

Article

Do Women Have Bodies with Problems? Menstrual Health, Period Poverty, and the Deprivation of Dignity

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Abstract

This study seeks to provide insight into the comprehensive efforts aimed at advancing gender justice, eliminating period poverty, and exposing stigmatizing views toward women's bodies, specifically in relation to menstrual health. Menstruation is a normal bodily process for all women and girls, but the availability of menstrual products, dignity, and justice during menstruation remains a worrying concern. Menstruators still suffer from adverse circumstances when they menstruate, adding to their sufferings of experiencing pain and distress on a monthly basis. Menstrual hygiene requires the use of standardized menstrual products to maintain cleanliness during menses. However, women experiencing economic hardship and women who are marginalized bear the burden of inadequate hygiene amenities, basic hygiene services, and affordable menstrual products; they are victims of period poverty. The failure to recognize and effectively address menstrual issues perpetuates the idea that menstruation is a burden unique to women. In other words, government inaction on menstrual issues strengthens the perception that menstruation is an individual problem that women must manage independently. This study argues that when menstruation is identified as a bodily problem or a neglected subject, it perpetuates gender inequities and restricts access to well-suited hygiene material, which is known to cause urogenital infections. Given these challenges, the study recommends recognizing menstrual health as a serious health challenge. The absence of robust legal and international norms that specifically address menstrual health perpetuates neglect and the ongoing failure to meet the needs of menstruating women.



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1. Introduction

Menstruation is a biological process that occurs when the uterine lining releases tissue and bloody discharge. This is a monthly cyclical process during which reproductive-driven hormones trigger the ovary to release an egg, expand the endometrium to prepare for pregnancy, and then cause the endometrium to shed if there is no fertilization [1–3]. Menstruation begins during puberty and ceases permanently at menopause. The commencement of menstruation (menarche) signifies a critical moment during puberty, modelling health and bodily autonomy. The menstrual cycle is regulated by hormones. Draper et al. (2018) [4], Goldstuck (2020) [5], and Bastawros (2023) [6] maintain that menstruation is an important life pattern regulated by collaborating levels of progesterone, estrogen, follicle-stimulating, and luteinizing hormones. These hormones play a significant part in conditioning the uterus and milk ducts within the breasts for pregnancy. This shows that menstruation is

an important element of the female reproductive system as it serves as the body's periodic preparation for the release of an egg and potential fertilization. Every month, nearly two billion people undergo this process, but gender inequity, financial constraints, and marginalization turn a biological process into a distressing experience for women [7–10].

Despite being a normal bodily function, menstruation interrupts the mental state and fundamental freedoms of menstruators who cannot maintain menstrual hygiene due to a lack of financial and socio-economic resources [11–13]. Menstrual hygiene requires the use of standardized menstrual products to maintain cleanliness during menses. However, women experiencing economic hardship and women who are marginalized bear the burden of inadequate hygiene amenities, basic hygiene services, and affordable menstrual products; they are victims of period poverty [14–16]. Period poverty is the situation of lacking standardized menstrual products and amenities to handle menstruation with ease, safety, and dignity [17–19]. Menstruation is a normal bodily process for all women and girls, but the lack of availability of menstrual products, indignity, and justice during menstruation remain worrying concerns. Menstruators still suffer from adverse circumstances when they menstruate, adding to their sufferings of experiencing pain and distress on a monthly basis [20,21]. In addition to the basic menstrual products, menstruators usually require other items to handle menstruation, such as pain relievers, medication for hormonal control, and other medications to manage related symptoms.

Period poverty entails the economic hardships that menstruators face because of the costly obligation of buying menstrual products and paying for extra expenses of pain medication [22,23]. This tends to excessively affect poor and marginalized women since menstrual products constitute a substantial share of their income [24,25]. Due to financial constraints, poor and marginalized menstruating women are compelled to extemporize and use unhygienic materials such as newspapers, rags, toilet paper, sponges, and mattress foam to soak up menstrual blood [8,26,27]. Those who are marginalized, whether it be through lack of power or lack of resources, are at increased risk for suffering due to lack of access to adequate menstrual health products [18,28]. Research indicates that over 50% of girls in low and middle-income countries do not adhere to adequate menstrual health and hygiene practices, with rural areas disproportionately affected [15,29,30]. The use of unclean or inadequate menstrual products is associated with increased risk of reproductive tract infections and several other problems, which can ruin the female reproductive system [30–32]. Some studies have suggested an association between adverse menstrual outcomes and pregnancy, including hypertensive disorders of pregnancy, premature birth, neonatal underweight, and gestational diabetes mellitus [33–38].

