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Irise Strategy 2019-2024: Transforming stigma, realising potential

From fear to freedom.

Irise's mission is to enable more girls¹ to be happy and healthy during their periods so that they can realise their full potential. Girls who can access a choice of reliable menstrual products, have knowledge about their own bodies, and are free from shame are more able to pursue the lives they choose. They ensure that the next generation of girls is confident and in control of their bodies, catalysing a cycle of empowerment that will help realise a more equal society for everyone.

Period poverty² and shame is a neglected driver of gender inequality and can be transformed into a catalyst for change.

The next chapter.

The silence surrounding menstruation has been broken. There is increasing recognition around the world that period poverty and shame are a neglected global gender equality issue. It is now time to build on this momentum and create impactful solutions to the challenges girls face that can consign period poverty and shame to the history books.

An extensive review of the evidence, including Irise's own research and learning, found three critical obstacles to realising the full potential of menstrual health programmes and policies:

1. Menstrual stigma and shame remain poorly understood and are a barrier to effective interventions
2. A lack of standardised definitions, measures and indicators are hampering the generating and sharing of learning

The evidence for the impact of interventions on girls' health, education, and wellbeing is insufficient to inform policy.

¹ We fully acknowledge that not everyone who menstruates identifies as a woman and not all women menstruate and are committed to supporting all people to menstruate with dignity. Our strategy focuses on adolescent girls and young women who do menstruate (aged 11-30) and this is what we mean when we refer to girls and young women in this document.

² What is meant by menstrual health/menstrual hygiene management (MHM)/period poverty remains poorly defined and is contentious amongst those working in the field. We have previously adopted Sommer et al's definition of MHM; "Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear." Professor Chris Bobel has critiqued the use of the word hygiene because it is perceived to reinforce ideas that menstruation is dirty and instead advocated for use of the term "menstrual health." This term has been used in line with the World Health Organisation's definition of health as a "state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity" but has not been more clearly defined. In their 'Break the Barriers' report Plan UK defined period poverty as a toxic trio of period stigma, combined with the high cost of period products and a lack of education. In this document we use "period poverty and shame" to describe the results of the toxic trio. Our understanding of the toxic trio is as follows:

- Lack of access to a choice of affordable menstrual products and gender sensitive facilities
- Lack of knowledge
- Menstrual stigma, a system of problematic societal values surrounding menstruation that lead girls to experience shame



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In 2014 UNICEF and Columbia University organised the Menstrual Hygiene Management (MHM) in 10 agenda for schools, aiming to dramatically improve MHM in schools by 2024. On 4th March 2019 the UK government launched a campaign to end Period Poverty globally by 2030 as part of realising Sustainable Development Goal (SDG) 5- gender equality and empowerment for all women and girls. These commitments demonstrate a will to achieve significant change. We aim to support the next steps towards realising these ambitious goals by bringing together young people affected by the issue, academics, policy makers, and practitioners to overcome the critical barriers we have identified and channel the energy and commitment for this cause into effective strategies.

Who we are:

Our vision is a world where no girl³ is held back by her period.

We are a learning and research focused organisation working in the UK and East Africa to support young people and their communities to overcome menstruation related barriers- working on issues girls tell us are ways their periods hold them back. We champion innovative approaches working with a wide range of partners and help others replicate our work. We also use our learning and research to advocate for policy and practice change.

We are an organisation dedicated to listening and responding to girls' voices and nurturing leadership amongst the people we serve. We believe that when we are led by girls' voices and informed by robust evidence long lasting social change can be achieved.

We work across low and high income contexts (UK and East Africa) because we believe that period poverty and shame are a neglected global gender equality issue. The root causes of this longstanding neglect of girls' needs and failure to listen to their voices will only be addressed through breaking down the traditional developing vs developed country divides and recognising that menstrual stigma, although hidden, is shared by women and girls across different cultures and contexts.

Our role in ending period poverty and shame within a generation:

1. To advocate for evidence based policy and practice so that the full potential of menstrual equity⁴ can be realised
2. To bridge the gap between research and practice, catalysing and supporting rigorous work that responds to the needs of girls and communities
3. To enable and support other organisations to deliver effective menstrual health programmes so that no girl is left behind

⁴ If period poverty and shame are acting as a neglected barrier to gender equality replacing them with appropriate resources and positive narratives around menstruation will enable girls to realise their full potential through positive impacts on their health, education and well being. We refer to this as Menstrual Equity because if it is achieved the biological process of menstruation will no longer negatively and unjustly affect girls' outcomes compared to their male counterparts.



