

An illustration of a woman with dark hair, wearing a white top and an orange patterned skirt, holding an open book. The book's pages are orange and feature the title 'Women's Experiences With Period Poverty in Syria and Jordan' in white, handwritten-style text. The background is a simple, abstract composition of white and brown shapes.

Women's  
Experiences  
With  
Period Poverty  
in Syria and  
Jordan

# **WOMEN'S EXPERIENCES WITH PERIOD POVERTY IN SYRIA AND JORDAN**

Regional Report

June 2024



# Women's Experiences with Period Poverty in Syria and Jordan

## Regional Report

### I. Introduction

Period poverty is a term increasingly used to refer to a lack of menstrual health hygiene (MHH) and menstrual health management (MHM). UNICEF includes systemic factors such as access to knowledge, available and safe menstrual products, access to health services, sanitation and washing facilities, positive social norms, and hygienic disposal alongside MHH in defining MHM. Period poverty affects women globally and causes physical, mental, and emotional challenges.<sup>1</sup>

Current research on period poverty has focused on three areas where MHM can be improved: individual knowledge, the social environment, and the material environment.<sup>2</sup> This delineation exposes key challenges regarding MHM, thus exposing new pathways for how each may be addressed. Individual knowledge includes the education provided to women and girls who are menstruating, as well as men and boys regarding reproductive health and the menstruation cycle. The social environment encompasses issues such as taboos and myths surrounding menstruation and efforts to combat this disinformation and shame. Lastly, the material environment includes material products used by women and girls during their menstrual cycles such as pads and tampons, or medications to manage pain, and the privacy and cleanliness of facilities to practice MHM at school, work, or other public spaces.

### Period Poverty in the Middle East

A recent report found that over 500 million women and girls around the world do not have what they need to manage their menstrual health.<sup>3</sup> Of these 500 million, roughly 107 million of them are Arab women and girls,<sup>4</sup> and nearly 16 million of them live in protracted humanitarian situations.<sup>5</sup>

In both Jordan and Syria, these challenges vary according to geography and socioeconomic background with women in Syria facing the additional negative impacts of conflict and displacement. This study addresses some of the shared but diverse experiences of period poverty among women in Syria and Jordan.

<sup>1</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>2</sup>Anna Maria van Eijk, M Sivakami, Mamita Bora Thakkar, Ashley Bauman, Kayla F Laserson, Susanne Coates, and Penelope A Phillips-Howard, "Menstrual Hygiene Management among Adolescent Girls in India: A Systematic Review and Meta-Analysis," BMJ Open 6, no. 3 (2016). <https://doi.org/10.1136/bmjopen-2015-010290>.

<sup>3</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>4</sup>United Nations Population Fund, "Period Poverty: Menstrual Hygiene Management and Access in Jordan," August 28, 2022.

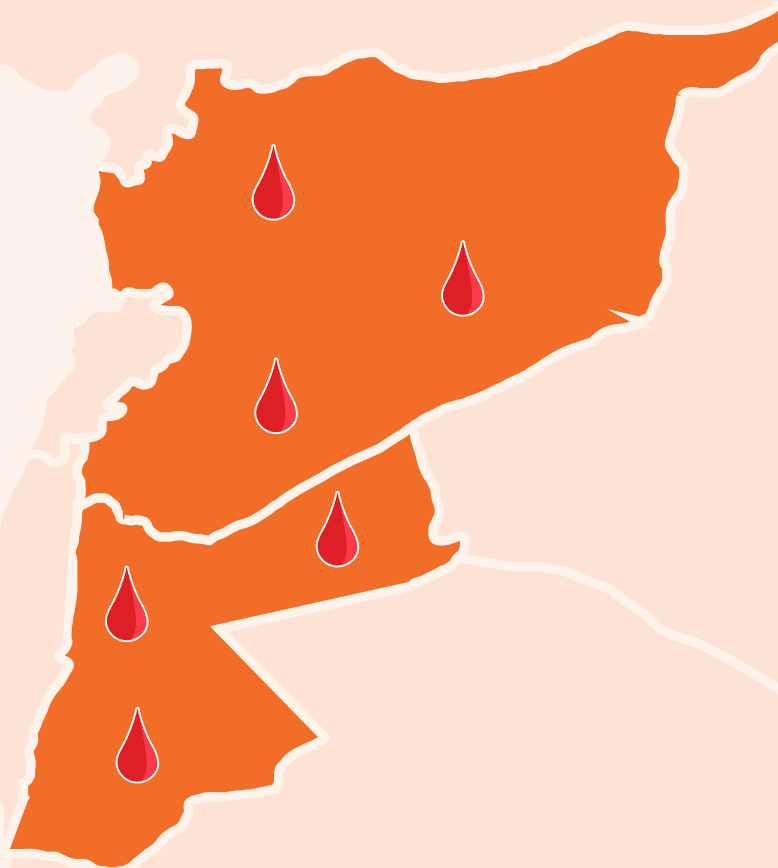
[https://jordan.unfpa.org/sites/default/files/pub-pdf/period\\_poverty\\_policy\\_paper\\_en.pdf](https://jordan.unfpa.org/sites/default/files/pub-pdf/period_poverty_policy_paper_en.pdf).

