



**PERIOD POVERTY:**

# **Syrian Women's Experiences With Menstrual Health**

**in the Context of Displacement and Post-Natural Disaster**

**June 2024**



## I. Background and Significance

A recent report released by the Bill and Melinda Gates Foundation found that over 500 million women and girls around the world do not have what they need to manage their menstrual health.<sup>1</sup> Of these 500 million, roughly 107 million of them are Arab women and girls,<sup>2</sup> and nearly 16 million of them live in protracted humanitarian situations.<sup>3</sup> Menstrual Health and Hygiene (MHH) and Menstrual Health Management (MHM) are terms frequently used in academic literature and INGO reports when referring to menstrual health. 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>4</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>5</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>6</sup>

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>7</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.

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<sup>1</sup>Neeraja Bhavaraju, Laura Amaya, and Jaclyn Marcotili, "Advancing Gender Equity by Improving Menstrual Health," FSG, August 19, 2022, <https://www.fsg.org/resource/advancing-gender-equity-improving-menstrual-health/>.

<sup>2</sup>United Nations Population Fund, "Period Poverty: Menstrual Hygiene Management and Access in Jordan," August 28, 2022, [https://jordan.unfpa.org/sites/default/files/pub-pdf/period\\_poverty\\_policy\\_paper\\_en.pdf](https://jordan.unfpa.org/sites/default/files/pub-pdf/period_poverty_policy_paper_en.pdf).

<sup>3</sup>United Nations Population Fund, "Menstrual Hygiene Management in Emergencies," May 26, 2022, <https://syria.unfpa.org/en/publications/menstrual-hygiene-management-emergencies-0>.

<sup>4</sup>"Guidance on Menstrual Health and Hygiene," UNICEF, March 2019, <https://www.unicef.org/documents/guidance-menstrual-health-and-hygiene>, 8.

<sup>5</sup>Ibid.

<sup>6</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>7</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>.



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 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>8</sup>

In considering levels of individual knowledge, as well as 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>9</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>10</sup> Wealth is the most significant indicator contributing to inequality of access to sanitary products, with education presenting the second largest barrier.<sup>11</sup> Investigating these challenges and the relationship between them is essential to understanding period poverty.

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<sup>8</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).

<sup>9</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>10</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>11</sup>*Ibid.*, 8-9.



### **Status of Period Poverty in Syria**

Within Syria, myriad challenges affect women's health, including MHM. <sup>12</sup>Due to the ongoing conflict, many women face significant difficulty getting access to any type of healthcare, and the healthcare that is provided is often provided on an emergency basis. Over a decade of war in Syria has left a serious impact on the environment and its natural resources. Air pollution, deforestation, soil and vegetation degradation, water depletion, and waste mismanagement have been only a few of the war's results. Economists have also argued that environmental factors have significantly contributed to the worsening of the conflict in Syria. <sup>13</sup>For example, a study conducted by the Arab Reform Initiative argues poor environmental conditions in Syria before the war have been identified as a primary factor contributing to the armed conflict, specifically the mismanagement of natural resources and waste. <sup>14</sup>

No matter what the causes are, women in Syria have suffered disproportionately as a result, both those continuing to experience displacement <sup>15</sup>and those living in regions dependent on agriculture where drought has affected their ability to earn an income. <sup>16</sup>Ongoing conflict, displacement, the COVID-19 pandemic, and economic collapse in Syria are affecting "7.3 million women and girls who are in need of life-saving sexual and reproductive health services including maternal care," according to the UNFPA. <sup>17</sup>It is particularly difficult for unmarried and adolescent girls to receive healthcare in clinics throughout Syria due to social stigma, making it nearly impossible for these populations to receive education regarding their menstrual cycle and hygienic menstrual management practices. <sup>18</sup>

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<sup>12</sup>United Nations Population Fund, "A Strategy to Address the Needs of Adolescent Girls in the Whole of Syria," November 2017

<sup>13</sup>Gaafar, Roba The Environmental Impact of Syria's Conflict: A Preliminary Survey of Issues April 7, 2021  
<https://www.arab-reform.net/publication/the-environmental-impact-of-syrias-conflict-a-preliminary-survey-of-issues/>

<sup>14</sup>Ibid.

<sup>15</sup>Situation for women and girls in Syria worse than ever before as conflict grinds on, May 09, 2022

<sup>16</sup>Laughlin, Shaya & Kieren Barnes "How drought is shifting gender dynamics in northeast Syria", May 2 2022.

<sup>17</sup>Ibid

<sup>18</sup>Ibid., 11.



Humanitarian crises, like the one in Syria, exacerbate MHM issues due to women's limited access to privacy, clean sanitation facilities,<sup>19</sup> and medical services. In northwest Syria, a 2021 report indicated that over 50% of trained medical healthcare professionals had left the country—correlated with a nearly 20% decrease in the number of functioning healthcare facilities.<sup>20</sup> Women living in regime-controlled areas face similar challenges, where many families are forced to choose between purchasing food and sanitary products.<sup>21</sup>

During the devastating earthquake that hit southern Türkiye and Northwest Syria in February of 2023, the humanitarian response highlighted how emergency response is often “gender blind,” or does not consider the needs of women and girls as essential.<sup>22</sup> The earthquake impacted at least 15.73 million people in Türkiye and Syria, with over 55,000 lives lost and nearly 130,000 injured. In Türkiye, 2.5 million children, including Syrian refugees, faced increased risks of poverty as millions were displaced from their homes, and critical infrastructure like schools and hospitals suffered significant damage.<sup>23</sup> These environmental conditions, in addition to social constraints, all limit women's access to appropriate healthcare services and safe public spaces to manage their menstrual cycles.

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<sup>19</sup> United Nations Population Fund, “Menstrual Hygiene Management in Emergencies,” May 26, 2022, <https://syria.unfpa.org/en/publications/menstrual-hygiene-management-emergencies-0>, 7.

<sup>20</sup> Islamic Relief, “Are women able to access healthcare in north-west Syria?” Relief Web, 17 February 2023,

[https://reliefweb.int/report/syrian-arab-republic/are-women-able-access-healthcare-north-west-syria#:~:text=Access%20to%20healthcare%20services%20is,4th%20quarter%20of%202021%20alone\).](https://reliefweb.int/report/syrian-arab-republic/are-women-able-access-healthcare-north-west-syria#:~:text=Access%20to%20healthcare%20services%20is,4th%20quarter%20of%202021%20alone).)

<sup>21</sup> Mariam Abaza, “Lack of Menstrual Products in Syria Threatens Women's Health,” The Borgen Project, 23 August 2021, <https://borgenproject.org/menstrual-products/>.

<sup>22</sup> Tamara Abueish, “Syria, Turkey earthquake: Menstruation doesn't stop in times of crisis, NGOs warn,” Al Arabiya English, 16 February 2023, <https://english.alarabiya.net/features/2023/02/16/Syria-Turkey-earthquake-Menstruation-doesn-t-stop-in-times-of-crisis-NGOs-warn>.

<sup>23</sup> World Vision, 2023 Turkey and Syria earthquake: Facts, FAQs, how to help

<sup>24</sup> UNFPA, Menstrual health. Link: <https://www.unfpa.org/menstrual-health>



## II. Rationale

According to UNFPA, globally, over 26 million women are displaced as a result of conflicts and climate-related disasters. About 800 million of these displaced persons between the ages of 15 - 49 are menstruating daily.<sup>24</sup> Conflict, war, and poverty strip away these individuals' dignity and intensify their susceptibility to harm while a lack of research on period poverty makes it difficult for concerned actors to create efficient interventions. Health organizations and humanitarian agencies have emphasized that more research is needed to build sustainable and effective solutions. Learning from the experiences of Syrian women both within Syria and in the diaspora can illuminate some of Syrian women's most urgent MHH needs.

While a knowledge gap exists between Syrian women and those seeking to serve them, feminist activists and researchers have demonstrated that discrimination against women has resulted in a lack of access to menstrual products and health facilities. This issue exists beyond conflict and crisis, with social stigma against women and their ensuing embarrassment often exacerbating MHH challenges, leading to women's isolation and shame when discussing menstruation. These factors collectively impact women's dignity, privacy, and mental health. They compound to slow progress towards gender equality, and thus highlight the urgent need for comprehensive solutions that prioritize accessibility, education, and destigmatization surrounding menstruation.

In essence, addressing barriers to women's menstrual health is fundamental not only for women's well-being but also for fostering an equitable society.

