CROSS-COUNTRY REPORT 2025

MENSTRUAL DIGNITY & DISCRIMINATION

EXPERIENCES OF MENSTRUATORS IN NINE COUNTRIES FROM A BASELINE POPULATION-BASED SURVEY

In partnership with
RÉPUBLIQUE FRANÇAISE
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EXECUTIVE SUMMARY

Study Overview

This cross-country report presents key findings from **a baseline study on menstrual dignity and discrimination in nine countries**: Benin, Cameroon, Côte d'Ivoire, Dominican Republic, Guinea, Haiti, Nigeria, Pakistan, and the Philippines.

It was conducted through **a mixed-methods, population-based survey of 4,936 women, girls, and gender-diverse persons who menstruate**. Data were collected via a dual modality approach that combined online and in-person surveys to ensure the **inclusion of diverse and often underrepresented populations**, including persons living with disabilities, lesbian, gay, bisexual, transgender, queer, intersex, agender or asexual, and other diverse (LGBTQIA+) individuals, people living in humanitarian settings, Indigenous persons, and others who are systematically marginalized.

Key Findings

MENSTRUAL DISCRIMINATION IS NEARLY UNIVERSAL.

93% **of menstruators across all countries experienced menstrual discrimination in the form of exclusion from daily activities and/or being teased.**

- **Exclusion from regular activities is the dominant form of menstrual discrimination.** Nearly all menstruators who experienced discrimination were unable to participate in one or more activities during their last menstrual period.
    - **The restrictions on menstruators' participation in typical activities are multifaceted, extending to all aspects of menstruators' lives.** These restrictions go far beyond attending school or work, also extending to limitations on touching certain objects, sleeping in one's usual place, playing or exercising, entering certain rooms in the house, participating in religious or cultural activities, socializing, eating or drinking specific items, cooking, interacting with men, bathing, and leaving the home.
    - The most common menstruation-related restriction across countries was being barred from touching certain things, such as religious or spiritual books, food, family relics, and crops or other plants. Reported by 61% of menstruators, limitations on touching certain items reflect entrenched beliefs that menstruation is contaminating or impure.
    - **Insufficient access to pain management solutions, stigma, and inadequate water, sanitation, and hygiene (WASH) facilities were the top structural drivers of inequitable participation in standard activities by menstruators**. Religious and cultural norms were also frequently cited as obstacles that propagated the exclusion of people who menstruate.

- Access to menstrual products, as well as supportive social norms and attitudes, were frequently identified by menstruators as enablers of their full participation in regular activities.

- **36% of menstruators were teased because of their period in the last six months.** This verbal harassment was enacted by diverse societal actors.
    - **Boys were the most frequently cited perpetrators**, followed by girls, family members, and partners.
    - 30% of menstruators identified teachers as a source of menstruation-related teasing, which highlights the **institutionalization of menstrual discrimination and stigma within educational systems**.

NEGATIVE ATTITUDES TOWARDS MENSTRUATION PREVAIL.

Only 19% **of menstruators reported that they were proud to menstruate.**

- **70% of menstruators across all nine countries believed that menstruation was dirty or impure, while 69% believed that their community held this same negative perspective**.
- **39% of menstruators reported that they believed that women were inferior to men because they menstruate**, demonstrating the close relationship between menstrual stigma and harmful gender norms.
- Drivers of these stigmatizing attitudes include menstrual odour and staining, which respondents emphasized required enhanced access to menstrual hygiene management. Menstruators also indicated that physical challenges such as menstrual pain, fatigue, and mood changes, as well as insufficient education and deeply entrenched social norms, were frequent contributors to menstrual exclusion.
- Facilitators of positive attitudes include recognizing menstruation as a natural bodily process, positively associating it with fertility and adulthood, and exposure to activities that transform social norms and counter stigma or misinformation.
- 41% of menstruators think that menstruation should be openly discussed with everyone, which presents an entry point for changing these negative attitudes.

KNOWLEDGE OF MENSTRUAL HEALTH AND HYGIENE EXISTS, BUT CRITICAL GAPS REMAIN.

Just 48% **of menstruators could correctly identify the fertile period of the menstrual cycle.**

- While 87% of menstruators are aware of at least two purpose-made menstrual products, and 81% know the recommended frequency for changing menstrual products, only 48% correctly identified the fertile period of the menstrual cycle, indicating gaps in menstrual and reproductive health knowledge.

ACCESS TO MENSTRUAL PRODUCTS IS ALARMINGLY LOW.

Only 13% **of menstruators in all countries reported that their preferred menstrual products were both available and affordable.**

- Menstruators reported spending an average of US$2.16 per month on menstrual products, representing a significant burden for those with limited financial resources.
- Use of menstrual products from social and solidarity enterprises (SSEs) was nearly non-existent, indicating a major opportunity for local SSEs to fill the gap in access to affordable menstrual products.

Implications

The findings reveal that **menstrual discrimination is pervasive, intersectional, and multidimensional**. Sustained by numerous structural factors, addressing this widespread issue requires moving beyond a narrow menstrual hygiene approach toward comprehensive, rights-based, and gender-transformative **strategies that centre menstrual dignity**.

This baseline study provides a robust foundation of **evidence to inform action aimed at dismantling menstrual discrimination** so that menstrual dignity can be ensured for women, girls, and gender-diverse people worldwide.

1. INTRODUCTION

This report consolidates the findings from baseline population-based surveys conducted for the Sang pour Sang project, a three-year initiative led by Fòs Feminista to address menstrual discrimination in nine countries in sub-Saharan Africa, Asia, and the Caribbean: Benin, Cameroon, Côte d'Ivoire, Dominican Republic, Guinea, Haiti, Nigeria, Pakistan, and the Philippines. The Sang pour Sang project aims to challenge the structural drivers of menstrual discrimination so that women, girls, and gender-diverse individuals can menstruate with dignity.

Funded by Agence Française de Développement (AFD), the project is implemented through a consortium of four international organizations: Fòs Feminista, PSI-Europe, Equipop, and the Global South Coalition for Dignified Menstruation (GSCDM). This collaboration leverages diverse expertise to address structural barriers to menstrual health and dignity, amplifying the voices of people who menstruate, particularly those from marginalized constituencies.

1.1 Context of Menstrual Discrimination in the Nine Countries

Menstrual discrimination is a widespread issue that intersects with structural factors across Benin, Cameroon, Côte d'Ivoire, the Dominican Republic, Guinea, Haiti, Nigeria, Pakistan, and the Philippines. While shared challenges such as stigma and inadequate infrastructure are evident, each country also features unique cultural and socio-economic dynamics that shape the experiences of menstruators.[1]

- In **Benin**, traditional beliefs consider menstruation as unclean, leading to social exclusion and significant school absenteeism among girls (Amplify Change, 2023).
- **Cameroon** faces similar taboos, where menstruators are often excluded from cooking and social activities, with 70% lacking access to basic menstrual products (Kindzeka, 2024).
- In **Côte d'Ivoire**, limited education about menstrual health compounds these challenges, with urban and rural disparities shaping access to menstrual products and services (Sheehy et al., 2021).
- In the **Dominican Republic**, menstrual stigma intersects with socio-economic inequalities, leaving underserved communities particularly vulnerable (Days for Girls International, 2024).
- **Guinea** struggles with high poverty levels, where many menstruators resort to unhygienic alternatives due to the high cost of sanitary products (Manet et al., 2023).
- Similarly, economic instability and insufficient water, sanitation, and hygiene (WASH) facilities in **Haiti** make menstrual management a persistent challenge, particularly in disaster-affected areas (Sisters of Mercy, 2019; Red Cross, 2024).
- In **Nigeria**, cultural norms and affordability constraints significantly limit access to preferred menstrual products, with only a fraction of menstruators reporting adequate options (National Population Council, 2019).
- **Pakistan** faces entrenched taboos, where open discussions about menstruation are rare, further limiting awareness and education (Medical Xpress, 2019).

[1] "Menstruators" primarily refers to individuals who are currently menstruating but may also include those with the ability to menstruate, those who have not menstruated in the last 6–12 months due to pregnancy, recent childbirth, or health conditions, as well as those who are in menopause.

- In the **Philippines**, stigma and inadequate infrastructure in schools and workplaces continue to restrict participation during menstruation (Lee et al., 2015).

Across these contexts, the Sang pour Sang project seeks to address both shared and unique barriers, ensuring that all menstruators can manage their cycles with dignity and without discrimination.

1.2 Scope and Objectives of the Report

The baseline study plays a critical role in the Sang pour Sang project by providing a comprehensive understanding of the pre-existing conditions affecting menstrual health and dignity in the project's nine target countries. It identifies key structural barriers that can serve as benchmarks for tracking the project's impact over time. Furthermore, the baseline survey aims to inform the design and implementation of targeted interventions by highlighting specific challenges that menstruators face in each country. Without this foundational data, it would be impossible to measure progress or ensure that the project effectively and appropriately addresses the diverse needs of menstruators.

This report synthesizes data from nine detailed country reports, each providing an in-depth analysis of local conditions and challenges faced by menstruators. By aggregating these insights, the report provides a high-level overview of cross-country trends related to menstrual dignity and their unique contexts. The report presents data on priority indicators, such as the prevalence of menstrual discrimination, access to menstrual products, and their affordability, along with complementary data on other relevant indicators related to knowledge, attitudes, and practices. This includes qualitative responses from menstruators to open-ended survey questions that enrich the findings presented herein.

1.3 Added Value

The added value of this study lies in its inclusive approach, comprehensiveness, depth, and its comparability with similar data from men and boys.

Inclusion: The population-based survey of menstruators included an intentional approach to engage groups that are systematically excluded in each country. Not only does this reflect a commitment to feminist, inclusive, and intersectional research methodologies, but it also ensures that evidence on menstrual dignity and discrimination includes the lived experiences of marginalized menstruators who are often underrepresented or excluded.

Comprehensiveness: This study's assessment of menstrual discrimination captures experiences and perspectives that are not often considered in other menstrual health and hygiene surveys. By considering menstrual discrimination to be not only based on participation in school or paid work, but also the denial of basic rights (such as touching certain things, going outside of the home, bathing, sleeping, eating, and drinking as usual) as well as restrictions on the enjoyment of leisure activities (such as attending social events, playing, engaging in physical exercise, and socializing with men), this survey uncovered many types of discrimination against menstruators that are often left out of prior research. Such evidence is key to shifting from a narrow focus on menstrual hygiene to a more comprehensive and realistic approach grounded in health, rights, and dignity.

Depth: Unlike existing studies, which frequently lack qualitative insights and fail to capture the intersectional experiences of menstruators, this survey's mixed-methods approach enabled an in-

depth, intersectional understanding of menstrual experiences. This generated more robust, actionable insights into menstrual dignity, as well as what menstruators consider its key barriers and facilitators.

Comparability with data from other key actors: In parallel to the survey of menstruators, the study team conducted a population-based survey of men and boys in the same nine countries to gather critical contextual data on the socio-cultural dynamics that shape menstruators' experiences. This complementary survey provides insights into how men and boys can play a pivotal role in creating a supportive environment for menstrual health and dignity.

2. METHODOLOGY

2.1 Baseline Survey Design

This baseline survey was designed to gather representative data on the experiences of menstruating women, girls, and gender-diverse individuals across the nine focus countries of the Sang pour Sang project. To ensure the data were both broad and inclusive, an online survey was chosen as the primary data collection method, enabling wide-reaching, population-based coverage. Recognizing Fòs Feminista's commitment to amplifying the voices of all menstruators, additional consideration was given to marginalized groups whose experiences are often underrepresented. As a result, a complementary in-person survey was also conducted, specifically targeting marginalized groups such as persons living with disabilities, lesbian, gay, bisexual, transgender, queer, intersex, agender or asexual, and other diverse (LGBTQIA+) individuals, people living in humanitarian settings, and Indigenous persons.[2] This dual approach ensured that diverse, inclusive experiences of menstruation were captured across different socio-economic and cultural contexts.

The sample size for each country was calculated based on the estimated menstruating population, which ranges from 3 million in countries such as Guinea, Haiti, and the Dominican Republic to 55 million in Pakistan and Nigeria. Using a 95% confidence level and a 5% margin of error, the sample size required to achieve statistical significance was determined to be 385 respondents. However, a final sample size of 550 participants was agreed upon to further strengthen representation. This included 500 participants chosen from the general population through an online survey using quota sampling based on defined criteria (e.g., age, geographic location, and household income) to ensure population representation. It also includes approximately 50 participants from marginalized groups selected for an in-person survey using purposeful sampling.[3]

Both surveys were designed to assess indicators selected for the Sang pour Sang project that are essential to understanding menstrual health, menstrual dignity, and the structural drivers of menstrual discrimination in the nine countries covered in this study. Priority was given to the subset of indicators most essential for implementing this project, with the greatest focus on measuring the magnitude of menstrual discrimination and understanding its many forms.

[2] Indigenous persons were engaged in the Philippines.

[3] Purposeful sampling is a key qualitative research technique for selecting information-rich cases. It often employs criterion for the selection of participants, which is the purposeful sampling approach utilized for this study (Palinkas et al., 2013).

Table 1. Sang Pour Sang Priority Indicators

Domains	Priority Indicators
Supportive Environment and Behaviours	The percentage of menstruators who report menstrual discrimination
Product Knowledge and Acceptance	The percentage of menstruators who are aware of more than one type of menstrual product
Product Use and Preference	The percentage of menstruators using purpose-made menstrual products from local social and solidarity enterprises (SSEs)
Access to Products	The percentage of menstruators who report that their preferred menstrual product is available and affordable
Affordability and Willingness to Pay	The percentage reduction in monthly cost per menstruator from using purpose-made menstrual products

Source: Compiled by Q³ Strategy based on Sang pour Sang project indicators.

Based on these indicators and the definition of the key target groups, the research study team carefully designed the survey tools to be culturally relevant, accurate, and capable of capturing the complexities of menstrual health and discrimination across diverse contexts. The design process involved several steps, as shown in Figure 1.

Figure 1. Survey Design Process

These steps ensured that the survey tools were rigorously designed and aligned with global standards, and that they could capture diverse experiences across regions.

2.2 Data Collection Process

Data collection for this survey took place from 10 September to 17 October 2024, using online and in-person methods.

Online Survey

The online survey was programmed and administered by the research study team using the Forsta platform, a well-established tool for managing large-scale surveys. A quota sampling approach was used in the online survey to ensure adequate representation of key subgroups by age, geographical location (urban, peri-urban, or rural), and household income (see Table 2). This allowed the survey to capture the diverse experiences of menstruators across these key structural factors of discrimination and oppression. Other socio-demographic criteria, such as gender identity, disability, ethnicity, race, level of education, and prior history of pregnancies and births, were also included, though not as part of the quota system, to ensure broader, inclusive perspectives. Additionally, 5% (25) of the sample was comprised of menopausal individuals, recognizing that they contribute valuable insights into the long-term impacts of menstrual discrimination.

Table 2. Socio-Demographic Criteria for Quota Sampling Used for Online Surveys

Socio-Demographic Criteria	Subgroups	Percentage and Number of the Sample Targeted per Group
Age	• <15 years • 16–19 years • 20–24 years • 25–39 years • >40 years	20% (100 for each subgroup per country)
Geographical Location	• Urban • Peri-urban • Rural	33.3% (approximately 167 for each subgroup per country)
Perceived Household Income	• Able to meet all needs • Do not have financial difficulties • Struggling to make ends meet • Experiencing poverty	25% (125 for each subgroup per country)

Source: Compiled by the research study team.

A pilot study was first conducted with 10% (50) of the target respondents in each country from 10 to 15 September 2024. This pilot enabled the review and refinement of the survey questionnaire by identifying trends in responses, assessing skip patterns across questions, and monitoring dropout rates.