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Our Values

1. Listen to girls' voices
2. Enable and nurture leadership in the people we serve
3. Focus on enabling girls' choice and control
4. Take an evidence based approach
5. Target the root cause
6. Institutionalise change
7. Pursue equity

Our strategy

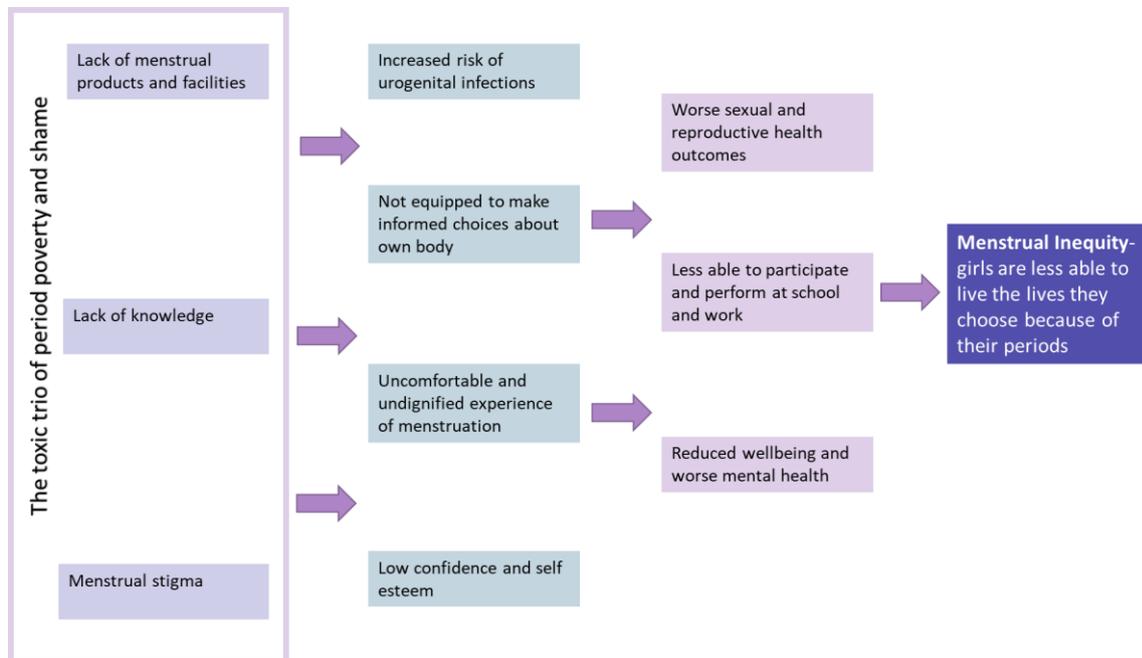
Ending period poverty and shame within a generation will require transitioning from a focus on menstrual product provision to a focus on understanding and addressing the root cause of the disadvantages girls experience during menstruation.

We see our role in this transition as three- fold. First, we will advocate nationally and internationally for evidence based policy and practice in the field of menstrual health. We will work with academics and practitioners to build shared platforms for advocacy and to create consensus around the need for more learning and the most urgent priorities. Through doing this we will cement and channel the commitment of policymakers and funders toward the most effective strategies. Second, we will work in partnership with academics and implementers to design, deliver and support research and learning focused projects that meet the most urgent learning priorities. Here, we will make sure that research responds to the needs of girls and their communities and answers questions that can help policymakers and practitioners practically support girls. Third, we will drive the translation of learning into practice through supporting other organisations to deliver evidence based menstrual health programmes and policy. This will institutionalise change and ensure that no girl is left behind.

In order to identify which learning priorities to focus on first we have looked at how period poverty is impacting on girls' lives, what effective interventions should look like, how they can have a transformational impact in the context of current evidence in the UK and East Africa.

Period poverty and shame- a neglected driver of gender inequality

Period poverty and shame are increasingly recognised as neglected gender equality issue because of its overlooked impact on girls' education, health and wellbeing



Summary of how period poverty and shame are impacting on girls' lives

In the UK, 27% of girls have used a product for longer than intended because they couldn't afford a fresh one, 1 in 7 girls don't know what's happening when they start their period, and more than a quarter don't know what to do, leaving girls poorly equipped to make decisions about their own bodies. Approximately half of girls feel embarrassed about their period and 70% of girls aren't allowed to go to the toilet during school lessons resulting in feelings of low self-esteem⁵. Research has also shown that menstrual taboos lead to women being perceived as less competent and likeable in the workplace if they are known to be menstruating⁶.