Despite the health hazards posed by period poverty, period poverty continues to be a serious health policy shortcoming that requires significant policy attention. Menstrual health profoundly affects over 50% of the global population, yet it is repeatedly ignored or completely disregarded [39]. Many governments have, for many years, failed to understand the broader impacts of menstrual health or the extent of menstrual health challenges in their respective regions [40]. Menstrual health policies not only show a government's eagerness to address menstrual issues, but they also indicate that menstruation is a public policy issue [41]. The constant disregard of menstrual health, including insufficient policy response and government inaction, results in the denial of fundamental human rights for all those who menstruate [42]. The failure to recognize and effectively address menstrual issues perpetuates the idea that menstruation is a burden unique to women. In other words, government inaction on menstrual issues strengthens the perception that menstruation is an individual problem that women must manage independently. This framing reinforces the notion that women's bodies are naturally problematic or deficient.

Menstruation remains misunderstood and stigmatized, and this has resulted in the marginalization of menstruating women and a failure to create accommodative and inclusive systems [43–45]. As a result, women are marginalized, exacerbating gender-based disparities in education and health. Health is a universal goal for mankind, but the requirements related to good health are different in different stages of human life [46,47]. For women and girls, one such critical stage is when a woman starts menstruating. This stage substantially impacts their mental and social well-being over the course of their lives. Recognising menstrual health as a fundamental element of women's health and rights is therefore essential in order to understand the biological processes that women go through. Menstrual health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle [40,48,49]. Menstrual health is fundamental to enhancing women's health, attaining the Sustainable Development Goals, and advancing gender equity and human rights [50,51]. When menstruation is identified as a bodily problem or a neglected subject, it perpetuates gender inequities, restricting access to well-suited hygiene material, which is known to cause urogenital infections. This study seeks to provide insight into the comprehensive efforts aimed at advancing gender justice, eliminating period poverty, and exposing stigmatizing views toward women's bodies, specifically in relation to menstrual health.

2. Materials and Methods

2.1. Design

The research was conducted using the utilization of a scoping review approach to map and synthesize available literature on the topic. Scoping reviews are a type of secondary research material that synthesizes evidence by bringing together information from different sources on a particular topic [52,53]. Following Arksey and O'Malley (2005) [54], Lohr et al. (2022) [55], and Mak and Thomas (2022) [56], the scoping review comprised the following stages: identifying the research question, identifying relevant studies, study selection, charting the data, and collating, summarizing, and reporting the results. The study made use of a scoping review by examining the peer-reviewed literature and official documents that explored menstrual health, period poverty, and women's health issues.

2.2. Scoping Review Procedure

This research took a qualitative exploratory strategy to study the various efforts towards promoting gender justice, eliminating period poverty, and exposing stigmatizing views toward women's bodies, specifically in relation to menstrual health. The first stage involved the identification of the research question to be answered. The main research question in this study was: What are the obstacles to access to menstrual products for women and girls, and through what mechanisms do these obstacles affect their health and dignity? The second stage was to identify the relevant studies. In order for the study to achieve its aims, the study utilized a comprehensive review of more than 100 documents, which consisted of peer-reviewed journal articles and official documents of intergovernmental organizations such as the United Nations (UN), World Health Organization (WHO), United Nations Children's Fund (UNICEF), and United Nations Population Fund (UNFPA). The third stage involved selecting the studies. The studies were chosen based on their credibility, relevance to this study's research question, and interest in adding value to the international debate on menstrual health and gender equality. The study only included studies and information that were published from the year 2000 onwards. As menstrual health and period poverty only recently became global concerns in the arenas of global health, gender equality, and human rights, the studies published prior to the year 2000 are not necessarily representative of existing knowledge of the topic.