Each response was reviewed meticulously during the pilot phase to assess clarity and relevance within each country's context. The research study team and local country experts analysed the responses to identify areas of potential confusion or misinterpretation. The questions requiring refinement were then presented to the Fòs Feminista team. This collaborative process ensured that respondents understood the questions readily and minimized "Do not know" or neutral answers. These adjustments were made to capture clear, actionable baseline data, ultimately enhancing the survey's effectiveness in generating meaningful insights. After making these adjustments, the full survey was launched on 20 September 2024.

Survey response rates were monitored daily by the research study team. Once the target number of respondents (500, including specific quotas) was reached, the survey was closed.[4] Upon completion, the raw data from each country were presented in Excel, with banner tables for analysis.

In-person Survey

For the in-person survey, specific regions were chosen based on the target areas of the Sang pour Sang project (Table 3). The in-person survey used purposeful sampling to focus on marginalized populations that are harder to reach. This was conducted through a stakeholder mapping exercise with country experts to identify LGBTQIA+ individuals, persons living with disabilities, people living in humanitarian settings, and Indigenous persons, which were the criteria for the selection of participants using purposeful sampling.

[4] In Nigeria, the survey was closed on 4 October 2024; in other countries, it was closed on 17 October 2024.

Table 3. Target Regions Selected for the In-person Surveys

Countries	Regions
Benin	• Alibori • Atacora • Atlantique • Dongo • Kouffo • Littoral • Ouémé
Cameroon	• Douala • Southwest
Côte d'Ivoire	• Abidjan • Région du Lô-Djiboua • Région du Poro • Région du Tchologo • District Autonome de Yamoussoukro
Dominican Republic	• La Romana • Santo Domingo
Guinea	• Région de Conakry • Région de Faranah • Région de Kankan • Région de Mamou
Haiti	• South-East Département • West Département
Nigeria	• Adamawa • Benue • FCT/Abuja
Pakistan	• Punjab • Sindh
Philippines	• Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) • Manila • Zambales

Source: Compiled by Q³ Strategy.

For the in-person data collection, a similar pilot approach was followed, involving 10% (5) of the target respondents. Obtaining initial feedback from the enumerators and incorporating findings from the online survey preceded the main data collection phase. Special ethical considerations included conducting interviews in safe spaces and sharing resources for LGBTQIA+ groups. The surveys were completed once the target of 50 in-person interviewees was reached.[5] Data from the in-person interviews were securely compiled in password-protected Excel files, which is in line with Q³ Strategy's privacy policy.

[5] In some countries, the full 50-person target could not be reached (Benin: 42, Cameroon: 49, Guinea: 49, Philippines: 45) due to time constraints, challenges reaching participants, and ethical considerations for marginalized constituencies.

2.3 Data Analysis

To consolidate the results, data from both online and in-person surveys were merged, where possible. When merging was not feasible, the in-person survey results served as the primary source for data on a marginalized group. For instance, menstruators living in humanitarian settings and Indigenous persons were only engaged through the in-person survey.

Consolidated results were then analysed at a country level using both quantitative and qualitative methods to gain a comprehensive understanding of the diverse experiences of menstruators in each country context.

Descriptive and inferential statistical techniques were used to analyse quantitative data. Statistical significance testing was conducted using chi-squared and t-tests, as appropriate, to determine relationships between priority indicators. For categorical variables, such as certain demographic factors, chi-squared tests were used to assess associations with priority indicators. This involved constructing contingency tables to visualize distribution patterns, using a significance threshold (p-value <0.05) to determine the strength of associations. Correlation analyses and t-tests were used to examine continuous variables such as age and income and to assess their effects on outcomes.

Qualitative data were analysed using inductive coding in Excel and ATLAS.ti to identify key themes. The frequency of each theme was then tabulated and interpreted, before supporting extracts were selected.

Subsequently, the results of the mixed-methods analyses for each country were aggregated. A macro analysis of these data was then conducted to identify key trends and differences across countries.

2.4 Ethics and Safeguarding

The baseline survey adhered to the Q^3 Strategy's code of ethical principles and code of conduct. Further, ethical approval was obtained from HML IRB, an independent ethics review board.

The data collection process for this study was designed to obtain informed consent from all participants and to minimize risks when discussing sensitive topics related to menstrual health and discrimination. The in-person surveys of marginalized groups, including LGBTQIA+ individuals, persons living with disabilities, people living in humanitarian settings, and Indigenous persons, were conducted by trained interviewers, with a focus on creating a safe and respectful environment. The interview guides were carefully crafted to explore participants' experiences with sensitivity. All data collection teams underwent extensive training on safeguarding and were equipped to handle any safety concerns that arose during the process.

2.5 Limitations

While the baseline survey provides valuable insights into menstrual health and dignity, several limitations should be noted:

- **Social desirability bias:** Given the sensitive nature of menstruation, participants may have provided socially acceptable responses rather than those reflecting their true experiences or beliefs. This could have impacted the authenticity of some findings.
- **Variability in infrastructure and support:** Differences in WASH infrastructure and local support systems across urban, peri-urban, and rural regions may have limited the comparability of some findings across different geographic areas.
- **Limited longitudinal comparability:** Changes in social norms, policies, or other external factors – such as economic shifts or armed conflicts – may independently influence the survey results, generating discrepancies between the baseline and endline surveys that make it challenging to attribute changes solely to project interventions.
- **Translation challenges:** Translating responses from local dialects into English, particularly open-ended ones, may have resulted in the loss of nuanced sentiments or cultural context, potentially affecting the depth of the qualitative insights.
- **Brevity of open-ended responses:** Responses to open-ended questions, particularly during in-person interviews, were often brief due to the sensitive nature of the topic and the constraints of the data collection method.
- **Excluded demographic groups:** Some demographic groups, such as those living in humanitarian settings, Indigenous populations, and LGBTQIA+ individuals, were not asked to identify themselves in the online survey due to sensitivity concerns and potential risks. Due to this safeguarding measure, their representation relies solely on in-person data collection.
- **Small sample sizes for marginalized groups:** Although efforts were made to include marginalized populations, such as persons living with disabilities and those living in humanitarian settings, the relatively small sample sizes for these groups limit the generalizability of the findings.
- **Limited time frame:** The time frame for conducting the baseline survey constrained the depth of engagement with certain populations and reduced the opportunity for extended qualitative data collection.
- **Reliance on self-reported data:** As with any survey reliant on self-reported data, the accuracy of responses may have been affected by recall bias, subjective interpretations, or the willingness of participants to share their experiences honestly.

These limitations should be considered when interpreting the findings and designing interventions to ensure that future efforts address any gaps or challenges identified during the baseline.

3. MENSTRUATORS SURVEYED

3.1 Demographic Overview of Respondents

The baseline study surveyed **4,936 menstruators in the target regions of nine diverse countries**: Benin, Cameroon, Côte d'Ivoire, the Dominican Republic, Guinea, Haiti, Nigeria, Pakistan, and the Philippines. This extensive population-based survey captured the experiences of menstruators from varied socio-demographic backgrounds, including women, girls, and gender-diverse individuals. The map in Figure 2 illustrates the geographical spread of the survey, emphasizing inclusivity and ensuring representation from urban, peri-urban, and rural areas.

Figure 2. Map of Areas Included in the Population-based Survey

Source: Generated by the research study team in Google Maps using final menstruators' survey data from all nine countries, October 2024.

Geographical Location

Table 4 illustrates the geographic distribution of the survey participants across the nine countries, categorized into urban (33%), peri-urban (34%), and rural (33%) areas. The balanced distribution highlights how location influences access to menstrual health products, infrastructure, and support, ensuring an intersectional analysis of geographic disparities. A small percentage of responses (0.1%) were categorized as "Unknown".

Table 4. Geographic Profile of the Survey Participants

Survey Participants by Geographic Location	Benin n (%)		Cameroon n (%)		Côte d'Ivoire n (%)		Dominican Republic n (%)		Guinea n (%)		Haiti n (%)		Nigeria n (%)		Pakistan n (%)		Philippines n (%)		Total n (%)	
Urban	172	(32%)	191	(35%)	222	(40%)	168	(31%)	164	(30%)	190	(35%)	170	(31%)	178	(32%)	177	(32%)	1,632	(33%)
Peri-urban	171	(32%)	171	(31%)	176	(32%)	181	(33%)	198	(36%)	182	(33%)	210	(38%)	183	(33%)	192	(35%)	1,664	(34%)
Rural	199	(37%)	187	(34%)	152	(28%)	201	(37%)	187	(34%)	171	(31%)	171	(31%)	189	(34%)	176	(32%)	1,633	(33%)
Unknown	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	7	(1%)	0	(0%)	0	(0%)	0	(0%)	7	(0%)
All	**542**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**550**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**551**	**(100%)**	**550**	**(100%)**	**545**	**(100%)**	**4,936**	**(100%)**

Source: Final menstruators' survey data from all nine countries, October 2024.

Gender

The majority (98%) of survey participants identified as female, with smaller but notable representations of gender-diverse groups, including transgender individuals (0.5%), non-binary participants (0.4%), and those who preferred not to disclose their gender (1%). The inclusion of these groups ensures a broader understanding of menstrual health beyond the experiences of cisgender women.

Table 5. Gender Identities of the Survey Participants

Survey Participants by Gender Identity	Benin n (%)		Cameroon n (%)		Côte d'Ivoire n (%)		Dominican Republic n (%)		Guinea n (%)		Haiti n (%)		Nigeria n (%)		Pakistan n (%)		Philippines n (%)		Total n (%)	
Female	534	(99%)	541	(99%)	541	(98%)	538	(98%)	528	(96%)	544	(99%)	545	(99%)	534	(97%)	535	(98%)	4,840	(98%)
Transgender	0	(0%)	1	(0%)	2	(0%)	3	(1%)	6	(1%)	0	(0%)	2	(0%)	7	(1%)	1	(0%)	22	(0%)
Non-binary	3	(1%)	1	(0%)	2	(0%)	2	(0%)	5	(1%)	0	(0%)	1	(0%)	0	(0%)	4	(1%)	18	(0%)
Gender-fluid	0	(0%)	0	(0%)	0	(0%)	0	(0%)	1	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	1	(0%)
Queer	0	(0%)	0	(0%)	0	(0%)	0	(0%)	2	(0%)	0	(0%)	0	(0%)	1	(0%)	0	(0%)	3	(0%)
Prefer Not to Say	5	(1%)	6	(1%)	5	(1%)	7	(1%)	7	(1%)	6	(1%)	3	(1%)	8	(1%)	5	(1%)	52	(1%)
All	**542**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**550**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**551**	**(100%)**	**550**	**(100%)**	**545**	**(100%)**	**4,936**	**(100%)**

Source: Final menstruators' survey data from all nine countries, October 2024.

Age

Table 6 presents the age distribution of survey participants across nine countries. The sample included adolescents (<15 years, 18%), young people (16–24 years, 41%), adults (25–39 years, 21%), and older adults (>40 years, 20%). This comprehensive age representation supports the survey's goal of addressing menstrual health and dignity for all individuals, regardless of age.

Table 6. Age Profile of the Survey Participants

Survey Participants by Age Group	Benin n (%)		Cameroon n (%)		Côte d'Ivoire n (%)		Dominican Republic n (%)		Guinea n (%)		Haiti n (%)		Nigeria n (%)		Pakistan n (%)		Philippines n (%)		Total n (%)	
<15 years	112	(21%)	124	(23%)	89	(16%)	105	(19%)	103	(19%)	111	(20%)	97	(18%)	72	(13%)	87	(16%)	900	(18%)
16–19 years	97	(18%)	111	(20%)	92	(17%)	116	(21%)	105	(19%)	84	(15%)	108	(20%)	143	(26%)	119	(22%)	975	(20%)
20–24 years	104	(19%)	125	(23%)	137	(25%)	115	(21%)	123	(22%)	123	(22%)	89	(16%)	95	(17%)	120	(22%)	1,031	(21%)
25–39 years	111	(20%)	108	(20%)	122	(22%)	100	(18%)	108	(20%)	122	(22%)	130	(23%)	128	(23%)	130	(24%)	1,059	(21%)
>40 years	118	(22%)	81	(15%)	110	(20%)	114	(21%)	110	(20%)	109	(20%)	127	(23%)	112	(20%)	89	(16%)	970	(20%)
Unknown	0	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	1	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	1	(0%)
All	**542**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**550**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**551**	**(100%)**	**550**	**(100%)**	**545**	**(100%)**	**4,936**	**(100%)**

Source: Final menstruators' survey data from all nine countries, October 2024.

Socio-economic Status

Table 7 captures the socio-economic status of survey participants, focusing on perceived household income levels. A notable proportion (28%) reported struggling to make ends meet, while 24% identified as living in poverty. Meanwhile, 23% indicated no financial difficulties, and 26% stated they were able to meet all their needs. These statistics reflect the economic challenges many respondents face and their potential impact on access to menstrual health resources.

Table 7. Income Status of the Survey Participants

Survey Participants by Perceived Household Income	Benin n (%)		Cameroon n (%)		Côte d'Ivoire n (%)		Dominican Republic n (%)		Guinea n (%)		Haiti n (%)		Nigeria n (%)		Pakistan n (%)		Philippines n (%)		Total n (%)	
Able to Meet All Needs	140	(26%)	147	(27%)	116	(21%)	128	(23%)	134	(24%)	132	(24%)	109	(20%)	142	(26%)	139	(26%)	1,187	(24%)
Do Not Have Financial Difficulties	112	(21%)	146	(27%)	121	(22%)	145	(26%)	125	(23%)	127	(23%)	123	(22%)	120	(22%)	134	(25%)	1,153	(23%)
Struggle to Make Ends Meet	166	(31%)	127	(23%)	170	(31%)	150	(27%)	160	(29%)	151	(27%)	176	(31%)	142	(26%)	141	(26%)	1,383	(28%)
Experiencing Poverty	124	(23%)	122	(22%)	136	(25%)	122	(22%)	128	(23%)	133	(24%)	139	(25%)	146	(27%)	129	(24%)	1,179	(24%)
Prefer Not to Say	0	(0%)	3	(1%)	7	(1%)	5	(1%)	2	(0%)	5	(1%)	4	(1%)	0	(0%)	2	(0%)	28	(1%)
Unknown	0	(0%)	4	(1%)	0	(0%)	0	(0%)	0	(0%)	2	(0%)	0	(0%)	0	(0%)	0	(0%)	6	(0%)
All	**542**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**550**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**551**	**(100%)**	**550**	**(100%)**	**545**	**(100%)**	**4,936**	**(100%)**

Source: Final menstruators' survey data from all nine countries, October 2024.

Educational Backgrounds

A notable proportion of respondents (20%) reported having had no formal education, while 35% had completed primary school, 17% had completed junior high school, 14% had completed senior high school, and 13% had completed tertiary education (Table 8). These variations in educational attainment reflect the barriers faced by marginalized populations in accessing information and resources critical to menstrual health and dignity.

Table 8. Educational Profile of the Survey Participants

Survey Participants by Educational Profile	Benin n (%)		Cameroon n (%)		Côte d'Ivoire n (%)		Dominican Republic n (%)		Guinea n (%)		Haiti n (%)		Nigeria n (%)		Pakistan n (%)		Philippines n (%)		Total n (%)	
No Formal Education	99	(18%)	101	(18%)	129	(23%)	191	(35%)	106	(19%)	113	(21%)	92	(17%)	97	(18%)	66	(12%)	994	(20%)
Primary School	196	(36%)	192	(35%)	194	(35%)	175	(32%)	213	(39%)	225	(41%)	185	(34%)	174	(32%)	193	(35%)	1,747	(35%)
Junior High School	123	(23%)	97	(18%)	94	(17%)	0	(0%)	104	(19%)	69	(13%)	106	(19%)	146	(27%)	100	(18%)	839	(17%)
Senior High School	49	(9%)	79	(14%)	57	(10%)	90	(16%)	58	(11%)	66	(12%)	85	(15%)	99	(18%)	109	(20%)	692	(14%)
Tertiary Education	72	(13%)	79	(14%)	74	(13%)	61	(11%)	66	(12%)	75	(14%)	83	(15%)	33	(6%)	77	(14%)	620	(13%)
Prefer Not to Say	3	(1%)	1	(0%)	2	(0%)	33	(6%)	1	(0%)	1	(0%)	0	(0%)	0	(0%)	0	(0%)	41	(1%)
Unknown	0	(0%)	0	(0%)	0	(0%)	0	(0%)	1	(0%)	1	(0%)	0	(0%)	1	(0%)	0	(0%)	3	(0%)
All	**542**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**550**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**551**	**(100%)**	**550**	**(100%)**	**545**	**(100%)**	**4,936**	**(100%)**

Source: Final menstruators' survey data from all nine countries, October 2024.