<sup>5</sup>United Nations Population Fund, "Menstrual Hygiene Management in Emergencies," May 26, 2022, <https://syria.unfpa.org/en/publications/menstrual-hygiene-management-emergencies-0>.



This regional report on period poverty draws on similar and shared experiences among women in Jordan and Syrian women in Syria and the diaspora. Based on the research conducted, the report highlights two key areas:

1. Women's knowledge of menstruation and menstrual health. This includes findings related to women's lived experiences with menstruation and their memories of puberty. The research sought to identify sources of knowledge available to women and assess their comprehension of menstruation to pinpoint issues impacting knowledge adherence and healthy hygienic practices.
2. Social environment practices and economic challenges impacting women's menstruation experiences and period poverty. This section addresses societal norms and community practices surrounding menstruation, social reception when women began menstruating and adulthood experiences. Social factors significantly influence women's experiences with menstruation.

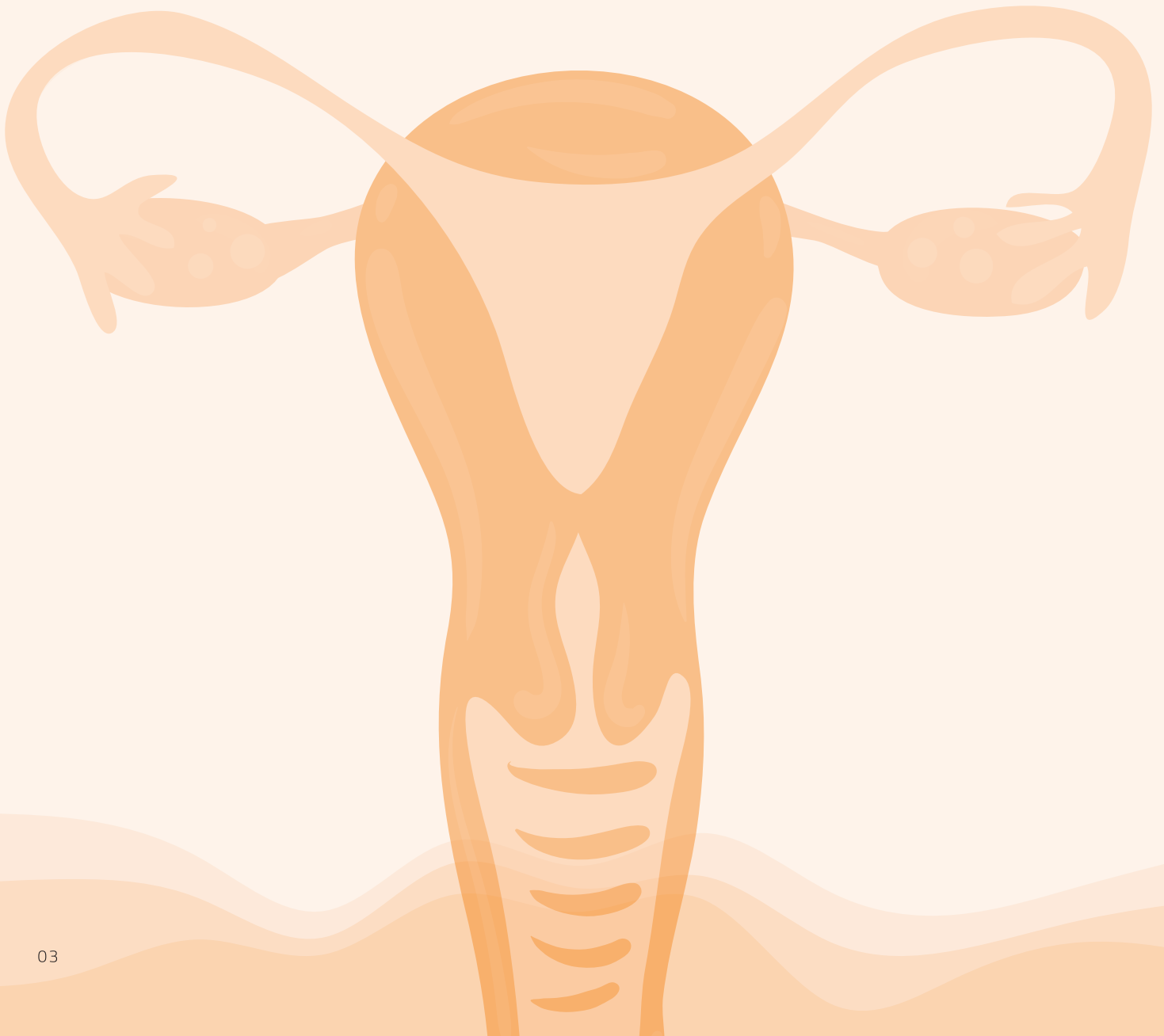




## Rationale

Connected studies on Jordan and Syria aim to add to a body of research on period poverty in the global south by highlighting sociocultural factors and sensitivities specific to these neighboring Middle Eastern countries. Although the studies do not represent a comprehensive sample, they offer valuable insights into the cultural and socioeconomic realities faced by women in the region.

Utilizing a qualitative feminist approach, the research seeks to illuminate women's experiences with menstrual health and investigate how in the face of economic, political, and social barriers, they navigate obstacles hindering access to essential knowledge and affordable hygiene services.