This qualitative study aims to fill in some of the identified research gaps and contribute to global literature on 'period poverty' by expanding existing knowledge with evidence from Syria. The study explores women's endurance, perceptions, and knowledge of period poverty and how they then adapt to climate disaster and conflict where worsening economic conditions and social structures prevent them further from accessing affordable menstrual products and related health services.



### III. Research Design and Methodology

Building on the above literature review, the study combines a self-administered survey and in-depth interviews with Syrian women residing both inside and outside Syria. We gathered 20 responses from participants in both settings, and complemented findings with eight in-depth interviews.

#### **1. The Self-Administered Survey-Online**

The survey received 20 responses from Syrian women from a wide range of social and economic backgrounds. The survey was designed with open-ended questions to gather testimony from respondents. This information was then compared with the literature review findings to identify broad patterns of experience shared by the participants <sup>25</sup>and women globally. The survey was self-administered and required no prior knowledge of MHH. It required no personal identification to ensure the protection of women's identity with the exception of some demographic information voluntarily provided by the participants.

Participants in the study were recruited through Takatoat's network of 521 active members interested in supporting feminist causes. <sup>26</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.

In order to minimize the risks of bias, we asked participants about their familiarity with period poverty as a term and feminist issue, revealing that a majority of respondents were not familiar with the term.

<sup>25</sup>For more details about the data gathered, see Annex 1

<sup>26</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).



The surveyed population reflected the following demographic breakdown:

- Ten individuals were single, nine were married, and one was divorced.
- Five participants aged 20 to 24, six aged 25 to 30, and nine aged over 30, with the youngest being 21 and the oldest 64, averaging at 31 years.
- Motherhood was reported by 6 participants while 14 reported not having any children.
- Twelve respondents did not identify as refugees or displaced persons, while six identified as refugees and two as displaced.
- Respondents were located across regions including Jordan (Irbid and Amman), the USA, the UK, Germany, Turkiye (Gaziantep), and Syria (Idlib, Al-Suwayda, Aleppo, Damascus).

The survey was designed in Arabic using Google Forms and disseminated via WhatsApp through Takatoat's network from February 4 until March 8 of this year. The collected data was later disaggregated demographically and a total of 20 responses were analyzed.

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

- During the survey, participants were asked if they would be interested in participating in an in-depth interview about their experience with MHH challenges. These interviews expanded on the survey questions and discussed both environmental challenges and challenges specific to the Syrian conflict and displacement.
- The eight respondents who elected to participate in interviews were located in the USA, the UK, Germany, Turkiye , and Syria (Taurus and Damascus, Afrin and Idlib) and spoke about their experiences accessing MMH healthcare in these cities.
- All interviews were conducted online during March and April 2024.
- The testimonies of these women are included in the report in their own words and are only edited for clarity. All interviews were conducted in Arabic and translated into English by the researcher. Interviewees were given pseudonyms in order to protect their identities.

Age	Total
From 20 to 24	5
From 25 to 30	6
Younger than 30	9
The minimum age for participation	21
The maximum age for participation	64
The average ages	31

The average age of startin menstruation	13
The youngest age at which menstruation began among participants	12
The oldest age at which menstruation began among participants	17

What is your marital status?	Total
Single	10
Married	9
Divorced	1

Are you a refugee or displaced person?	Total
No	12
Yes, refugee.	6
Yes, displaced.	2

At what age did you start your period?	Total
Age 12	5
Age 13	4
Age 14	9
Age 15	0
Age 16	1
Age 17	1

Field of work	Total
Administrative sector	7
Educational secto	2
Customer service, marketing, and service delivery sector	1
Healthcare sector	2
Legal and law sector	1
No Answer	1

Do you have children?	Total
Yes	6
No	14

Worker?	Total
Yes	14
No	6

Are you a university student?	Total
Yes	9
No	11

Where do you live? City name?	Total
Jordan - Irbid	1
Jordan - Amman	2
America	1
Britain	1
Germany	1
Türkiye Gazi Entab	2
Syria - Idlib	2
Syria - Suwayda	4
Syria - Halab	2
Syria - Damascus	4



### **3. Consultations with Experts and Practitioners**

To aid in the analysis of gathered information, five feminist activists and researchers involved in programs related to gender advocacy, climate justice, and gender mainstreaming were consulted. The consultations delved into both research findings and existing knowledge concerning women's health and well-being amidst conflict and displacement. The experts shared insights and observations from their grassroots feminist activism, work in gender mainstreaming, and support of sexual and reproductive health and rights (SRHR). Some experts have worked in Syria or in response programs to the Syrian conflict while others work at the regional level across the Middle East.<sup>27</sup>

**Hiba El-Hohammad** is a feminist activist and gender expert with an MA in Gender and Development. Her work is focused on research for feminist activism. She has collaborated with various organizations, including the UN, international banks, local NGOs, and grassroots movements inside of Syria. Her latest study examines the intersection of water management and women's issues, particularly in regions affected by climate change and water crises, such as her hometown of Deir ez-Zor. Her research delves into the impact of water development efforts, dam construction, and their intersection with refugee policies, particularly concerning women returning from Türkiye. El-Hohammad initiated the "Women's Coordination Group,"<sup>28</sup> comprising over 400 Arabic-speaking women, not necessarily Syrians, working to support women in Syria and connect women with charitable and professional services.

**Lama Rageh** is an independent journalist and media trainer at the Syrian Female Journalists Network (SFJN) on the Gender Radar team. She holds a master's degree in media. She is a feminist activist and an advocate for gender mainstreaming in journalistic coverage and media work. Rageh's work is focused on the feminist language and issues of women's representation, or lack thereof, in the media.

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<sup>27</sup>For the biographies of activists and practitioners, see Annex 2

<sup>28</sup>Hiba initiated a coordination group called "Women's Coordination Group," comprising over 400 Arabic-speaking women, not necessarily Syrians. The group aims to connect women with the services they need, such as charitable

**Duaa Mohammad** was internally displaced in northwest Syria and later lived and worked in Gaziantep, Turkiye after fleeing Syria. She worked on the humanitarian response to the earthquake in Turkiye and currently works with an organization focused on women's issues. She now lives in the UK and works as a program manager for the Syrian Female Journalists Network (SFJN).

**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.

**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.

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assistance or professional support. During the earthquake (in 2023) the group's activity intensified, growing from around 40 or 50 women to 400. Women in Turkiye for example began connecting with those in Syria, and even women in Lebanon started reaching out to organizations for support regarding menstrual hygiene. Despite the awareness, the response and prioritization of women's demands remain uncertain, highlighting the ongoing struggle for addressing menstrual poverty and ensuring women's needs are met. This coordination group operates on WhatsApp, ensuring an open and public space for discussion and coordination, especially during crises like earthquakes. Many women started discussing menstrual hygiene during these times, leading to remarkable coordination efforts.



### **Research Challenges and Considerations**

Initially, the study focused on Syrian women's experiences solely within Syria. However, the survey responses exhibited significant diversity, with Syrian women in multiple countries expressing interest in participation and a willingness to share their stories. Consequently, we expanded the study's scope to encompass challenges faced by Syrian women during periods of conflict, war, displacement, and natural disasters.

expressing interest in participation and a willingness to share their stories. Consequently, we expanded the study's scope to encompass challenges faced by Syrian women during periods of conflict, war, displacement, and natural disasters.

The lived experiences of Syrian women revealed intricate socioeconomic complexities arising from displacement and exposure to life-threatening natural or environmental disasters. Our analysis focused on women's experiences with menstruation in these contexts. Despite variations in displacement experience, legal status, and country of residence, common challenges emerged among respondents concerning the accessibility of healthcare services and menstrual products.

Furthermore, women's experiences with the 2023 earthquake highlighted unique insights and exposed gaps in humanitarian response programming for environmental crises. Emergency response differed between Syria and Türkiye—although this study does not address these differences beyond what is reflected in participants' testimony—especially in terms of access to healthcare services.

It is necessary to understand the Syrian experience beyond geographical borders, encompassing those affected by displacement due to conflict and war. This study emphasizes the interconnected nature of women's experiences and calls for comprehensive support systems addressing the multifaceted challenges faced by Syrian women worldwide.

## IV. Findings

### 1. Women's Knowledge about Menstruation

The first section addresses women's knowledge of menstruation and the resources available to them to address their menstrual health. This section identifies issues concerning insufficient knowledge adherence or hygienic menstrual management practices.

