2</sup>These systemic factors include access to knowledge, available and safe menstrual products, access to health services, sanitation and washing facilities, positive social norms, and hygienic disposal of menstrual products. Period poverty describes a lack of access to menstrual products, hygiene facilities, waste management, and education, which continues to affect women worldwide.<sup>3</sup>

### Status of Period Poverty in Jordan:

In June of 2023, the United Nations Population Fund (UNFPA) released a report regarding MHM in Jordan.<sup>4</sup> The report identified an increase in period poverty in the country, evidenced by the lack of access of women and girls to quality sanitary products, stigma-free information regarding MHM and women's health generally, and adequate WASH facilities. <sup>5</sup>Several key issues regarding period poverty and women's health in Jordan include social stigma around the topic of menstruation, socioeconomic factors that impede access to MHM as well as general healthcare services, and specific vulnerabilities for women and girls with disabilities. Regarding social stigma, 95% of participants in a UNFPA survey indicated that they do not feel comfortable speaking about their menstrual cycle. <sup>6</sup>Further, the survey found that women and girls living in low-income communities tend to purchase products that are not meant for menstrual cycles, such as child diapers or maternity pads, due to the higher cost of menstrual products.<sup>7</sup>

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<sup>1</sup>"Guidance on Menstrual Health and Hygiene," UNICEF, March 2019, <https://www.unicef.org/documents/guidance-menstrual-health-and-hygiene>, 8.

<sup>2</sup>Ibid

<sup>3</sup>Michel J, Mettler A, Schönenberger S, Gunz D, "Period poverty: why it should be everybody's business," Journal of Global Health Reports, 2022, doi:10.29392/001c.32436.

<sup>4</sup>United Nations Population Fund, "Menstrual Hygiene Management: Monitoring Analysis Report," UNFPA Jordan, June 12, 2023, <https://jordan.unfpa.org/en/publications/menstrual-hygiene-management-monitoring-analysis-report>.

<sup>5</sup>Ibid., 2.

<sup>6</sup>Ibid

<sup>7</sup>Ibid.

Jordan's WASH infrastructure and healthcare waste management practices are significantly impacted by a lack of environmental resources, with water scarcity being particularly pronounced. A recent UN report highlights the peril facing Jordan's ecosystem:

*The water supply is projected to decrease by over 50 m<sup>3</sup> per person within the next ten years, making it one of the driest countries in the world by 2022...These drastic climatic changes will produce a domino effect by reducing agricultural and food production, threatening the survival of one-third of Jordan's biodiversity, exacerbating water scarcity, dissipating ecosystems and watersheds, and causing the decline of economic livelihoods, to name the most severe amongst other critical consequences.*<sup>8</sup>

According to the same report, women in rural areas are more vulnerable to the effects of climate change because they constitute the majority of the poor and are dependent on natural resources for their livelihoods. Moreover, refugee women and girls, from Syria and other countries, often struggle acutely with MHM as their living spaces often lack basic water, sanitation, and hygiene facilities.<sup>9</sup> The socioeconomic situation of displaced communities throughout Jordan also exacerbates challenges with MHM, as many families do not have the economic resources to purchase menstrual products.<sup>10</sup>

Another study found a systemic disparity in water distribution, showing that women consistently receive less water than men within the system of privatized water delivery that most rural Jordanians rely on.<sup>11</sup> A feminist lens illuminates the disproportionate burden created for women who are charged with the responsibility of water management and usability,<sup>12</sup> especially those in women-led households. When considering rural women's unequal access to resources, increased responsibility, barriers to decision-making processes, and restricted mobility, these factors result in less agency and control over

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<sup>8</sup> UN Women. "Rural Women and Climate Change in Jordan", October 24, 2018. <https://origin/source/url>.

It is key to note that research according to WHO indicates that 20 liters per capita per day is the minimum quantity of safe water required to realise minimum essential levels for health and hygiene.

<sup>9</sup> Ibid

<sup>10</sup> Ibid

<sup>11</sup> Malle, Adele, and Aya Kamil. "Climate Change and Gender in Morocco and Jordan", August 03, 2023. <https://carnegieendowment.org/sada/90321>

<sup>12</sup> Masharqa, Katrin. "Embodying the Everyday Practices of Urban Water: The Discourse of Water Scarcity and Women's Subjectivities in Amman, Jordan." Master's thesis, American University in Cairo, AUC Knowledge Fountain, [https://fount.aucegypt.edu/retro\\_etds/2494](https://fount.aucegypt.edu/retro_etds/2494).

## II. Rationale

While a few health organizations and humanitarian agencies have emphasized that more research is needed for sustainable and efficient interventions, menstrual health and hygiene (MHH) has been largely overlooked in the global development agenda.<sup>13</sup> A recent study examined IIE reports from four multilateral organizations spanning nearly 8 years to track the inclusion and exclusion of MHH. It identified three key factors:

measurability, cultural sensitivity, and background characteristics of affected populations—hindering the recognition and prioritization of MHH. The lack of knowledge about women’s specific cultural and personal experiences with menstrual health continues to be a challenge facing concerned actors aiming to create efficient and beneficial interventions.

This qualitative study aims to fill some of the research gaps related to sociocultural factors and sensitivities to contribute to a body of literature on ‘period poverty’ in Jordan. While this study does not present a comprehensive or representative sample, it provides insight into women’s cultural and socioeconomic realities. Using a qualitative feminist approach, the study will illuminate women’s experiences of menstrual health and explore how women adapt to challenges that prevent them from accessing needed knowledge and (affordable) hygienic products and services.

## III. Research Design and Methodology

In their systematic review, Van Eijk et al. present three broad areas where MHM can and should be addressed throughout the Global South: individual knowledge, the social environment, and the material environment.<sup>14</sup> This categorization helps identify the main challenges regarding MHM, and how each area can be addressed. The first area, individual knowledge, includes the education provided to women and girls as well as men and boys regarding reproductive health and the menstruation cycle. The social environment encompasses taboos and myths surrounding menstruation and efforts to combat common misinformation and shame. Lastly, the material environment includes products used by women and girls during their menstrual cycles, the privacy and cleanliness of facilities to practice MHM at school, work, and other public places, and medications for pain management. The material environment encompasses an issue key to good MHM—Water, Sanitation, and Hygiene (WASH) infrastructure. While WASH infrastructure is central to considerations of MHM, menstruation (and women’s health more broadly) is generally not included as a consideration when this infrastructure is planned and designed.<sup>15</sup>

<sup>13</sup> Rita Jalali; Global Health Priorities and the Neglect of Menstrual Health and Hygiene: The Role of Issue Attributes. *Sociology of Development* 1 December 2023; 9 (4): 317–345. doi: <https://doi.org/10.1525/sod.2023.9.4.317>

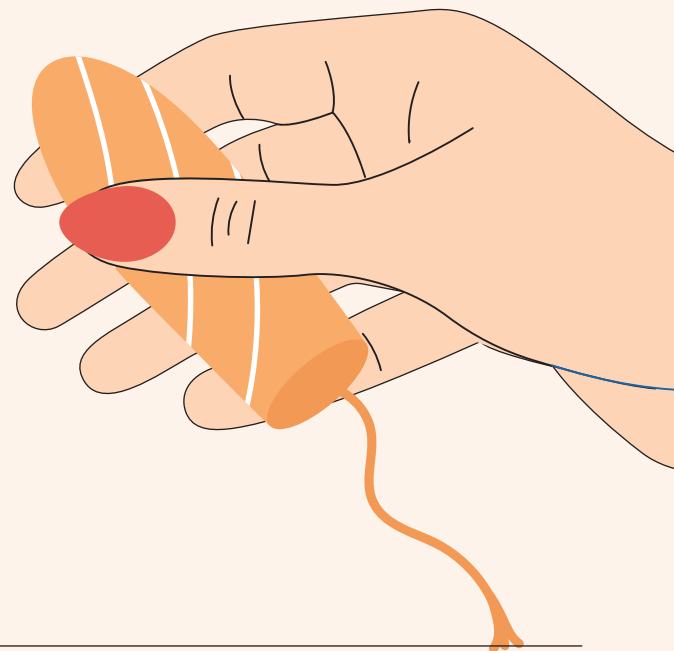
<sup>14</sup> Anna Maria van Eijk, M Sivakami, Mamita Bora Thakkar, Ashley Bauman, Kayla F Laserson, Susanne Coates, and Penelope A Phillips-Howard, “Menstrual Hygiene Management among Adolescent Girls in India: A Systematic Review and Meta-Analysis,” *BMJ Open* 6, no. 3 (2016). <https://doi.org/10.1136/bmjopen-2015-010290>.

<sup>15</sup> Desmond N, Alugnoa, Trevor Cousins, and Mayumi Sato, “Period Poverty and Menstrual Belonging: A Matter of Climate Justice,” *The Lancet. Planetary Health* 6, no. 7 (2022): e551–52, [https://doi.org/10.1016/S2542-5196\(22\)00141-3](https://doi.org/10.1016/S2542-5196(22)00141-3).