# Jordan

In June of 2023, the UN Population Fund (UNFPA) released a report on MHM in Jordan.<sup>6</sup> Period poverty in the country had increased, evidenced by women and girls' lack of access to quality sanitary products, stigma-free information regarding MHM, women's health generally, and adequate WASH facilities.<sup>7</sup> Key issues impacting period poverty and women's health in Jordan include social stigma around the topic of menstruation, socioeconomic factors that impede access to MHM and general healthcare options, and specific vulnerabilities for women and girls with disabilities. Regarding social stigma, 95% of respondents to the survey conducted for the UNFPA report that they do not feel comfortable speaking about their menstrual cycle.<sup>8</sup> Further, the survey found that women and girls living in low-income communities tend to purchase products that are not meant for menstrual cycles, such as child diapers or maternity pads, due to the higher cost of menstrual products.<sup>9</sup>

Worsening climate conditions in Jordan and water scarcity likely mean that without intervention, period poverty within the country will only increase as access to water is essential for menstruating women to conduct hygienic practices.

Displaced adolescent girls in Jordan, primarily Syrian refugees, often skip up to a week of class each month due to their inability to comfortably manage their period at school.<sup>10</sup> Missing roughly one-quarter of the school year due to menstrual cycles has a profound impact on young girls' ability to learn and continue their education. Refugee women and girls, from Syria and other countries, often struggle with MHM due to poor living conditions, lacking basic water, sanitation, and hygiene facilities.<sup>11</sup> The overall socioeconomic conditions of displaced communities throughout Jordan only exacerbates challenges with MHM as many families do not have the economic resources to purchase sanitary menstrual products.<sup>12</sup>



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<sup>6</sup>United Nations Population Fund, "Menstrual Hygiene Management: Monitoring Analysis Report," UNFPA Jordan, June 12, 2023, <https://jordan.unfpa.org/en/publications/menstrual-hygiene-management-monitoring-analysis-report>.

<sup>7</sup>Ibid., 2.

<sup>8</sup>Ibid.

<sup>9</sup>Ibid.