#### 1.1 Women's Experiences with Puberty

Women's experiences with puberty have a significant influence in their overall relationship with menstruation later in life.

The experiences shared by participants about puberty reflect a range of emotions and physical stressors. They described feelings of fear, anxiety, guilt, and embarrassment, along with intense physical pain lasting several days. Some women expressed difficulty concentrating on schoolwork or household chores due to these symptoms. Additionally, factors such as limited access to sanitary products and shared bathrooms added to girl's discomfort and embarrassment, particularly when living with other girls in small households. For many, these memories of puberty remain emotionally distressing, with some finding it difficult to discuss or reflect on these memories. Only a few participants found relief over time after achieving a level of social and economic independence. Women who achieved independence were eventually able to afford necessary products and improve their menstrual health management.

Aya, who had a positive experience with puberty, remembers how many of her friends struggled:

*I remember my mother was very happy when I got my period. She told me it's a very nice thing, but I know others, they say no, don't tell anyone. Like their mothers tell them not to say anything and not to talk. And there are other stories too. I know one woman who told me once that her mother asked her when she was around 13 or 14 years old, still a child. A very innocent child who plays in the neighborhood with boys and such. So, she told her mother, 'Has anyone come close to you? Tell me.' And she thought someone had assaulted her. Definitely, there is a lot of ignorance. Many mothers are not educated [on menstruation] or even their upbringing is wrong. If we talk about gender issues, for example, our upbringing is all wrong. Even though I come from an educated family and there wasn't much discrimination in the house, sometimes they still think [about gender] differently.*



Many participants' relationships with their bodies regarding menstruation have been heavily influenced by their experiences with puberty. When puberty was a negative experience women struggled to navigate their relationship with their bodies as adults. However, women who overcame these experiences and learned to manage menstruation effectively, despite obstacles, emphasized the obligation they feel to share their learning and help other women navigate menstrual health. Delaney Glass, a biocultural anthropologist and human biologist at Tufts studying Joran confirms this assertion:

*The initial experiences during puberty can profoundly shape a woman's perception of her body and its functions. The participants' portrayal of puberty as dramatic and potentially traumatic, yet transformative, underscores this point.*

Women's transformative experiences with menstruation and their efforts to help others show a tendency to focus on normalizing menstruation as a routine part of life. They emphasize practical management approaches over exploring alternative perspectives or interventions.

### 1.2 Sources of Knowledge about Menstruation

The majority of participants reported learning about menstruation from their mothers. Experts corroborate that maternal instruction serves as the cornerstone of menstrual education within Arab societies. This can be attributed to the entrenched cultural expectation that mothers, as primary caregivers, bear the responsibility of imparting such knowledge to their daughters. This duty is often perceived as essential for safeguarding the honor, dignity, and moral integrity of young women. Consequently, mothers are compelled to provide rudimentary guidance on menstruation, ensuring their daughters possess the basic skills to navigate this natural biological process.

On the role of mothers as educators, Nouran El Marsafy, a feminist activist in Cairo, questions the effectiveness of this informal 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.*

Moreover, other participants reported a reliance on online resources because of a perceived barrier to engaging directly with peers or older generations on sexual health matters. This raises questions about generational differences in seeking information and support regarding menstruation. It's conceivable that women from younger generations may gravitate more than their predecessors towards online sources, bypassing traditional avenues of interpersonal communication and intergenerational knowledge sharing.

### 1.3 Limited Educational Resources

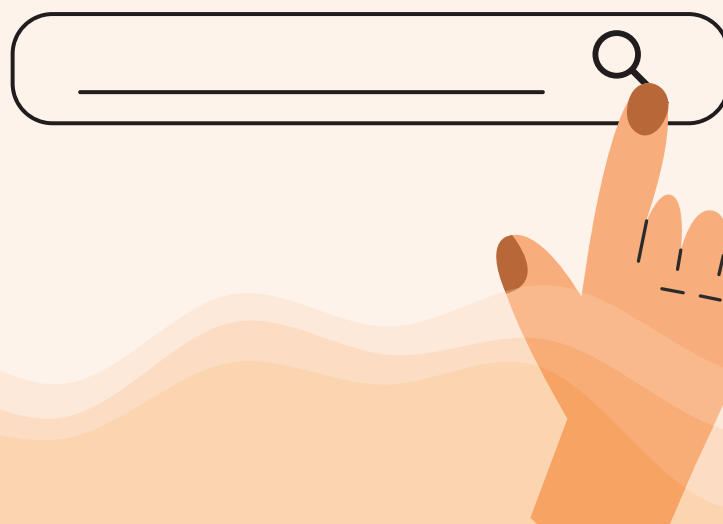
As a healthcare provider in Damascus, Sarah emphasizes the importance of understanding the physiological nature of menstruation. She believes women's familiarity with this knowledge may improve their ability to manage their own menstrual symptoms effectively.

*Since I was a girl in school, I started to notice certain norms about menstruation. For example, you shouldn't take medications during menstruation...You can tolerate the pain and it will go away. This kind of negative attitude towards medication is persistent while using herbal remedies is more normalized.*

– Sarah, Damascus

Sarah pointed out that despite its importance, there is a lack of formal sexual health education on menstruation in schools and a scarcity of accessible medical or biological information.

*In schools, we received a very simple definition [of menstruation] in a science class: the menstrual cycle is 28 days. Mostly, we memorize it superficially and there isn't any real understanding of what's happening. Some don't know anything about ovulation until after they get married; after marriage when a woman is forced to learn what ovulation means. Many people, for example, often turn to the internet for information, but even there, especially in Arabic, finding accurate information about menstruation can be challenging.*





**Sarah** suggested that online sources often contain false information, perhaps outnumbering websites providing accurate and well-documented content. There is a level of medical literacy needed to assess the validity of online resources, creating another barrier to women seeking out knowledge about their bodies. While some reliable sources from gynecologists exist online, Sarah implied that financial constraints may limit access to these sources. She also noted that despite efforts by organizations like the Red Crescent to respond to women's lack of education on menstrual health, the accessibility of these programs continues to be restricted geographically and demographically, failing to reach rural communities or regions affected by conflict—like Syria.



## **2 .Social Factors and Practices Impacting Women's Experiences with Menstruation**

Societal norms and community practices surrounding menstruation have significant influence on women's experiences with menstruation. While interviewees and experts agree on the importance of sufficient education about menstruation in school, interviewees also stressed social factors as highly influential on menstrual experience.

Interviews drew attention to how factors like family size and socioeconomic status can impact individual experience. Respondents explained that women's access to information about menstruation is influenced by their family's overall socioeconomic status with mothers from larger families with limited resources often lacking the time and energy to adequately educate their daughters about menstrual and reproductive health. Coupled with cultural taboos and societal expectations, this lack of attention to educating girls about menstruation further exacerbates the knowledge gap of young girls and perpetuates a cycle of misinformation and they then become mothers with daughters of their own.

### 2.1 Misinformation and Social Stigma

Interviewees note the prevalence of misinformation surrounding menstruation, perpetuated by societal norms, religious interpretation, and cultural taboos. All participants referenced the societal taboo of discussing menstruation openly, especially when done by young women or girls. This taboo can lead to misinformation, discomfort, and unhealthy attitudes towards menstruation. Al Marsafi notes a significant issue concerning the language used when raising girls and young women, noting themes which emerge in a number of cultures globally. She observes that across cultures, women lack comfort or confidence regarding their bodies, often feeling pressure to shrink, as if their bodies are not entitled to occupy space. This issue intersects with language, particularly in Arabic-speaking societies like Syria, where insults often reference women's body parts to insult or emasculate others.

Many interviewees believed that there was a strong relationship between religious practices and interpretations and cultural and social traditions dictating women's experiences, including how they experience menstruation.

It [menstruation] should not be something we are ashamed of... or something shameful or considered a flaw. Also, I feel that the connection to religion [is also important].

Religious teachings also have an effect, for example, it is not permissible to pray or fast while on the menstrual cycle, so it dictates good and bad. Sometimes it is related to cleanliness and uncleanness or what they say - I don't like the word - but they say "impurity".