In considering levels of individual knowledge, as well as the social and material environment conditions, international organizations and NGOs are beginning to consider not only the barriers of women and girls to sanitary products for MHM but the environmental challenges associated with these products.<sup>16</sup> Throughout the Global South, these environmental challenges are closely tied to socioeconomic inequality. The rural-urban divide and lack of adequate infrastructure both impact MHM and MHH.<sup>17</sup> Wealth is the most significant indicator contributing to inequality of access to sanitary products, with education presenting the second largest barrier.<sup>18</sup> Investigating these challenges and the relationship between them is essential to understanding period poverty.

This study explores the factors<sup>19</sup> influencing Jordanian women's menstrual experiences, using the previously established categories of individual knowledge, social environment, and material environment. Through an online survey, in-depth interviews, and consultations with subject matter experts and practitioners, women's knowledge of and experiences with menstruation were used to create a humanized picture of the realities of period poverty in Jordan today. Analyzing women's testimony includes examining their direct experiences with menstruation, understandings of menstrual health, and hygienic practices. Often, these views are informed by both personal encounters and shared experiences with other women.

Additionally, familiarity with puberty and concepts like 'period poverty' shape women's perceptions. Study findings supported previous research suggesting that economic considerations such as the accessibility and affordability of menstrual products and related healthcare services play a crucial role in determining women's experience, while social factors, including stigma and adherence to cultural and religious norms have additional influence. This study highlights the intricate interplay between personal, economic, and sociocultural factors in shaping menstrual health outcomes.



<sup>16</sup>Neeraja Bhavaraju, Laura Amaya, and Jaclyn Marcatili, "Advancing Gender Equity by Improving Menstrual Health," FSG, August 19, 2022, <https://www.fsg.org/resource/advancing-gender-equity-improving-menstrual-health/>

<sup>17</sup>Laura Rossouw and Hana Ross, "Understanding Period Poverty: Socio-Economic Inequalities in Menstrual Hygiene Management in Eight Low-and Middle-Income Countries," *International Journal of Environmental Research and Public Health* 18, no. 5 (2021): 2.

<sup>18</sup>*Ibid.*, 8-9.

<sup>19</sup>See Annex 1 for the thematic categories of the gathered data and information

## 1. The Self-Administered Survey-Online

An anonymous open-ended questions survey was designed to gather participant experiences and testimonials, aiming to validate certain findings from the literature review and pinpoint common patterns and shared experiences. Utilizing Google Forms, the survey was distributed via WhatsApp by Takatoat's team between February 4 to March 8 of this year. The survey was self-administered and demanded no prior knowledge of MHH.

Participants in the study were recruited through Takatoat's network of 521 active members interested in supporting various feminist issues. <sup>20</sup>Participants are part of a community familiar with feminist work, human rights issues, and community activism. While efforts were made to collect basic demographic data without personal identifiers, it's noted that the participants may have some knowledge or interest in feminist discourse and social issues.

It's crucial to highlight that participants were not asked for their names to ensure the protection of their identity, though demographic information was required. Following data collection, demographic disaggregation was conducted, yielding a total of 91 participants.

Nationality	Total
Jordanian	84
Palestinian Jordanian	01
Syrian	04
Palestinian	01
Egyptian	01

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<sup>20</sup>Takatoat has 521 active members in our community. Among these active members are volunteers, community coordinators, and routine activity and research participants who engage in diverse ways with Takatoat. Their presence and contributions range from producing digital media content, to partaking in research studies, to organizing and attending community learning programs and events. This community is from Egypt, Iraq, Jordan, Lebanon, Palestine, Sudan, Syria, Tunisia, and Yemen. The demographic groups are cross-cutting, between youth women (18-24 years old) and women adults (25-55 years old).

## **2. The In-Depth Interviews**

In the survey, we asked participants whether they were interested or willing to be interviewed by the researcher, yielding three participants available for a follow-up interview in March 2024. These in-depth interviews aimed at a deeper understanding of women's knowledge, experiences, and the challenges associated with menstrual health.

The interviews were all conducted online and in Arabic. During interviews, only a first name was used to ensure the protection of participant's identities.



### 3. Consultations with Experts and Practitioners

Consultations with experts were used to review the findings of both the literature review and survey. The discussions were based on the researcher's preliminary findings and analysis. The researcher and Takatoat identified experts based on their feminist activism and expertise in gender mainstreaming and sexual reproductive health education, particularly within medical or related professional capacities. Their work ranges across the Middle East to draw on their observations in the social and economic contexts they work in.

The experts are:

**Nouran El Marsafy** is an urban researcher and a dynamic activist and visual storyteller based in Cairo. Her passions encompass gender equality, climate justice, just urbanism, and advocacy for marginalized communities. Holding dual Master's degrees in Urban Design, she has been involved in various initiatives advancing gender and youth rights throughout Egypt. Currently serving as the Socio-Ecological Program Manager at Friedrich Ebert Stiftung's Egypt office, she also contributes as a board member for The Sex Talk Arabic Initiative.<sup>20</sup>

**Haneen Shaheen** serves as the GBV and Climate Justice Advisor for UKAid in Cairo while also working in the position of Programme Manager for the Gender Fund, which provides support to civil society organizations dedicated to preventing, protecting, and assisting women, girls, and men. Outside of her professional roles, Haneen volunteers as a board member for the Climate Action Network, where she represents Egypt and contributes to advancing climate action in the Arab world. With a master's degree in Gender and Development, she brings over 15 years of experience in community development and advocating for climate justice.

**Delaney J. Glass** is an Assistant Professor at The University of Toronto and a biocultural anthropologist and human biologist working primarily with Arab communities in North America and Jordan. Her work focuses on the health experiences of children and adolescents related to adversity and social inequalities, pubertal development, mental health, and wellbeing.

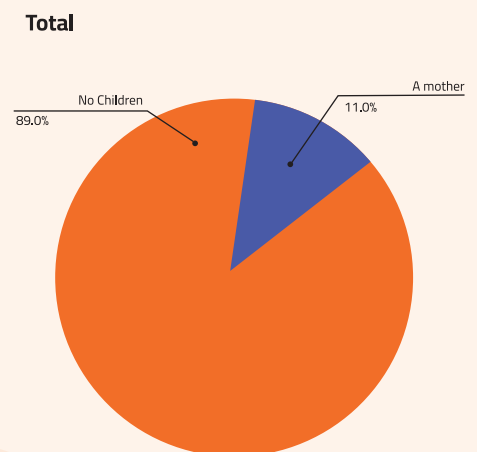
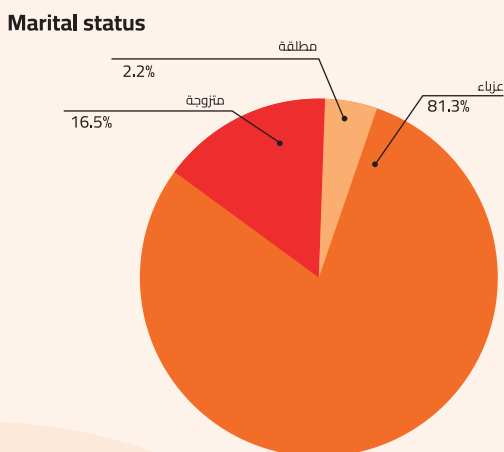
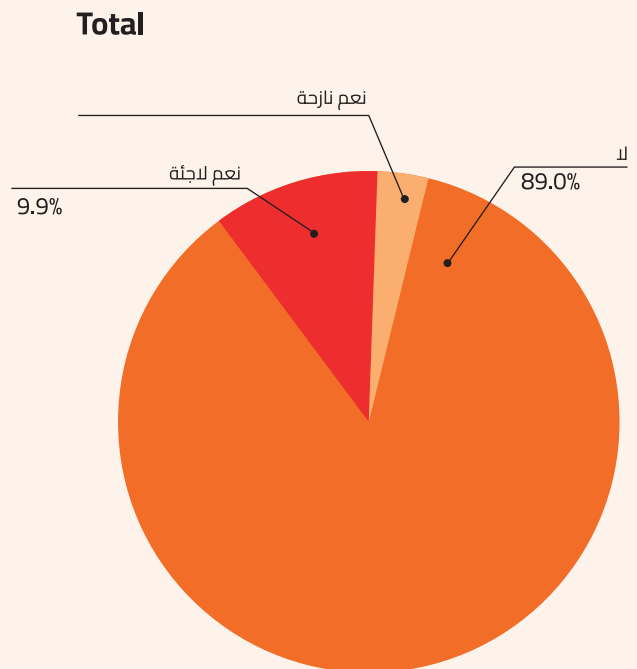
**Hadeel Essam** is a senior pharmacist and medical researcher with 10 years of experience in the pharmaceutical sector. Her expertise extends to pharmaceutical research and writing for medical websites which provide valuable insights into the intersection of healthcare, social justice, and gender equality.