<sup>10</sup>Sara Al Hattab, "Breaking the Cycle of Silence - Menstruation Matters," UNICEF Jordan, May 28, 2019, <https://www.unicef.org/jordan/stories/breaking-cycle-silence-menstruation-matters>.

<sup>11</sup>Ibid.

<sup>12</sup>Ibid.



# Syria

Within Syria, a myriad of challenges exist regarding women's health, including MHM.<sup>13</sup> Due to the ongoing conflict, many women have difficulty accessing any type of healthcare, while health services that are provided are done on an emergency basis. Additionally, water scarcity and climate change conditions have only worsened after years of violence and upheaval.<sup>14</sup> This water scarcity continues to negatively impact women who need water to perform proper hygiene practices during their menstrual cycles.<sup>15</sup>

Women in Syria suffer acutely, both those continuing to experience displacement<sup>16</sup> and those living in regions dependent on agriculture where drought has affected their ability to earn an income.<sup>17</sup> According to the UNFPA, ongoing conflict, displacement, the consequence of 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."<sup>18</sup>

Unmarried and adolescent girls throughout Syria have a particularly difficult time receiving healthcare in clinics due to social stigma, making it nearly impossible for young women to receive proper education on their menstrual cycle.<sup>19</sup> Humanitarian crises, like the one in Syria, exacerbate issues with MHM due to the decrease in privacy and limited access to clean sanitation facilities created by displacement and conflict.<sup>20</sup> In northwest Syria, a 2021 report indicated that over 50% of trained medical healthcare professionals had left the country and that there was also a nearly 20% decrease in the number of functioning healthcare facilities.<sup>21</sup>



<sup>6</sup>United Nations Population Fund, "Menstrual Hygiene Management: Monitoring Analysis Report," UNFPA Jordan, June 12, 2023, <https://jordan.unfpa.org/en/publications/menstrual-hygiene-management-monitoring-analysis-report>.

<sup>7</sup>Ibid., 2.

<sup>8</sup>Ibid.

<sup>9</sup>Ibid.

<sup>10</sup>Sara Al Hattab, "Breaking the Cycle of Silence - Menstruation Matters," UNICEF Jordan, May 28, 2019, <https://www.unicef.org/jordan/stories/breaking-cycle-silence-menstruation-matters>.

<sup>11</sup>Ibid.

<sup>12</sup>Ibid.

<sup>13</sup>United Nations Population Fund, "A Strategy to Address the Needs of Adolescent Girls in the Whole of Syria," November 2017, [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/wos\\_adolescentgirlstrategy\\_final.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/wos_adolescentgirlstrategy_final.pdf).

<sup>14</sup>Gleick, Peter H. "Water, Drought, Climate Change, and Conflict in Syria," *Weather, Climate, and Society* 6, 3 (2014): 331-340, doi: <https://doi.org/10.1175/WCAS-D-13-00059.1>

<sup>15</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/>

You may also see the following study from Pakistan:

Hirani, S.A.A. "Barriers to Women's Menstrual Hygiene Practices during Recurrent Disasters and Displacement: A Qualitative Study." *International Journal of Environmental Research and Public Health* 21, no. 2 (2024): 153. <https://doi.org/10.3390/ijerph21020153>.

<sup>16</sup>Situation for women and girls in Syria worse than ever before as conflict grinds on, May 09, 2022

<sup>17</sup>Laughlin, Shaya & Kieren Barnes "How drought is shifting gender dynamics in northeast Syria", May 2 2022.

<sup>18</sup>Ibid.

<sup>19</sup>Ibid., 11.

<sup>20</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>21</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).)



*Feminine needs are  
not a luxury*



<sup>22</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>23</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>.



### III. Methods

The study built on a literature review with a self-administered online survey, in-depth interviews, and consultations with experts and practitioners.