The fourth stage involved charting the data. The research uses categories well established in literature: author, year, geographical location, study population, main results, study limitations, and future directions [56,57]. The last stage involved charting the data, summarizing, and reporting the results. In this stage, the texts were thematically coded to ascertain persistent patterns, arguments, and gaps, and were also employed to confirm principal assertions and validate the analytical framework for the study. The method allowed critical synthesis of available knowledge and yielded a differentiated analysis of the structural and cultural dynamics underpinning menstrual inequities globally.

3. Uncovering the Burden of Period Poverty

Period poverty harms the well-being of menstruators all over the world. Period poverty affects menstruating women and girls both in developing and developed countries [58–60]. To a larger extent, financial hardship is a main cause for high levels of period poverty [12,61]. Even though period poverty is a worldwide crisis, women in developing countries are disproportionately impacted by this issue. In many low-income countries, statistics show that 50% of all menstruating women are at times pushed to use materials such as rags, grass, cotton, and paper [62]. The statistics get discouraging depending on the number of people living below the poverty line in a country, as it involves difficult choices, such as buying basic food against buying a sanitary pad. Many public places, such as schools in low-income countries, have inadequate toilet facilities and poor hygiene infrastructure, closing the way for women and girls to safely handle their menstruation [63,64]. Not having proper access to basic sanitation makes it much harder for people who menstruate to manage their periods safely. All of these barriers make the consequences of period poverty much more severe. When women and girls are deprived of appropriate access to hygienic materials and facilities, their well-being is extremely hindered. Their full participation in public life (school, work, etc.) is hindered, and this can create gender inequity and also health issues, such as mental problems. Table 1 below shows how widespread and serious the issue of period poverty is in developing and developed countries.

Table 1. Extent of period poverty in Africa and other regions.

Country/Region	Issue
Global context	More than half the world's population have no or limited access to clean sanitation, and at least 500 million girls and young women do not have a safe place to deal with their periods.
South Sudan	83% of surveyed schoolgirls use old cloth, goat skin, rags, or no protection at all.
Ethiopia	54% of surveyed schoolgirls use rags and toilet papers.
Kenya	65% of schoolgirls use homemade solutions as a primary or secondary solution.
Uganda	90% of urban poor women and girls cannot afford commercial MHM solutions.
Zimbabwe	55% of surveyed schoolgirls use pieces of cloth.
Sub-Saharan Africa	One in 10 girls in Sub-Saharan Africa misses school during their period.
India	85% of surveyed woman and girls use homemade solutions.

Table 1. Cont.

Country/Region	Issue
Nepal	There is a practice called <i>Chhaupadi</i> . It was banned in 2005 but it is still commonly practiced in many rural areas. <i>Chhaupadi</i> involves banishing girls to mud huts during their menstruation cycle. The fear of being isolated and ostracized lead girls to have mental health issues. The effects of <i>Chhaupadi</i> are extremely dehumanizing and psychologically stressful.
Latin America	One in every three adolescents in Latin America regularly misses school due to the lack of adequate resources to manage their menstrual periods with dignity.
Caribbean	A study conducted through the HerFlow Foundation revealed that 42 per cent of girls in Jamaica suffer from period poverty and have to go without sanitary supplies for months at a time.
United Kingdom	Almost 1/4 of people (24%) in the UK say they or their family have struggled to afford period products.
United States of America	In the United States of America, 1 in 4 teens and 1 in 3 adults struggle to afford period products, especially teens of color and lower-income households.

Source: Table computed using statistics and information from the [65–72].

Table 1 shows some of the challenges that women and girls in developing and some developed countries are facing. Menstruators are forced to use unhygienic materials, skip school, and they also treated inhumanely. It should be noted that although period poverty is severe in developing countries, it is far from non-existent in the developed world. Period poverty affects not only developing countries and humanitarian crisis countries but also high-income countries, as evidenced by the fact that 10% of girls in the United Kingdom have been unable to buy menstrual products, and 19% have switched to less appropriate products because of high costs [73]. In the U.S., period poverty is prevalent in Black, indigenous, and brown communities, where access to menstrual material is inadequate [12,74,75]. Two-thirds of the 16.9 million low-income women in the U.S. could not afford menstrual products, with half of these needing to choose between menstrual products and food [76]. Period poverty results in millions of women being exposed to unfairness and inequity because of the fact that they menstruate [73].