In Uganda, 30% of girls are using potentially harmful improvised materials to manage their periods and over half experience health related symptoms during menstruation including skin irritation, rashes in pelvic area, unpleasant odour, or depression. 70% of girls are embarrassed and fearful of menstrual related accidents during their periods and over half are missing some school. A study in Kenya found that 1 in 10 fifteen year old school girls had engaged in transactional sex for pads and that providing menstrual products reduced the risk of Sexually Transmitted Infections⁷. Finally, 78% of girls lack basic information about their own body and what a period is and 70% of girls demonstrate attitudes towards menstruation that have the potential to harm themselves or others⁸.

We believe that girls in the UK and Uganda have a fundamental right to experience the biological reality of being female with comfort, choice, and control. Failure to realise this right creates disadvantage for girls, affecting their school attendance and their confidence and concentration whilst they are in school with consequences for their ability to realise their full potential compared

5 TINGLE, C. & VORA, S. 2018. Break the Barriers: Girls' experiences of menstruation in the UK. London, UK.

6 Roberts T et al (2002) "Feminine Protection": The Effects of Menstruation on Attitudes Towards Women. *Psychology of Women Quarterly*. 26: 2; 131-139.

7 Phillips-Howard PA, Nyothach E, ter Kuile FO, et al. Menstrual cups and sanitary pads to reduce school attrition, and sexually transmitted and reproductive tract infections: a cluster randomised controlled feasibility study in rural Western Kenya. *BMJ Open* 2016;6:e013229. doi:10.1136/bmjopen-2016013229

8 Irise (2018) Baseline Report from "Creating menstruation friendly schools in Uganda."



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to their male counterparts. There are poorly understood effects on their health, including the potential infection risks of girls' overusing menstrual products or using unclean improvised materials and additional pressures to engage in risky sexual behaviour in the East African context. There are also consequences of inadequate preparation for menstruation, including the effect of lack of knowledge on young people's ability and confidence to make informed choices about their own bodies with consequences for their sexual and reproductive health. Finally, the combined effect of lack of knowledge, discomfort and stigma on girls and other menstruators' mental health and wellbeing is emerging but remains poorly understood.

Our work and the research of others has shown that the cultural attitudes and stigma that surround menstruation are a critical part of why girls' needs have been neglected for so long and their voices on this issue have been silent. Stigma is also a key barrier to effective interventions, for example girls may receive free washable, reusable menstrual products but be unable to use them safely and comfortably because they are too ashamed to be seen washing and drying them by their families and neighbours. We believe that understanding how stigma is perpetuating period poverty and shame and driving negative effects on girls' education, health and well being will help accelerate progress towards effective interventions and policies.

Our first learning priority is to find out how menstrual stigma and shame is perpetuating the neglect of girls' needs and driving negative effects on their education, health and well-being.

Innovative solutions- dismantling menstrual stigma

Solutions to end period poverty and shame need to be holistic and address the root causes of the issue. This means providing girls with sustainable access to a choice of affordable menstrual products and information about their own bodies alongside creating an enabling, shame free environment in which they can manage their period with dignity. If menstrual stigma is driving the neglect of girls' needs, then social change needs to be at the centre of menstrual health interventions.

Explorations of the origins of menstrual stigma have identified it as a manifestation of conflict between societal ideals about what it means to be a girl and realities that contradict this. For example, in some contexts, the contrast between societal ideals of sanitised, feminine beauty and the biological reality of being female is exemplified in the act of bleeding each month. Or in others, the period acts as a symbol that a woman is not pregnant and therefore not fulfilling her traditional role as wife and mother. It is, in reality, a set of complex social norms influenced by religious, cultural and gender norms, operating at both the community and the individual level and rooted in patriarchal ideas linked to menarche's traditional associations with fecundity, marriageability, and readiness for sex⁹.

There is increasing recognition that the focus on menstrual product provision alone will not dismantle these social norms and deliver lasting change for girls but there is limited evidence and guidance to support those who wish to develop more holistic interventions and engage the whole community in achieving change.