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

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

Initially, the survey received 116 responses from women across the Middle East and North Africa, although only responses from Syrian women and women residing in Jordan were analyzed for this study. These responses include 20 responses from Syrian women, living both inside Syria and in diaspora in addition to 89 Jordanian women and one Palestinian living in Jordan. Participants were invited to participate in follow-up interviews. Survey responses and interviews were analyzed by country of origin, and separate reports are available focused on the findings from Jordan and Syria.<sup>24</sup>

← **116 women across the Middle East** →

20 Syrian women   89 Jordanian women and one Palestinian living in Jordan

Women living in regime-controlled areas face similar challenges, where many families are often forced to choose between purchasing food and sanitary products.<sup>22</sup> During the devastating earthquakes that hit Turkiye and Syria in February of 2023, humanitarian response highlighted that “gender blind” emergency efforts do not consider the needs of women and girls.<sup>23</sup> Women's needs gap is only exacerbated by social stigma which makes it difficult for women and girls to advocate their needs to humanitarian aid workers.

<sup>24</sup>Consult Takatoat's website for full reports on each study from Jordan and Syria.

## 2. The In-Depth Interviews

Ten participants were interviewed in March 2024. The researcher conducted interviews with eight Syrian women and two with Jordanian women. These interviews aimed to create a deeper understanding of women's knowledge, experiences, and challenges associated with menstrual health. The interviews were all conducted online and in Arabic. During interviews, only a first name was used to ensure the protection of participants' identities.

## 3. Consultations with Experts and Practitioners

Consultations with experts were used to review the preliminary research findings. The researcher and Takatoat identified experts based on their feminist activism and expertise in gender mainstreaming and sexual reproductive health education, particularly within medical or related professional capacities. A list advising subject matter experts is included in the annex.

## Participant recruitment

Participants in the study were recruited through Takatoat's network of 521 active members interested in supporting feminist causes.<sup>25</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.

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<sup>25</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).



## IV. Findings

### **1. Women's Knowledge About Menstruation**

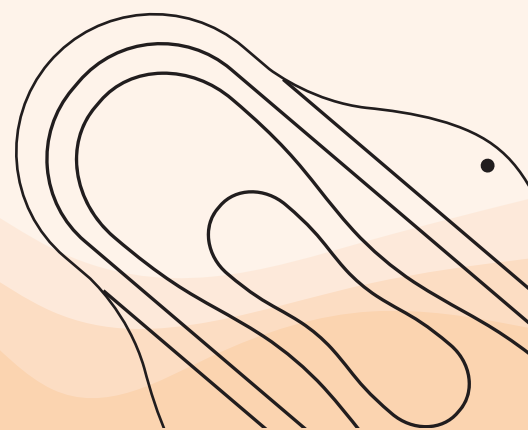
The first section addresses women's knowledge of menstruation and the resources they have available to them. It identifies issues causing insufficient knowledge adherence or healthy hygienic practices.

#### **1.1 Experiences with Puberty**

Most participants highlight the emotional and physical challenges they faced during puberty. Common emotions included fear, anxiety, embarrassment, and guilt, often accompanied by the intense physical pain of the period itself.

The majority of respondents experienced their first menstruation with little to no prior knowledge of menstruation, leading to confusion and negative feelings. They note that experiences during puberty heavily influence women's relationships with their bodies and their menstruation later in life. This was confirmed by Delaney Glass, 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.

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



Support from family members during puberty is inconsistent. While a few cases showed families exhibiting positive responses and support, the majority of participants recalled negative reactions and inadequate guidance.

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

*- Islam, grew up in Jordan and pursued education both in Jordan and the UK*

Aya, who had a positive experience with puberty, remembers how many of her friends did not.

*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.*



## 1.2 Sources of Knowledge

Mothers were the primary source of menstrual education for both Syrian and Jordanian respondents. This maternal educator role is often limited to basic hygiene practices without in-depth explanations of the biological or reproductive aspects of menstruation. When knowledge provided by their mothers was insufficient, women demonstrated a reliance on informal sources like peers, friends, and increasingly, online platforms. This trend reflects a generational shift where younger women may turn to the internet for information due to perceived barriers in direct communication with older generations. Regardless of source, misinformation and insufficient knowledge are pervasive issues. Women reported cultural and religious influences shaping the information imparted by mothers, often leading to insufficient or incorrect understanding of the menstrual cycle.

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

*– A 28-year-old Jordanian living in Irbid*

Cultural taboos prohibiting discussing menstruation and sexual health contribute to the lack of comprehensive menstrual education or knowledge. This creates a barrier to women openly addressing and managing menstrual health.