*There is religion, there is society, I mean everything is interconnected. The law, I feel when it is not intervening in education, I mean there are no laws improving education, and everything has become interconnected, the law with society and with religion, one needs to improve the other.*

**– Aya from Tartous**

Sally, a participant from Yarmouk Camp in Damascus, shared how negative perceptions began with her first experience learning about menstruation and puberty in public school:

*It was terrifying because our teacher was dealing with us as if our menstrual cycle was a filthy period, and we were impure, to the extent that, for example, when we had our period and we went to the mosque, we used to stay away from the main area and sit where shoes are not allowed to close to the inside, keeping our distance... This teacher also taught us about washing and used to say if your hands touch the bucket you are using to wash them self, then the water becomes impure. I still remember this, it's still stuck in my mind, the bathroom. All of that stuck with me until I learned that it was wrong! (nervously laughing).*



These beliefs stayed with Sally until she learned new information that countered them, showing the importance of battling social stigma with fact-based campaigns. Additionally, the stigma surrounding menstruation creates barriers to open dialogue and proper education, as evidenced by mothers' hesitation or inability to provide accurate information to their daughters.

The above examples highlight how stigma and societal attitudes, like the expectation for girls to wait until marriage to learn about sexual health, can contribute to the perpetuation of myths and misconceptions. The isolation of menstruation from sexual and reproductive education exacerbates the inaccessibility of knowledge about menstruation as a necessary and routine bodily function.

## 2.2 Menstruation in Isolation from Sexual and Reproductive Health Education

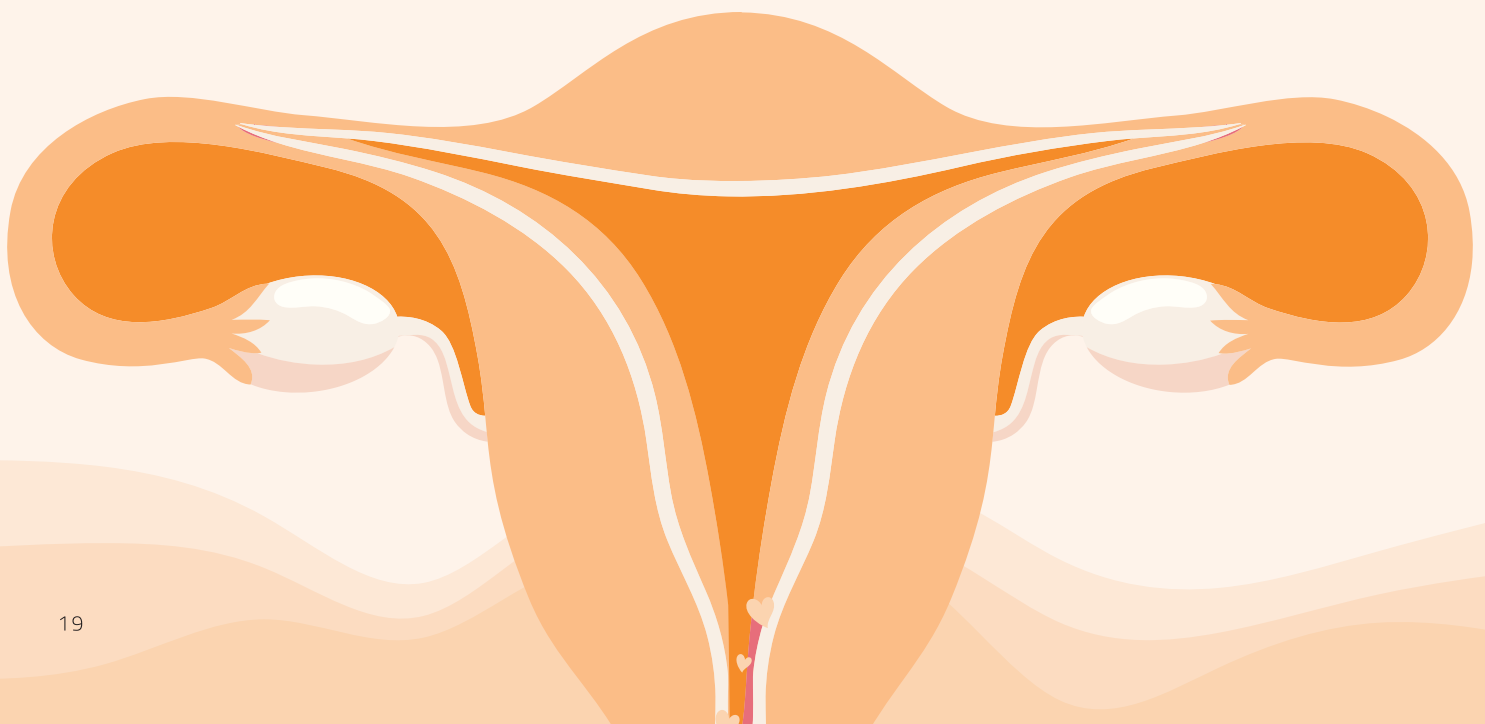
As one's body undergoes changes, societal perceptions shift, and menstruation can mark the transition from childhood to womanhood, often associated with eligibility for marriage. Participants discussed how information about menstruation often only becomes available after marriage. After marriage, the perceived need for women to understand the menstrual cycle and contraceptive use typically increases. At this point, women become more likely to seek out their own resources while their mothers simultaneously become more amenable to discussing these topics.

Although menstrual health is but one part of comprehensive sexual and reproductive health, this study shows the quality and quantity of menstrual health education provided by mothers and in school is often wanting. Further, participants, especially those unmarried, pointed out that social norms disconnect menstruation from general sexual and reproductive health education and its social implications.

Haneen Shaheen, the GBV and Climate Justice Advisor for UKAid in Cairo, draws attention to a cycle of insufficient menstrual education. Thinking of the relationship between grandmothers, mothers, and daughters, Shaheen suggests that educating mothers on sexual reproductive health and rights is one of the most needed interventions to combat period poverty.

*While, unfortunately, [it is] very difficult for us to address: mothers need to learn more. There isn't a lesson before marriage on how to deal with... Now there is plenty of knowledge on how to live a healthy sexual life with your husband, how to support your daughter when she gets her period, how to talk to her, and what to explain to her. As for all the existing feminist women's organizations, instead of solely focusing on promoting contraceptive use, they should focus on educating women on how to manage their menstrual cycle first. We can start from scratch and truly teach women how to deal with menstruation, and how to maintain their menstrual health. Later we can teach men how to support women in maintaining their menstrual health starting from healthy sexual relationships to healthy eating habits to overall healthy living.*

Many participants, single or married, spoke about their menstruation as if it was isolated or independent from their physical and sexual health. This supports the need for Shaheens's proposal to incorporate menstrual health into women's and men's education on how to lead healthier lives overall.



At the same time, associating menstruation too closely with reproductive health can be unproductive. Glass critiques an inflated link between reproduction and menstruation, ignoring menstrual health education for its own sake:

*When considering reproduction, I believe this is a widespread issue, not limited to any specific location. Often, menstruation is taught primarily in the context of pregnancy, becoming a significant symbol for those not actively seeking pregnancy. However, I'm curious about the population of participants in this study; and if this knowledge about menstruation, when and if received, is only utilized for reproductive purposes. Do they leverage their understanding of their menstrual cycle, including ovulation and fertility signals, to either conceive or prevent pregnancy? Is there a connection in their minds between menstrual awareness and contraception? I wonder if the reluctance to discuss menstruation in the context of sexual and reproductive health stems from a perception that the menstrual or ovarian cycle isn't viewed as integral to overall health, but rather as merely a precursor to pregnancy.*

Glass problematizes learning about menstruation solely in the context of better understanding women's fertility. Perceiving menstruation as part of women's overall health can help destigmatize menstruation and highlight its importance in monitoring general health. For instance, menstrual irregularities can indicate underlying health issues such as hormonal imbalances, thyroid problems, or other medical conditions. <sup>29</sup>This shift in perspective can lead to improved healthcare policies and practices, ensuring that menstrual health is integrated into general healthcare services.

Women's experiences demonstrate the urgent need for comprehensive and accessible education about menstruation and overall health, addressing not only biological knowledge but also the social and cultural factors that shape social practices. Challenging stigma surrounding menstruation is crucial for empowering girls and women and can be accomplished by providing accurate information and promoting positive attitudes toward menstrual health management and reproductive health.