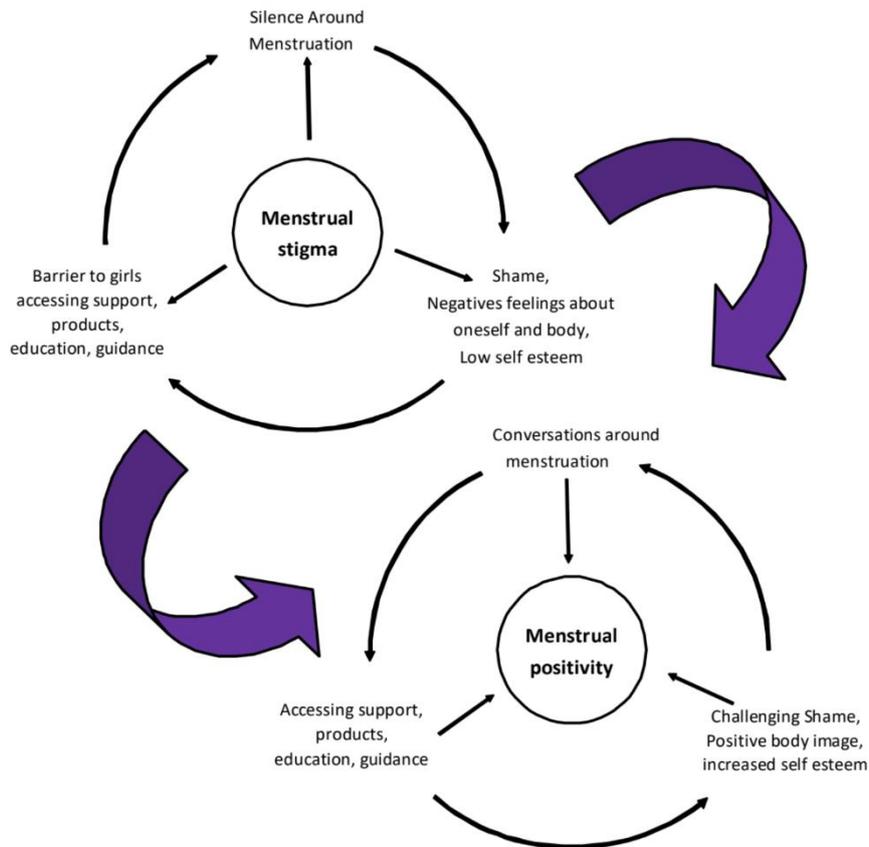
⁹ Winkler, Inga and Roaf, Virginia, Bringing the Dirty Bloody Linen Out of the Closet – Menstrual Hygiene as a Priority for Achieving Gender Equality (August 8, 2014). Available at SSRN: <https://ssrn.com/abstract=2575250>



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We believe that there is a wealth of behaviour change theory, models, and other learning from similarly stigmatised issues that can be adapted to menstrual health. By developing interventions that tackle the root cause, we can enable long term, sustainable provision for girls' menstrual needs and help build societies where girls' value is based on their personhood rather than their gender.

The diagram below summarises our current understanding of how the cycle of shame perpetuated by menstrual stigma may be transformed into a cycle of empowerment:



Our second learning priority is to develop holistic menstrual health interventions that can dismantle menstrual stigma and drive social change on this issue.