Marginalized populations

The survey was designed to ensure wider representation and inclusivity, capturing the experiences of marginalized populations, including persons living with disabilities, people living in humanitarian settings, and Indigenous persons. These are tabulated in Table 9.

Table 9. Marginalized Populations Among Survey Participants

Survey Participants by Marginalization Status	Benin n (%)		Cameroon n (%)		Côte d'Ivoire n (%)		Dominican Republic n (%)		Guinea n (%)		Haiti n (%)		Nigeria n (%)		Pakistan n (%)		Philippines n (%)		Total n (%)	
Disability Status																				
Person living with disabilities	26	(5%)	17	(3%)	17	(3%)	12	(2%)	20	(4%)	5	(1%)	31	(6%)	17	(3%)	22	(4%)	167	(3%)
Not a person living with a disability	508	(94%)	525	(96%)	525	(95%)	529	(96%)	512	(93%)	517	(94%)	514	(93%)	529	(96%)	514	(94%)	4,673	(95%)
Prefer Not to Say	8	(1%)	7	(1%)	8	(1%)	9	(2%)	17	(3%)	10	(2%)	6	(1%)	3	(1%)	9	(2%)	77	(2%)
Unknown	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	18	(0%)	0	(0%)	1	(0%)	0	(0%)	19	(0%)
All	**542**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**550**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**551**	**(100%)**	**550**	**(100%)**	**545**	**(100%)**	**4,936**	**(100%)**

Survey Participants by Marginalization Status	Benin n (%)		Cameroon n (%)		Côte d'Ivoire n (%)		Dominican Republic n (%)		Guinea n (%)		Haiti n (%)		Nigeria n (%)		Pakistan n (%)		Philippines n (%)		Total n (%)	
Humanitarian Setting Status																				
Living in a Humanitarian Setting	20	(4%)	14	(3%)	18	(3%)	11	(2%)	19	(3%)	46	(8%)	21	(4%)	50	(9%)	0	(0%)	199	(4%)
Not Living in a Humanitarian Setting	22	(4%)	34	(6%)	32	(6%)	8	(1%)	30	(5%)	4	(1%)	30	(5%)	0	(0%)	0	(0%)	160	(3%)
Unknown[6]	500	(92%)	501	(91%)	500	(91%)	531	(97%)	500	(91%)	500	(91%)	500	(91%)	500	(91%)	545	(100%)	4,577	(93%)
All	**542**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**550**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**551**	**(100%)**	**550**	**(100%)**	**545**	**(100%)**	**4,936**	**(100%)**
Indigenous Status																				
Indigenous person	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	16	(3%)	16	(0%)
Not an Indigenous Person	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	29	(5%)	29	(1%)
Unknown[7]	542	(0%)	549	(0%)	550	(0%)	550	(0%)	549	(0%)	550	(0%)	551	(0%)	550	(0%)	500	(92%)	4,891	(99%)
All	**542**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**550**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**551**	**(100%)**	**550**	**(100%)**	**545**	**(100%)**	**4,936**	**(100%)**

Source: Final menstruators' survey data from all nine countries, October 2024.

The question on sexual orientation was optional for those surveyed in person. It was excluded from the online survey for safeguarding purposes, which accounts for the relatively low response rates across categories. While heterosexual respondents made up 16% of the total sample (Table 10), other sexual orientations, such as bisexual (0.4%) or lesbian (0.7%), had lower representation, highlighting the sensitive nature of this question. The option to refrain from responding was selected by a small percentage of participants (0.2%).

[6] Due to additional safeguards for respondents in humanitarian settings and limited internet connectivity among people affected by humanitarian emergencies, online survey participants were not asked whether they were currently living in humanitarian settings.

[7] Barring the Philippines, where Indigenous persons were specifically focused on, in all other countries, whether a person identified as Indigenous or not could not be determined.

Table 10. Sexual Orientation of Survey Participants

Survey Participants by Sexual Orientation	Benin n (%)		Cameroon n (%)		Côte d'Ivoire n (%)		Dominican Republic n (%)		Guinea n (%)		Haiti n (%)		Nigeria n (%)		Pakistan n (%)		Philippines n (%)		Total n (%)	
Asexual	4	(1%)	2	(0%)	1	(0%)	0	(0%)	0	(0%)	0	(0%)	2	(0%)	4	(1%)	0	(0%)	13	(0%)
Bisexual	1	(0%)	0	(0%)	3	(1%)	1	(0%)	3	(1%)	0	(0%)	1	(0%)	5	(1%)	8	(1%)	22	(0%)
Lesbian	0	(0%)	5	(1%)	6	(1%)	4	(1%)	12	(2%)	0	(0%)	1	(0%)	0	(0%)	7	(1%)	35	(1%)
Pansexual	0	(0%)	0	(0%)	1	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	1	(0%)	2	(0%)
Demisexual	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	1	(0%)	1	(0%)
Heterosexual	27	(5%)	39	(7%)	38	(7%)	44	(8%)	34	(6%)	50	(9%)	547	(99%)	12	(2%)	13	(2%)	804	(16%)
Queer	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	1	(0%)	0	(0%)	1	(0%)
Questioning	1	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	1	(0%)
Prefer Not to Say	2	(0%)	1	(0%)	1	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	4	(1%)	0	(0%)	8	(0%)
Unknown	507	(94%)	502	(91%)	500	(91%)	501	(91%)	500	(91%)	500	(91%)	0	(0%)	524	(95%)	515	(94%)	4,049	(82%)
All	**542**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**550**	**(100%)**	**549**	**(100%)**	**550**	**(100%)**	**551**	**(100%)**	**550**	**(100%)**	**545**	**(100%)**	**4,936**	**(100%)**

Source: Final menstruators' survey data from all nine countries, October 2024.

By engaging such a diverse sample, the baseline survey identified **structural barriers to menstrual health and dignity for menstruators, including those who are marginalized or systematically excluded**. As a result, the data from this study reveal critical intersections of gender, age, geography, and socio-economic status, which are key to designing tailored, inclusive solutions to menstrual discrimination that address the diverse needs of menstruators.

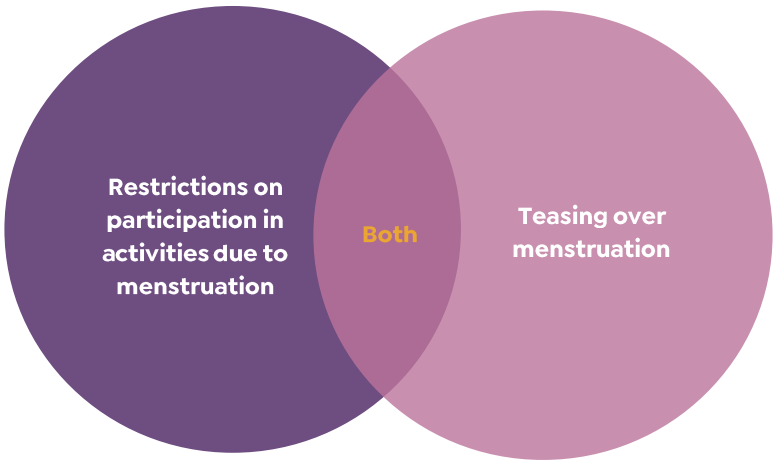
4. FINDINGS ACROSS COUNTRIES

This chapter presents the main findings from the baseline surveys conducted across the nine countries where the Sang pour Sang project is implemented. Drawing on data from each country, it provides an overview of key indicators related to menstrual health and dignity, including experiences of discrimination, knowledge, attitudes, practices, and access to menstrual products. The findings reveal challenges shared across countries and unique local nuances, offering a clear picture of the issues menstruators face in their everyday lives.

4.1 Key Findings on Menstrual Discrimination

Menstrual discrimination is the negative treatment of people who menstruate because of their menstrual period. This social process, which includes cognitive, attitudinal, and behavioural elements, leads to inequities against menstruators. In this study, **menstrual discrimination is defined as experiencing at least one restriction on regular activities during one's last menstrual period and/or experiencing teasing related to menstruation in the last six months** (Figure 3).

Figure 3. Menstrual Discrimination



Results revealed that most menstruators experience menstrual discrimination.

93% **of menstruators across all surveyed countries reported experiencing menstrual discrimination.**

The extremely high proportion of menstruators (4,568 out of 4,936) who reported experiencing exclusion from regular activities while menstruating and/or teasing due to menstruation demonstrates that **menstrual discrimination is a pervasive issue across countries**.

Menstrual discrimination was highest in Guinea and Benin, where 98% and 97% of respondents, respectively, reported experiencing it (Table 11). It was lowest in Nigeria, at 73%, but still much higher

than in similar studies conducted in countries in the Global South.[8] This may be due in part to this survey's more comprehensive definition of menstrual discrimination and its inclusion of a wide range of restrictions. For instance, the survey covered exclusion from participation in leisure activities and the exercise of basic rights, not just participation in school, which is often the only form of menstruation-related restriction considered.

Table 11. Menstruators Who Reported Menstrual Discrimination

Countries	Percentage and Total Number of Menstruators Who Reported Menstrual Discrimination
Guinea	98% (536)
Benin	97% (525)
Pakistan	96% (528)
Philippines	96% (521)
Haiti	95% (522)
Cameroon	95% (520)
Côte d'Ivoire	93% (513)
Dominican Republic	91% (502)
Nigeria	73% (401)
Total	**93% (4,573)**

Source: Final menstruators' survey data from all nine countries, October 2024.

The consistently high percentages of menstrual discrimination, with most countries reporting rates above 90%, reinforce the **urgent need for comprehensive interventions to address exclusion and teasing of menstruators**.

Multiple power structures influence the likelihood of experiencing menstrual discrimination.

Chi-squared tests revealed that, in all countries, menstrual discrimination correlates with race and ethnicity ($p<0.05$). This indicates that **existing structures of racism and ethnicity-based oppression persistently influence the likelihood of experiencing menstrual discrimination across all contexts**. Gender identity is also significantly associated with menstrual discrimination in all the surveyed countries except Nigeria, underscoring that **patriarchal, gendered structures of power result in people of certain gender identities being disproportionately affected by discrimination**.

In more than half of the countries surveyed, disability, education level, and household income are further structural factors that significantly affected menstruators' experiences with menstruation-

[8] Most published studies from similar contexts in the Global South measure the adverse impact of menstruation according to the prevalence of menstruators who are absent from school due to their menstrual period or their experiences with menstruation-related teasing. In countries in the Global South, the proportion of participants who reported missing school due to their period ranged from 12.8% to 55.5% (Adane et al, 2025; Ames & Yon, 2022; Garg et al., 2021; Kumbeni et al., 2021; Miiro et al., 2018; Mohammed et al., 2020; Shah et al., 2022; Swe et al., 2022; Tanton et al., 2021; Tegegne, 2014; Vashisht et al., 2018;). Of the two studies that assessed teasing, 13% and 57% of participants reported that they were teased due to their periods (Ames & Yon, 2022; Benshaul-Tolonen, 2020). These studies do not assess the prevalence of other forms of menstrual discrimination that are considered in this study, highlighting substantial gaps in existing evidence on this topic.

based discrimination. Humanitarian settings, age, and sexual orientation also influence this phenomenon, but their impact was highly variable, dependent on the country context.

Restrictions on activities were the most common form of menstrual discrimination.

Nearly all menstruators who experienced menstrual discrimination were unable to participate in one or more activities during their last menstrual period.

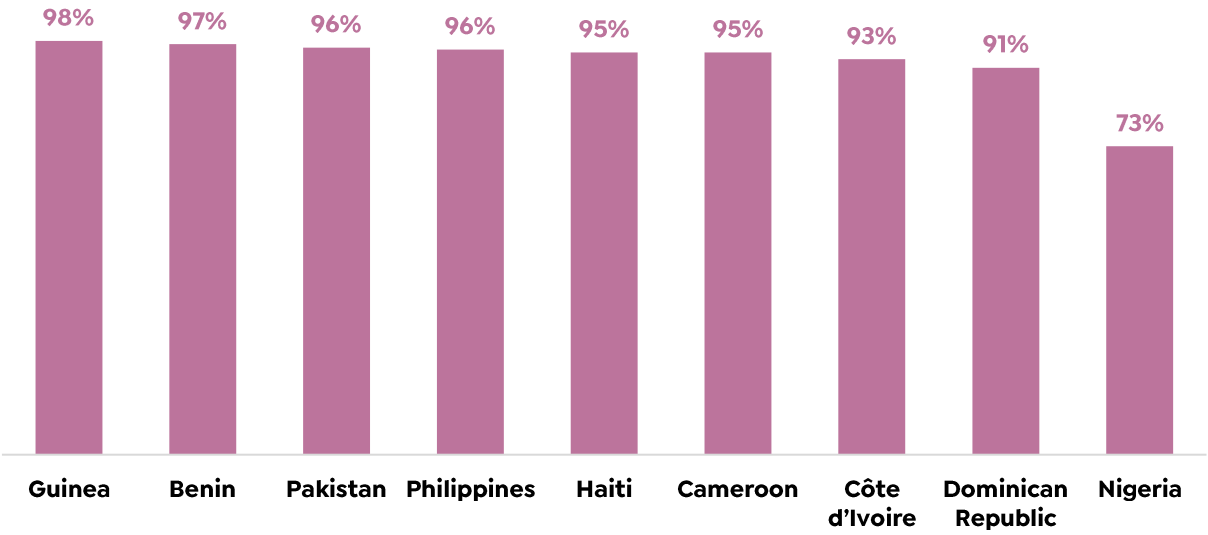
Menstruators were asked about their participation in a broad range of routine activities to develop a comprehensive understanding of the barriers to menstrual dignity. This included **productive activities** (such as attending school, engaging in paid work, and cooking), **social or leisure activities** (attending social events, playing, exercising, participating in religious events or rituals, and socializing with men), and **the exercise of basic rights** (touching certain things, going outside of the home, bathing, eating or drinking, entering into specific rooms, and sleeping in certain locations).

In all nine countries, **exclusion from typical activities was the most prevalent type of menstrual discrimination** reported by menstruators. While 63% of the menstruators who were treated negatively during their periods experienced only restrictions on activities, 37% experienced a combination of both restrictions on activities and teasing, and only 0.1% solely experienced teasing.

> I felt like I lost a part of my identity during my last period because of all the restrictions. It's hard to navigate cultural expectations.
>
> – MENSTRUATOR FROM NIGERIA

Across countries, the proportion of menstruators experiencing restrictions on one or more activities – either alone or in conjunction with teasing – ranged from 98% in Guinea to 73% in Nigeria (Figure 4). This is similar to rates of menstrual discrimination, demonstrating that exclusionary practices are the main driver of inequities for people who menstruate.

Figure 4. Percentage of Survey Respondents Who Reported Restrictions on Activities During Their Last Menstrual Period



Source: Final menstruators' survey data from all nine countries, October 2024.

Additionally, the consistently high prevalence of exclusion of menstruators from various social and cultural activities across countries suggests that structural barriers to the equitable participation of menstruators are both widespread and deeply embedded.

Touching certain things was the most common activity that menstruators were excluded from.

61% **of menstruators in all countries reported that they were restricted from touching certain things during their last period.**

Table 12 highlights the most frequently missed activity in each country, illustrating the cultural, structural, and societal factors shaping menstruation-related exclusion.