### Participant Demographics

Of the 91 participants, there was diversity in location, age, marital status, employment status, and national origin. Eighty-nine of the participants are Jordanian citizens in addition to one Syrian refugee and one displaced Palestinian living in Jordan. Participants live in governorates across Jordan, ranging in age, although the majority were young people with around 70% of participants below the age of 30. The majority of participants were single and had no children at the time of this study.

City of Residence	Number of Participants
Amman	62
Irbid	11
Zarqa	08
Salt	03
Fuhais	02
Karak	02
Northern Shouneh	01
Aqaba	01
Mafrq	01



Age	Total
Youngest ages	17
Oldest ages	45
Average ages	26
Aged 20 years and younger	19
Between 20 and 30 years old	53
Older than 30 years	19

The average age of starting menstruation	13
The youngest age of participants starting menstruation	10
The oldest age of participants starting menstruation	18

What is your marital status?	Total
Single	74
Married	15
Divorced	2

Are you a refugee or displaced person?	Total
No	81
Yes, refugee.	9
Yes, displaced.	1

Are you a university student?	Total
Yes	43
No	48

Field of work	Total
social media	1
Administrative sector	9
Educational and research sector	7
Customer service, marketing, and service delivery sector	7
Health sector	5
Legal and advocacy sector	1
Engineering sector	3
No answer	5

Do you have children?	Total
Yes	10
No	81

Worker	Total
Yes	38
No	53

Nationality	Total
Jordanian	83
Jordanian-Palestinian	1
Syrian	4
Palestinian	1
Egyptian	1

## IV. Findings

### 1. Women's Knowledge of Menstruation and Menstrual Health

This section draws on findings related to women's lived experiences with menstruation and their memories of puberty. It encompasses understanding the sources of knowledge available to women and assesses their comprehension of menstruation to pinpoint issues concerning knowledge adherence and healthy hygienic practices.

#### 1.1 Experiences with Puberty

The age range for the onset of menstruation varied among female participants, with the majority experiencing their first period between 11 and 14 years old, with age 12 being the most common.

While a few women described supportive family responses, like a participant's father's reassurance and understanding response to alleviate his daughter's fear and confusion, the majority recalled negative experiences with puberty and described difficulties—recalling feelings of fear or anxiety.

*I was playing with my friends and felt like I needed to go to the bathroom. I was surprised to find out I started menstruating and got scared because I didn't know anything about puberty. I started crying, my mother was at my grandfather's house and only my father was at home. He heard me crying, and thankfully, my father is an educated and considerate man. He asked me what was wrong, and then he understood the situation. He brought me clean underwear and put a sanitary pad on it, then gave it to me through the bathroom door and said "it's okay, my dear, this is normal, just tell your mother when she comes back, and she'll teach you." When my mother returned, I told her, and she taught me.*

*– A 26-year-old participant, a Jordanian living in Irbid*

*The first day of my period was a shock to me because I had never heard of it in my life. Before that, maybe a few months before I got it for the first time, I had some sort of worm or maybe a germ in my stomach, causing bleeding. I got treated for it, and the issue was resolved. Months later when my period came, I thought the germ had come back. But then, when I told my mom about it, she said, 'No, this is your period.' She gave me pads and that was it, she just said, 'This will always happen to you,' but she didn't explain it to me. It was a bit shocking, there was some trauma involved. One doesn't expect it from themselves, like, 'Oh, I'm going to bleed every month.'*

*– Islam, a participant living in Amman*

At a young age, Islam's lack of knowledge led to confusion and shock when her period started, mistaking it for a continuing health issue. Despite receiving basic instructions from her mother, she felt distress at the onset of menstruation, highlighting the shock caused by the onset of menstruation for many girls. Islam and other participants expressed limited knowledge about menstruation and puberty as young girls which exacerbated the trauma they experienced during their first menstrual period. In some cases women recounted their negative experiences with humor:

*[It was] strange, I laughed thinking I wetted my pants.*

*– 26-year-old Jordanian living in Amman*

In almost all of the experiences women expressed, relationships with menstruation are heavily informed by past experiences with puberty. When women struggled to navigate puberty, they often recalled it as a negative experience, sometimes describing it as traumatizing. Delaney J. Glass, an assistant professor at the University of Toronto studying puberty in Jordan, explains the way puberty informs women's relationships with menstruation:

Puberty experiences really shape how women see their bodies and bodily functions. But there are cases where women realize they don't want others to go through the same thing. They take action to change that, like the participant we're discussing. These women describe puberty as quite dramatic and life-changing, almost traumatic, but transformative.



## 1.2 Sources of Knowledge and Misinformation about Menstruation

As discussed above, inadequate knowledge about puberty can initially lead to confusion and panic. However, women demonstrated an increased knowledge in adulthood as they became more independent and were able to manage their menstruation and seek knowledge independently.

Women reported their knowledge about menstruation primarily comes from sources like television, books, secondary school education, conversations with peers and friends, and social media, particularly feminist pages that promote awareness of women's issues like menstruation. This demonstrates the diverse channels through which individuals acquire information about menstruation in contemporary Jordanian society. Despite multiple resources, mothers served as participants' primary source of information. Fifty-three of the 91 participants reported learning about menstruation from their mothers and only 14 reported their sister(s) as a source of knowledge. A few criticized the lack of comprehensive education from their mothers:

*Yes, I suffered... my mother would forget to bring me sanitary pads sometimes and would suddenly remember. I had to wait until she brought them and sometimes she would bring the small size. Of course, the financial situation was good, but my mother lacked a lot of focus, so I was embarrassed to go and buy them myself until I turned 18 and went to university, where I started buying them myself. I face very severe cramps that cannot be endured without painkillers, along with back, chest, and foot pain. Also, mood swings and a bad mood before and during menstruation. My mother didn't believe in pain relief medication and didn't bring it to me; I mostly relied on herbal remedies until I grew up, meaning after 18, and started buying painkillers myself*  
– Islam, a participant living in Amman

*On the role of mothers as educators, Nouran El Marsafy, an Egyptian activist and storyteller, critiques the efficacy of this method of education. In most cases, mothers primarily focus on teaching hygiene practices and little else. The conversation often revolves around religious beliefs regarding this transition into womanhood and emphasizes the importance of self-protection physically, morally, and socially.*



Haneen Shaheen, a GBV and Climate Justice Advisor for UKAid, contested the assumption that mothers adequately prepare their daughters for menstruation, citing her own experience of receiving basic instruction without gaining a deeper understanding. She emphasized the taboo nature of discussing sexual topics in Arab societies, which often leads to isolated conversations about menstruation.

*Our mothers did not teach us about menstruation. My mother only told me about it; "you will be bleeding and that is your period. And you have to keep the place clean and change the pad every hour or two," that's what my mom told me, for example. I didn't understand it until I started reading and educating myself about sexuality in general. You can't talk about menstruation without talking about your sexual life, your vagina, and your uterus, and these topics are taboo in our societies and the Arab region as a whole.*

*– Islam, a participant living in Amman*

Shaheen emphasized the role of taboos around sexual topics in Arab societies, often leading to decontextualized conversations about menstruation. Survey participants often discussed menstruation in isolation from their overall health or sexual and reproductive health (SRH) education. Single or married, women spoke about their menstruation as an experience independent of their physical and sexual health. This disconnect is particularly evident in familial education practices, where mothers primarily pass on knowledge about menstruation. Shaheen asks:

*When you observe your surroundings, who is the mother willing to have candid discussions with her daughter about sexual relations, guiding her on what's appropriate and what's not? Who is the mother explaining the workings of natural contraceptive methods? Who is the mother sitting down with her daughter, advising her to encourage her husband to use condoms to avoid relying on hormone pills, for example? These conversations are often taboo, so surface level dialogue becomes the default.*



Shaheen advocates a deeper examination of social learning practices surrounding menstruation to address women's poor knowledge about this vital body process. Access to information about menstruation, body changes and hygiene practices, and the ability to care for oneself during menstruation cannot be separated from other components of sexual and reproductive health.

In recent years, the internet has emerged as a significant alternative source of knowledge about menstruation, with 47 out of 91 participants reporting self-learning through online resources or consultations with gynecologists. However, the accessibility, accuracy, and comprehensiveness of internet resources remains questionable.