A catalyst for change- the impact of menstrual equity

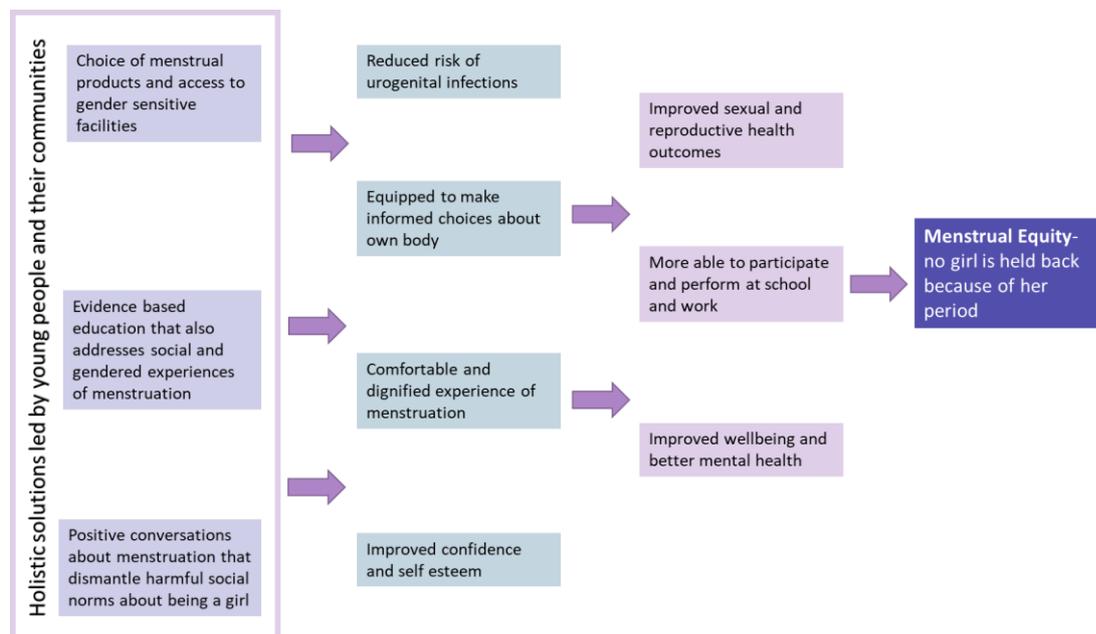
If girls can access the menstrual products they need, understand their own bodies and are freed from negative attitudes and stigma associated with menstruation, their self-esteem and confidence will improve, making them better equipped to make informed choices about their sexual and reproductive health and participate fully in school and work; ensuring they can realise their full potential. Access to clean and comfortable menstrual products and gender sensitive facilities will reduce the risks of urogenital infections and remove a practical barrier to their participation in school and work. Importantly, because menstrual stigma is rooted in harmful ideas about the role of girls' in society, dismantling this stigma and the underlying beliefs will help to catalyse progress towards gender equality.



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Initial work has focused on the effect of providing support for girls on their school attendance. However, measuring school absenteeism in east Africa has been problematic and girls' experiences from around the world suggest more complicated links between their experience of menstruation and their ability to realise their full potential. Current evidence is inconclusive but promising, with emerging links between girls' experiences of menstruation and their confidence, self-esteem, and mental health which need further exploration. In particular, the negative attitudes and stigma girls experience around menstruation is directly impacting on self-esteem and shaping their understanding of themselves in relation to larger societal norms and expectations at a critical window in their development. This creates a window of opportunity to positively influence gender socialisation processes that needs to be understood. We are particularly interested in how disrupting this socialisation process and using it instead to normalise menstruation and being a girl, will affect girls' choices about sex, relationships and family planning.

In the East African context complex links are emerging between menstrual health and girls sexual and reproductive health. The onset of menstruation is a challenging time for adolescent girls. For many communities the onset of menstruation means that girls are ready for marriage and child bearing, and girls face pressure to leave school to fulfil this role. Menstruation also increases the material resources they need to attend school, putting more pressure on vulnerable girls. If girls seek support from home, the additional cost may also add to pressures for them to marry. Girls' lack of knowledge about their bodies only increases their vulnerability, with many believing harmful myths that shape their choices and control, for example many adolescent girls believe that sex can cure period pain and that it is not possible to get pregnant if a girl has sex during menstruation. For many, the reality of being a girl means that education is no longer an option. The attitudes underpinning these experiences are the same that limit women and girls' sexual and reproductive health choices throughout their lives and menstrual health interventions that tackle these norms may provide an upstream means of transforming girls long term outcomes.



Summary of how menstrual health interventions can have a positive impact on girls' lives



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Our third learning priority is to create robust evidence for the impact of menstrual health programmes on girls' education, reproductive health and wellbeing, this includes developing effective, standardised measures.

Our first two strategic objectives focus on developing evidence based interventions and demonstrating their impact:

Objective 1: Test and promote evidence-based approaches to overcoming menstrual related challenges

Objective 2: Collaborate with academia to conduct and facilitate research to evidence impact and improve menstrual health interventions.

Our third objective focuses on sharing learning and advocating for evidence based policy and practice. We will build bridges between young people and their communities, academics, policymakers and programmers to ensure that menstrual health interventions, programmes and policies are responsive to girls' needs and have a demonstrable positive impact on their lives.

Objective 3: Disseminate learning and advocate for policy and practice change to improve young people's experience of menstruation in the UK and East Africa.

Finally, we are committed to creating a world where no girl is held back by her period. This means identifying and working with vulnerable and marginalised adolescent girls to ensure that no girl is left behind.