One of the pressing issues discussed by participants and experts was the normalization of unhygienic practices caused by misinformation or lack of access and the potential health risks caused by inadequate menstrual management.

### 1.3 Resources of Knowledge About Menstruation

Women in Syria emphasized the lack of formal education about menstruation in schools and limited accessible sources of accurate medical information, especially in Arabic.

Sarah, a healthcare provider in Damascus, pointed out the lack of formal sexual health education on menstruation in schools and the 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.

Participants also note the challenges posed by financial constraints and geographic restrictions, particularly in conflict-affected regions like Syria. Sarah 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, it's 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.*



While women in Jordan highlighted the significant role of self-learning through public resources, especially the internet, many are aware of the questionable reliability of information online

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

*-26-year-old Jordanian living in Irbid*



## **2. The Social Environment**

The factors contributing to period poverty are multifaceted and interconnected. Stigma and social constraints, including religious or cultural practices, are identified as key factors impacting women's bodies and menstrual cycles in both Jordan and Syria. These social constraints, in turn, affect the accessibility and affordability of menstrual products and healthcare resources and services.

### **2.1 Shame, Stigma, and Embarrassment**

The isolation of menstruation from broader discussions on sexual and reproductive health exacerbates women's lack of understanding of their bodies. This disconnect shows the need for comprehensive education that addresses not only the biological aspects of sexual and reproductive health but the social and cultural factors shaping perceptions and behaviors surrounding menstruation.

*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, a Syrian living in Damascus*

Women's reluctance to openly discuss menstruation reflects societal norms dictating silence and shame around menstruation. In response to this stigma, initiatives such as menstrual leave policies in the workplace are praised by participants for easing women's discomfort and improving their relationships with a masculinized workplace.

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

## 2.2 Myths and Misconceptions Around Menstruation

The findings reveal the prevalence of misinformation and stigma surrounding menstruation, leading to discomfort and unhealthy attitudes among women and girls. Cultural taboos and societal expectations contribute to the perpetuation of myths and misconceptions, hindering open dialogue and proper education about menstrual health. Myths and stigma can be reinforced as soon as menstruation is introduced, as was the case for one participant who recalls the negative way menstruation was treated by a teacher the first time it was taught in the curriculum.

*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 themselves, 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).*

*-Sally, Yarmouk Refugee Camp in Damascus*



### 2.3 Exclusion from Public Spaces

Social factors can impact material realities by creating barriers to accessing sanitary products for menstrual hygiene management (MHM). Women's material environments are deeply interconnected with socioeconomic inequalities, impacting the privacy and cleanliness of facilities where they practice MHM at school, work, and other public places. Women's experiences in public spaces are marred by discomfort and anxiety, with inadequate restroom facilities caused in part by social stigma. As a result, many women avoid using public bathrooms, further underscoring the need for improved hygienic infrastructure with water accessibility.

Interviewees from diverse backgrounds detailed the necessity of concealing their periods and menstrual products from the coworkers or strangers they encountered in public spaces. In Jordan for example, over 75% of participants reported missing school or work due to menstruation, impacting their economic stability.

When women do choose to manage their menses in public, the frequent unavailability of menstrual products in public spaces poses significant challenges, leading to discomfort and potential health risks if tampons or pads cannot be changed. Many women are forced to resort to alternative materials when menstrual products are unavailable, highlighting the need for increased availability of menstrual products in public facilities. Thus, participants widely advocate for accessible menstrual health services, including the provision of free menstrual products in workplaces and public bathrooms. This practice is recognized as one of the best practices in the field and is seen as essential for addressing the menstrual health challenges faced by women. Some participants also advocate for the mandatory provision of menstrual products in government institutions or public buildings, emphasizing the importance of supporting all menstruating individuals during their menstrual cycles.

## 2.4 Conflict and Displacement

In both Jordan and Syrian communities, the main barriers to MHM are economic challenges associated with menstruation caused by the lack of affordable menstrual products. Financial cost plays a crucial role in determining women's access to necessary products. Affordability significantly affects product choice, with some women resorting to alternative materials and prolonged use of products, increasing the risk of infection. Gendered economic inequality, often referred to as the "pink tax," makes women's products more expensive than men's, affecting low-income women the most. Additional menstrual-related expenses, such as pain management supplies and medical visits, further decrease affordability.