Table 12. The Most Commonly Missed Activities During Menstruation in Each Country

Countries	Top Missed Activities	Percentage and Total Number of Menstruators Who Reported the Top Missed Activity in Their Country
Benin	Touching certain things	65% (344)
Cameroon	Playing or doing physical exercise	69% (365)
Côte d'Ivoire	Sleeping in a certain place	66% (349)
Dominican Republic	Touching certain things	63% (339)
Guinea	Touching certain things	70% (378)
Haiti	Bathing	64% (336)

Nigeria	Playing or doing physical exercise	67% (294)
Pakistan	Touching certain things	72% (379)
Philippines	Touching certain things	66% (347)

Source: Final menstruators' survey data from all nine countries, October 2024.

In several countries, such as **Benin**, the **Dominican Republic**, **Guinea**, **Pakistan**, and the **Philippines**, **touching certain things is the activity menstruators are most often barred from**, reflecting taboos that stigmatize menstruation as impure or dirty. Common items that menstruators were not allowed to touch include religious or spiritual books, crops and other plants, food items, and family heirlooms or relics.

> I've heard hurtful words from people about women who have their periods. We are restricted from touching things because they think we are dirty. We are not!
>
> – MENSTRUATOR FROM THE PHILIPPINES

In **Cameroon** and **Nigeria**, the high prevalence of limitations on playing and physical exercise indicates that there are misconceptions, stigma, inadequate pain management solutions, and insufficient menstrual health resources for menstruators.

> During my period, I was told not to engage in sports at school. It was hard watching my friends play while I sat on the sidelines.
>
> – MENSTRUATOR FROM NIGERIA

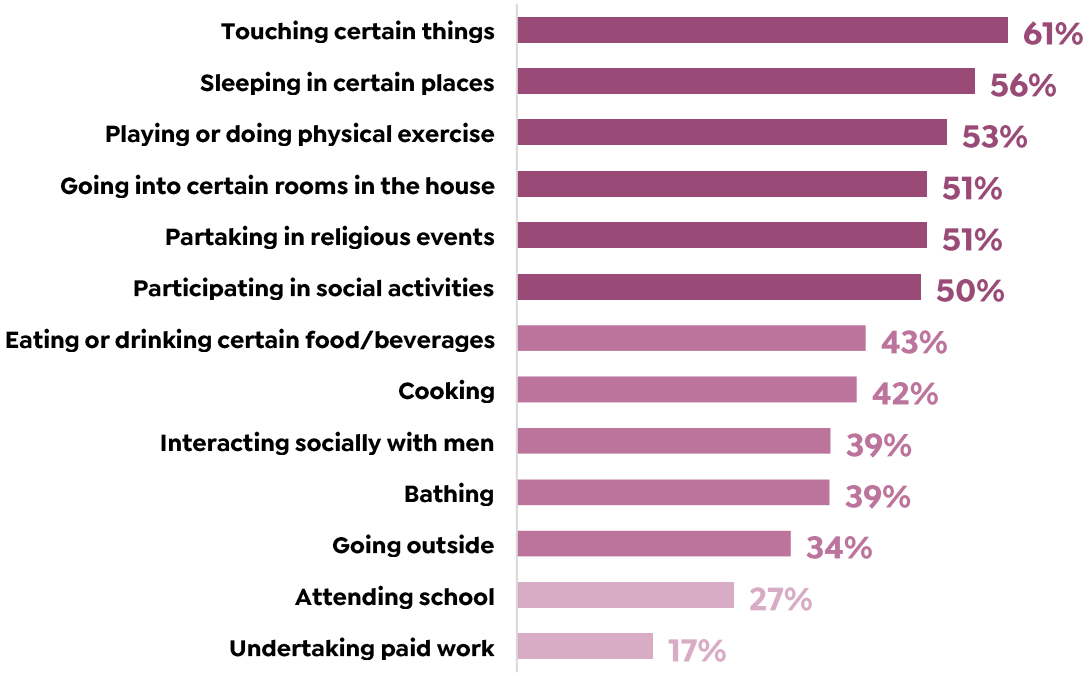
Haiti's restrictions on bathing during menstruation highlight misconceptions about the health effects of bathing and harmful beliefs that menstruation will contaminate hygienic spaces because it is dirty. Meanwhile, in **Côte d'Ivoire**, the high prevalence of being barred from sleeping in certain places reveals discriminatory attitudes that justify the denial of basic rights, as well as inadequate access to menstrual products for use while sleeping. As one menstruator explained, "I was not allowed to sleep on my bed and had to sleep on the floor due to my period."

These insights emphasize the need for tailored interventions to reduce menstrual discrimination, addressing both discriminatory attitudes and systemic barriers.

Menstruators experience multiple types of exclusion that are widespread and varied, extending to all aspects of their lives.

When the prevalence of each menstruation-related restriction is assessed independently, it reveals that exclusion of menstruators is multifaceted, extensively impacting a wide range of activities. Among surveyed menstruators in the nine countries, **more than half reported that during their last period, they could not touch certain things**, **sleep in certain places**, **play or engage in physical exercise**, **enter specific rooms of the house**, **participate in religious events**, **or socialize as they typically would** (Figure 5). This demonstrates that various forms of exclusion extend into many aspects of menstruators' lives.

Figure 5. Percentage of Menstruators Who Reported Experiencing Each Restriction During Their Last Period



Source: Final menstruators' survey data from all nine countries, October 2024.

Limitations on participation in school or work, meanwhile, were the least common forms of exclusion reported, despite being among the most common conceptions of how menstrual health and hygiene affect people. The higher prevalence of other forms of menstrual exclusion indicates that a narrow focus on responsibility-based activities, such as school or work attendance, provides an incomplete understanding of how menstrual discrimination manifests in menstruators' lives.

> In my region, menstruating women are not allowed to touch anyone, which isolates me from my friends and family.
>
> – MENSTRUATOR FROM PAKISTAN

Menstruators' responses to open-ended questions highlighted the adverse impact that menstruation-based exclusion had on the lives of women, girls, and gender-diverse people. As one respondent from Nigeria stated, "Being restricted from going outside made my period feel like a prison sentence." In Haiti, a respondent shared, "I was not allowed to enter my kitchen and cook proper food as there are misconceptions where periods are considered impure, and even a disease." In Pakistan, a menstruator expressed that, "I am often isolated from my family and friends and told to stay in a separate room." These experiences demonstrate how diverse menstruation-based restrictions isolate menstruators and oppress them in a wide-ranging manner.

There are many structural barriers to equitable participation of menstruators.

Pain, stigma, and inadequate WASH facilities

were the top barriers to participation in routine activities during menstruation.

Pain was the most frequent barrier to participation in routine activities identified by the menstruators surveyed. A respondent from Guinea stated, "The pain made it impossible to do my activities," while another from Côte d'Ivoire explained, "I had to skip school because the pain was too intense to concentrate on my studies." This indicates that **inadequate access to effective pain management solutions is a consistent structural factor driving the exclusion of menstruators.**

Stigma was a pervasive factor in menstruators' reported exclusion from activities, though its manifestations varied. For example, a menstruator in Cameroon shared that they were explicitly excluded, stating, "I was excluded from social interaction with men, particularly because they consider periods as a disease." Meanwhile, in the Dominican Republic, restrictions were more indirect, as menstruators shared that traditional views branded menstrual blood as "impure or unclean", implicitly influencing social interactions and individual behaviours in a negative manner that limited full participation in typical activities.

WASH infrastructure challenges were also a frequent structural barrier. Menstruators in countries with lower access to WASH facilities, such as Guinea and Nigeria, reported higher absenteeism from their regular activities due to the lack of safe spaces for changing or disposing of menstrual products. Additionally, across countries, the fear of embarrassment stemming from inadequate access to hygienic facilities for changing menstrual materials is a significant concern. In Cameroon, one respondent recounted, "Last time I had my period in school, and it was a very bad experience as my pad overflowed and my clothes got stained." In Guinea, a respondent noted: "I had to stay home because there was no separate toilet for girls." This demonstrates how insufficient facilities for menstruators are an indirect form of exclusion.

Religious and cultural norms that reinforce the exclusion of people who are menstruating are another structural barrier to equitable participation of menstruators; however, they were only explicitly identified by menstruators in some of the countries. In Côte d'Ivoire, Guinea, and Benin specifically, restrictions barring menstruators from participating in religious or social activities during menstruation were reported more frequently as a key reason that they could not conduct their usual routines.

> I had to miss [going to] cultural and religious places due to taboos in my country that [suggest] period blood is very impure and can spread disease.
>
> - MENSTRUATOR FROM GUINEA

In Côte d'Ivoire, respondents shared that, due to their period, "I can't perform prayers", it is "Impossible to pray", and "I was restricted to touch [sic] my grandfather's old trunk of his belongings as it was considered his last memory, which should be kept pure". Similarly, in Benin, cultural norms restricted menstruators' access to certain spaces, with one participant noting, "Culture made some places

inaccessible." In Guinea, respondents explained that "Organizers of our cultural festivals have clear guidelines about not participating if girls are menstruating" and "I was prohibited to enter our spiritual room where we usually practice our cultural activities when I was on [sic] my periods". This highlights the role of community gatekeepers and traditional leaders in upholding menstrual discrimination in these menstruators' communities. However, these harmful religious and cultural norms were less prevalent in the other countries surveyed.

Some common facilitators of participation in regular activities during menstruation already exist.

Access to menstrual products and supportive attitudes and social norms

were identified as pivotal factors that enabled menstruators to equitably participate in routine activities while menstruating.

A universal facilitator of equitable participation of menstruators across countries was **access to menstrual products**. In Benin, respondents attributed their ability to participate in activities to specific initiatives that provided them with menstrual products. For example, one respondent stated, "The SWEDD [Sahel Women's Empowerment and Demographic Dividend] project gave me pads that make my activities possible." Similarly, participants in Côte d'Ivoire highlighted the role of reliable menstrual products, such as "Vania [sanitary pads] and pantyliners", in supporting their daily routines. Across all countries, respondents frequently noted that confidence in their menstrual materials, combined with access to facilities that enabled regular changes, encouraged participation. As one individual from Benin stated, "The comfort that my material gives me and my self-confidence helped."

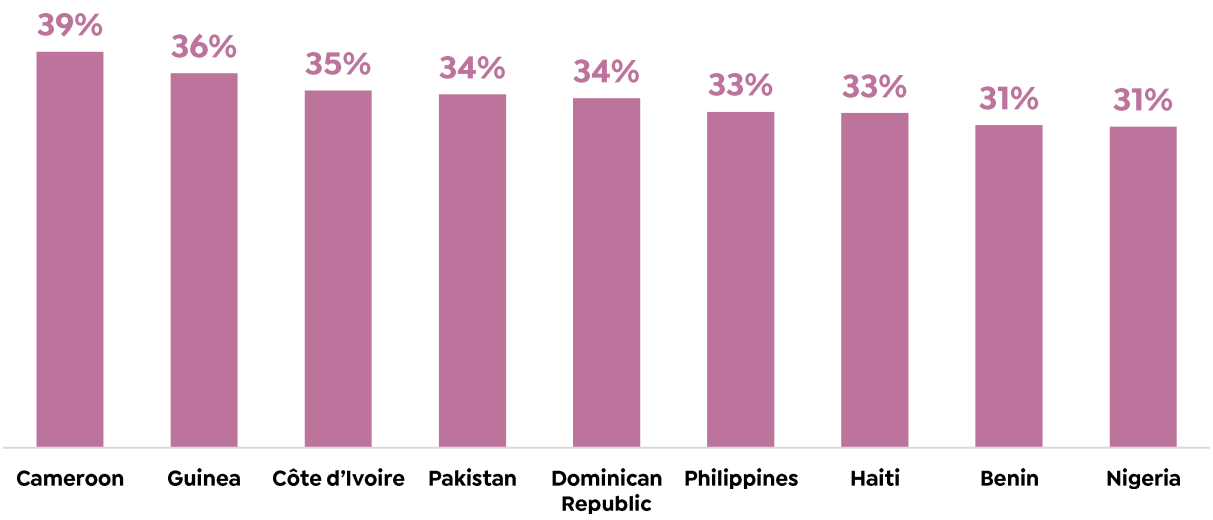
Supportive social norms and attitudes also facilitated participation, though they were less frequently mentioned. In Cameroon, respondents highlighted the importance of "support from loved ones", suggesting that supportive norms and attitudes also play a role in promoting menstrual dignity.

Teasing of menstruators is prevalent.

1 in 3 **menstruators across all countries reported that they had been teased for having a period during their last menstrual period.**

Overall, 36% (1,677) of menstruators surveyed reported that they were teased because of their periods in the past six months. While verbal ridicule is less pervasive than exclusion from activities, it still affects a significant proportion of menstruators across the nine countries surveyed.

Figure 6. Percentage of Menstruators Who Reported Teasing Due to Menstruation During the Last Six Months



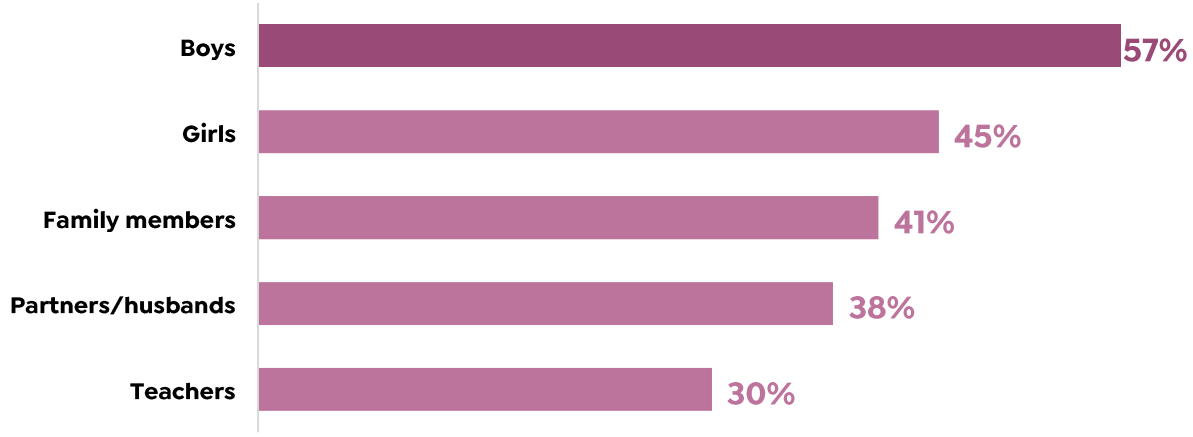
Source: Final menstruators' survey data from all nine countries, October 2024.

Figure 6 demonstrates that Cameroon had the highest percentage of menstruators who reported teasing (39%), followed by Guinea (36%) and Côte d'Ivoire (35%). Menstruators in Benin and Haiti both experienced the lowest levels of derogatory comments related to menstruation, at 31%. However, the difference among other countries is minimal, showing that no context is exempt from this issue.

Menstruation-related teasing is perpetrated by diverse societal actors, but boys are the most common source.

Of menstruators who were teased due to their period in the last six months, **57% were ridiculed by boys** (Figure 7). This makes boys the most common source of teasing. The Philippines and Cameroon had the highest proportion of menstruators teased by boys, at 67% and 62%, respectively**. This highlights that male populations are a key constituency that must be engaged with to eliminate menstrual discrimination, so that women, girls, and gender-diverse people can menstruate with dignity.**

Figure 7. Sources of Teasing Experienced by Menstruators



Source: Final menstruators' survey data from all nine countries, October 2024.

Girls also tease people who menstruate; 45% of menstruators reported girls as the source of derogatory comments, with the highest percentages reported in Nigeria (51%) and Guinea (50%). On average, family members were implicated in 41% of menstruators' experiences with period-related ridicule. In addition, although substantially lower in other regions surveyed, partners or husbands played a notable role in Guinea (78%).

30% of menstruators across countries cited teachers as a source of teasing, with the highest rate being reported in Guinea (32%) and the Dominican Republic (30%). While they are the least frequent perpetrators of teasing reported by menstruators, **it is concerning that these authority figures in educational institutions enact menstruation-related ridicule and harassment because it demonstrates that menstrual discrimination is institutionalized.** These institutional authorities are a crucial population to engage in interventions to ensure menstrual dignity, because without action, they may continue to perpetuate systemic bias and unfair treatment of menstruators within educational systems.