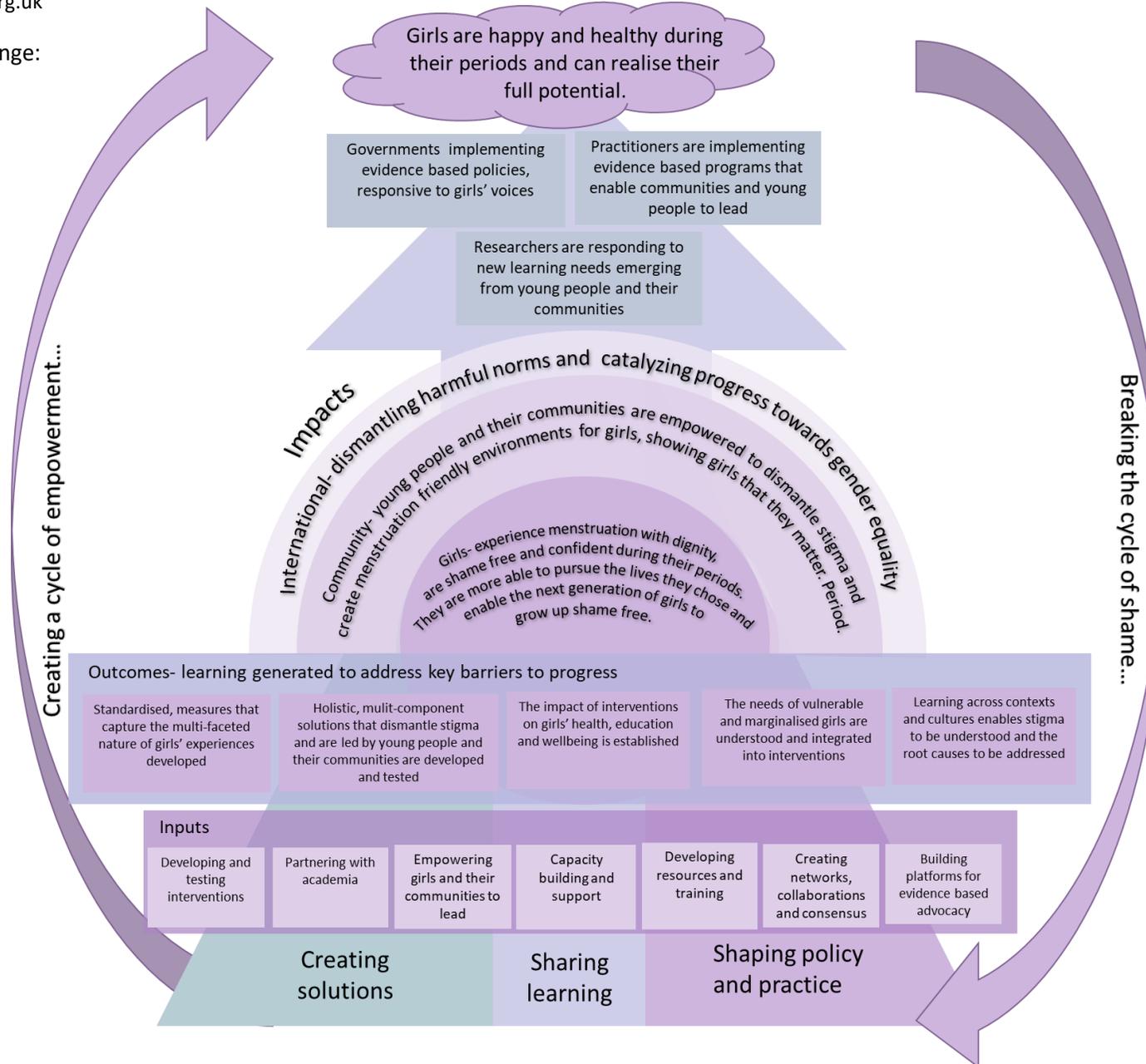
Objective 4: Expand our work to include the most marginalised and vulnerable groups

The sections that follow describe each of these objectives in turn.



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Theory of change:





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Objective 1: Test and promote evidence-based approaches to overcoming menstrual related challenges

Objective 2: Collaborate with academia to conduct and facilitate research to evidence impact and improve menstrual health interventions.

We will build knowledge and advance practice in line with our learning priorities:

1. *Understand how menstrual stigma and shame is perpetuating the neglect of girls' needs and driving negative effects on their education, health and well-being.*
2. *Develop holistic menstrual health interventions that can dismantle menstrual stigma and drive social change on this issue.*
3. *Create robust evidence for the impact of menstrual health programmes on girls' education, reproductive health and wellbeing, including developing effective, standardised measures.*

In the UK, we will focus initially on building a more in-depth understanding of how menstruation is affecting girls and work in partnership with young people and their communities to co-develop and pilot interventions, with an emphasis on creative and innovative approaches to dismantling menstrual stigma.