Women may require medical assistance for pain relief and consultation related to their menstrual health, services which are often inaccessible. Sixty-five percent of the participants in Jordan indicated there was insufficient healthcare service in their neighborhoods.



The experience of Syrian women residing both inside of Syria and in host communities demonstrates a lack of accessible or affordable health services both generally and specialized in women's health. Only three women out of 20 respondents believe there is adequate family planning and sexual reproductive health service in their neighborhood. Interviewees further explained that accessing healthcare requires more than simply having hospitals and clinics nearby. Private healthcare services can be expensive, leading some individuals to rely on public healthcare facilities where they experience long wait times and low-quality care. Amal, discussing the quality of healthcare services in Idlib, Syria, 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, 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 personally, 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 and access to specialized care.



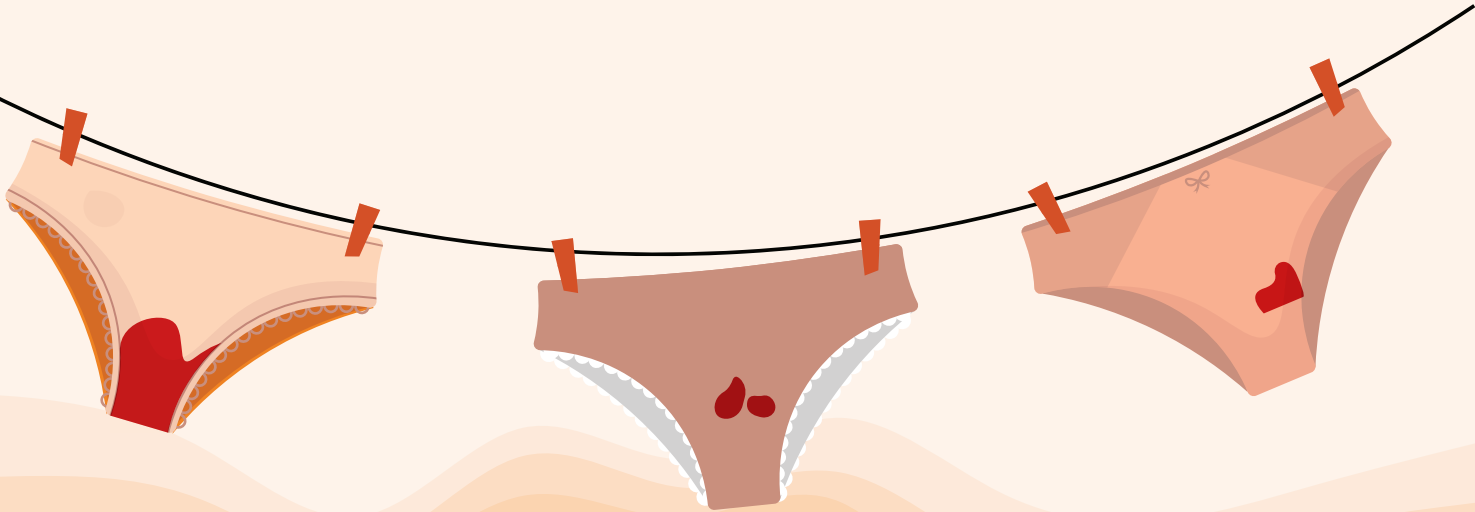
Furthermore, the lack of privacy and safety in the private sphere for women exacerbates the challenges associated with menstruation. One respondent from Jordan recalls:

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

Many Syrian women who have lived in or are still living in areas of conflict lack the safety and privacy to develop a relationship with their bodies and maintain menstrual hygiene. Negative experiences with menstruation are worsened with displacement and political imprisonment as is the case for many Syrian women.

*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, displaced from the Golan Heights to the Yarmouk camp in Damascus*



### **3. Women's Resilience and Positive Community Practices**

Despite significant challenges caused by period poverty, women find solace and emotional support within family and community. Community practices such as celebrating girls' first menstruation and offering gifts, experienced by some participants, show how understanding and acceptance can positively shape women's experience with menstruation.