Period poverty inordinately affects menstruators who are often stigmatized and marginalized, and many of them live in poor societies. The inability to have menstrual products and hygiene facilities can have numerous negative effects on how girls and women navigate through facets of life [77,78]. The need to address such an issue holistically became evident given its multidimensionality; public health, education, and economic development are all variables impacted by poor menstrual hygiene management. This problematic reality acts as a catalyst for gender inequality [79]. Many women will at some stage in their life sacrifice school, work, and socialization because of their periods, which will disproportionately affect their life chances. Consequently, period poverty is hindering the prosperity of many young women globally. Without a full education, the gender gap only widens, which limits career paths and denies safe and happy livelihoods [76,80]. Unless properly educated, the difference between women and men widens, which restricts professional opportunities and excludes a tranquil and satisfied life because girls and women will be less capable, fewer economically empowered, and more dependent. All this can earn them lower revenues, limited access to administrative positions, and vulnerability

to exploitation. In order to understand how the global community has been addressing or overlooking, it is essential to examine the current laws/strategies aimed at advancing menstrual health, eliminating period poverty, and stopping stigmatizing views toward women's bodies.

4. Global and National Policy/Legislative Support for Menstrual Health

The creation of global norms and standards is one of the foundations of global health. Therefore, an evaluation of policies and legislation that support menstruation is important to understand the existing frameworks addressing menstrual health and hygiene. Evaluating and assessing these policies and legislations assists in gauging the global community's readiness and willingness to address and recognize menstrual health as a public priority. Furthermore, it reveals how menstruation is actually understood at present within global health policy. Global standards raise the quality of healthcare and improve health outcomes by guaranteeing a minimum quality of health products and services that is acceptable [81]. Advancing efforts to address unmet menstrual health challenges requires a complete understanding and capability to deliberate on the topic in broader contexts [82].

Muralidharan et al. (2025) [83] note that despite the scale of period poverty and menstrual health challenges, menstrual health remains largely absent from major global agendas. At the onset of the 2010s, the issue of menstruation has gradually become more present in the work of international human rights bodies [40,84–86]. Menstruation health issues gained attention after grassroots activists, particularly from developing countries, had effectively brought it into global agendas on health, education, human rights, and gender equity. Due to this, the advancement of menstrual health and hygiene is slowly gaining global momentum. Menstrual health was not included in major global frameworks such as the International Conference on Population and Development, the Millennium Declaration, or the Sustainable Development Goals [87]. However, international human rights bodies had placed emphasis on the stigma and social exclusion associated with menstruation and advocated for the eradication of these. For instance, in 2016, the CEDAW Committee appealed for greater access to sufficient sanitation, hygiene, and menstrual products for women and girls in rural areas.

Menstrual health and hygiene are also linked to the fulfilment of girls' and women's rights and gender equity, as outlined in the Sustainable Development Goals (SDGs) 6.2, which calls for access to sufficient and reasonable sanitation and hygiene for all [88]. Around the world, these menstrual health concerns are largely overlooked by policymakers to the detriment of the most marginalized communities [89]. Table 2 shows some of the existing policies and legislation related to menstrual health.

Table 2 shows some of the policies and legislation related to menstrual health. The lack of comprehensive policies and a legal framework on menstruation shows that attention on menstrual health is still relatively muted at the level of global health policy. Overall, although there has been a change towards the addition of menstruation as a concern or the idea of menstrual health has not been acknowledged [85,90]. The World Health Organization (WHO) has appealed for menstrual health to be regarded, expressed, and designated as a health and human rights issue, not a hygiene issue [91,92]. The global health community looks to the WHO as the key global norm-setting body, an agency with an "unrivalled reputation in setting global standards" in global health [93]. However, it must be noted that whilst many of these international bodies are starting to embed issues of menstruation into their agenda, this still does not appear very consistent. For instance, McAllister et al. (2025) [94] lament that the WHO does not see menstruation as important enough to warrant a specific issue area unto itself on their website, even as a subset of Sexual and Reproductive Health. Many policies enacted have limited policy architecture to

drive investment, action, and monitoring [40]. McAllister et al. (2025) [94] conclude that, although it is a burgeoning area, menstruation is still addressed in a somewhat patchy and uneven way in global health policy.