We believe that young people are uniquely placed to catalyse progress on this issue in the UK. Many young people are directly affected by the issue, are more aware of gender inequality and are still forming their attitudes to menstruation. If they become shame free then they will raise the next generation shame free, breaking the intergenerational cycle of stigma. We will pursue approaches that empower young people to lead, amplify their voices and foster peer to near peer support.

In east Africa, we will focus on developing school and community based intervention packages that can create lasting change in the attitudes and norms surrounding menstruation. We will pursue approaches that empower local people to lead change in their communities because we believe this is essential for creating sustainable changes in the negative social norms associated with menstruation. Alongside this, we will develop and support work to create standardised measures of the impact of menstrual health programmes on girls' health, education and well-being. We aspire to find measures that can capture the multifaceted impacts of girls' menstrual experiences on their health, education and wellbeing.

We will work with other organisations to test and adapt our approaches to different contexts and populations within east Africa.

We will work with academia to investigate the impact of menstrual health interventions that include a community-led element to end menstrual stigma on girls' health, education and well-being. In particular, we will build understanding of how menstrual health interventions interact with girls' sexual and reproductive health outcomes.

Across the contexts where we work we will explore similarities and differences between young women and girls' experiences of stigma and its consequences to build evidence for conceptualising period poverty and shame as a global gender equality issue.



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Objective 3: Disseminate learning and advocate for policy and practice change to improve young people's experience of menstruation in the UK and East Africa.

We believe our role here is three fold:

- We are a learning focused organisation accumulating expertise about how to effectively work with young people and their communities to meet girls' needs during menstruation. We aim to become a resources for organisations wishing to integrate this issue into their programming, enabling them to deliver effective, evidence based programmes.
- We are positioned uniquely at the interface between practice, research and policy. We will use this to build shared platforms for evidence based advocacy and collaboration, creating consensus and shared priorities for menstrual health policy and practice.
- We want to end period poverty and shame within a generation and can only achieve this if changes are institutionalised. We will support and pursue partnerships and collaborations with policymakers to develop policies that can deliver long term change for girls.

In the UK, we will target our advocacy on shifting the narrative from a focus on menstrual product provision and period poverty to seeking holistic solutions that can deliver menstrual equity. We will also advocate for more research and learning focused work to build our understanding of what is happening in the UK context. Our sharing of learning will focus on producing briefings and reports based on our pilot and exploratory work that can inform the development of early stage work and thinking in the UK. We will focus on building strong relationships with influencers and policymakers so that our learning over the coming years can feed into policy development.

In East Africa, we will focus our advocacy on the need for interventions to be community-led and dismantle stigma to be effective. Using our wealth of internal expertise addressing menstrual health in this context, we will seek to work with other organisations, providing resources, consultancy and training to share our learning. We will continue to build on our existing relationships with national and regional stakeholder groups, using our expertise to shape a growing movement to institutionalise menstrual health work across East Africa.

Objective 4: Expand our work to include the most marginalised and vulnerable groups

Across both contexts where we work we will identify and develop and adapt our work to support vulnerable and marginalised adolescent girls who may not be reached by community or school based programs.

In East Africa, we will focus on ensuring our work is inclusive of girls with disabilities and explore how menstrual health programmes can be used to support girls who are at risk of dropping out of school and are under pressures to engage in transactional sex.

In the UK, we will focus on girls who are not in mainstream education or those at risk of being excluded from mainstream provision of sex and relationships education.



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How we will work:

We passionately believe that multi-disciplinary approaches rooted in an evidence based approach generate the best outcomes for young people. To make that a reality we are committed to working in the following way. We will:

- Bring together and build networks of academics and practitioners dedicated to producing and sharing evidence to support menstrual health policy and programming
- Work in partnership with Irise Uganda to implement learning based projects in Uganda and support dissemination of learning within East Africa
- Expand partnerships with Universities in the UK and Uganda to deliver collaborative research agendas
- Develop partnerships with community based organisations and groups in the UK to deliver and evaluate pilot projects
- Participate in NGO menstruation focused networks and forums to support transfer of learning to practice

Implementing our strategy:

Irise believes that a phased approach to intervention development and scale-up produces impactful, cost effective initiatives and avoids inadvertent harm. These phases are:

Piloting and development: This phase focuses on understanding the issue and how it is affecting young people and their communities and developing and testing interventions.