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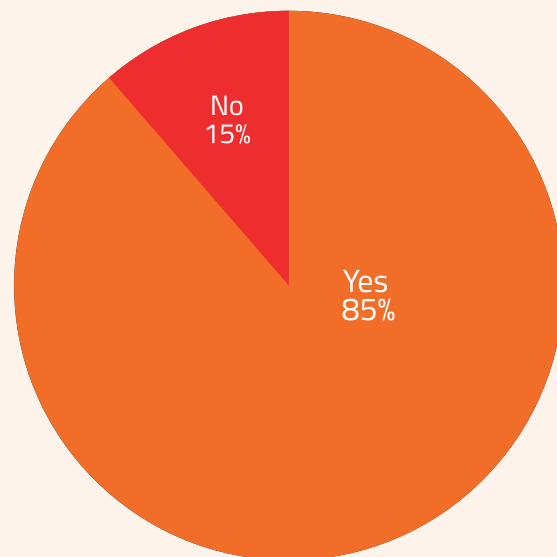
<sup>29</sup>Attia, G.M., O.A. Alharbi, and R.M. Aljohani. "The Impact of Irregular Menstruation on Health: A Review of the Literature." *Cureus* 15, no. 11 (2023): e49146. Published November 20, 2023. <https://doi.org/10.7759/cureus.49146>.



### 2.3 Normalizing and Destigmatising Menstruation

Participants expressed a sense of shame or embarrassment associated with menstruation, leading individuals to hide or downplay their experience with periods. Negative perceptions of menses contribute to a sense of discomfort and reluctance to discuss menstrual health issues openly in public and private settings. Most women do not discuss menstruation or talk about their experiences even within their social circles.

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



Many employed interviewees brought up the issue of menstrual leave and praised policies that normalize menstruation and improve women's work-life balance. In the survey, we asked if women have had to take a day off from work or school because of menstruation and many respondents stressed the frequency of this occurrence. Some women cited lacking menstrual products at home as the reason for missing work. At the same time, even if a workplace had progressive policies allowing women menstrual leave, participants expressed hesitation at the idea of disclosing menstruation to their employers.

*Approximately four months ago, I was working at a women's organization which granted employees one day off per month for menstrual cycle reasons. It so happened that we were working at the end of the month, and there was a lot of work pressure. On the same day, I started experiencing menstrual cramps, and it was very difficult for me to continue working. I requested a two-day leave, which was denied. So, I continued working, and the situation was very tough. Anyone who saw me immediately could tell that I was very unwell; my face was pale. This negatively impacted my image, as when I interacted with clients, they would say that this employee is very moody and doesn't engage with anyone, just works like a robot. But at the time, I was not able; I was already holding my head high despite the pain and working, but I wanted to leave work because my energy was weak. Honestly, there was also the fact that our HR was a male. So, I hesitated a bit when I told you that I have a medical condition, not necessarily because I want to give you a lot of details about how painful and difficult my menstrual cycle is for me. It was difficult for me to leave the house because I need to go to the bathroom for short periods of time frequently, so this was one of the reasons.*

*– Rama, 29-year-old living in Mashta Azar*

As Rama reflects on the negative impact her menstrual pain had on her self-image and others' perception of her, she points to the stigma surrounding menstrual health in the workplace. Even in personal settings, women report receiving criticism for disclosing menstruation-related issues. Many participants referred to instances where community members, including shopkeepers and pharmacists, reacted awkwardly or ignored requests for menstruation products, reinforcing the societal taboo around menstruation. Other participants discussed criticism they receive if they eat or drink during Ramadan, the holy month, as to break from fasting is akin to openly announcing menstruation.

Women expressed a deep discomfort with discussing menstruation openly despite the ways it can affect the choices they make in daily life, such as their choice of clothing or the way they interact in public spaces. Despite many people knowing that menstruation carries broader social implications, the social perception and insistence that menstruation not be publicly acknowledged remains persistent.

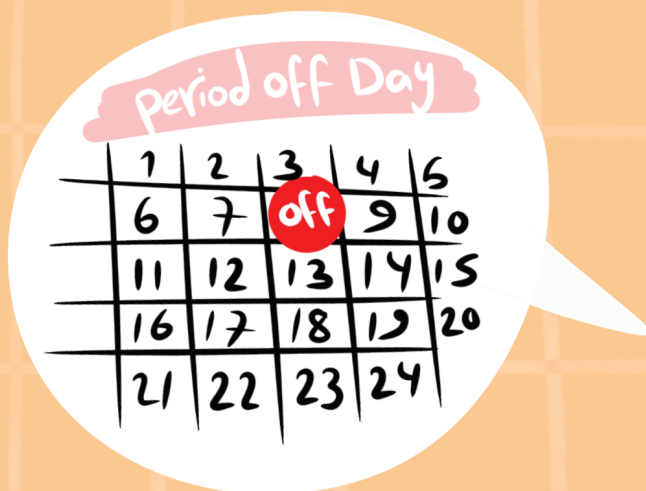
Rama works as a journalist in northwestern Syria focused on women's issues. She believes that media and advertising campaigns could alleviate the stigma surrounding menstruation. She shares an observation from Facebook:

*There was a girl [on Facebook] who pointed out that women in Gaza are currently trapped, and we must strive to ensure their health security. However, the majority of comments were dismissive, asking why this matter was being raised during times of war and global crisis. It highlights a lack of acknowledgment of women's needs.*

Rama's experience agrees with that of Aya. Aya has been active on Facebook for years talking about the inaccessibility of menstrual products because she believes it is demeaning and humiliating for women. "I used to talk a lot about this; there's nothing to be ashamed of. It [menstruation] is very natural, I don't know why people are still holding onto this behavior." According to her, Facebook removed public posts where she talked about menstruation because they were reported as inappropriate.

These experiences illustrate a broader societal norm of downplaying women's needs and experiences, especially regarding menstruation, reflecting a lack of understanding and empathy towards women's health issues.







### 3. The Material Environment

#### 3.1 Affordability and Accessibility of Menstrual Products and Related Healthcare Services

This section examines the economic challenges associated with menstruation and the impact of a lack of available and affordable menstrual products. Financial cost plays a crucial role in determining women's access to menstrual products.

In the survey, 12 women reported an inability to afford menstrual products at least once in their life. Their experiences with the cost of menstrual products varied depending on the number of women in the family and the family's economic status. Moreover, the majority of interviewees did not consider the cost of menstrual products expensive or unaffordable at the time of conducting the interviews, and stressed challenges faced by low-income households in their communities or neighboring cities. Sally shared her experience as a young woman living with her family in Syria before migrating to Turkiye:

*It was terrifying for me because our family's financial situation was not very good, I mean, it was okay, so we used to buy pads that were sold in bulk, you do not know how hygienic or sterilized they were. You just go to a place with a big sack and just buy them by weight. But of course, sometimes when our situation was good, for example, we were able to get the box that was already packaged.*

Sally's experience shows the clear connection between poverty and period poverty, where the poor economic circumstances of many women in Syria are well documented. Aya from Tartous explained how government employees may make a salary of \$30 a month, a sum insufficient for providing household necessities, let alone affording menstrual products which cost around \$1.50 per package. Low government salaries underscore the financial strain that purchasing disposable sanitary pads or tampons can impose on women and their families.

Affordable healthcare services also play a role in women's menstrual health. Only three women out of 20 respondents believe there are adequate family planning and sexual reproductive health services in their neighborhoods. While many participants live in major cities in the US, Türkiye (Gaziantep), and Syria (Damascus), they explained that access to service is not as simple as having hospitals and clinics nearby. Private healthcare services can be expensive, leading some individuals to rely on public healthcare facilities where they face long waiting times and inadequate attention to their needs. Amal, discussing the quality of healthcare services in Idlib, explains:

*There are pharmacies available, but not all medicine is accessible or of good quality – medical services are limited. For example, I had an IUD inserted, and then I went to remove it because it had been 8 years and I needed to give myself a break. So, when I went to the private hospital and you pay the required amount – the doctor entered, she had a very large hall, and the women were lying down, and there was blood [on the bed]. She told me to lie down. Whether you want it or not, take your money and go. You do sense the scarcity of specialties or for example, if I want to go to a doctor, I want to go to a specialized doctor and the hygiene in these hospitals is not good.*

Despite experiencing health issues herself, Amal remains reluctant to seek medical care, raising concerns about medical errors and inadequate hygiene in hospitals, and emphasizing the need for improved healthcare infrastructure with pathways to specialized care. Other interviewees talked about those in their community with limited financial resources and can't afford necessary medical treatments, including those related to menstrual health issues. Sarah, a dentist living in Damascus, tells a story of her friend:

*Last year, my friend went to a gynecologist after missing her period for two or three months, who told her to do tests. However, the gynecologist didn't inform my friend that the tests must be done on a specific day of the cycle, which is the third day, because there are specific hormonal experiences that we need to measure on this particular day. The patient did the tests on a day other than the third. Of course, these hormonal tests are very expensive; last month, I did them for approximately 700,000 Syrian pounds, which is about \$50! Fifty dollars is a terrifying amount, its twice the salary of an employee. Do you understand? These tests she had already done will not benefit her, unfortunately. She was crying, wondering where she could find another 700,000 to do the tests again. On top of that, these hormonal tests are not available in government hospitals. Such tests are considered the most expensive thing and it's impossible to secure funds from associations or charity organizations because they prioritize tests for diabetes, for example.*

Poor quality care exacerbates the challenges faced by women in managing their periods effectively, especially if they require medical interventions such as surgeries. Moreover, the inability to access affordable menstrual products and healthcare services perpetuates both economic hardship and compromises the dignity and health of women. Menstrual hygiene management can become a hardship for those living in poverty causing them to resort to using unhygienic alternatives or forgo necessary medical care due to financial constraints. This can lead to adverse health outcomes and perpetuate the cycle of poverty. Al Marsafi, reflecting on years of work in the field of women's rights and gender inequalities, explains:

*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 family for money to buy menstrual products.*



Accessibility to healthcare services varies significantly depending on location. While in urban areas, such as cities, there are more hospitals and pharmacies available, rural communities might face challenges in accessing healthcare facilities, meaning longer distances to travel to reach medical services. For villages in the western region of Syria, traveling requires transportation by car. While speaking about villages near Tartus, Aya explained that cars are necessary to access medical care. While a simple solution would be to buy menstrual products in bulk to limit the number of trips needed to buy them, many participants viewed having back up menstrual pads a luxury they could not afford. Having enough financial stability to afford menstrual hygiene products for even the next cycle was not a guarantee for women in conflict zones or economic distress.

### 3.2 Privacy and Safe Space

While organizations stress the urgency of destigmatizing discussions around menstruation through community programming, participants also voiced a need to respect women's personal space and privacy, especially within the family.

*I want to talk about my experience at home, because of displacement they started building their lives from scratch so we could only afford a house with two rooms and a living room. The bathroom was very, very small, and we had this small corner in the bathroom designated for us where we could put towels, but in a hidden way. I remember this memory very vividly because, you see, there was no basket in the bathroom yet, because our bathroom only had a bathtub, no toilet, so there was no basket. So, you had to use a bag—this was really a struggle because you had to go out to [of the bathroom] and hide it. This could not wait.*

*— Sally from Yarmouk Camp in Damascus*

Privacy, or a lack thereof, emerged as a paramount concern among the women interviewed. Despite menstruation being one of women's most personal experiences, it became a public affair when dealt with outside the home. Women's intimate encounters with menstruation are weighed upon by societal values and norms dictating decency and public morality. Participants detailed the necessity to conceal their periods and menstrual products from coworkers or strangers encountered in public spaces. Practitioners and activists stress that this stigma around menstruation is not separate from taboos concerning women's bodies generally. Instead, menstrual stigma simply adds layers to the barriers preventing women from building positive relationships with their bodies.

While participants shared many examples of pervasive social stigma around menstruation or persistent financial instability, some anecdotes showcased only temporary period poverty. Although experienced in the short term, these experiences were intense and dehumanizing for participants. In conflict settings such as displacement and imprisonment, the lack of privacy and safety became threatening. Sally, who was internally displaced in 2012 because of the conflict in Syria, had to seek shelter in a school:

*There were Palestinian refugees, an UNRWA school. We settled in the school, stayed in the school, and spent two months in the school. We, about four or five families, were in the same class. The bathrooms, the toilets, were outside the school building. They made two toilets and two bathrooms, so we could go and shower. Of course, after waiting in long lines. I was really suffering. For example, if I wanted to go down, even in the middle of the night, the shelter had mixed families, men and women. At that time, there was harassment, for sure. Personally, I didn't experience it, but others did and it was expected because of the situation. If I wanted to go down in the middle of the night or if I wanted someone to accompany me, the person had to be older than me. I'm telling you, at that time I was only 18 years old, and if I wanted someone to accompany me, they had to be older because I couldn't go alone. So, it was very difficult.*

*Apart from that, there was always fear instilled in us about washing. Even if you wanted to take a shower, you had to wait your turn. You had to do it in front of everyone, and everyone knows why you are bathing, while the boys were sitting in the courtyard. After that, we moved to a besieged area. I remember I had to use clothes sometimes, and sometimes I had to use regular tissues.*

### 3.3 Neglect and Political Violence

Political conflict introduces new or intensified forms violence, posing substantial risks for women. The systematic use of sexual violence is one of the particularly gendered war tactics documented against Syrian women.<sup>30</sup> In prisons across Syria, sexual violence has been used as a method of torture against women while subjecting them to neglect or inhumane living conditions.<sup>31</sup> The harrowing experiences of women survivors of Syrian prisons highlight the compounded suffering women face when menstruation in these dehumanizing situations. Yasmine, a survivor of Syrian political imprisonment, provides a stark illustration of this reality.

Yasmine, a 32-year-old woman, is married and has two children. She escaped Syria around 2015 and arrived in Türkiye, where she continued her education. Having faced personal challenges, Yasmine has become deeply involved in advocating for human rights within the Syrian context. She has been arrested twice by the Syrian regime in Damascus. To secure her release both times, she and her family had to pay a sum of money to the authorities.

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<sup>30</sup>Alsaba, Khuloud, and Anuj Kapilashrami. "Understanding Women's Experience of Violence and the Political Economy of Gender in Conflict: The Case of Syria." *Reproductive Health Matters* 24, no. 47 (May 2016): 5–17. Published May 31, 2016. <https://doi.org/10.1016/j.rhm.2016.05.002>.

<sup>31</sup>July 2017 Voices from the Dark: Torture and Sexual Violence Against Women in Assad's Detention Centres by Lawyers and Doctors for Human Rights Lawyers and Doctors for Human Rights (LDHR)

I was detained in a security branch...infamous for its brutality...The person in charge was, to put it mildly, repulsive and despicable, with qualities I'd rather not enumerate.

Upon our arrival at the branch, the prison director would immediately play TV commercials for sexual devices and tools, creating a deeply uncomfortable atmosphere. Additionally, being a diabetic, I had a profound fear of menstruation. When they took me, my period didn't come. I was terrified. Initially placed alone with a woman in her forties, I felt utterly vulnerable.

Every time they brought food, like green olives and lemons, I developed a superstition that consuming acidic foods would prevent my period. I resorted to eating copious amounts of green olives and squeezing lemon juice excessively, desperately trying to avoid menstruation. The thought of having to ask the vile prison manager for pads terrified me. Since they took me from home without any personal belongings or money, I knew he wouldn't provide them.

After spending about 16 days in solitary confinement, I was transferred to a group cell and other detainees provided me with better clothes.

Despite this, the humiliation of asking the prison director for pads was unbearable. So, we all relied on an older woman, she was about 40 years old, in our group to preserve our dignity when requesting them. However, on the third [request] she went to the prison manager to ask for more pads, the response was utterly degrading. He accused the women who needed pads multiple times of being deceitful. His callousness and cruelty were apparent. His refusal to provide basic hygiene products reinforced my fear of menstruation, fearing the consequences of asking for a pad.

One might feel embarrassed to talk about cleanliness as much as the whole situation is bad. I mean, I didn't just stop at the bathrooms, but logically, it's like one plus one equals two, even though the bathrooms aren't clean. On top of all of this, as a diabetic, I'm easily prone to infections. So, even the diabetic medication wouldn't be provided easily.



This story underscores the profound impact of political imprisonment on individuals' mental and emotional well-being, as well as the resilience and resourcefulness women demonstrate in coping with adversity.<sup>32</sup> Still, the experience of gendered violence while feeling constant nervousness about the start of her next menstrual cycle exacerbated Yasmin's sense of vulnerability and serves as evidence of the unique ways many women suffered during the war. Through Yasmine's story, we can better understand women's harrowing experiences of brutality and dehumanization.