Self-learning using public resources from the internet has a big role in women's increasing knowledge about bodies and overall health, but whether these sources are accessible or sufficient remains in question. Hadeel Essam reflected on a woman's account of self-learning about menstruation, saying:

*Initially, when she experienced her first period, she felt unsure about what to do. Realizing what was happening, she decided to educate herself by reading up on it. I think the younger generation is much more open to discussing these topics compared to their teachers. Talking about menstruation has become normalized for them. However, for our generation and those older than us, accessing information was challenging because the internet wasn't available. Even now, online information isn't always reliable. While it provides some basics, it doesn't cover everything.*

Essam draws attention to a generational shift in women's attitudes toward menstruation and learning about it, noting the unreliability of information on the internet. One testimony from the interviews validates Essam's observation:

*I couldn't find anyone to guide me, so I said to myself, I'll search online. Okay, I found the information, but still, I didn't know how to use it, and I spent years maybe between pain and suffering, not talking to anyone, and no one knew. So, for example, if there was education or awareness about this issue from a young age, it wouldn't be something very bad, but it taught me a lot and pushed me to learn more about this issue and support it.*

*– 26-year-old living in Irbid*



This testimony demonstrates how learning about menstruation using the internet can be limited or inadequate, leading to gaps in the understanding and management of menstrual health among women and girls.

In an attempt to gauge if surveyed women were confident about the knowledge they had gained, we asked them if they believed they could communicate this information to other women in their close communities, especially their daughters. Only 10 out of 91 participants did not believe they could sufficiently teach their daughters about menstruation, or 11.1% of participants. Despite this confidence, only one woman who responded affirmatively currently has children. When asked to comment women's education of their daughters, El Marsafy, argued:

*What most mothers teach is hygiene practices and that is it. There is no dialogue or depth. The conversation is most probably associated with religious ideas about this new stage of womanhood and the need for self-protection physically, morally, and socially.*



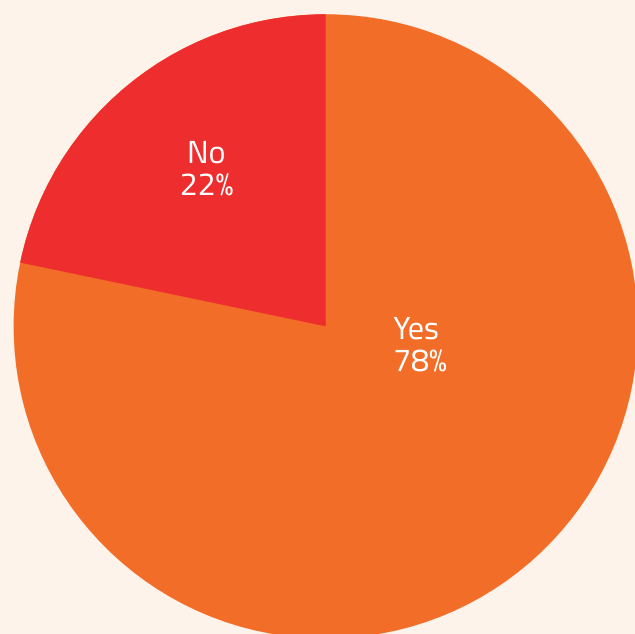
### 1.3 Mismanagement of Menstruation

Even when women know how to manage their periods, they may still be unprepared to do so. Almost 75% of participants have had to borrow menstrual products from colleagues and friends. Thirty-three participants have had to use alternative materials instead of their usual menstrual products. The primary reason cited was the lack of access to menstrual products when needed, with most women then resorting to toilet paper. When looking at these numbers, experts note that they indicate a mismanagement of menstruation or a degree of normalization of unhygienic practices. Shaheen comments:

*This points to the fact that women aren't aware enough of their menstrual cycles. This is why menstruation catches women off guard. So, you're left with two options: either you carry a sanitary pad with you all the time everywhere just to be sure. I believe many women face similar situations, perhaps due to conditions like cysts or simply because they do not know how to track their menstrual cycle. The other option, if you were lucky enough to live in a country where you can get a pad in a public restroom. Without these two options, a woman has to borrow from whoever is with you in the restroom or she must leave after using tissues for example and then go home.*

Women's lack of access to menstrual products or their overall unavailability may lead to health risks like infection when unsanitary alternatives are used in their place.

#### Have You Ever Borrowed Menstrual Products From Your Friends, For Example, Or Colleagues At Work?



#### 1.4. Knowledge of 'Period Poverty'

The concept of period poverty, although recognized by some participants, is not widely understood, highlighting the need for clearer education and awareness efforts. According to literature reviewed for this research, learning about period poverty is crucial for promoting women's health, rights, and dignity, and for fostering a more equitable and inclusive society. The awareness of period poverty leads women to better adaptation mechanisms and deeper knowledge of their menstruation and wellbeing overall. This was applicable to many participants. Islam, in her interview, explains where she has heard of the term:

*I hadn't heard about period poverty until two years ago, through a friend of mine who volunteers with a company that supports healthcare and general hygiene. She used to provide sanitary products to people in Bangladesh and Africa, which made me think about this issue. Later on, I heard that in some countries these healthcare products are given for free, so I understood that many people can't afford to buy these products or seek treatment if they have pain. Since then, I learned about period poverty, and recently I heard about it in Gaza, that many girls suffer from a lack of sanitary products and these are the things that we might not think about in wartime.*



**Do you have any extra pads?**

**Can I borrow a sanitary pad from you if you have one?**

Islam's words reflect an awareness regarding global period poverty, especially in the context of the ongoing humanitarian crisis in Gaza. However, Islam did not believe that her awareness of the concept facilitated or improved her relationship with her menstruation.

The experts consulted agree on the importance of learning about period poverty but they have skepticism about the use of the term in Arabic. El Marsafy suggested that the term may be ambiguous or confusing, recalling her own initial misunderstanding and belief that it could easily be misperceived as associated with anemia when translated into Arabic. Shaheen also thinks that term can be confusing but draws attention to the key questions concerning the relationship between poverty and women's wellbeing and overall health, creating pathways for effective interventions.

Ambiguity and skepticism regarding the use of *faqer al dawra al shahreyyah* is worth consideration by organizations and stakeholders addressing period poverty and working on women's menstrual health interventions. When used, the term period poverty must be explained in relation to all MHM barriers and challenges, not only economic challenges, which are the ones most frequently cited.

Overall, the sources of knowledge about menstruation among participants varied significantly, although mothers served as the primary educators for many. Despite the prevalence of internet-based self-learning, accessibility to accurate and comprehensive information remains a challenge. Moving forward, addressing gaps in accurate menstrual health education, particularly within the family, can be pivotal in combating period poverty and ensuring comprehensive sexual reproductive health and rights for all women.



## 2. Social Environment Practices Impacting Women's Experiences with Menstruation

This section addresses societal norms and community practices surrounding menstruation and puberty, and women's adulthood experiences. Social factors significantly influence women's experiences with menstruation. One participant expressed:

*Menstruation remains a taboo topic making it difficult for individuals to seek support when needed or openly discuss their experiences. Insufficient or inadequate knowledge about menstruation when combined with stigma exacerbates feelings of shame surrounding menstruation, further perpetuating period poverty.*

### 2.1 Shame, Stigma and Embarrassment

Because a lack of knowledge about menstruation is one of the main factors negatively impacting women's experiences of menstruation, it is essential to break down the social taboos surrounding menstruation to better understand constraints leading to poor knowledge of menstruation. Nouran El Marsafy explains:

There's a significant problem related to [the] language [we use] and the upbringing of women, I know it might also be true globally. Based on my knowledge and observations, women are not proud of their bodies and there is an urge for them to disappear, meaning a feeling that you shouldn't take up space. This is related to language because all insults in Arabic-speaking societies are female body parts...As you grow up around this language at an age where you'll experience changes in your body and your body changes as well, you're not considered a child anymore, you are a woman now eligible for marriage.

Many Jordanian women struggle to keep a positive relationship with their bodies, and menstruation is a key area where this strained relationship is reflected. Participants agreed that the stigma and social taboos around menstruation are not separate from the taboos concerning women's bodies in general. The stigma around menstruation includes openly discussing menstruation, leading to feelings of shame or embarrassment for menstruating individuals. This can prevent access to accurate information and support regarding menstrual health.

Shaheen elaborates on what kind of perceptions are the most prevailing in Arab societies:

*Menstruation only means that you can't pray, you can't touch the Quran. If you're Christian, you can't go to church...Impure, that's the word they use. You're not 'clean' during your period, so you're impure...[They say] when you're on your period, you're tired, so don't push yourself too much. You shouldn't play sports, for example. Don't pressure yourself. Give yourself the time to sleep, for example. All these things—but no real conversation about what 'that thing' is.*

Essam, a senior pharmacist and medical researcher, notes that men's feelings of shame when publicly buying menstrual products and other practices around the menstrual cycle being deemed taboo are not as persistent as they once were. While positive examples of stigmatization were cited by participants, many agreed that social stigma continues to be an issue. In an example shared by Samar, a pharmacist working in Irbid, gender dynamics continue to influence some men's behavior when purchasing menstrual products:

*When me and my colleague, a male pharmacist, are working on a regular work day and a guy or the husband comes to buy this [menstrual] product, he doesn't ask the male pharmacist, he would tell me instead because I'm a female. So there's still a stigma regarding this issue.*

While participants raised concerns about the social stigma associated with purchasing menstrual products, particularly for men, the preference for speaking with women regarding menstruation impacted other women as well. Our study found participants preferred seeking advice about menstruation from female over male healthcare providers.