Testing and transition: This phase focuses on testing the intervention in other contexts and developing mechanisms and processes to help with scaling-up.

Scale-up: This phase focuses on rolling out the intervention so that everyone can benefit.

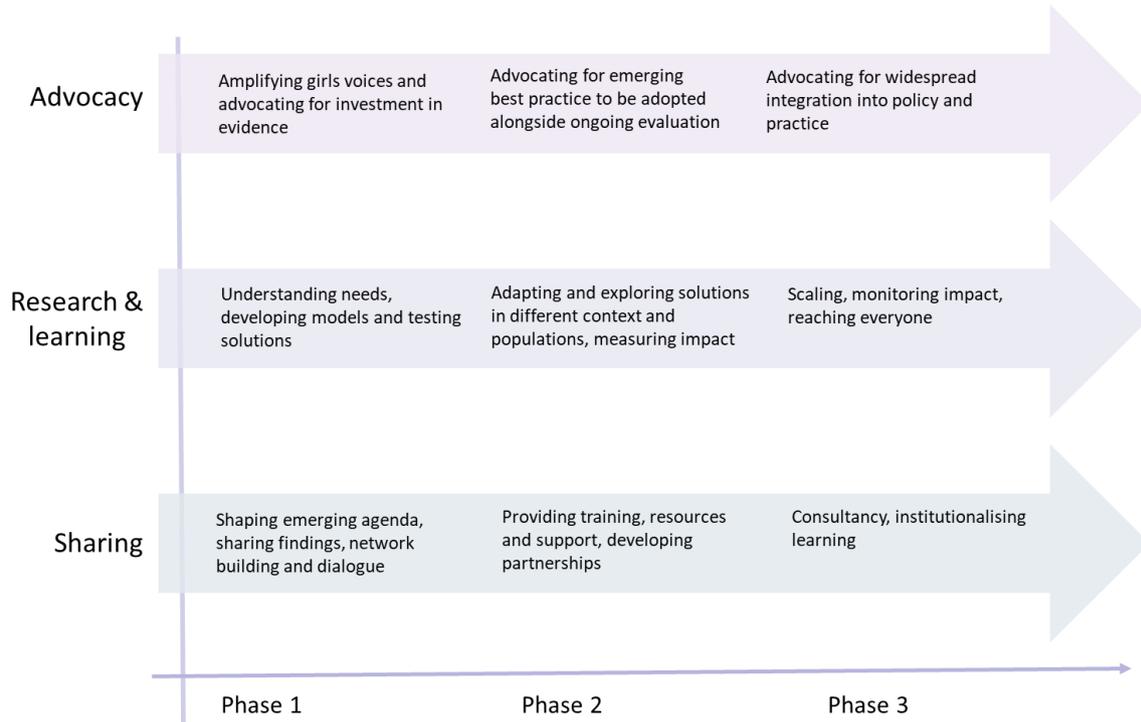
Menstrual health work is at different stages in the two contexts we work in and this is reflected in our initial priorities and focus in each geographical area. In the UK our work is in the piloting and development phase whereas in east Africa we are moving into the testing and transition phase.

As a learning and research focused organisation we are committed to a continuous cycle of learning. We are committed to regularly reviewing our own learning and that of others and refining our strategy accordingly.

Our advocacy and sharing of learning strategies and approaches align with the phase where we believe our work and broader efforts to end period poverty and shame currently sit. Their focus also needs to be reviewed as new evidence emerges.



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Summary of our phased approach

Enabling growth, delivering impact

Our dedicated and passionate team of trustees, staff and volunteers are committed to working together to build a strong institution that can deliver long lasting change for young people and their communities. Our enabling objectives represent our priorities for institutional growth and development.

1. Build the capacity and autonomy of Irise Uganda

We will work with Irise Uganda to build their capacity and autonomy, enabling them to become equal partners in shaping the vision of the Irise group.

2. Grow and diversify our income base, raising strategic and flexible income, which enables our programmatic and research ambition and ensures agility in our work with young people and their communities.

We will work to develop a predictable and sustainable portfolio of unrestricted funding and a strong track record with institutional and research funding.

3. Through compelling communications and stewardship build a network of supporters, donors, activists and partners who share a sense of belonging to Irise and champion our cause

We will maintain and grow our network, ensuring ongoing financial and in kind support for the charity from an expanding supporter base.



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