These findings show that bullying based on menstruation is pervasive and perpetrated by diverse societal actors, necessitating tailored, context-responsive interventions that engage these varied populations in supporting menstrual dignity.

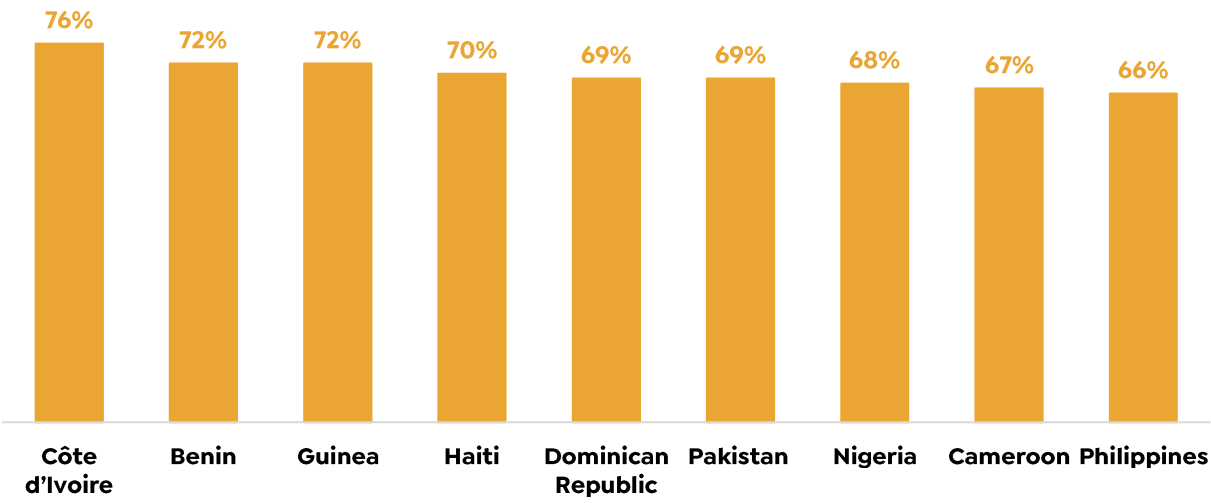
4.2 Key Findings on Menstrual Attitudes

Menstruators themselves believe menstruation is dirty or impure.

70% **of surveyed menstruators across all nine countries perceived menstruation as dirty or impure.**

An astounding 3,413 of 4,898 menstruators across nine countries believed menstruation is "dirty or impure", with the highest percentages in Côte d'Ivoire (76%), Guinea (72%), and Benin (72%), as shown in Figure 8. These figures highlight that **menstruators have entrenched negative beliefs that menstruation is foul or shameful, demonstrating internalized stigma about their own menstrual processes**.

Figure 8. Percentage of Menstruators Who Believe Menstruation Is Dirty or Impure



Source: Final menstruators' survey data from all nine countries, October 2024.

Many respondents linked menstruation to impurity. A menstruator in Guinea commented that "It is the dirt that accumulates that a woman disposes of as waste" and several respondents in Benin reported that menstruation is "dirty blood" or "waste".

Qualitative responses revealed that these **negative perceptions of menstruation were predominantly driven by menstruation-related odours, staining, and insufficient access to adequate resources for managing menstrual hygiene**. In Nigeria, a menstruator explained that they believe menstruation is dirty and shameful because "It stains my clothes and makes me smell, especially when I cannot afford the purpose-made materials". In Côte d'Ivoire, where the belief in impurity was strongest at 76%, menstruation was often described as messy and unpleasant due to its odour and the challenges associated with managing hygiene.

However, the menstruators who did not view periods as dirty or shameful revealed crucial promoters of positive attitudes towards menstruation**. The most prominent enabler of positive perceptions of menstruation was normalizing it as a natural bodily process**. Some menstruators highlighted the

health benefits of menstruation, calling it "cleansing" and "a natural process". In countries with strong religious influences, such as the Dominican Republic, Nigeria, Haiti, and Pakistan, menstruation was normalized as clean and pure because it is a natural process that comes from God or other divine forces.

> Menstruation is natural and created by God; it helps clean the body.
>
> – MENSTRUATOR FROM THE DOMINICAN REPUBLIC

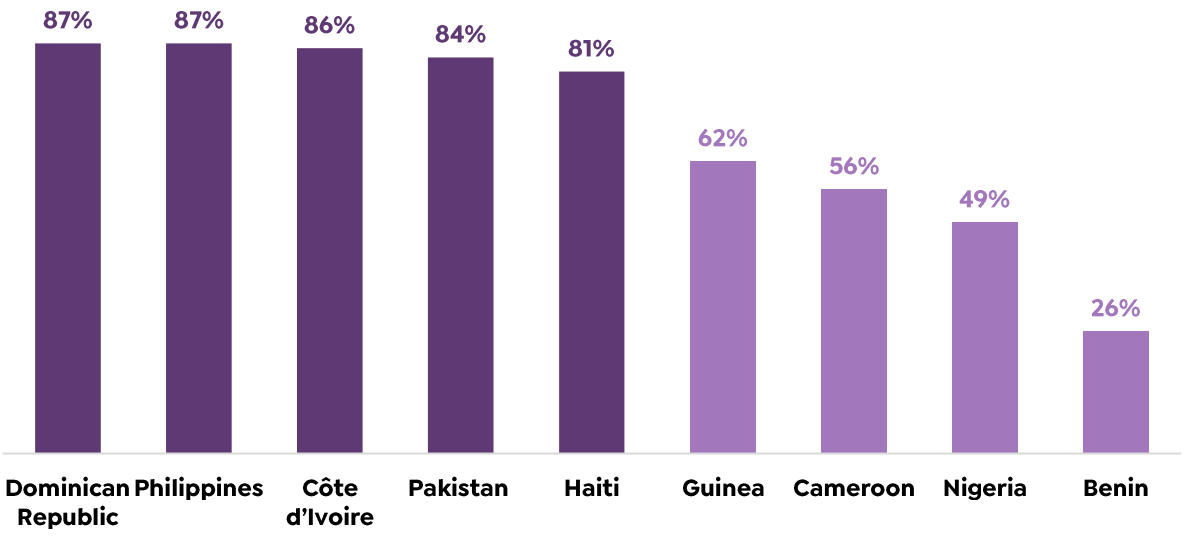
Respondents also constructively noted that menstruation is linked to fertility and womanhood, indicating that this natural biological process is beneficial because it enables them to do magnificent things, such as creating life and transitioning into adulthood.

Menstruators report that their communities also believe that menstruation is dirty, impure, or shameful.

69% **of all respondents believed that their community thinks that menstruation is dirty or impure.**

Over two-thirds of menstruators in the nine countries surveyed believed that their community viewed menstruation as dirty or impure. This belief was especially prevalent in the Dominican Republic (87%), the Philippines (87%), and Côte d'Ivoire (86%), where a large majority of menstruators reported perceiving such derogatory attitudes in their communities (Figure 9). Benin and Nigeria, meanwhile, had the lowest numbers of menstruators perceiving that their communities viewed menstruation as dirty or impure, being reported by 26% and 49% of respondents, respectively.

Figure 9. Percentage of Menstruators Who Believe Others in Their Community Think Menstruation Is Dirty or Impure



Source: Final menstruators' survey data from all nine countries, October 2024.

The qualitative insights and personal experiences of menstruators offer a deeper understanding of these community attitudes, highlighting the **role of social norms and knowledge levels in perpetuating discriminatory community opinions about menstruation**. For example, in the Dominican Republic, many respondents attributed the menstrual shame they experienced from their communities to stigma, myths, and limited accurate knowledge of menstruation. Similarly, one menstruator from Côte d'Ivoire shared that, "Others still see it as dirty, even if they don't know anything. They think that when a woman menstruates, she can't function. But we can!"

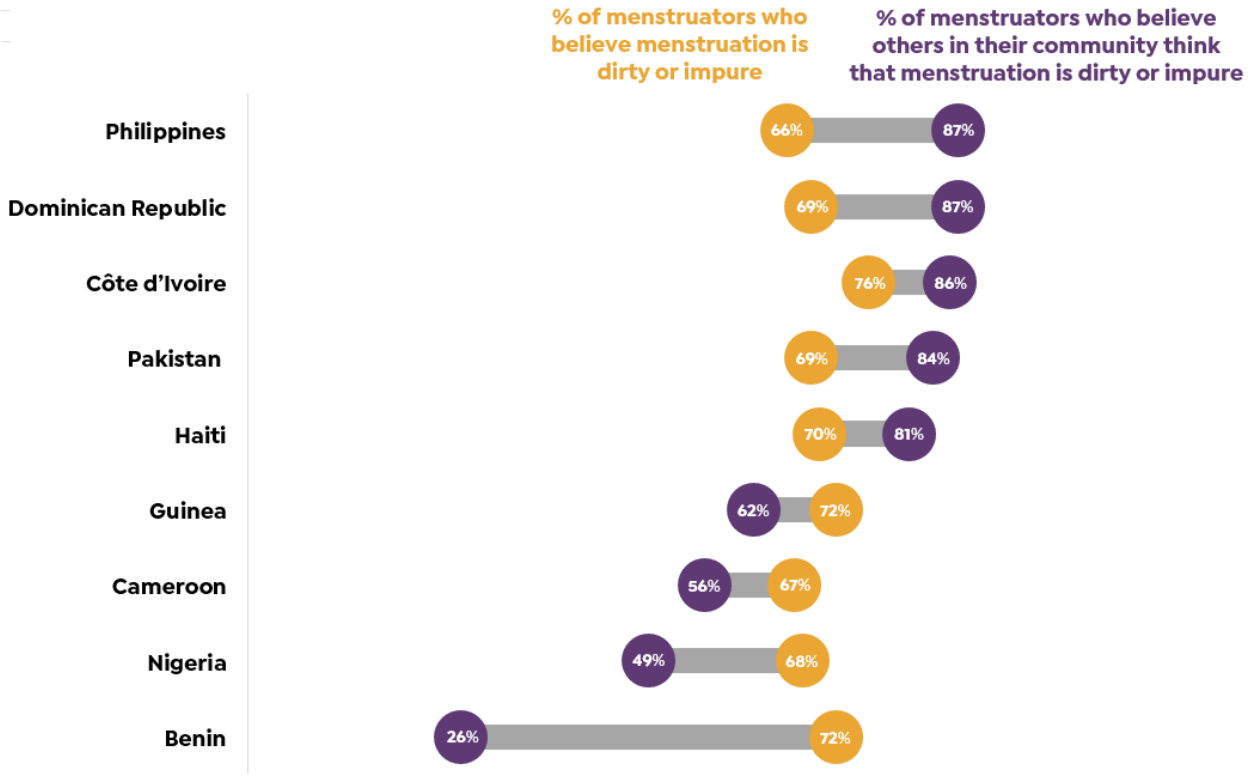
Despite the widespread belief that the communities where the menstruators came from viewed menstruation as dirty and impure, there were also menstruators who expressed optimism about positive community attitudes towards menstruation. Some respondents identified **positive shifts in generational attitudes as factors fostering community attitudes supportive of menstrual dignity**. For example, although the association of menstruation with uncleanliness was prevalent in Côte d'Ivoire, with phrases such as "Blood makes you dirty" and "It's messy" being frequently mentioned, a few participants acknowledged shifting attitudes as younger generations increasingly rejected these stigmas. Menstruators also **attributed supportive community attitudes to efforts to reduce harmful stigma and misinformation about menstruation.**

> Ongoing efforts by activists for educating people and spreading awareness about female hygiene and menstruation are slowly reducing the effect of stigma.
>
> – MENSTRUATOR FROM PAKISTAN

Although many menstruators linked their period to shame, attitudes within their communities toward this topic vary widely.

Most countries showed similar proportions of menstruators who believe that menstruation is dirty or impure, with figures ranging from 66% to 76% (Figure 10). However, perceptions among menstruators about their communities' views on this topic varied widely, with 26% to 87% believing that their community shared this belief. These differences reveal that community attitudes do not have a one-to-one relationship with menstruators' internalized derogatory beliefs about their periods, underscoring that there are also other factors influencing menstruators' negative views about this physiological process.

Figure 10. Differences in Menstruators' Personal Beliefs that Menstruation is Dirty or Impure vs. Perceived Community Views



Source: Final menstruators' survey data from all nine countries, October 2024.

In more than half of the countries surveyed – specifically the Philippines, the Dominican Republic, Côte d'Ivoire, Pakistan, and Haiti – menstruators highlighted that they perceived that their communities took a more negative view of menstruation than they did themselves. This further reinforces that **prevailing community-level attitudes about menstruation that perpetuate shame and stigma are a critical structural factor that must be addressed** to ensure menstrual dignity.

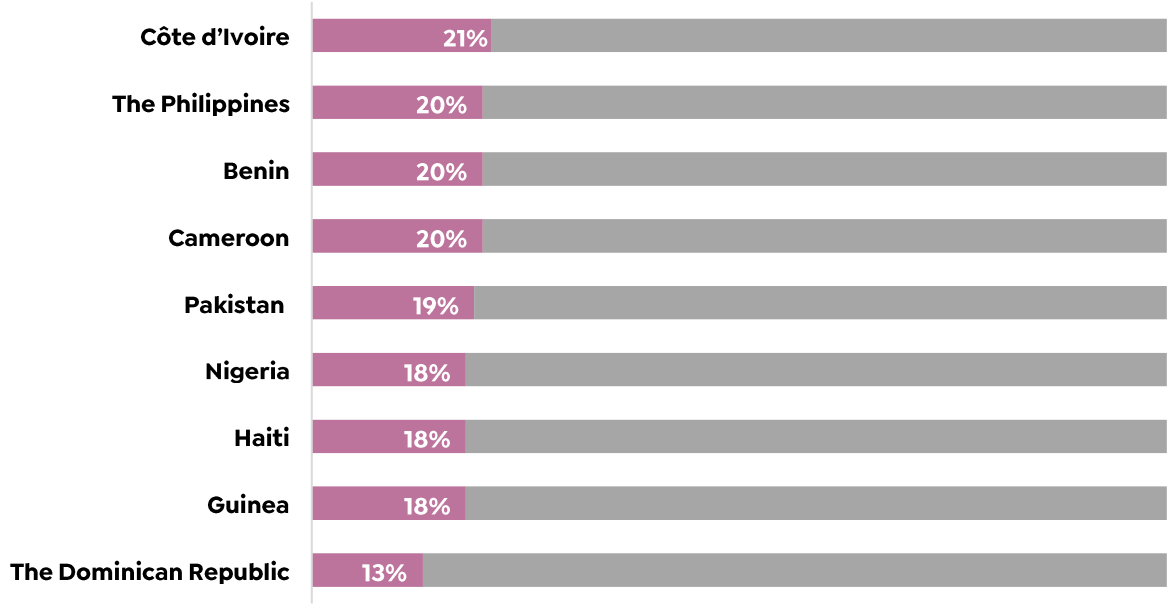
Interestingly, however, in Benin, Nigeria, Cameroon, and Guinea, more menstruators themselves believed menstruation to be dirty or impure than those who believed their community viewed it as such. For example, in Benin, 72% of menstruators personally viewed menstruation as impure, yet only 26% believed their community held the same view. Menstruators who felt more shame regarding their periods than their community identified that **menstrual hygiene challenges contributed to the gap between their internalized menstrual stigma and their perceptions of their communities' beliefs**. A respondent from Guinea highlighted this in saying, "Menstruation smells bad when not [well] managed." They also highlighted that **misconceptions due to menstruators' limited individual knowledge about menstruation contributed to this gap**. For example, a respondent in Benin explained that they felt menstruation was shameful and dirty because "It is the waste released by women", underscoring the role of inaccurate or limited knowledge in the shame they felt about their periods.

