

**“IS THE PRIORITY VACCINES OR PADS?”:
THE BRAZILIAN GOVERNMENT’S VETO ON MENSTRUAL
HEALTH CARE DURING THE COVID-19 CRISIS**

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ABSTRACT

In October 2021, after its approval by the Brazilian Congress, the legislation to institute a national menstrual health program (Law n. 14.214) was substantially vetoed by President Jair Bolsonaro. Urged to offer an explanation, Damares Alves, the Minister of the Woman, the Family, and Human Rights, reacted by asking: “Is the priority vaccines or pads?” In this thesis, the debates around law n. 14.214/2021 serve as a case study to address the political discourses about menstrual health in Brazil. Alves’s statement is an initial point to consider how the neoliberal rationale hinders the implementation of (gendered) health care rights by disregarding them as a priority. Considering this context, this research aims to analyse the government’s discourses about menstrual health care and austerity during an aggravated crisis (of the covid-19 pandemic). The methodological frame adopted is Critical Discourse Analysis (CDA), which is a qualitative technique that allows for a reading of the legal texts and discourses embedded in their socio-political context. Based on the analysis of the case study, this research finds that the lens of care serves to place the discussions about menstrual health into the context of systematic crisis, in which the government’s neoliberal politics justify their disregard for gendered human rights by relying on the austerity claim that there is no alternative. Thus, Alves’s statement unravels that menstrual health care is not a prioritized public policy because it is considered a personal crisis, to be solved at the private sphere by the individuals themselves.

Keywords: menstrual health care, care crisis, austerity, political discourses, public policies.

RESUMO

Em outubro de 2021, após sua aprovação pelo Congresso brasileiro, a legislação para instituir um programa nacional de saúde menstrual (Lei n. 14.214) foi substancialmente vetada pelo presidente Jair Bolsonaro. Instada a se explicar, Damare Alves, Ministra da Mulher, da Família e dos Direitos Humanos, reagiu com a pergunta: “A prioridade é vacina ou absorvente?” Nesta dissertação, os debates em torno da lei n. 14.214/2021 servem como estudo de caso para abordar os discursos políticos sobre saúde menstrual no Brasil. A declaração de Alves é o ponto inicial para considerar como a lógica neoliberal dificulta a implementação dos direitos à saúde relacionados às políticas de gênero, por desconsiderá-los como prioridade. Considerando esse contexto, esta pesquisa tem como objetivo analisar os discursos do governo sobre cuidados com a saúde menstrual e austeridade durante a crise de saúde agravada (pela pandemia de covid-19). O referencial metodológico adotado é a Análise Crítica do Discurso (ADC), uma técnica qualitativa que permite a leitura do texto legislativo inserido em seu contexto sociopolítico, moldando a forma como o texto é interpretado e recebido pelo Estado e pela sociedade. Com base na análise do caso, esta pesquisa constata que a perspectiva teórica do ‘cuidado’ serve para colocar as discussões sobre a saúde menstrual no contexto de crise sistemática, em que a política neoliberal do governo justifica sua desconsideração pelos direitos humanos de gênero, alegando, conforme a agenda da austeridade, que não há alternativa. Enfim, a declaração de Alves desvenda que a atenção à saúde menstrual não é uma política pública priorizada por ser considerada uma crise pessoal, a ser resolvida na esfera privada pelos próprios indivíduos.

Palavras-chave: cuidados com saúde menstrual, crise dos cuidados, austeridade, discursos políticos, políticas públicas.

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for the teachings I keep from you,
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LIST OF ABBREVIATIONS

CDA – Critical Discourse Analysis.