The participants talked about shame and embarrassment as significant influences their views on menstruation. In speaking of their experiences, participants frequently used words like "fear," and "anxiety," indicating that women often associate their menstruation with negative emotions and societal taboos. The experiences they recounted when these feelings were experienced mostly took place outside the home but negative experiences within the family also occurred. One respondent recalls:

*I don't get any support from my family, and they consider it a [naturally] given thing, even during Ramadan, that I must pretend to fast. As for the males in the family, so as not to hurt their fasting, it is considered shameful to eat anything in front of them, and I must sneak food and water so they don't see me.*

## 2.2 Myths and Misconceptions Around Menstruation

There are several myths and misconceptions surrounding menstruation in every society. In Arab societies, some of these misconceptions are tied to religion or religious practices. Through interviews with participants and experts a number of common myths present in Jordan emerged and are explored below.

*Some people in their communities believe that women's blood is impure or that it makes women themselves or things they touch 'unclean,' 'dirty,' or 'impure.' Well, 'it's bad blood and you're impure.' You constantly feel disgusted—you must avoid touching things or people. In a religious reference, it feels like bringing a dog into your house. You're already acting suspiciously because you are already feeling uncomfortable and anxious.*

– El Marsafy

Because of such ideas, menstruating women may be restricted from participating in certain activities or entering certain areas of the home, such as the kitchen. This belief contributes to stigma and discrimination against menstruating individuals.

Others believe that menstruation stops during activities like swimming or bathing. While menstrual flow may be temporarily reduced in water, menstruation does not stop completely. This misperception can impact women's practices around hygiene. Essam, when asked if water scarcity impacts women's hygienic practices, notes: "On the contrary, there is a general misconception among people that you shouldn't bathe yourself during menstruation. Bathing interrupts and affects your period."



A particularly harmful misconception is the normalization of painful periods. Some women even believe that the more painful the period is, or the more intense the flow, the healthier. While some discomfort during menstruation is common, severe menstrual pain (dysmenorrhea) is not normal and may indicate underlying health issues.<sup>21</sup> Unfortunately, the myth that intense period pain is a normal part of menstruation can prevent individuals from seeking medical attention. Essam speaks about how prevailing such misconceptions are in Jordanian society:

*If it's [the pain] too strong and she's feeling too tired, this indicates anemia. Often people misunderstand a heavy period, but what this really means is that there may be a severe iron deficiency...Many physical issues affect the regularity of her cycle and its intensity which affects her fatigue. People need to understand this because it's not just about taking a painkiller and that's it. There are many things you can do that might prevent you from even needing to use a painkiller...And even if you heard, for example, that just getting married will regulate your cycle or it will normalize, that's not normal either. No, it's not regular in some things. For example, your body skips menstruation for 4 months and this is taken to be normal and it will regulate itself after marriage, for example. No, there's something wrong. 'The hormones will change after marriage and affect your menstruation' and this is also inaccurate. This was passed down from women or mothers... you go to the female gynecologist only after you get married or maybe with your mother.*



<sup>21</sup>Karout, S., Soubra, L., Rahme, D., et al. "Prevalence, risk factors, and management practices of primary dysmenorrhea among young females." *BMC Women's Health* 21 (2021): 392. doi:10.1186/s12905-021-01532-w.

Also, see: Proctor, Michelle, and Cynthia Farquhar. "Diagnosis and management of dysmenorrhoea." *BMJ (Clinical research ed.)* vol. 332, no. 7550 (2006): 1134-1138. doi:10.1136/bmj.332.7550.1134.

Essam elaborates on this explaining that some of these misconceptions may influence health providers and professionals as well:

*Unfortunately, many teachers or university professors used to say things like 'If you experience pain, your fertility increases' and this is, of course, incorrect. Imagine how many people received incorrect information about this. No, just because your fatigue increases doesn't mean your fertility increases; it's not related at all. It means there's something wrong in your body, something you need to pay more attention to to achieve normalcy and wellness. [Discussing painkillers taken for menstrual cramps] Most medical studies are conducted by males and tested on males. One of the most obvious things is that paracetamol is not as effective as ibuprofen in treating menstrual pain. If studies were conducted specifically on women, they would know, for example, that it's better to take this [ibuprofen] as a painkiller.*

Addressing these myths and misconceptions is crucial for promoting menstrual health and breaking the stigma surrounding menstruation. Education, open dialogue, and access to accurate information are essential in challenging these harmful beliefs. Essam concludes:

*Whether it's the nurse or doctor at a clinic, the gynecologist, pharmacist, or individuals like yourself [addressing the researcher] conducting research, information accessibility should be enhanced. This ensures that accurate information is known and shared because there is a plethora of misinformation regarding how to address these issues. Unfortunately, this misinformation is deeply ingrained in us, overshadowing the correct information.*

### **3. The Material Environment**

The many factors contributing to period poverty are multifaceted and interconnected. Stigma and social constraints, including religious or cultural practices, are identified as key factors impacting women's bodies and menstrual cycles. These social constraints, in turn, affect the accessibility and affordability of menstrual products and healthcare resources and services. The factors related to material environments refers to all barriers to access to sanitary products for menstrual hygiene management (MHM). These barriers are often caused by socioeconomic inequality and can impact the privacy and cleanliness of facilities available to practice MHM at school, work, and other public places.



### 3.1 Accessibility and Affordability of Menstrual Products

When participants were asked how they chose their menstrual products they mostly cited two factors: quality and cost. Comfortable and hypoallergenic menstrual products were deemed the most desirable. Participants also expressed a preference for cheaper brands.

When asked about their monthly expenditure on menstrual products only 79 of the 91 participants responded. According to their estimates, the cost of menstrual products varied from JOD2 to JOD20 as some participants included the purchase of painkillers and/or feminine cleansers in their calculations. Essam explains:

*These numbers may indicate different factors. Some women may not use painkillers, or they simply did not include their cost in the estimate, which could explain the lower figures. On average, the monthly cost of menstrual products in Jordan could be around X for economic-size packs or X for regular-size packs. When factoring in the cost of any type of painkillers or potential expenses for medical visits related to menstrual pain, the overall cost would be higher.*

Despite the variance in cost calculations, 75% of participants reported using painkillers every month to manage their pain.

While the question of cost was directed to participants' personal usage and spending, a few women answered including other members of the family, attempting to calculate the total family's expenses. A few stated that they did not know the cost of menstrual products because they were not the ones purchasing them. Here, it is important to note that expenditures at the family or household level may complicate these results, as families often prioritize other needs over menstrual products. Participants' responses also indicate that women do not have (full) control over the cost of managing their menstruation.

We asked participants if they found it difficult to afford sanitary pads, acknowledging they might need to prioritize other healthcare-related or personal items over sanitary pads. Thirty-three participants reported that they often could not afford menstrual products. When asked how frequently this occurred, 12 participants reported struggling to afford menstrual products every month while another 7 participants reported challenges affording menstrual products every two months. These figures are significant considering the small sample size, especially given that 11 of the participants struggling with the cost of menstrual products were employed at the time of their response.

Ultimately, women's economic status impacts the quality of the healthcare services they have access to.<sup>22</sup> When it comes to menstrual products, women from economically challenged backgrounds are more likely "to trade quality for the price."<sup>23</sup> While general data on the unaffordability of menstrual products does not necessarily reflect this study's research participants or their economic status, it does indicate a widespread affordability issue. Shaheen believes that menstrual products should be free of charge, following Scotland's example of best practice.<sup>24</sup> El Marsafy advocates for social responsibility practices from companies and government institutions: "*[the government] should pay for them and bear societal responsibility... I am thinking of schools, especially government schools and shelters. They must have menstrual pads for free!*"

Direct cost is not the only factor influencing women's ability to access menstrual products. Some women stated that they did not know the cost of menstrual products because they were not the ones purchasing them. Expenditures at the family or household level may impact women's control over the products they use, as families may prioritize other household needs over menstrual products especially among low-income families. El Marasfy elaborates:

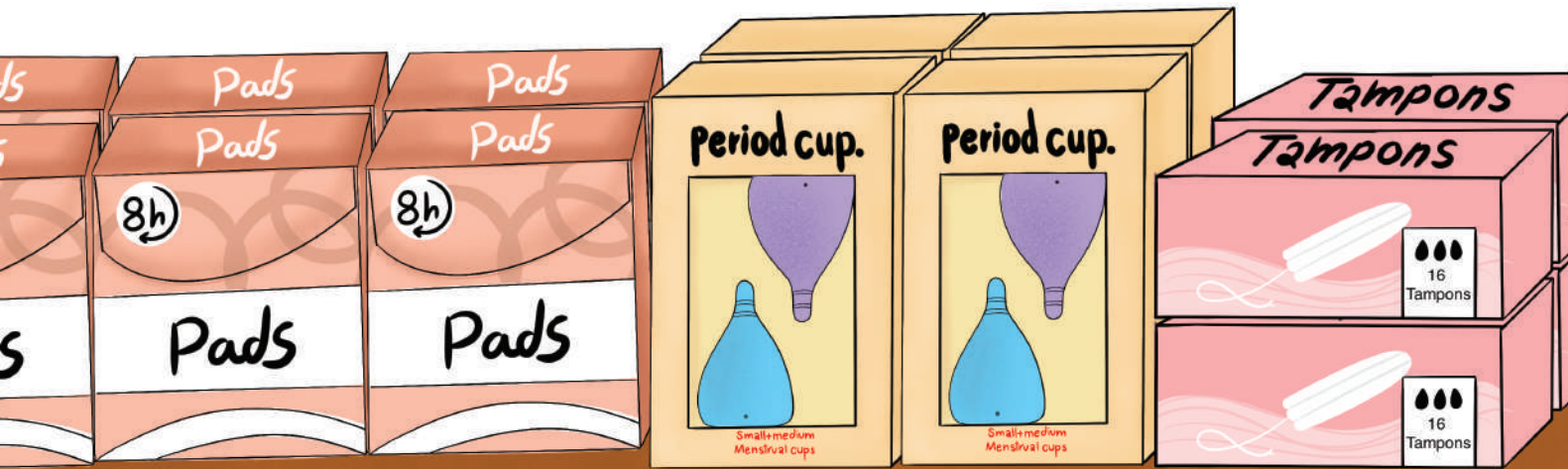
*The crisis is that we do not consider hygiene and menstrual products basic needs but supplementary or luxury. Thinking within a framework of power dynamics, when we say women struggle to access or afford menstrual products in poor areas we are talking about scenarios such as a woman living in poverty may not dare to ask her father for money to buy menstrual products. There might also be a young girl who does not ask for pocket money, ashamed to tell her father. So, there might be a stigma related to shame; there might be a stigma related to women's basic needs first before it comes to menstruation.*

<sup>22</sup>McMaughan, David J., Olufemi Oloruntoba, and Matthew L. Smith. "Socioeconomic Status and Access to Healthcare: Interrelated Drivers for Healthy Aging." *Frontiers in Public Health* 8 (2020): 231. Published June 18, 2020. <https://doi.org/10.3389/fpubh.2020.00231>.

<sup>23</sup>UNFPA Jordan and Takatoat. *Period Poverty Policy Paper: Menstrual Hygiene Management and Access in Jordan*. UNFPA Jordan, August 28, 2022. 14

<sup>24</sup>Diamond, Claire. "Period Poverty: Scotland First in World to Make Period Products Free." *BBC Scotland News*, August 15, 2022.

## Low Quality Pads



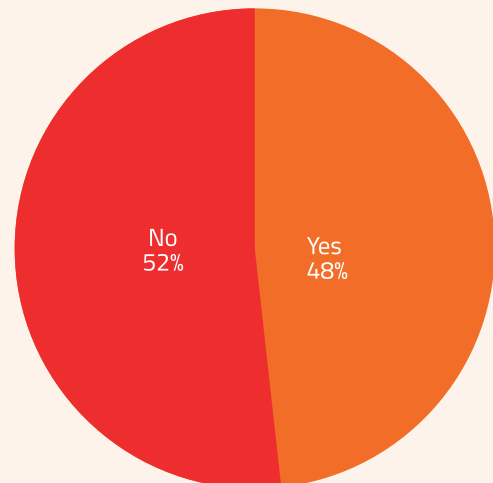
## High Quality Pads

Unavailable X

Menstrual products in Jordan range significantly in cost, associated with quality difference. While some pads are available for as little as \$1, others exceed six dinars (\$8.40).<sup>25</sup> Despite the appearance of affordability, cost, combined with shame around menstruation, can still create a significant barrier for women, particularly those living in poverty.

Affordability emerged as a key factor influencing women's choice of menstrual products, with five participants indicating an inability to afford products during their menstrual cycles and instead resorting to alternative materials. A concerning number of participants reported wearing menstrual products for excessive durations, with 48% having worn a menstrual product for more than 10 hours. Ten hours is far

**Have You Ever Had To Use Or Wear A Menstrual Product For Longer Than Necessary Like Not Changing A Sanitary Pad For More Than 10 Hours Or For A Whole Day Or Even More?**



Essam is wary of the misuse of menstrual products, particularly when driven by economic challenges. "Women often do not understand how to manage their cycles, especially in relation to flow intensity and thus do not often buy or use products based on their needs," she explains. They may prolong the use of a single menstrual product for an extended period which can "exacerbate issues such as infections, irritation, and sensitivities, sometimes even leading to itching," and opt for low-quality menstrual products because they cost less.

<sup>25</sup>"Darj Media." Periods, Pads, and Taxation: The Harsh Reality for Menstruating Women in Jordan." Nov 2023

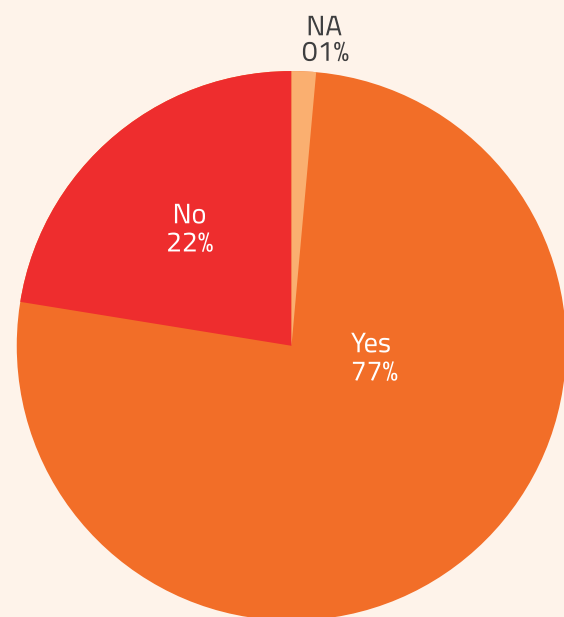
<sup>26</sup>"Period Products: The Good, the Bad, and the Ugly." UT Health Austin. Last modified March 20, 2019. <https://uthealthaustin.org>.

Gendered economic inequality extends to everyday expenses, and women's products are often saddled with what is sometimes referred to as the "pink tax." For low-income women, this inequality can have particularly negative effects, as Essam explains:

*It must be one of the terrible ironies we live in today where products promoted for female use are consistently much more expensive than those targeted at male use. Even the concept of a razor marketed for women, which is essentially the same razor [men use], is more expensive. Women's skincare products are more expensive than boys' skincare products, whether it's creams, perfumes, or anything else. In extremely impoverished communities, for instance, they have no choice but to resort to using alternative items instead of sanitary pads, and things from their homes just so they don't have to spend money on items that should ideally be freely available.*

According to experts and participants, the monthly cost of menstrual products should also account for expenses related to pain management or medical visits, further straining affordability. El Marsafy argues, "If we can't provide food for the poor for free, then surely we won't be able to provide menstrual products for free. After all, menstrual products are produced by corporate companies." For women in impoverished communities, the financial burden of menstruation can force them to resort to alternative materials. Menstrual products, produced by profit-driven corporations, are not accessible nor affordable as a basic necessity to these women.

**Have You Ever Missed School, University, Or Work Due To Challenges Related To Your Menstrual Cycle?**





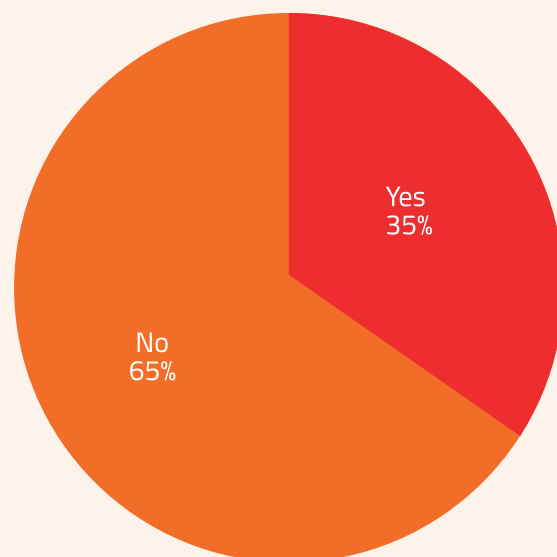
Often left out of menstrual cost calculations is the need to take leave from work. To better understand this potential cost, we asked the participants how many of them required a day off from school or work because of their menstruation. Over 75% reported missing school or work due to menstruation-related challenges.