Less than a fifth of menstruators associate menstruation with positive self-worth.

Only 19% of menstruators reported being proud to menstruate.

The percentage of menstruators who feel proud to menstruate is consistently low across all surveyed countries, ranging from 21% in Côte d'Ivoire to 13% in the Dominican Republic (Figure 11). These findings reflect pervasive discriminatory attitudes towards menstruation, which prevent it from being embraced as a positive part of life.

Figure 11. Percentage of Menstruators Who Reported Feeling Proud to Menstruate



Source: Final menstruators' survey data from all nine countries, October 2024.

The qualitative responses from survey participants provide valuable insights into the low levels of pride in menstruation observed across all nine countries. **Physical pain and discomfort consistently emerged as the main barrier to menstrual pride.** Across all countries, respondents described how pain disrupted their daily activities and undermined any positive feelings. A participant in Nigeria stated, "It's hard to feel proud when all I feel is discomfort," highlighting how inadequate access to resources to manage the pain and physical challenges of menstruation is a pervasive issue affecting menstruators' self-esteem.

Stigma and shame were also widely cited as reasons why menstruators did not feel proud to menstruate. In the Dominican Republic, participants referred to menstruation as "messy" or "a monthly struggle", while in Nigeria, some respondents reported feeling "shy any time the word 'menstruation' is mentioned". In Haiti, one respondent stated, "Periods are a source of stress." These views reflect how societal attitudes towards menstruation often reinforce feelings of embarrassment and hinder pride.

Despite these widespread challenges, factors that enable menstruators to feel positive self-regard do exist. **A common facilitator of menstrual pride across contexts is the positive association of menstruation with fertility and womanhood.** In Benin, participants frequently stated that they are proud to menstruate because menstruation signifies becoming a woman and having the ability to bear children, with responses such as "It shows that I am fertile and can have kids" or "Menstruation made me a woman". Similar views were expressed in Cameroon, where menstruation was described as "a symbol of fertility and the ability to give life". This trend was also observed in Côte d'Ivoire and the Philippines, where menstruation was framed as a natural and essential part of being a woman.

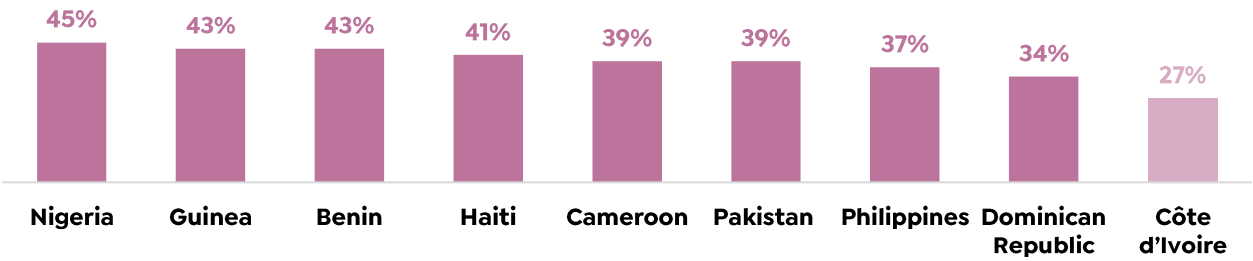
Despite these common trends across countries, there were also regional and contextual variations in the reasons why menstruators took pride in menstruation, highlighting the influence of local cultural and societal factors on attitudes.

Menstrual stigma and harmful gender norms are closely intertwined.

39% **of menstruators believe women are inferior to men because women menstruate.**

Across the nine surveyed countries, 1,865 of 4,836 menstruators (39%) believed that women are inferior to men because they menstruate. This negative perception varies across countries, from 45% in Nigeria to 27% in Côte d'Ivoire (Figure 12). These findings highlight the persistent influence of cultural, religious, and societal narratives on menstrual stigma and gender inequality.

Figure 12. Percentage of Menstruators Who Believed that Women Are Inferior to Men Because They Menstruate



Source: Final menstruators' survey data from all nine countries, October 2024.

Nigeria had the largest share of menstruators who believed that women are inferior to men because they menstruate (45%), reflecting the extensive influence of harmful patriarchal norms related to menstruation. Respondents cited the societal dominance of men and lack of awareness about menstruation as the drivers of this discriminatory view towards both menstruation and women, with remarks such as "It's a man's world" highlighting pervasive stigma. Guinea followed with 43% – religious teachings strongly influence attitudes in the country, and many respondents referenced beliefs such as "The Quran says women are inferior".

In Benin (43%), a mix of perspectives emerged. Some affirmed traditional views linking menstruation to inferiority, while others challenged these beliefs, emphasizing equality. This is evidenced by one respondent who categorically stated, "Menstruation does not make women inferior."

In Haiti, 41% of menstruators shared that they believe that menstruation makes women inferior to men, often citing beliefs that menstruation is associated with physical vulnerability.

In Cameroon and Pakistan (39% each), cultural traditions and practical challenges were prominent factors. Respondents noted that menstruation is often tied to notions of weakness, yet others rejected this idea, asserting that it does not diminish women's worth.

The Philippines (37%), the Dominican Republic (34%), and Côte d'Ivoire (27%) reported the lowest percentages. Many respondents in these countries rejected the notion of inferiority outright, framing menstruation as a natural process unrelated to the worthiness of a specific gender. In Côte d'Ivoire, respondents recognized shifts away from misogynistic attitudes towards people who menstruate. Statements such as "Menstruation does not define us as women" illustrate this more progressive stance.

Despite these variations across countries, a few shared themes emerged, especially around how **religious and cultural norms heavily shape perceptions of gender and menstruation.** Countries with a higher share of women who hold the belief that they are inferior to men because of menstruation demonstrate stronger links to traditional or religious beliefs that reinforce male dominance.

Other drivers of the perceived inferiority of women due to their menstrual period include the physiological challenges of menstruation, such as physical discomfort, fatigue, and emotional fluctuations. For example, a respondent from the Dominican Republic explained that they believe that women are inferior to men due to menstruation because "Periods make women emotionally unpredictable". This demonstrates how the biological processes of menstruation are used to validate both stigmatizing attitudes towards menstruation and harmful gender norms. **The belief that periods reduce people's ability to handle stress or perform demanding tasks was also a factor contributing to perceptions of inferiority**, reflecting internalized stigma among menstruators themselves.

Encouragingly, **positive perceptions of women, girls, and gender-diverse people who menstruate are gaining ground, particularly among younger generations and in urban settings**. Indeed, many respondents rejected discriminatory beliefs, emphasizing that menstruation is a natural biological process and asserting it is irrelevant to a woman's value vis-à-vis men. Statements such as "Menstruation is necessary for reproduction and does not make us inferior" reflect this positive shift in attitudes. **In addition to viewing menstruation as a natural physiological process, drivers of equitable attitudes towards menstruators included admiration of their ability to thrive despite period-related challenges and the essential role of menstruation in fertility.**

> Just because women menstruate doesn't mean they're inferior. In fact, they often show remarkable resilience and manage their lives exceptionally well despite it.
>
> – MENSTRUATOR FROM CÔTE D'IVOIRE

Overall, however, these findings demonstrate that the belief that menstruation renders women inferior to men remains prevalent, though it varies widely by context. While cultural, religious, and normative narratives perpetuate this harmful gender norm associated with menstruation, **there is evidence of positive shifts toward more gender-equitable and non-discriminatory views, particularly where evidence-based education, narratives, and advocacy address these detrimental norms**.

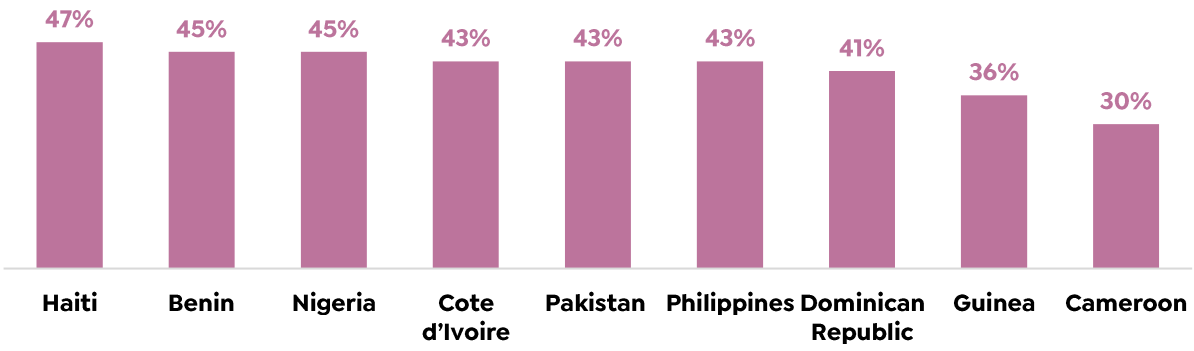
An existing willingness to openly discuss menstruation presents an opportunity for advancing menstrual dignity.

41% **of menstruators think that menstruation should be openly discussed with everyone.**

Although this study has identified multiple attitudinal challenges, the critical mass of menstruators (2,038 of 4,924) who expressed that menstruation should be openly discussed indicates that opportunities already exist for enhancing menstrual dignity. Indeed, **the fact that 41% of menstruators have an interest in discussing menstruation reveals that there is space to share evidence-based information, education, narratives, and advocacy that can address many of the diverse structural drivers of menstrual discrimination.**

Openness to discussing menstruation varies across countries (Figure 13), with Haiti (47%) showing the highest support for open discussions and Cameroon (30%) reflecting the lowest.

Figure 13. Percentage of Menstruators Who Think that Menstruation Should Be Openly Discussed with Everyone



Source: Final menstruators' survey data from all nine countries, October 2024.

Although close to half of the menstruators across the nine surveyed countries believed menstruation should be openly discussed, the majority figures show significant barriers remain, shaped by cultural norms, stigma, and societal expectations.

A divided conversation: Cultural and social norms shape openness

In Guinea and Cameroon, menstruation remains a deeply private matter, often shrouded in taboo. Many menstruators in Guinea described the discomfort associated with openly discussing menstruation. For example, one respondent noted, "It's upsetting to talk about it." Others labelled it a topic "too sensitive for women" or "a subject that remains confidential and taboo". **This reluctance reflects entrenched societal attitudes that view menstruation as something shameful or unclean**.

Respondents in Cameroon also highlighted the societal constraints that limit open dialogue. One participant remarked, "Talking about it openly affirms my femininity, but it is not always seen that way, so it is better to keep silent." Others emphasized the perception of menstruation as private, with one respondent stating, "It's an intimate subject for women." However, there were also voices challenging these norms, with some stressing the need for education: "Open discussions can help enlighten people about menstruation and combat misconceptions."

Emerging openness: The role of education and awareness

Countries such as Haiti, Benin, and Nigeria demonstrate a greater willingness to discuss menstruation openly, particularly among younger generations and individuals with higher education. In Haiti, where the highest percentage of respondents supported open dialogue, participants linked these discussions to empowerment and learning. One respondent shared, "Although periods are something people don't usually talk about, when you do, you help others." Another reflected on its societal significance, stating, "Every time you talk, you learn something new."

In Benin, respondents often connected openness with practical benefits, such as increased accurate knowledge and reduced stigma. One menstruator stated, "We must talk about menstruation so that those who don't have information know about it." However, this openness coexists with ongoing stigma. For instance, a respondent remarked, "It's hard to talk about menstruation because it's shameful." This duality highlights the cultural shifts occurring in some regions, where awareness campaigns are beginning to challenge taboos surrounding menstruation but have not yet eradicated them.

In Nigeria, perspectives were similarly divided. While some menstruators described openness as "an opportunity to educate others", others cited cultural and social constraints. One respondent observed, "The people around me don't like to talk about it and always feel it is an abomination." Still, the acknowledgement of menstruation as a natural process emerged in several comments, such as, "Menstruation is not a shameful thing, and I might get new ideas from others."

Persistent challenges: Stigma and embarrassment

Despite signs of progress in some countries, the responses reveal enduring challenges across all the surveyed regions. In the Dominican Republic, where 41% of menstruators supported open discussions, many respondents still framed menstruation as a private matter. One participant expressed, "I think it's private," while another remarked, "I don't like to talk about it." This sentiment was echoed in Pakistan, where religious and cultural norms often shape attitudes. As one respondent shared, "It is considered bad to talk about it; it is considered indecent." Yet, even within such contexts, some individuals recognized the need for change, asserting, "It should be discussed; it is an example [sic] of every woman, and there is nothing shameful about it."

The role of education in challenging these barriers was frequently mentioned. In Cameroon, one respondent noted, “Visibility and openness are essential to combat discrimination and prejudice.” Similarly, a participant from Guinea highlighted the generational potential for change, stating, “It’s a subject that shouldn’t be taboo… Future generations must prevent it from remaining so because it’s a natural phenomenon.”

A complex interplay: Private beliefs vs public action

A recurring theme across countries was the tension between recognizing menstruation as natural and the societal constraints that reinforce its private nature. Many menstruators noted the need to balance personal comfort with public advocacy. In the Philippines, one respondent articulated this complexity thus: “For me, it’s okay to talk about menstruation, specifically with my girlfriends. It’s normal to discuss this because it’s part of women’s health. But I would still feel uncomfortable talking about it in public.” Another shared, “It depends on who you are talking to.”

This variability reflects ongoing cultural and social factors shaping openness. While some individuals see public discussions as a way to normalize menstruation and support people who menstruate, others remain constrained by social norms that equate privacy with respectability.

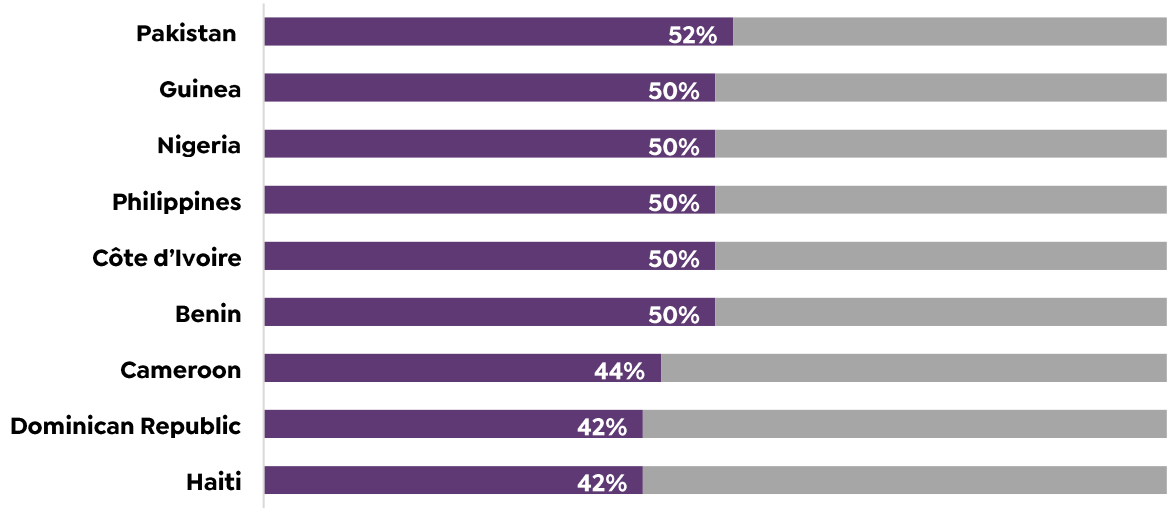
4.3 Key Findings on Knowledge and Awareness

Less than half of the menstruators surveyed had accurate knowledge of menstrual and ovulatory cycles.

48% **of menstruators across all countries correctly identified the fertile (ovulatory) phase of the menstrual cycle as being halfway between two periods.**

Less than half of the survey respondents correctly identified the fertile phase during the menstrual cycle. Accurate knowledge of fertility within the menstrual cycle was highest (52%) in Pakistan and lowest (42%) in Haiti and the Dominican Republic (Figure 14).

Figure 14. Percentage of Menstruators with Correct Knowledge of the Fertile (Ovulatory) Phase of the Menstrual Cycle



Source: Final menstruators' survey data from all nine countries, October 2024.