CE - *Comissão da Educação* [Commission on Education]

CM - *Comissão de Defesa dos Direitos da Mulher* [Commission for the Protection of Women's Rights]

MHM - Menstrual Hygiene Management

MMFDH - *Ministério da Mulher, da Família e dos Direitos Humanos* [Ministry of the Woman, the Family, and Human Rights]

NGOs - Non-governmental organizations

PL - *Projeto de Lei* [Law Proposal]

SRT – Social Reproduction Theory

SUS - *Sistema Único de Saúde* [Unified Health System]

UNFPA - United Nations Population Fund

UNICEF - United Nations International Children's Emergency Fund

WASH - Water, Sanitation, and Hygiene

WHO – World Health Organization

INTRODUCTION

In October 2021, after its approval by the Brazilian Congress, a law to institute a National Program for Protection and Promotion of Menstrual Health (Law n. 14.214¹) was signed by President Jair Bolsonaro. Following his signature, though, he vetoed a substantial portion of the legislation, particularly in regard to the free provision of menstrual products by the public health system to women and girls who are in a situation of vulnerability.² This veto met a strong rejection from civil society, who urged the government to offer an explanation – a task taken by the *Ministério da Mulher, da Família e dos Direitos Humanos* [Ministry of the Woman, the Family, and Human Rights - hereafter “MMFDH”]. Besides publishing an official statement, Minister Damares Alves reacted by asking the population to choose: “Is the priority vaccines or pads?”³

Her words, which title this thesis, were delivered in the context of the covid-19 pandemic. During 2021, vaccines against the coronavirus were a main topic of political discussion in Brazil since Bolsonaro himself decided to take a clear position against vaccination. Amidst political scandals, Congress investigated the government⁴ for their neglect to address the health crisis and the President was pressured – by political opponents, civil society, and state governors – into allocating federal funding for the purchase of covid-19 vaccines. Considering this context, in order to justify the administration’s seemly disregard for menstrual health, Alves employed a frequent discursive tactic of governments in times of austerity: budget constraints. In her words,

¹ Atos do Poder Legislativo, “Lei n. 14.214, de 6 de outubro de 2021,” Pub. L. No. 14.214, § 193 (2021), http://www.planalto.gov.br/ccivil_03/_ato2019-2022/2021/Lei/L14214.htm.

² Agência Senado, “Bolsonaro veta distribuição de absorventes a estudantes e pessoas pobres,” Senado Federal, October 7, 2021, <https://www12.senado.leg.br/noticias/materias/2021/10/07/bolsonaro-veta-distribuicao-de-absorventes-a-estudantes-e-mulheres-pobres>.

³ Correio Braziliense, “Damares Defende Veto de Bolsonaro: ‘Prioridade é Vacina Ou Absorvente?’,” October 8, 2021, sec. Direitos Humanos, <https://www.correiobraziliense.com.br/politica/2021/10/4954405-damares-defende-veto-de-bolsonaro-prioridade-e-vacina-ou-absorvente.html>.

⁴ Senado Federal, “CPIPANDEMIA - CPI Da Pandemia - Atividade Legislativa - Senado Federal,” 2022, <https://legis.senado.leg.br/comissoes/comissao?codcol=2441>.

there were not enough funds for menstrual products because the government had increased healthcare expenses to cover the vaccines.⁵

Following her statement, menstruation took a central position in the country's political and social debate. Many stood against the veto, including conservative sectors of the Congress and the media.⁶ Feminists fomented the demand around the country, pushing the agenda for provision of products to regional governments and/or taking on the role of providers themselves.⁷ In addition, menstrual activists pressured the Congress into defeating the veto, which eventually happened in March 2022. Bolsonaro's government was forced to withdraw their first assessment and Alves put forth a message manifesting that her Ministry was already working on proposing a comprehensive menstrual health program.⁸ Shortly after, on March 8th, Bolsonaro and Alves presented their version of this program, signed by the president during a ceremony for Women's Day.⁹

This multitude of discourses, political events, and legal documents is the focus of this thesis. I take Alves's statement as an initial point to consider menstruation and health care in the current context of pandemic in Brazil. The premise is that, by posing the issue as a question of 'priorities' (pads or vaccines?), Alves manifests the neoliberal rationale of cutting expenses on

⁵ Damares Alves, Entrevista aos canais de imprensa da região oeste do Paraná/SC, G1 Notícias, October 8, 2021, <https://g1.globo.com/pr/oeste-sudoeste/noticia/2021/10/08/damares-defende-veto-de-bolsonaro-a-gente-tem-que-decidir-a-prioridade-e-a-vacina-ou-e-o-absorvente.ghml>.