Table 2. Existing legislation related to menstrual health.

Regional Body/Legal Instrument	Statement or Provision on Menstruation
United Nations' Sustainable Development Goals ("SDGs")	SDGs lists more than three goals to achieve sustainable development relevant to the right to menstrual hygiene.
International Covenant on Civil and Political Rights (1976)	Endorsed the right to an education on sexual and reproductive health and promoted access to quality prenatal and post-abortion healthcare and affordable contraceptive methods.
International Covenant on Economic, Social and Cultural Rights (1976)	The International Covenant on Economic, Social and Cultural Rights (ICESCR) indirectly addresses menstrual health by recognizing the right to the highest attainable standard of health, which includes sexual and reproductive health.
United Nations General Assembly resolution 74/141 (2019)	The UN recognized the lack of access to adequate water and sanitation services, including for menstrual hygiene management.
50th session of the Human Rights Council, (2022)	The World Health Organization emphasized menstrual health as a health and human rights issue and called for multi-sectoral, collaborative actions to ensure good menstrual health for all.
56th regular session Human Rights Council, (2024)	It highlights the essential role of menstrual hygiene management in advancing the human right to health and gender equality.
39th regular session of the Human Rights Council (2018)	The Human Rights Council explicitly acknowledged menstruation and menstrual hygiene as integral to the right to water and sanitation.

Whilst the key UN bodies are now increasingly paying it attention, this is only a very recent phenomenon, and doubts around oversight remain. The current policy framework does not sufficiently address the exceptional challenges associated with menstrual health, which may permit governments to take advantage of this ambiguity in protection [95]. This lack of robust policies, coupled with systemic impediments, can limit safe, knowledgeable, and hygienic menstrual health practices [96]. The absence of robust policies and systems makes menstrual problems and period poverty a silent crisis. Since states are not obligated by law to respond to menstrual health concerns, they end up ignoring the issue and violating women's right to health indirectly. Moreover, period poverty and menstruation-related issues affect mostly marginalized communities that hold no political influence, and this stops them from gaining change. Consequently, they suffer in silence, which results in a passive acquiescence to governments' failure to act.

Menstrual issues must never obstruct a woman or girl's rights, safety, or well-being, and if impactful advancement is to be made, then menstrual health must be a part of the WHO's main agenda [97]. At the moment, menstrual health stands out as a glaringly overlooked aspect of global health and development discourse. The absence of consistent and comprehensive policies underscores the importance need for a determined political willingness to initiate significant change. Legislation should be part of a wider "menstrual

moment” [98]. In order to bring out the institutional and social norm changes needed, menstruation has to be higher on both the global and national agendas [15]. The lack of legal and policy frameworks has permitted stigma and marginalization of menstruating women to continue and deepen. The next section looks into how stigma and social exclusion arise in society and their effect on women and girls.

5. Period Poverty and the Struggle for Human Dignity

The nonexistence of menstrual health in international development policies reveals a critical gap, especially considering the central role that menstrual health plays in attaining health equity and also gender equity. As the exposition around menstrual health increases in magnitude, the global community should take tangible measures to guarantee the recognition and protection of the rights of menstruating women and girls [95]. Many countries do not formally acknowledge that menstrual health should be seen as a human right. Menstrual hygiene rights are human rights, as the Universal Declaration of Human Rights states in its preamble that all human beings should be recognized for their inherent dignity [99,100]. However, this cannot be attained if women and girls are not given access to appropriate menstrual hygiene products and materials. This means that human dignity is not respected, as girls are likely to be shamed, isolated, or excluded merely for undergoing a natural biological process. Human dignity should be recognized as the integral humanness of all human beings. Human dignity is the core of humanity; without it, humankind cannot be constituted. Human dignity reflects the notion of the equal worth of everyone, everywhere [101,102].