The overall moderate level of knowledge about ovulation during the menstrual cycle reflects the broader structural challenges highlighted earlier in this report. In Cameroon, where menstrual taboos and misinformation prevail, knowledge is lower (44%). Similarly, in Haiti and the Dominican Republic, limited access to evidence-based sexuality education likely contributes to lower knowledge of fertility cycles. Benin, Côte d'Ivoire, and Nigeria, at 50%, reveal persistent gaps in menstrual health and sexuality education despite some localized efforts to reduce misinformation and stigma.

Interestingly, Pakistan demonstrated slightly better knowledge at 52%, which may reflect ongoing reproductive health education initiatives. However, the country's entrenched taboos still pose barriers to the broader dissemination of such information.

These findings reiterate the critical role of evidence-based sexuality education so that all individuals have access to accurate health knowledge, particularly in contexts where menstruators face challenges associated with stigma and inadequate access to reliable information and resources. Tailored interventions through the Sang pour Sang project can address

these gaps, promoting both evidence-based menstrual health information and comprehensive sexuality education.

Most menstruators are aware of products specifically designed to manage menstruation.

87% **of menstruators were able to identify more than one type of purpose-made menstrual product.**

Purpose-made menstrual products are materials that are specifically designed and manufactured to manage menstruation. They include single-use products, such as menstrual pads and tampons, and reusable products, such as reusable pads, menstrual cups, and absorbent period underwear.

There is a high level of awareness of more than one type of purpose-made menstrual product across the nine surveyed countries, ranging from 78% in Nigeria to 92% in Benin (Table 13).

Table 13. Percentage of Menstruators Who Are Aware of At Least Two Types of Menstrual Products

Countries	Percentage and Total Number of Menstruators Who Are Aware of More Than One Type of Menstrual Product
Benin	92% (484)
Haiti	91% (484)
Dominican Republic	90% (481)
Cameroon	89% (472)
Philippines	88% (462)
Côte d'Ivoire	88% (442)
Guinea	87% (466)
Pakistan	82% (431)
Nigeria	78% (353)
Total	**87% (4,075)**

Source: Final menstruators' survey data from all nine countries, October 2024.

While promising, **this high level of awareness does not imply access to these products**. The Sanitation & Hygiene Fund of the United Nations estimates that **currently over 600 million women, girls, and gender-diverse people rely on non-purpose-made materials**, such as cloth, toilet paper, cotton, wool, non-absorbent underwear, and even grass or leaves, to manage their periods (The Sanitation & Hygiene Fund, 2024). Bridging this gap will require targeted interventions to ensure that all menstruators, particularly those in underserved communities, have equitable access to a variety of purpose-made menstrual products, have social support to obtain and use these materials without shame or discrimination, as well as the knowledge and agency to make informed choices.

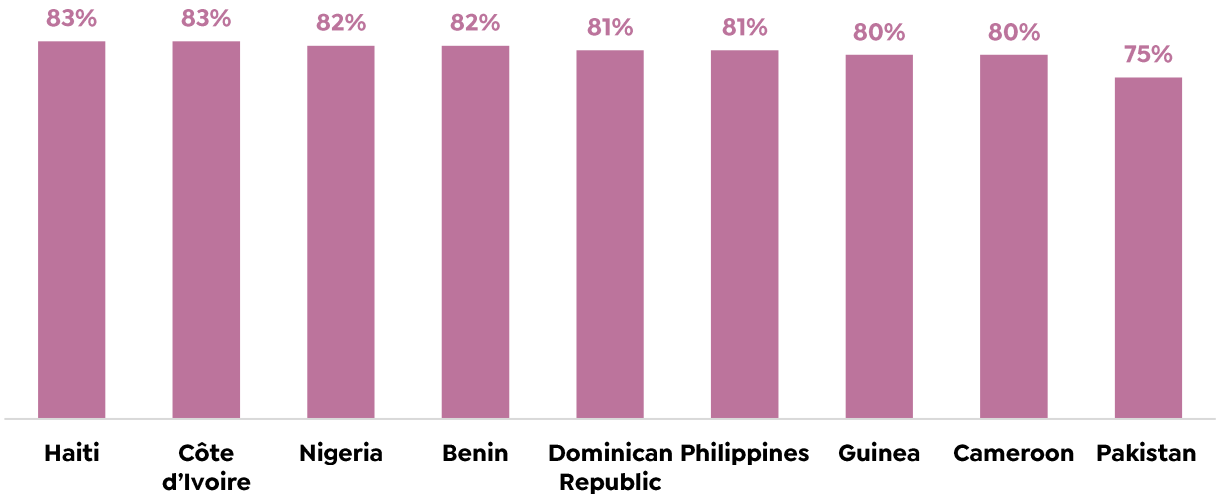
Knowledge of best practices in using menstrual products is high.

81% **of menstruators across all countries knew the recommended frequency for changing menstrual products (every 4–8 hours).**

Similar to the high level of menstrual product awareness, knowledge of the recommended frequency for changing menstrual products (every 4–8 hours) is high across the surveyed countries.

Figure 15 illustrates that accurate knowledge of the recommended frequency for changing menstrual products ranges from 83% in Côte d'Ivoire and Haiti to 75% in Pakistan. This indicates that **most menstruators know how best to use menstrual products, which is a positive indicator of basic menstrual health and hygiene practices**.

Figure 15. Percentage of Menstruators Who Know the Recommended Frequency for Changing Menstrual Products (Every 4–8 Hours)



Source: Final menstruators' survey data from all nine countries, October 2024.

Despite this substantial level of knowledge about menstrual products, findings on affordability and availability – discussed in the sections that follow – indicate that many menstruators still face barriers to menstrual health and hygiene practices, as multiple constraints limit access to menstrual products. Addressing these gaps requires a dual approach that both improves access to affordable products and ensures that WASH facilities are available for changing menstrual products in a dignified fashion so menstruators can apply this knowledge effectively.

4.4 Key Findings on Access to Menstrual Products

The majority of menstruators in all nine countries face challenges in accessing menstrual products.

Only 13% **of menstruators noted that their preferred menstrual product was available and affordable during their last menstrual period.**

A scant 616 of 4,680 menstruators reported that their preferred products were both available and affordable, reflecting **alarmingly low access to menstrual products for the people who need them**.

The lowest access to affordable menstrual products was reported by menstruators in Nigeria at 8%**,** followed by Pakistan at 11%. Haiti and Guinea also reported low percentages of 13%, while the Philippines, Cameroon, Benin, Côte d'Ivoire, and the Dominican Republic ranged from a meagre 14% to 15% (Table 14). These figures suggest that **most menstruators in these countries cannot access affordable products to manage their menstrual periods**.

Table 14. Percentage of Menstruators Who Reported That Their Preferred Menstrual Product Was Available and Affordable During Their Last Menstrual Period

Countries	Percentage and Total Number of Menstruators Who Said that Their Preferred Menstrual Product Was Available and Affordable
Nigeria	8% (34)
Pakistan	11% (60)
Haiti	13% (67)
Guinea	13% (71)
Philippines	14% (73)
Cameroon	14% (76)
Benin	14% (76)
Côte d'Ivoire	15% (78)
Dominican Republic	15% (81)
Total	**13% (616)**

Source: Final menstruators' survey data from all nine countries, October 2024.

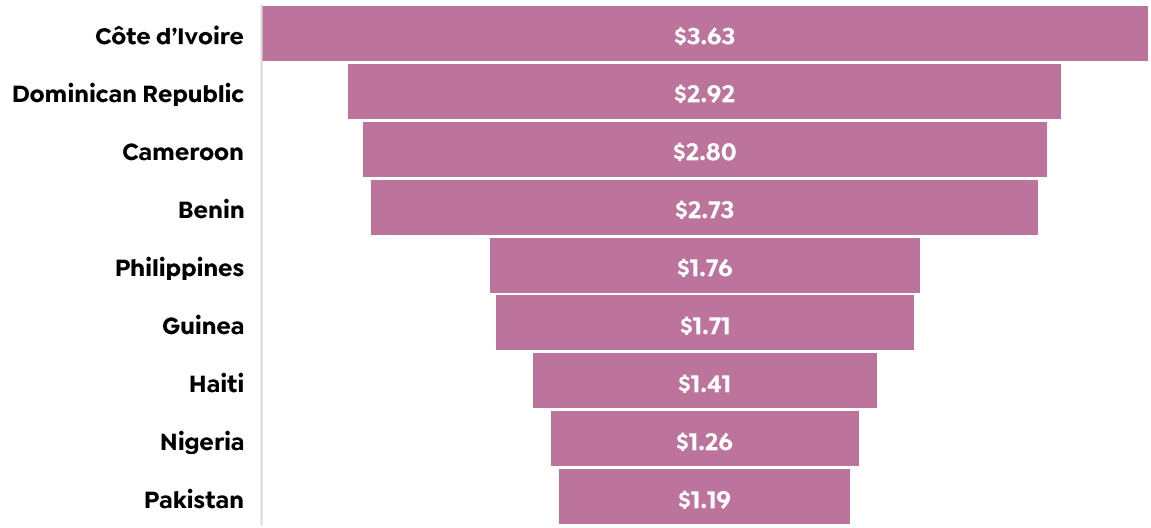
Further exploration of local markets and contexts may be necessary to identify potential strategies to address these challenges related to availability and affordability.

There is a significant cost burden to menstrual products, which makes it difficult, especially for menstruators with limited financial resources, to afford them regularly.

US$2.16 **is the average amount menstruators spend each month on menstrual products across the nine countries.**

Across all countries, **each menstruator pays an average of US$2.16 per month for their menstrual products, reflecting the financial burden of purchasing purpose-made menstrual materials in these contexts**. Figure 16 highlights variations in the average monthly costs of menstrual products among the nine survey countries, with Côte d'Ivoire reporting the highest average cost at US$3.63, followed by the Dominican Republic (US$2.92), Cameroon (US$2.80), and Benin (US$2.73). On the lower end, Nigeria (US$1.26) and Pakistan (US$1.19) have the least expensive products, representing some of the most affordable menstrual product markets in this study.

Figure 16. Average Monthly Cost Per Person of Using Menstrual Products in US Dollars



Source: Final menstruators' survey data from all nine countries, October 2024.

Given that most menstruators reported that their preferred menstrual products were not available at affordable prices, the data indicate that these average monthly prices for menstrual products are too high, particularly for people with limited financial means and young people or persons living with disabilities who lack the financial autonomy to make these purchases. Therefore, **boosting social and solidarity enterprises (SSEs) that produce and sell menstrual products at affordable prices could be a critical mechanism for reducing financial barriers to menstrual dignity**.

There is an opportunity for local SSEs to bridge the access gap to affordable, locally available menstrual products.

Only 1 **menstruator reported that they typically use a menstrual product from an SSE.**

SSEs are organizations with business models that aim to achieve social objectives, rather than profit maximization. SSEs dedicated to menstrual health and dignity can provide affordable and accessible menstrual products, as well as education and services.

In the target regions of the nine surveyed countries, **the percentage of menstruators using products from local SSEs is negligible**, with only a single respondent in the Philippines reporting regular use of an SSE product.[9] Respondents from the other countries reported no usage of menstrual products from SSEs, reflecting a widespread lack of availability of such products. The low use of menstrual products from SSEs, paired with the lack of affordability and availability of purpose-made menstrual products, indicates that **there is an opportunity for local SSEs to become integral players in local menstrual product markets.** The establishment of local SSEs that produce and distribute accessible and affordable purpose-made menstrual products in these regions will be critical for ensuring that everyone who menstruates, particularly those who are the most marginalized, can do so with dignity.

[9] To assess this indicator, respondents were asked to name the brand of menstrual products they typically use. The organizations that produce the brands used by menstruators were cross-referenced with known SSEs and SSE characteristics, such as having a social mission and prioritizing affordability, sustainability, and eco-friendliness, among others.

5. CONCLUSIONS AND RECOMMENDATIONS

Conclusion 1: Menstrual discrimination is widespread and structural.

The baseline findings across the nine study countries reveal **a consistent pattern of menstrual discrimination.** With **a staggering 93% of menstruators reporting that they experienced at least one form of menstrual discrimination**, menstruation is consistently a site of inequity across diverse geographic, cultural, religious, and socio-economic settings. This highlights that menstrual discrimination is not simply an occasional challenge, but rather a common experience that systematically shapes the lives of women, girls, and gender-diverse people. The magnitude and consistency of these findings across diverse contexts demonstrate that menstrual discrimination operates as a pervasive structural barrier to health and dignity for people who menstruate.

Intersecting structures and systems of power further deepen the risk of discrimination. Findings indicate that menstrual discrimination is not distributed evenly across populations. Instead, it is shaped by intersecting identities and structural inequities. Correlations emerged between menstrual discrimination and race/ethnicity, gender identity, income, education level, experience living with a disability, and being in a humanitarian setting, along with age in some settings. These patterns affirm that this harmful conduct towards menstruators is layered on top of intersecting systems of oppression, shaping individual experience across multiple dimensions of identity. Ultimately, menstruators who are marginalized experience more exclusion, more teasing, and fewer avenues for support.

Recommendation 1: Urgently implement inclusive, intersectional approaches to eliminate the highly prevalent harmful practices that constitute menstrual discrimination.

Action is urgently needed to reduce the high prevalence of discrimination towards menstruators. Interventions to mitigate this issue must use inclusive, intersectional approaches to address the compounded challenges for marginalized individuals who already experience overlapping oppression and exclusion. This includes carrying out targeted interventions for people living with disabilities, LGBTQIA+ people, Indigenous groups, and menstruators in humanitarian settings, ensuring their perspectives are integrated into intervention design and implementation. Advocacy for inclusive menstrual health and dignity policies that address the specific needs of marginalized groups must also be prioritized. Further efforts to generate more evidence on the experiences of marginalized populations are also necessary to better understand the intersectional impact of menstrual discrimination.

Conclusion 2: Menstrual discrimination is multidimensional, affecting all aspects of menstruators' lives.

Menstrual discrimination is multifaceted, with many different manifestations. The two constituent components of menstrual discrimination – exclusion from activities and teasing – operate both independently and jointly.

Across all countries, exclusion from routine activities during menstruation was the most common type of biased treatment experienced by menstruators. **The prevalence of restrictions on participation while menstruating, which affected nearly all menstruators who reported discrimination**, shows that exclusion during menstrual periods is consistently and multidimensionally embedded within many different aspects of daily life. **These restrictions extend far beyond school or work, preventing a majority of menstruators from touching certain objects, sleeping in their regular places, playing or doing physical exercise, entering certain rooms, participating in religious events, and socializing**. Forms of exclusion also include **limitations on eating and drinking certain things, cooking, bathing, and leaving the home**. The breadth of these restrictions underscores that menstrual discrimination is systemically embedded in many diverse facets of menstruators' lives, from the equal enjoyment of leisure activities to the exercise of their basic rights.

Teasing is also a form of harmful conduct that generates shame, stigma, and unequal (gendered) power relations for menstruators. Experienced by 36% of menstruators, teasing is targeted, normalized, and humiliating. While teasing adversely impacts menstruators' psychosocial well-being on its own, when paired with restrictions on activities, the harms are further compounded.

Recommendation 2: Expand strategies beyond the narrow parameters of menstrual hygiene to focus more holistically on menstrual dignity so that the wide-ranging, differentiated manifestations of menstrual discrimination are effectively addressed.

Efforts to eliminate menstrual discrimination must reflect the lived realities of menstruators. The findings of this study demonstrate that **menstruators are discriminated against in diverse ways that extend far beyond menstrual hygiene challenges**. Traditional menstrual health and hygiene approaches, which focus primarily on menstrual products, WASH, or school attendance, are therefore insufficient to address the full scope of the harms identified in this report.