⁶ Elisa Clavery and Gustavo Garcia, "Congresso derruba veto de Bolsonaro à distribuição gratuita de absorventes menstruais," *G1*, March 10, 2022, sec. Política, <https://g1.globo.com/politica/noticia/2022/03/10/congresso-derruba-veto-de-bolsonaro-a-distribuicao-gratuita-de-absorventes-menstruais.ghml>; Joana Oliveira, "Bolsonaro veta acesso a absorvente para mais de 5 milhões de mulheres vulneráveis," *El País Brasil*, October 7, 2021, sec. Governo Bolsonaro, <https://brasil.elpais.com/brasil/2021-10-07/bolsonaro-veta-acesso-a-absorvente-para-mais-de-5-milhoes-de-mulheres-vulneraveis.html>.

⁷ Júlia Dara, "'Absorventes ficam, Bolsonaro sai': movimento faz ato em BH contra veto," *Brasil*, October 14, 2021, sec. Manifestação, <https://www.correiobraziliense.com.br/brasil/2021/10/4955449-absorventes-ficam-bolsonaro-sai-movimento-faz-ato-em-bh-contraveto.html>; Cinderela Caldeira, "Veto à distribuição de absorvente menstrual provoca protestos," *Jornal da USP* (blog), October 8, 2021, <https://jornal.usp.br/atualidades/veto-a-distribuicao-de-absorvente-menstrual-provoca-protestos/>.

⁸ MMFDH, "Posicionamento Da SNPM Sobre a Questão Dos Absorventes Para as Mulheres Em Vulnerabilidade Social," Government official page, Ministério da Mulher, da Família e dos Direitos Humanos, October 11, 2021, <https://www.gov.br/mdh/pt-br/assuntos/noticias/2021/outubro-rosa/posicionamento-da-snpm-sobre-a-questao-dos-absorventes-para-as-mulheres-em-vulnerabilidade-social>.

⁹ UOL, *Bolsonaro Assina Decreto Para Distribuição Gratuita de Absorventes* (Brasília, 2022), <https://www.youtube.com/watch?v=S0SHl8BMJPo>.

public policies and welfare structure, particularly in times of crisis. That way, these debates around law n. 14.214/2021 serve as a case study to address how austerity claims may interfere with the implementation of (gendered) health care rights. Ultimately, the main goal of this research is to analyse the government's discourses about menstrual health care and austerity during an aggravated health crisis (of the covid-19 pandemic).

More specifically, I aim at tackling these questions:

- a) How does the context of health care crisis shape the current discussions around menstrual health rights in Brazil?
- b) What is the government's main argument to veto law n. 14.214/2021 and how is it related to the broader context of neoliberal politics?
- c) How does Damares Alves's message reflect the government's comprehension of gendered priorities in the context of crisis?

In order to answer these questions, this thesis is divided in three chapters:

1. The first chapter sets the theoretical framework, which consists of an interdisciplinary approach to legal scholarship, critical menstruation studies, and feminist research. I discuss how the provision of health care is dismantled by neoliberal policies, aggravating the multi-faceted crisis experienced in the current context. Crisis is employed here as a concept that shapes how rights and policies are produced during the covid-19 pandemic, but also as a frame to unpack discourses around a bodily occurrence that requires personal care - menstruation.
2. The second chapter covers the methodology, explaining how I use Critical Discourse Analysis (CDA) as a method to frame the discursive elements of the case study.
3. The third chapter unfolds the analysis of the case study, relying on CDA as a model to explore the nuances of the legal documents and political statements which compose the data set. I bring together all the elements elaborated in the previous chapters to discuss my critical assessment of the case study.

1. THEORETICAL FRAMEWORK: MENSTRUAL HEALTH CARE AMIDST THE (NEOLIBERAL) CRISIS

Crisis is a central concept in this thesis, mainly because, in the context of the covid-19 pandemic, the “word is on everyone’s lips.”¹⁰ It is, indeed, a slippery concept, and as I delve into the literature, crisis emerges as an “overused hyperbole”¹¹ even before the spread of the coronavirus in 2020. Some of my sources refer to the economic crisis of 2008,¹² the political crisis of Donald Trump’s election,¹³ the environmental crisis of this century,¹⁴ and the health and social crises generated by the advancement of neoliberalism.¹⁵ Thus, recognizing “the aura of seemingly permanent crisis that has settled on the planet,”¹⁶ I aim at using the word within an interpretation that draws together the multiple phenomena of our times into a “collective singular”¹⁷ of theoretical and epistemological usage.