Menstruation is intrinsically related to human dignity [41,92,103,104]. When menstruators cannot access appropriate menstrual hygiene products and materials, they fail to handle their menstruation with dignity. Human dignity involves placing deep recognition on the inherent and undeniable value of every human being. According to Copper (2021) [105], when organizational and governmental policies—springing from ignorance or antipathy—broadly harm menstruators, dignity-in-relation is eroded. In every aspect of life, people have the right to be treated with dignity. Menstruators will end up staining themselves or their clothes—particularly a ruinous and humiliating outcome for individuals who do not have access to clean or replace stained items [28]. Erratic odor releases lead to a menstruating woman losing dignity. This happens particularly when the victim is teased, shamed, or ostracized. Goffman, cited in Fitzpatrick (2008) [106], observed that stigma—the state of being disqualified from full social acceptance—is not only culturally-based and externally-driven, but also is often internally absorbed by the stigmatized person. Mental health concerns such as social isolation, depression, and anxiety accompany period poverty. Many people in low-income states still do not acknowledge that menstruation is a regular and biological aspect of life. Numerous taboos, extraordinary norms of banishing women and girls during menstruation, humiliating them, and other unfair practices pose a significant barrier to the realization of menstrual health rights.

Most current policies do not take into account the special requirements of menstruating people, and they are left without proper protection or support. There is increasing evidence of the problems encountered by girls, women, and all people who menstruate to handle their menstrual cycles with dignity, comfort, and safety [107–109]. Cooper (2021) [105] maintains that menstruators exposed to these policies encounter physical harms and dignitary harms that impact their personal identity and their self-belief (dignity-of-self). Period poverty can also contribute to institutional dehumanization, as institutions (such as schools, states, or communities) are unable to see menstruating people as worthy of help. The inability to offer care reduces them to “bodies with problems”, not rights-holding and dignity-entitled individuals. Through this, they are forced to the fringes of society,

living in social exclusion that takes away from them opportunities, voice, and participatory inclusion in public life.

Siersbaek et al. (2023) [110] stress that people experiencing social exclusion frequently have higher and more complex health needs and poorer access to healthcare than the general population. Numerous malpractices and misconceptions may contribute to adverse health consequences [111]. Social exclusion or social marginalization is a social disadvantage and results in relegation to the fringes of society. Period poverty is a health, economic, and dignity issue. This implies that addressing period poverty is crucial in the maintenance of human dignity, social justice, and equality. It points to gender injustice because menstruation happens to women and girls alone, and yet their voices go unheard or are stigmatized. Stigma and exclusion operate to affirm the claim that women's bodies are somehow problematic. The absence of strong policy also serves to advance this narrative, perpetuating gender inequality further. Their inability to enforce conveys the message that menstrual health does not matter, thus reinforcing systemic neglect.

6. Conclusions

Despite the reality that the menstrual cycle is a biological necessity, menstrual health remains a challenge for many women due to ongoing economic and social barriers. Global and national health policy on menstruation is inconsistent, with little understanding of menstruation as a policy issue. Simultaneously, the financial limitations render the majority of women unable to purchase menstrual products, hence causing period poverty. This compels them towards inadequate or unclean materials during menses, subjecting them to urogenital infections. In addition to these negative health outcomes, limited access to menstrual health products can cause humiliation, leading to stigmatization, indignity, and ostracization. The resulting stigma not only affects their physical well-being but also causes mental stress and a deep sense of not belonging within society. That women are forced to struggle on their own in obtaining menstrual products is direct proof of an emergency level of public health and gender equality critical shortage. Shameful period poverty is eroding health outcomes, education, economic productivity, and self-esteem. Given these challenges, it is necessary to make menstrual health a global priority.

The absence of robust legal and international norms that specifically address menstrual health perpetuates neglect and the ongoing failure to meet the needs of menstruating women. Without global norms and standards for menstrual health, efforts remain fragmented, leading to inconsistent access to menstrual products, education, and care. This deepens stigma, worsens health outcomes, and reinforces gender inequality across communities. This study argues that period poverty is systemic and must be dismantled for the countless harms it causes. When governments and policymakers refuse to address the topic of menstruation through inclusive public policy, they de facto consider menstruation an individual matter. This regards women as problematic bodies instead of treating them as individuals with rights, dignity, and health concerns that are worthy of the interest and protection of the public.

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