### 3.4 Alternatives to Menstrual Products

Lacking the proper materials, women are often forced to use alternatives to menstrual products. In the survey alone, 11 out of 20 women reported having resorted to baby diapers or tissues at some point because they had no menstrual pads with them. While their situations varied, some women mentioned problems with the quality of available sanitary pads or their general unavailability, leading to instances where women were left unprepared when they experienced sudden bleeding. Additionally, the absence of pharmacies near their homes compounded the inaccessibility of menstrual products.

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<sup>32</sup>note: Yasmine also notes that during detention or arrest, the overall experience of men is much more violent. She says: "It was filled with violations and harassment. For example, when they take someone from their home or from the street, for instance, the guy starts getting beaten from the moment they take him, they cover his head with his shirt... but it's not like that for women." She also adds that the psychological impact of these experiences must be taken into consideration noting that they can have significant effects on both women and men.

Financial constraints further exacerbated the situation, making it difficult for women to afford sanitary pads. Some women, particularly those from families with limited financial means, were unaware of sanitary pads altogether, as they relied on fabric instead. Others respondents refrained from using sanitary pads due to their perceived poor quality and tendency to cause feelings of wetness. Even where internally displaced women in the northwestern region of Syria were reached by international aid resources, women complained about the poor quality of menstrual products. Amal has been working in the sector of humanitarian response for years and shares her observations:

*The problem is that when aid comes, it usually comes through Turkiye or the border crossing, so it's either canned or from factories that produce it very poorly. If I want to talk about the women who don't have the ability to buy something good, they resort to using baby diapers. Even within the classifications of baby diapers, there are first, second, and third types based on quality. For example, the first type is the best and they use it for babies and they end up resorting to the worst type just to use it for their menstruation. I think it is disastrous for women because these products are greatly affected by the particles or materials in them.*

*This greatly affects women, yet they say that we can't buy from those with good quality.*

### 3.5 Period Poverty During and Post-Natural Disaster

Lack of access to necessary sanitary products was only worsened by the series of earthquakes that hit Syria and Turkiye in February 2023, creating further barriers to women's health. The interviewees' who experienced these disasters talked about their struggle to find basic commodities such as menstrual products. Yasmine shares her memory of the earthquake while living in Turkiye:

*There was an earthquake for two days at first, we quickly left the house for a bit, then came back. What made a difference for me was that I had some pads at home. So when we packed, I took them with me, but later in the shelter center. We started looking for some to buy with our own money until we could manage to find some.*

There was also a supermarket that opened for only an hour or two a day. For example, our Turkish neighbor told me that her daughter was pregnant and miscarried during the earthquake. I know girls whose childbirth complications worsened because of the earthquake, and these matters became more difficult to address directly due to the shortage of women's necessities and sanitary pads.

Duaa Mohammad was among the rescue workers operating in Antakya during the earthquake. She explained that finding open shops or pharmacies to get menstrual products was challenging in areas affected by the disaster. She recalls:

*There was a shelter for Syrian refugees. Of course, there was segregation between Syrians and Turks due to racism. There were caravans and the place was prepared to be like a social center where people gather. Women were sitting in caravans from various age groups, and most of them were at the menstrual age. I went to the person in charge and asked if they distributed anything. They were indeed distributing food; there was too much food and drinks, but no one thought about distributing sanitary pads. They didn't expect such a basic need. I told him that these women were menstruating! The center had about 100 women. Almost all girls, except for young children, are at the menstruating age. They had some pads, a small group, not enough. I went with others and bought some from the nearby city area away from the affected villages.*

She recalls hearing from other women that they were willing to put themselves in danger to get menstrual products:

*In the first week until the organization picked up on this issue, I remember this story when a woman once told me that their building was about to collapse and their street was completely destroyed. Her young daughter started her cycle, she told me that she just went into her building between the first and the second earthquake without thinking about herself.*

These recollections show how women's needs during an emergency situation are often the last priority. The immediate needs of affected communities, especially concerning menstrual hygiene, are frequently overlooked. This reflects systemic inequalities and highlights the importance of raising awareness and prioritizing women's groups in disaster relief efforts. Additionally, the difficulty in accessing menstrual products further emphasizes the need for improved planning and coordination to ensure that essential supplies are readily available to all affected individuals, regardless of gender or social status.

Yasmine, who had recently given birth to a child when the earthquakes occurred, recalls:

*It was a bitter experience... When things calmed down a bit and we reached a safe place, after about ten days, I wrote a bit about the experience because I had a Cesarean section and childbirth. I shared a post on Facebook about the bleeding that occurs after childbirth, about my wound that hadn't healed much yet... We stayed at a shelter center where there was a difficulty in securing the necessary pads for postpartum bleeding... and had to experience this in a shared bathroom. Honestly, it kind of brought back memories of the detention experience because the shelter center was somewhat similar to the place where I was detained, with the shared bathroom... I mean, sleeping in a room with all women, men in separate rooms and so on, there were a lot of details.*

For many Syrian women like Yasmine, the earthquakes were not their first experiences in shelters. A few interviewees, reflecting on their experience after the earthquake, said it reminded them of the war—having to escape and live in humanitarian shelters. Rama learned this firsthand from affected women while working on disaster response.



Initially, our teams were engaged in emergency response operations during the earthquake. Later, my team conducted follow-up visits to assess how well the distributed items met the women's needs. And in the early stages, the response was very random. It was primarily focused on food and shelter, but health needs were not much considered. Nobody was taking care of them. So there were pregnant women, women in their menstrual period, and the period was heavy [as they told her]. Many couldn't get their basic needs, so they were using fabrics.

In this situation washing was not available, and they couldn't go to the bathroom frequently to change or wash or use the simplest hygiene items like tissues and soap, so they would use the fabric for two or three days, and after a while, this must have affected them with chronic diseases.

Hiba El-Hohammad's research focuses on the intersection of refugee policy, water development, and environmental laws, particularly in the context of water scarcity and climate refugees. She explains the impact that disaster can have on women:

*In disaster response, it's always the women who are the last priority, or not just women, let's say the marginalized groups, if anyone remembers them, they're always the last. Because they are basically at the bottom of the system, their needs are often not taken into account.*

Amal seconds this frustration but further explains that aid programs focused on women and girls in Syria must also take the political context into consideration:

*I manage a program and work in both western and northeastern Syria – so for example, northeastern Syria, Raqqa, is different from Hasakah, and Hasakah is different from Qamishli, which is within Hasakah...During the earthquake, the selection of campaigns was done by local community members they choose the campaign names to be appropriate for the community. You need to adapt and consider yourself as part of it by involving stakeholders so you can accomplish a well-thought-out change. Working on [raising awareness of] menstruation, I need to see if this term is acceptable to them.*

*Feminine needs are  
not a luxury*



### 3.6 Water Accessibility

Environmental injustices are gendered in their impact, underscoring the intersecting challenges faced by women in Syria and highlighting the urgent need for gender-sensitive approaches to environmental management, humanitarian assistance, and conflict resolution efforts. The Syrian conflict has exacerbated water scarcity issues, disproportionately affecting women who are often responsible for water collection and household water management. According to the World Bank, the conflict has led to significant disruptions in water infrastructure and services, and exacerbated water scarcity, particularly in conflict-affected areas where women face increased challenges accessing clean water for domestic use.<sup>33</sup> The living conditions in the refugee camps in northern Syria are very challenging. Amal, who has worked with women's programs for over 10 years explains how environmental factors such as water quality, hygiene, and access to medical care impact women's menstrual cycles and overall health. She shared stories of women living in tents, who as a result experienced irregular menstrual cycles and health issues exacerbated by their poor living conditions. Additionally, Amal touched upon the prevalence of reproductive health issues like uterine fibroids and polycystic ovary syndrome (PCOS) as common in these communities.

El-Hohammad explained how recent water development projects in Turkiye have caused challenges for Syrians for years, especially Syrian refugees internally displaced in Syria. She also points to the recent policy changes in Turkiye forcing refugees living in host communities to return to their home countries after the earthquakes caused infrastructure damage and water scarcity. "The forcible return of refugees to areas in Syria with existing water crises, exacerbated by dam construction in Turkiye, raises ethical and environmental concerns," El-Hohammad explains. Such policies put women at increased risk of experiencing period poverty and exacerbate psychological and health challenges caused by environmental injustices.

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<sup>33</sup>World Bank. "Addressing the Water Scarcity Challenge in the Middle East and North Africa," Aug 23, 2017.