Shaheen explains, “Women should not be ashamed of this. It is the right of women to say that they have their period and that they are unable to work, unable to do the unpaid work they do at home, and unable to perform with the same efficiency.” For example, sleeping patterns and sleep quality are affected by the menstrual cycle, along with fluctuations occurring in hormone, stress, and depression levels. Many women report poorer sleep quality and greater disturbances during the premenstrual week compared to other phases of their cycle, even without significant menstrual-related complaints.<sup>27</sup> Women with severe premenstrual syndrome often experience more sleepiness, fatigue, and decreased concentration during this phase of their cycle.<sup>28</sup>

### 3.2 Affordability and Availability of Related Healthcare Services

The majority of participants reported regular use of pain medicine during menstruation. The affordability and availability of essential healthcare services remains a pressing issue for many women, with 65% of participants believing there was not sufficient service in their neighborhood.

**Do You Believe There Are Sufficient Healthcare Services In Your Neighborhood\Living Area, Including Sexual And Reproductive Health Services And Family Planning?**



<sup>27</sup>Nowakowski, Sarah, John Meers, and Edward Heimbach. "Sleep and Women's Health." *Sleep Medicine Research* 4, no. 1 (2013): 1-22. <https://doi.org/10.17241/smr.2013.4.1.1>.

<sup>28</sup>Ibid

While women’s medical needs when menstruating vary, several women emphasized the importance of medical assistance, including pain relief medication and consultations with specialists, to improve their menstrual experience. Examples of this care included taking sick leave for severe pain, seeking help from a gynecologist for conditions like ovarian cysts, obtaining medical advice from doctors, and getting suitable pain medication from pharmacies to alleviate menstrual cramping.

Essam explains that care is often inadequate in healthcare centers where painkillers are available for walk-ins:

*A nurse just administers the injection and that's it because there are many people in line and she won't have time to ask questions about your menstruation or suggest that if you're feeling very tired [during menstruation] this might indicate something needs to be inspected.*

El Marsafy and Essam both advocate addressing systemic challenges through both economic reforms and the implementation of robust policies to ensure all women’s equitable access to vital menstrual care resources.

### **3.2 Affordability and Availability of Related Healthcare Services**

Twenty-two participants reported that they frequently do not have menstrual products available when they need them unexpectedly, forcing them to use toilet paper and fabric in place of more suitable products. While this indicates a lack of preparedness for menstruation on the part of individual women, it also indicates the potential benefits of placing menstrual products in public WASH facilities. In some countries, especially in universities and secondary schools, public bathrooms are stocked with free menstrual products. Essam remarks, “In Britain and France, all bathrooms have self-service machines with pads in them, always, either for free or you pay 2 euros for them, so you might end up spending euros—but you are safe.” Access to menstrual products is essential for women’s health as their unavailability puts women at risk of complications like infection.

Essa also notes, “Menstrual pads, even when affordable, are not available [for purchase] everywhere. In some areas in many Arab countries, pharmacies sell pads but in other cities you may need to go into a pharmacy inside a mall especially in the new urban communities or in rural areas.”

### 3.4 Exclusion from Public Spaces

Forty-three participants are currently university or college students while 38 participants are employed, indicating that most participants likely spend a substantial part of their day in public spaces. When asked if they use public bathrooms, the majority of participants, especially students, said they tend to avoid using public bathrooms. The notable exception to this was restrooms located in office spaces where facilities tend to be better maintained. Essam explains the challenges women face in public spaces, particularly regarding restroom facilities:

*This is a serious issue that causes anxiety, particularly when using public restrooms. Hygiene is a major concern, especially if you wear a pad for too long, as it can lead to infections. A woman always worries about not cleaning herself properly and the potential consequences. Being in a public restroom is uncomfortable because they're often not clean. And by 'not clean,' I mean that there's often a lack of maintenance. If supplies like tissues or disinfectant run out, there's little incentive to clean up after yourself. This discomfort is compounded by concerns about hygiene. For example, have you washed your hands before handling the pad? There's also anxiety about using bidets for cleaning. The mental effort required to manage these concerns in a public setting often leads to the decision to wait until I can change the pad at home.*

Essam draws attention to an important phenomenon where some women self-impose restrictions on their mobility in public spaces due to a negative perception of the quality of public facilities. Privacy or personal space, or the lack thereof, also emerged as a paramount concern among the participants as there was tension surrounding women's presence outside the home while menstruating. Interviewees detailed the necessity of concealing their periods and menstrual products from the coworkers or strangers they encountered in public spaces.

### 4. Women's Needs and Positive Community Practices

Participants highlighted emotional support and care as crucial factors contributing to positive experiences with menstruation, alongside medical necessities. Particularly, women emphasized the significance of support from family members, notably mothers, in guiding them through the transition from girlhood to womanhood.

Additionally, some participants shared instances of emotional support from their communities. Cultural practices around menstruation varied widely, with examples including celebrations, financial gifts, and acceptance of puberty-related changes, like wearing a hijab.

*Normally there is diversity in community practices especially around puberty. For example, some friends tell me that when they get their period, their families celebrate it and give them money or gifts...My friend has five sisters or a lot of aunts and the aunts have many daughters, so they feel like it's normal. Or maybe, for example, in one situation, one of my relatives wore a hijab and everyone understood that she wore it because she reached puberty, but it was normal, it wasn't sad, on the contrary, it was just simple and a source of pride for her, we talk about it.*

*– A 26-year-old in Irbid*

Women's experiences with menstruation are deeply influenced by their immediate social circles of family and friends, shaping perceptions and management of menstruation. Survey respondents reflected on the diverse forms of support they received, ranging from practical assistance with pain relief and household chores to emotional and moral support from spouses and friends.

*"Support from my mother and siblings which includes providing me with pain relievers, suitable food, warm blankets, and ensuring I rest. My sisters and mother make me some hot drinks and provide emotional support, while my father buys me sweets."*

*– a 34 year old from Irbid*

*"My friends come over, make me warm things, stay with me, and encourage me to eat. They also help me with household chores."*

*– a 20 year old woman from Irbid*

*"Emotional and moral support from my husband and a hug"*

*– a 24 year old from Amman*

*"My husband when he is caring for the children and doing some household chores"*

*– a 25 year old from Amman*

*“From my mom sometimes, she searches on Google how to relieve pain!”*

*– a 20 years old from Zarqaa*

*“Acceptance from family, exemption from some household chores or postponing them, providing some forms of care such as hot drinks, etc.”*

*– a 29 year old from Irbid*

These testimonials underscored women's need for understanding, acceptance, and accommodation from their loved ones during menstruation. Others demonstrated resilience and self-motivation to learn more about menstruation: Reem, who did not receive guidance during puberty, shares how this lack of support impacted her: “It taught me a lot and pushed me to learn more about this issue and support it. Unfortunately, it [puberty] is a buried memory when I suffered a lot, but what can I tell you; ‘what doesn't kill you makes you stronger.’”

## **5. Global Best Practices**

Experts and participants recognize the importance of addressing period poverty through education, access to free sanitary products, and improved workplace policies. Experts like Shaheen believe that educating mothers on MHM and SRH is the first needed intervention to combat period poverty:

*As for the existing women's organizations, instead of just focusing on promoting contraceptive use, they should focus on educating women on how to manage their menstrual cycle. We can start from scratch and truly teach women how to deal with menstruation, how to maintain their menstrual health, and how men can support women in maintaining their menstrual health from the beginning of a healthy sexual relationship to healthy eating habits, to overall healthy living.*

Many participants, like Islam, believe that implementing best practices, such as the provision of free sanitary products, should be the next step for governments, highlighting the economic barriers many face in accessing these essential items and medical treatment for menstrual pain.



There is a recognition of the importance of accessible menstrual health services, including the provision of free menstrual products in workplaces and public bathrooms, as a crucial aspect of supporting individuals during their menstrual cycles.<sup>29</sup> This practice is acknowledged as one of the best practices in the field and is seen as essential for addressing menstrual health issues. Some advocate for the mandatory provision of menstrual products in government institutions or public buildings or even in commercial cafes and restaurants. However, participants note that such practices would likely be limited to economically advantaged neighborhoods due to the cost of implementation.

The majority of participants agree that a monthly day of leave for menstruation would have a positive impact on women's experiences with menstruation and their overall productivity at work and at home. Participants' views underscore the importance of menstrual health policies in the workplace, advocating for gender-inclusive practices that cater to the needs of menstruating employees. Research findings emphasize the importance of allowing women to take a day off during their menstrual cycle without disclosing the reason, promoting fairness and respect for women's dignity.

*I'm always surprised when I see an applied policy like Mental Health Day but no policy like Menstrual Health Day [at workplaces]. A gender-inclusive work environment must include such policies. It is not asking for much, and I'm also frustrated when male employees have an aggressive reaction to such policies. Why do you expect women to endure this?*

*– El Marsafy*

Many participants emphasized the distinction between 'sick day' policy and a menstrual day policy. While sick days are recognized as a guaranteed right for all employees, regardless of gender, the absence of a specific policy addressing menstrual health highlights a gap in gender-inclusive workplace practices. A menstrual day policy would ensure equitable treatment and support for women and create an inclusive workplace.