*Normally there is diversity in community practices especially around puberty. For example, some friends tell me that when they get their period, their families celebrate it and give them money or gifts...My friend has five sisters or a lot of aunts and the aunts have many daughters, so they feel like it's normal. Or maybe, for example, in one situation, one of my relatives wore a hijab and everyone understood that she wore it because she reached puberty, but it was normal, it wasn't sad, on the contrary, it was just simple and a source of pride for her, we talk about it*  
— A 26 year old in Irbid

Despite the adversity caused by period poverty and larger hardship, women demonstrate personal resilience and motivation as they navigate the complexities of menstruation. This is best exemplified by Yasmine's testimony of political arrest by the Syrian regime and eventual escape to Turkiye where she continued her studies and specialized in elementary education.

A 32-year-old woman, Yasmine is married now and has two children. She escaped Syria around 2015 fleeing to Turkiye. In Syria, she was arrested twice by the Syrian regime in her hometown of Damascus. During her arrest, she experienced neglect, sexual harassment, and intimidation.

She reported how women experienced period poverty during their imprisonment as they were not provided with menstrual products. Showing solidarity with one another, the women in the jail relied on each other for support thereby maintaining dignity amidst humiliation. She reflected on how this experience led her to act on women's rights:

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, 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. It may also express the pain of many other girls who cannot speak up.

After seeking refuge in Turkiye, she faced new challenges, eventually finding support through initiatives for survivors. Her words show an understanding of the fear and exhaustion that prevent some girls from sharing their stories. Now, she is active in her online community raising awareness about period poverty. Her experience is a reminder of Syrian women's resilience and determination despite facing significant hardship. Because of her resilience throughout these experiences, she became deeply involved in advocating for human rights, particularly within the Syrian context.



## **V. Summary**

The study found the following common barriers to menstrual health for both Jordanian women and Syrian women, at home and in the diaspora:

Emotional and physical challenges associated with puberty and the onset of menstruation are profound for young girls, with many women recalling their experiences as traumatic and poorly supported by family and educators. These negative experiences shape women's long-term relationship with menstrual health, showing the need for supportive and informative guidance during this critical period. Women's reliance on mothers as primary educators is consistent across both communities, yet the education provided is often insufficient, focusing more on menstrual hygiene and less on the biological and reproductive aspects of menstruation which are important for women's comprehensive health and dignity. This gap is exacerbated by cultural taboos that prevent open discussions about menstruation and related health issues.

Both Jordanians and Syrians highlighted increasing reliance on online resources by younger women, pointing to a generational shift in how menstrual health knowledge is acquired, especially in Jordan. However, the accessibility and reliability of online information remains a significant concern. Unaffordable or inaccessible menstrual products, geographic limitations, and the prevalence of misinformation pose additional challenges to obtaining accurate menstrual health information.

Despite the opportunity formal education has to create spaces to learn about menstrual health, there was no direct relationship between women's poor knowledge of menstrual health and their educational status. Women with higher education backgrounds also demonstrated misuse of menstrual products.

The analysis reveals a clear need for improved and comprehensive menstrual health education, and greater accessibility to accurate information. It also stresses a need for improved access to menstrual products and healthcare services. Addressing these issues holistically can help mitigate the emotional and physical challenges women face and promote better menstrual health management and overall well-being.

## Annex:

Experts consulted during this research include:

Nouran El Marsafy is an urban researcher, a dynamic activist and a 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.

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.

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

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

Lama Rageh is an independent Syrian journalist and media trainer at the Syrian Female Journalists Network (SFJN) in 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. Lama's work is focused on the feminist language and issues of women's misrepresentation or lack thereof in Media.

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<sup>26</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 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 Türkiye 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.

Duaa Mohammad a Syrian development expert and feminist activist who was internally displaced in the Northwest and later lived and worked in Gaziantep after being able to flee Syria. She has worked in the Humanitarian response to the earthquake in Turkiye and currently works in 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).

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 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 Turkiye. Hiba initiated a coordination open group called "Women's Coordination Group," comprising over 400 Arabic-speaking women, not necessarily Syrians working to support and connect other women with services, charitable or professional.



## 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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## Women's Experiences With Period Poverty In Syria And Jordan - Regional Report