#### 4. Women's Agency, Resilience and Adaptations

Yasmine's testimony of political imprisonment shows how women remain resilient—finding ways to support each other even in the hardest conditions. In an attempt to maintain dignity, an older woman in the prison served as a resource for younger women after they had been denied menstrual pads. Moreover, Yasmine herself is an example of women's resilience and strength as she remained committed to her activism after her release and escape from Syria. Although she had to drop out of school in her third year as a result of her arrests, after relocating to Türkiye she eventually continued her studies. Showing solidarity with one another, women in Yasmine's stories relied on each other for support, and through this network were able to maintain a semblance of dignity amidst humiliation.

After experiencing both imprisonment and then disaster in her new host country, Yasmine reflected on her experiences as a women's activist:

*In the end, I know that I can speak out, but there are many girls who cannot. So, I feel that some girls are afraid, and there are still others who are afraid to share their experiences, and there are girls who still do not have the inner strength, they are still exhausted from their experiences. And of course, I am tired, and surely the nature of exhaustion varies from one girl to another, you know? After becoming a survivor myself, my goal was to work with male and female survivors of detention. Perhaps I have more strength and courage to speak up about these issues. Maybe it also expresses the pain of many other girls who cannot speak up.*

After seeking refuge in Türkiye, Yasmine faced new challenges, eventually finding support through initiatives for survivors. She was gradually introduced to the psychological support available, learning about PTSD and how many of her feelings were a natural response to trauma. Her reflection shows an understanding of the fear and exhaustion that prevent some girls from sharing their stories. Her experience is a reminder of Syrian women's resilience and determination despite facing significant challenges. Yasmine acknowledges the importance of advocacy for human rights and recognizes herself as part of the cause, refusing to let her imprisonment and continuing struggles break her.



Many participants recalled their own experiences as activists while women around them took leadership positions during and after the earthquakes. Mohammad recalls, "With the earthquake, we experienced something similar to what happened in Syria or sometimes even worse." Yet, she also recalled the importance of women-led community aid and support that sprung into action after the earthquake:

I have several friends who worked on a project that maybe I'm recommending to you. They worked on volunteer groups, initiatives to help women who were affected and living, those who lived in the camps or shelters. They started collecting money and bought products, they bought menstrual products and clothes for mothers, and even underwear because the aid didn't include underwear.

*Mohammad and participants emphasized the proactive role of women in addressing their community needs, especially the needs of women. They asserted that women are often more responsive and adaptable than bureaucratic organizations, particularly in times of disaster.*

El-Hohammad expressed frustration with bureaucratic obstacles hindering efficient service delivery from international aid organizations. She explained, "Some things really don't need all of this bureaucracy... when you're informing someone about the location of a certain service or a place where she can find menstrual pads. You do not need an employee for that."

The community-led responses to the earthquakes proved both effective and proactive. A few years before the earthquake, El-Hohammad started a women-only support and coordination group. "This group is global," she said, "meaning there are Jordanian women, Gulf women, maybe two or three, but they're gradually coming together, there's Arab unity, and support is growing. Trust me, it is more organized than many international organizations I know." The group aids in coordinating global response, operating on Whatsapp and free to join, where members share resources about charitable assistance and professional support. During the 2023 earthquakes, the group's activity intensified, growing from around 40 or 50 women to 400, according to El-Hohammad. During this time, many women started drawing attention to menstrual hygiene, leading to remarkable coordination efforts. El-Hohammad shared one example of this coordination:

*Women in Turkiye began connecting with those in Syria, and even women in Lebanon started reaching out to organizations for support regarding menstrual hygiene. Despite the global effort put into the earthquake response and overall global awareness of period poverty, women's demands remained unmet. I believe this shows the lack of prioritization of women's needs in the crisis response design.*

Aya is a lawyer who volunteers in local civil and relief initiatives. One of these initiatives consists of about 60 members with monthly stipends used on either school stationery or supporting disadvantaged families in their community. During the earthquake, Aya was involved in some local relief work:

*We initiated a relief campaign and went to Latakia....I was buying the supplies very focused on sanitary pads. When they got them, you don't know how happy the girls and women were. They took it from me like a child who is hungry and finds good food. There was a big challenge to get aid to those affected; you had to have a security permit, and you had to go to specific places, for example, at that time people were sheltering in sports halls or schools. These places had official records so we had to go through a government body. Our efforts were directed and limited to their procedures. So, we couldn't go wherever we wanted, even though I know some places needed more support.*

These examples reflect women's agency and capacity to enact change within their communities. Such community-supporting initiatives highlight the significance of local networks and relationships in sustaining collective efforts to address social issues, especially during crises like earthquakes. They also highlight how women are not just victims during conflict, but are active agents in addressing the needs of their communities.

## V. Summary

The study highlights the challenges, coping mechanisms, and strategies Syrian women have demonstrated in pursuing their menstrual health.

On a personal and social level, women demonstrate an inclination to share their knowledge and experiences to help others manage their menstrual health. This highlights their sense of obligation towards supporting fellow women in their journey. Despite the limitations in formal education and the accessibility of reliable information, women utilize various resources, including maternal guidance, online sources, and healthcare providers, to gain knowledge about menstruation and its management. Many women advocate for open dialogue and education about menstruation, emphasizing its importance in empowering girls and women with accurate information and promoting positive attitudes toward menstrual health management and reproductive health.

Moreover, women highlight the urgent need for comprehensive and accessible menstrual education, addressing not only biological knowledge but social and cultural factors that shape perceptions and behaviors around menstruation. Participants stress the importance of normalizing menstruation as a natural bodily process and challenging societal taboos that contribute to women's shame and embarrassment.

Privacy and safe spaces for women are needed to allow them to improve their relationships with menstruation and to manage it comfortably and safely. Women express concerns about the lack of privacy and social safety, including in displacement camps and public spaces, where menstruation becomes a public affair rather than a personal experience.

Economically, the affordability and accessibility of menstrual products poses significant challenges for women, especially those from lower-income households. The report highlights instances where women resort to unhygienic alternatives due to financial constraints, compromising their health and dignity. Moreover, the inability to afford necessary healthcare services, including diagnostic tests and treatments related to menstrual health, exacerbates the economic burden and perpetuates the cycle of poverty.

The accessibility of healthcare services is influenced by geographical location, with rural areas facing greater challenges in accessing medical facilities. Additionally, environmental disasters like earthquakes further exacerbate the inaccessibility of essential resources like menstrual products and clean water. Women, who are disproportionately affected by water scarcity and responsible for household water management, face increased challenges in accessing clean water, which is essential for maintaining menstrual hygiene.

The intersection of economic factors and environmental injustice underscores the urgent need for gender-sensitive approaches to address these challenges comprehensively. Women's health and dignity are at stake, necessitating interventions that prioritize access to affordable menstrual products, healthcare services, and clean water, particularly in conflict-affected and environmentally vulnerable regions like Syria.

While Yasmine's story shows how menstruation was specifically weaponized against female political prisoners, both detention and displacement alone can cause trauma and create vulnerability for women. The 2023 earthquakes exposed systemic inequalities in humanitarian assistance, particularly concerning menstrual hygiene. Women's needs, including access to menstrual products and healthcare, are often overlooked or deprioritized in emergency settings, exacerbating the challenges faced by women during displacement and crises.

Participants also shared stories of women's remarkable resilience, determination, and agency. Community support and solidarity among women consistently emerged as a main coping strategy. Women-led disaster response shows proactive leadership in addressing the immediate needs of communities, circumnavigating the bureaucratic obstacles faced by international aid organizations.



## Annex

The data gathered is detailed as follows:

Factors	Subfactor		
Women’s knowledge and experiences with menstruation	<ul style="list-style-type: none"><li>- Experience with menstruation</li><li>- Knowledge of menstruation: managing menstrual cycle 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>- Regular Experience of menstruation</li><li>- Usages and preferences of menstrual product</li><li>- Familiarity with the term ‘period poverty’</li><li>- Knowledge of the impact environmental injustice has on menstruation</li></ul>		
Environmental injustices and factors	<ul style="list-style-type: none"><li>- Environment-related factors such as access to water scarcity</li><li>- Displacement due to conflict and war</li></ul>		
Economic factors	Accessibility, and affordability of Menstrual products such as sanitary pads	Personal/individual level: <ul style="list-style-type: none"><li>- Monthly Cost</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><li>- Any external support or aid, if any</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 bathrooms/toilets</li><li>- Access to healthcare services and supplies</li><li>- Quality of available/ accessible healthcare services</li><li>- The cost of these services</li></ul>	
Social factors	<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.





## 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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