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<sup>29</sup>Borg, S.A., Bukenya, J.N., Kibira, S.P.S., et al. "The Association Between Menstrual Hygiene, Workplace Sanitation Practices, and Self-Reported Urogenital Symptoms: A Cross-Sectional Survey of Women Working in Mukono District, Uganda." PLoS One 18, no. 7 (2023): e0288942. Published July 20, 2023. doi:10.1371/journal.pone.0288942.

period off Day

1	2	3	4	5
6	7	off	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	



## **V. Summary**

Through participant surveys and interviews, along with gender expert insight, a number of insights emerged regarding women's access to knowledge, support, and resources surrounding menstruation. While some participants are aware of period poverty, it was not widely understood, emphasizing the need for education and awareness-raising. Learning about period poverty is crucial for promoting women's health, rights, and dignity, leading to better adaptation mechanisms and deeper knowledge of menstruation and well-being. Emotional support and care, especially from family members and communities, plays a crucial role in shaping women's experiences with menstruation. Participants emphasized the significance of support from family members, and positive cultural and community practices, which contribute to feelings of acceptance, pride, and resilience in managing menstruation. Experts emphasized the importance of educating mothers on menstrual health management and sexual and reproductive health as crucial interventions to combat period poverty. They suggest a comprehensive approach, including educating women on how to manage their menstrual cycle and advocating for the provision of free sanitary products.

Despite some products being relatively inexpensive, their cost can still pose a financial burden for families, particularly those living in poverty. Participants cited affordability as a key factor influencing their choice of menstrual product, with some resorting to alternative materials due to financial constraints. Economic challenges can lead to the misuse of menstrual products, such as opting for lower-quality products or prolonging the use of a single product beyond recommended durations. This misuse can exacerbate health issues like infections, irritation, and sensitivity, highlighting the importance of education about the health risks of misuse and improved access to menstrual products. Menstrual products, essential for women's health and hygiene, are often produced by profit-driven corporations, leading to disparities in accessibility and affordability. Women's products are typically more expensive than those marketed towards men, contributing to economic inequality and forcing impoverished communities to resort to alternatives.



The lack of access to menstrual products and their unavailability in public wash facilities poses significant challenges, leading individuals to resort to using inadequate substitutes like toilet paper and fabric. This not only reflects mismanagement of menstruation but also indicates a lack of proper infrastructure and resources in public spaces, potentially resulting in health risks such as infection. Many participants, particularly university students and working individuals, expressed discomfort and anxiety about using public bathrooms due to concerns about hygiene and cleanliness. This discomfort contributes to self-imposed restrictions on mobility in public space, highlighting the need for improved restroom facility maintenance to ensure the comfort and well-being of individuals menstruating in public.

These findings demand action to improve the health and wellbeing of women in Jordan and address period poverty.

## Annex

The data and information were gathered thematically as detailed below:

Factors	Subfactor		
<b>Women's knowledge and experiences with menstruation</b>	<ul style="list-style-type: none"> <li>- Experience with menstruation</li> <li>- Knowledge of menstrual health and hygienic practices</li> <li>- Sources of knowledge</li> <li>- Knowledge of other women's experiences of menstruation</li> <li>- Experience with puberty</li> <li>- Familiarity with the term 'period poverty'</li> </ul>		
<b>Economic factors</b>	Accessibility, and affordability of menstrual products	Personal/individual level: <ul style="list-style-type: none"> <li>- Cost per month</li> <li>- The quality of menstrual products available or preferred</li> <li>- Any other factors (other than cost or quality) may affect the availability, quality, or choice of sanitary pads</li> </ul>	Household level: <ul style="list-style-type: none"> <li>- Decision-related to purchasing sanitary pads</li> <li>- Any support from family or support received on the household level, if any</li> </ul>
	Accessibility and affordability of related healthcare services	<ul style="list-style-type: none"> <li>- Access to private and public restrooms</li> <li>- Access to healthcare services such as physician visits when needed and supplies including painkillers or medicine</li> <li>- Quality of available or accessible healthcare services in their community</li> <li>- The cost of these services</li> </ul>	
<b>Material environment</b>	Accessibility and availability of clean facilities at school, work, and other public places		
<b>Social factors</b>	<ul style="list-style-type: none"> <li>- Stigma and social norms</li> <li>- Cultural and religious community practices</li> </ul>		



## About Takatoat

We are a group of young feminist activists residing in Jordan. We believe in the power of feminist awareness and solidarity in changing narratives about women's causes and equality and in ensuring the rights of women and girls in all their diversity.

In 2020, we began to organise as a group in the face of violent crimes against women and structural discrimination in the legal, social, economic, cultural, and political fields in Jordan, and we established a feminist collective that we called Takatoat (which means "intersections" in Arabic). The first goal of our group was to contribute to strengthening and supporting feminist action and movements in the Middle East and North Africa and to echo these experiences in Jordan.

Takatoat's vision is to realize diverse communities, conscious of their issues, enjoying justice, safety, freedom, and sustainability.

Takatoat's mission is to be a feminist collective that contributes to building a feminist social movement capable of standing up to systems of discrimination, exclusion, oppression, and attrition; and produces and spreads feminist knowledge through safe spaces for girls and women in all their diversity. In the next three years (2022-2025), we aim to:

- Build a feminist collective that is in solidarity and forms alliances with local, regional, and international movements that pursue social justice;
- Develop regenerative, critical, and intersectional feminist thought that stems from local and regional experiences and contexts;
- Support women and girls to actively engage in the feminist movement.



## About Plan International

Plan International is an independent development and humanitarian organisation that advances children's rights and equality for girls. Plan's strategy is to work with vulnerable children and especially girls so that they can learn, lead, decide and thrive. Within the strategy we have an ambition to transform the lives of 100 million girls. Child sponsorship and grassroots community work are central to our strategy and achieving this ambition. Plan strives for a just world that advances children's rights and equality for girls, and we motivate our people and partners to:

- Empower children, young people and communities to make vital changes that tackle the root causes of discrimination against girls, exclusion and vulnerability;
- Drive change in practice and policy at local, national and global levels through our reach, Experience and knowledge of the realities children face;
- Work with children and communities to prepare for and respond to crises, and to overcome adversity;
- Support the safe and successful progression of children from birth to adulthood. Plan's vision is of a world in which all children realize their full potential in societies that respect people's rights and dignity.

**Disclaimer:** The terminology and language presented in this report are derived from direct testimonies provided by individuals interviewed during the course of our research. These terms reflect the personal perspectives and experiences of the interviewees and do not represent the position or language preferences of Plan International. The inclusion of such terminology is solely for the purpose of accurately conveying the context and narratives shared by those affected. Plan International maintains strict neutrality in all conflict zones and does not endorse any specific political viewpoints or terminologies.



حتى تتحقق المساواة للجميع

## Project Background

The She Leads project is designed to contribute to the institutionalization of meaningful participation with the influence of the Girls and Young Women (GYW) in both formal and informal institutions. With this project, the aim is to realize the development goals and the gender-focused commitments of Jordan, including UN's Sustainable Development Goal 5: "achieving gender equality and empowering all women and girls." Therefore, through the She Leads project, Plan International's work is focused on an inclusive setting offering all people from the GYW to participate in a diverse environment regardless of their (religion, nationality, ethnicity, colour, etc.). This 5-year project, aims to:

1. Promote positive social norms in Jordan to unlock girls' and young women's potential,
2. Enable the civil society in Jordan to implement gender-sensitive programming and promote meaningful participation of GYW,
3. And support the national legislative environment to adopt a gender-sensitive approach by 2025.

Through the She Leads project; Plan International's efforts are aligned with Jordan's commitments to reforming the public sector and integrating equal opportunities based on non-discrimination principles. Additionally, efforts will be coordinated along with the existing projects of the Dutch Embassy, specifically those related to gender and women's rights, ensuring synergy and a collaborative approach. The She Leads program is a strategic partnership (consortium) that includes INGOs, national institutions, and civil society organizations and is part of a global/regional program that advocates for girls' and young women's rights.

The logo for 'She LEADS' is centered on the page. 'She' is written in a large, purple, cursive script font. Below it, 'LEADS' is written in a smaller, purple, bold, sans-serif font. The background of the page features a light orange and white pattern of stylized female faces in profile, looking towards the right. At the bottom of the page, there are wavy, horizontal bands in shades of orange and yellow.

## About the Research & Publication Team

Lead Researcher: Besan Jaber is an activist, researcher, and analyst specializing in gender, social norms, and feminist studies in the MENA region, with over a decade of experience in development, journalism, and education. Her research encompasses studies on solidarity movements, feminist movements, and women in the Arab and/or Muslim world. She holds two Master's degrees: one in English Literature and Criticism and another in Middle Eastern Studies. Additionally, she is a trainer in social and feminist research methods and has a record of public engagements, including writings and lectures on topics such as the politics of solidarity and Arab feminism.

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She  
LEADS





June 2024



Exploring Menstrual Equity In Jordan



حتى تتحقق المساواة للجميع