An approach that centres menstrual dignity must acknowledge that discrimination related to menstruation affects full participation, equality, bodily autonomy, social inclusion, and self-worth. **By centring dignity, this approach accounts for the full spectrum of manifestations of menstrual discrimination identified in this study**, including the denial of basic rights (such as touching certain items, sleeping in one's regular place, bathing, eating, or leaving the home), exclusion from social, cultural, and religious life, barring from leisure or productive activities, and experiences of teasing that reinforce shame, silence, and stigma.

Moreover, focusing on menstrual dignity enables interventions to address the structural and intersecting inequities that shape menstruators' experiences of discrimination. Because menstrual discrimination is influenced by factors such as gender identity, race and ethnicity, disability, socio-economic status, and humanitarian context, a dignity-based approach is essential for ensuring that responses are inclusive and do not reinforce existing forms of exclusion.

Grounded in menstruators' own priorities, including freedom, acceptance, confidence, and pride, **a menstrual dignity approach is best positioned to produce inclusive, effective, and sustainable change**.

Conclusion 3: Menstruators experience discrimination from people across all sectors of society.

All aspects of society are involved in menstrual discrimination. Boys are the most common perpetrators of menstruation-related teasing (57%), indicating that discriminatory norms are learned and reproduced among male populations at an early age. Teachers also engage in teasing, causing institutionalized discrimination.

Family members and partners are other sources of teasing, reinforcing feelings of stigma, shame, fear, and inferiority. These close interpersonal relationships were also the source of many restrictions on basic rights, as family members were frequently referenced when menstruators explained why they could not leave their home, sleep in their regular location, enter certain rooms of the house, bathe, or eat or drink certain things, among others.

Community members were also involved, with 69% of menstruators reporting that people in their communities believe that menstruation is dirty, impure, or shameful. This bias was further reinforced by menstruators' explanations of why they were excluded from regular activities during their periods. Harmful religious and cultural norms that traditional leaders and other community gatekeepers upheld were frequently cited by menstruators as the source of this form of menstrual discrimination.

Recommendation 3: All societal actors must be engaged with efforts to support menstrual dignity, particularly men and boys, teachers, and traditional community leaders.

Only reaching menstruators with menstrual dignity interventions is not enough. While the study findings demonstrate that large proportions of menstruators have internalized discriminatory attitudes and that girls are involved in teasing, many other populations play pivotal roles in continuing patterns of discrimination against people who menstruate. The onus to eliminate this issue must also be put on these other key actors who are carrying out menstrual teasing and are excluding menstruators. Therefore, **gender-transformative and rights-based information, education, and social norms change activities that reach all sectors of society are necessary** to challenge and dismantle these widespread discriminatory practices.

In particular, **men and boys** are a critically important population that must be directly engaged through targeted interventions that counter menstrual discrimination, given that they play a disproportionate role in the teasing that menstruators report. Since male populations enact discriminatory behaviours at an early age and menstruators frequently explain that the discrimination they experience is rooted in misinformation and stigmatizing attitudes, gender-transformative comprehensive sexuality education for young people is a crucial avenue for dismantling the barriers to menstrual dignity early on.

Teachers must also be a priority population for targeted efforts, as their role in teasing is not merely an individual behaviour, but a systemic, institutionalized practice that normalizes prejudice. Without interventions to curb this systemic verbal harassment of menstruators by authority figures in schools, menstrual discrimination will become even more deeply embedded in the fabric of major institutions, continuing to generate increasingly unequal outcomes for menstruators.

Additionally, **traditional leaders in communities** can play a vital role in eliminating menstrual discrimination. They are the authority figures who set community norms, encompassing both beliefs and practices, so their influence can either erode or advance menstrual dignity. Traditional community leaders are, therefore, an important population to engage in community-based menstrual health and dignity programming.

Conclusion 4: Inadequate access to pain management solutions is a major structural barrier to menstrual dignity.

Across all countries surveyed, menstruators consistently identify pain as the primary reason they are unable to participate in routine activities while menstruating. Inadequate management of menstrual pain is also the main reason that only a low 19% of menstruators can claim that they are proud to menstruate. This demonstrates that **inadequate access to effective evidence-based solutions for managing menstrual pain is a prominent structural barrier to menstrual dignity**.

Recommendation 4: Expand access to high-quality sexual and reproductive health (SRH) care for people who menstruate.

Expanding access to quality sexual and reproductive health (SRH) care is essential for addressing menstrual pain management as a structural barrier to dignity. SRH care enables menstruators to receive clinically accurate consultations and counselling on effective pain management therapies to make informed decisions about addressing their menstrual pain. Quality SRH services and commodities also enable menstruators to access effective pain management solutions. This can include medication, such as non-steroidal anti-inflammatory drugs (NSAIDs) and hormonal contraceptives, heat therapy, exercise, and other effective approaches. Quality SRH care also allows for screening, diagnosis, and management of conditions that cause or exacerbate menstrual pain, such as endometriosis, uterine fibroids, and other gynaecological conditions, which often go undiagnosed and untreated. By ensuring menstruators can access evidence-based, rights-oriented, and person-centred SRH care, pain-related exclusion can be reduced so that menstruators can engage fully and equitably in daily life. **Addressing the management of menstrual pain through strengthened health care systems is therefore a critical component of reducing menstrual discrimination and advancing menstrual dignity.**

Conclusion 5: Stigma is another major structural driver of discrimination against menstruators.

Stigma emerged as a pervasive and deeply embedded structural driver of menstrual discrimination across all nine study countries. Menstruators themselves consistently identified stigma as a primary factor underlying the exclusion and verbal harassment they experienced during menstruation. Qualitative accounts revealed that discriminatory treatment was frequently justified through stigmatizing beliefs that menstruation is dirty, impure, and shameful, which normalize harmful practices and legitimize unequal treatment.

These stigmatizing attitudes are not confined to non-menstruators; they are also widely internalized by menstruators themselves. The finding that 70% of menstruators described menstruation as "dirty" or "impure" demonstrates the depth of internalized stigma within the menstruating population.

At the interpersonal and community levels, teasing and restrictions on basic activities reinforce these offensive beliefs by positioning menstruators as inferior or unclean. Perceived negative community norms, which were reported by 69% of respondents, further entrench discriminatory practices in communities and interpersonal relationships.

The consequences of stigma extend beyond immediate experiences of discrimination to shape menstruators' sense of self-worth and right to equality. Low levels of menstrual pride, reported by only 19% of menstruators, alongside the finding that 39% believe menstruation makes women inferior to men, illustrate how **stigma towards menstruators undermines self-esteem, reinforces harmful gender norms, and produces persistent inequities**. Together, these findings underscore that stigma is not merely an attitudinal challenge but a structural force that sustains menstrual discrimination and limits menstrual dignity.

Recommendation 5: Ensure that people are reached with localized, rights-based, and gender-transformative messaging on menstrual health and dignity.

Efforts to dismantle menstrual stigma must extend beyond menstruators alone and intentionally engage non-menstruators, as stigmatizing attitudes are produced, reinforced, and enacted across all sectors of society. **Rights-based and gender-transformative approaches are essential both to reframe menstruation as a dignified, healthy, and natural bodily process, as well as to challenge the harmful norms that portray menstruators as impure or inferior**.

Interventions should prioritize culturally relevant, localized strategies that create space for dialogue and reflection and contribute to changing collective norms. Community-led storytelling, intergenerational discussions, and facilitated dialogue can elevate lived experiences, counter misinformation, and uplift positive narratives that link menstruation to strength, resilience, fertility, and bodily autonomy without reinforcing harmful gender roles. Comprehensive sexuality education also plays a critical role in addressing stigma by providing accurate, age-appropriate information and fostering respect for the rights and dignity of women, girls, and gender-diverse menstruators. **By embedding stigma-reduction efforts within broader rights-based and gender-transformative frameworks, stakeholders can address one of the most persistent structural barriers to menstrual dignity and support more equitable social environments for all menstruators**.

Conclusion 6: Knowledge gaps and misinformation reinforce menstrual discrimination.

Knowledge gaps and misinformation about menstruation emerge as significant drivers of stigma and discrimination across all nine study countries. **Stigmatizing attitudes are frequently rooted in false or incomplete understandings of menstruation, including beliefs that menstrual blood is impure, infectious, shameful, a sign of physical or emotional weakness, or even sinful or associated with evil forces. These misconceptions create a foundation that allows for discriminatory norms and practices to be justified and reproduced**.

When menstruators are asked about their experiences, many link the restrictions and teasing they faced directly to inaccurate beliefs held by family members, peers, teachers, and community leaders. Misunderstandings about menstruation are used to legitimize offensive or unwelcome conduct by reinforcing the stigma that menstruators are contaminating, inferior, or incapacitated during their periods. In this way, misinformation operates as a mechanism through which stigmatizing attitudes are translated into discriminatory behaviour.

Although some indicators of menstrual health knowledge were positive, such as high awareness of menstrual products and appropriate product-changing frequency, critical gaps persisted in broader understanding of menstruation as a normal biological process and its relationship to health, fertility, and bodily autonomy. As a result, misinformation continues to reinforce harmful gender norms and sustain menstrual discrimination at individual, interpersonal, community, and policy levels.

Recommendation 6: Share quality intersectional evidence and knowledge on menstrual health and dignity.

Providing evidence and building knowledge can correct misinformation that contributes to exclusionary practices and teasing. This evidence and knowledge should be shared with menstruators and non-menstruators alike so that the misrepresentations of menstruation that fuel discriminatory attitudes and practices can be dismantled across all sectors of society in which it is embedded. Intersectional approaches are also essential to ensuring any interventions remain relevant to young people, people living with disabilities, gender-diverse people, individuals in humanitarian settings, and other menstruators who are marginalized. By strengthening access to inclusive, evidence-based knowledge across individuals, communities, schools, healthcare systems, policies, and public discourse, stigmatizing narratives can be disrupted, allowing more equitable and dignified experiences of menstruation to take root.

Conclusion 7: Low access to affordable menstrual products undermines menstrual dignity.

Access to menstrual products emerged as one of the most critical facilitators of menstrual dignity for women, girls, and gender-diverse people. Yet the baseline findings reveal a severe access gap: only 13% of menstruators across the nine countries reported that their preferred menstrual products were both available and affordable. This demonstrates that, **for the vast majority of menstruators, local markets are failing to meet basic needs for dignified menstrual management**.

The average monthly cost of menstrual products at US$2.16 per person, therefore, represents a significant financial burden, particularly for menstruators who are living in poverty, struggling to make ends meet, or who lack financial autonomy, such as adolescents, people living with disabilities, and those in humanitarian settings. These cost barriers force many menstruators to compromise on product quality or preference, rely on non-purpose-made materials, or restrict their participation in daily life during menstruation.

At the same time, the near-total absence of menstrual products produced by SSEs across all nine countries points to an opportunity. While they remain largely untapped in the menstrual product

markets of the study countries, SSEs have the potential to address affordability, availability, and sustainability of menstrual materials.

Recommendation 7: Catalyse local SSEs to improve the availability of affordable menstrual products.

SSEs should be actively supported to scale, thus improving local availability and affordability of menstrual products. This includes investing in locally led SSEs to produce, distribute, and market affordable, high-quality, and planet-friendly menstrual products that align with menstruators' preferences and needs in their specific context. Implementing targeted subsidy programmes for low-income and marginalized groups can also be an important enabler of access to menstrual products.

Conclusion 8: Knowledge of menstrual hygiene practices and access to menstrual products are insufficient for menstrual dignity without a widely accessible WASH infrastructure.

The baseline findings demonstrate that most menstruators possess essential knowledge about menstrual hygiene practices, with 81% correctly identifying that menstrual products should be changed every 4-8 hours. However, this **knowledge does not translate into practice for many menstruators, due to inadequate WASH infrastructure as well as the inaccessibility of menstrual products**.

To safely and effectively manage menstruation, menstruators require not only improved access to menstrual products but also private, clean, inclusive, and functional sanitation facilities with water, soap, disposal systems, and space to change their menstrual materials. In the absence of such infrastructure, menstruators report experiences of odour, leakage, and fear of embarrassment – factors that contribute to stigma, teasing, and exclusion from many activities.

Inadequate WASH infrastructure is thus a structural driver of menstrual discrimination, compounding the effects of product inaccessibility, stigma, and inadequate access to pain management solutions.

Recommendation 8: Tackle deficiencies in WASH infrastructure while expanding access to menstrual products so that menstruators can access both essential resources.

Efforts to advance menstrual dignity must simultaneously address deficits in WASH infrastructure, as knowledge and product access alone are insufficient without these enabling facilities and systems. **Strengthening access to private, safe, and inclusive WASH facilities is essential for enabling menstruators to change and dispose of menstrual products and manage their periods with dignity**. Investment should be directed to schools, workplaces, public spaces, and humanitarian settings as priority spaces, where inadequate facilities most directly contribute to stigma, teasing, and exclusion.

WASH infrastructure must be designed to meet the needs of all people who menstruate, including gender-diverse individuals and people living with disabilities. **Targeting underserved and marginalized communities is particularly important**, **as infrastructure gaps in these settings**

disproportionately restrict participation in daily life and reinforce stigmatizing conduct. Integrating menstrual dignity considerations into national WASH policies, education systems, and emergency response frameworks is therefore critical for translating menstrual health knowledge into practice and reducing menstruation-related discrimination.

Conclusion 9: Some facilitators of menstrual dignity do exist.

While menstrual discrimination is pervasive, the findings also identify important facilitators of menstrual dignity. Menstruators highlighted several enabling factors that allowed them to participate more fully in daily life and reduce harassment, including **access to menstrual products, supportive social norms and attitudes, and the framing of menstruation as a normal bodily process**.

Notably, **41% of menstruators across the nine countries express that menstruation should be openly discussed. This openness represents a critical opportunity to transform harmful norms, increase accurate knowledge, reduce stigma, and build menstrual pride.** It signals that significant proportions of the population are ready to engage in dialogue, information sharing, positive messaging, education, advocacy, and collective action to challenge menstrual discrimination.

Recommendation 9: Leverage facilitators to accelerate progress towards menstrual dignity.

The existing entry points for advancing menstrual dignity should be intentionally leveraged in programming and advocacy. **Interventions should build on existing facilitators identified by menstruators themselves, including access to menstrual products, supportive social networks, and the framing of menstruation as a natural bodily process**. Rights-based and gender-transformative approaches that normalize menstruation, amplify positive narratives, and encourage open discussion among both menstruators and non-menstruators can help dismantle shame and silence. By grounding interventions in these existing opportunities and in the lived experiences of menstruators, progress toward menstrual dignity can be accelerated in ways that are sustainable, contextually relevant, and aligned with the needs of those most affected.

Implications

The findings of this baseline study demonstrate that menstrual discrimination is a deeply entrenched structural injustice across diverse contexts that negatively impacts women, girls, and gender-diverse menstruators in multifaceted ways. By elevating experiences that extend far beyond school absenteeism or hygiene constraints, this study makes visible the forms of discrimination that are too often overlooked. Its mixed-methods design, coupled with intentional engagement of marginalized constituencies, provides a more comprehensive and realistic picture than was hitherto available of what menstrual discrimination looks like in practice and how it intersects with systems of oppression.

The scale, severity, and consistency of these findings demonstrate the need for urgent action. The near-universal prevalence of menstrual discrimination across countries indicates that narrow or limited responses will be insufficient. All sectors of society, including menstruators, men and boys,

community leaders, civil society, partner organizations, market actors, institutional leaders, governments, and donors must act decisively to make menstrual dignity a priority.

Not only does the evidence generated through this study provide a better understanding of a serious, widespread problem, but it also provides a critical foundation for action. By centring menstruators' lived experiences and perspectives, the structural drivers of discrimination have been identified, but so have facilitators of dignity and promising spaces for change. Using this inclusive evidence to inform programming and policy is essential to ensure that interventions are grounded in reality, responsive to local power structures and systems, and capable of producing meaningful transformation. As the Sang pour Sang project moves forward, this baseline serves as both a benchmark and a guide – underscoring that menstrual dignity requires inclusive, intersectional, and rights-based approaches that recognize menstruation as a matter of equity, justice, and fundamental human rights.

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