For that, I take Nancy Fraser’s¹⁸ interpretation of a “multi-faceted crisis,” which aggregates into a unified concept all of the maladies of the current emergencies (a “huge crisis”).¹⁹ Using Fraser’s approach helps comprehend the covid-19 pandemic as a situation of exacerbation

¹⁰ Michael Freeden, “Crisis? How Is That a Crisis!?,” *Contributions to the History of Concepts* 12, no. 2 (December 1, 2017): 13, <https://doi.org/10.3167/choc.2017.120202>.

¹¹ Emma Dowling, *The Care Crisis: What Caused It and How Can We End It?*, 1st ed. (London; New York: Verso, 2021), 11.

¹² David Harvey, *Seventeen Contradictions and the End of Capitalism* (Oxford University Press, 2014).

¹³ Nancy Fraser, *The Old Is Dying and the New Cannot Be Born: From Progressive Neoliberalism to Trump and Beyond* (La Vergne: Verso, 2019), <http://ebookcentral.proquest.com/lib/york-ebooks/detail.action?docID=5719361>; Wendy Brown, *In the Ruins of Neoliberalism: The Rise of Antidemocratic Politics in the West*, *In the Ruins of Neoliberalism* (New York: Columbia University Press, 2019), <https://doi.org/10.7312/brow19384>.

¹⁴ Naomi Klein, *No Is Not Enough: Defeating the New Shock Politics* (United Kingdom: Penguin Books, 2018).

¹⁵ Dowling, *The Care Crisis*; Nancy Fraser, “Crisis of Care? On the Social-Reproductive Contradictions of Contemporary Capitalism,” in *Social Reproduction Theory*, ed. Tithi Bhattacharya, Remapping Class, Recentering Oppression (London: Pluto Press, 2017), 21–36, <https://doi.org/10.2307/j.ctt1vz494j.6>.

¹⁶ Freeden, “Crisis?,” 13.

¹⁷ Helge Jordheim and Einar Wigen, “Conceptual Synchronisation: From Progress to Crisis,” *Millennium: Journal of International Studies* 46, no. 3 (June 2018): 421–39, <https://doi.org/10.1177/0305829818774781>.

¹⁸ Fraser, *The Old Is Dying and the New Cannot Be Born*; Nancy Fraser, “Can Society Be Commodities All the Way down? Post-Polanyian Reflections on Capitalist Crisis,” *Economy and Society* 43, no. 4 (October 2, 2014): 541–58, <https://doi.org/10.1080/03085147.2014.898822>.

¹⁹ Jordheim and Wigen, “Conceptual Synchronisation,” 430–31.

and accentuation²⁰ of the “an all-embracing crisis,”²¹ rather than an isolated phenomenon. Fraser also brings gender to the centre of her analysis of crisis as she situates her theoretical elaborations within the Marxist-Feminist framework of Social Reproduction Theory (SRT).²² Alongside other feminist scholars, Fraser elaborates on the gendered dimension in the escalating ‘crisis of care’ brought by neoliberal policies.²³ Thus, by employing this framework I approach menstruation through the lens of care. I consider both the element of taking care of menstrual bodies and the current discussions about menstrual health in Brazil the midst of an aggravated health care crisis.

In this chapter, I argue that the neoliberal health crisis (aggravated by the covid-19 pandemic) has consequences for the fulfilment of menstrual care. Firstly, I locate the debate around austerity and budget constraints in relation to the implementation and provision of human rights, particularly those related to care work, as exposed by SRT (section 1.1). Subsequently, I employ the concept of crisis to unpack how the discourse about menstruation has been centred around personal care and blood management, as ways of solving the ‘period crisis’ (section 1.2). Lastly, I propose an alternative approach, locating menstrual care within international human rights framework, in order to explore how this discussion may affect the drafting of public policies about menstruation (section 1.3).

1.1 Vaccines or pads? Care, gender, and neoliberal politics in Brazil

Although Jair Bolsonaro’s election represents a shift to the far-right in the Brazilian political landscape, his economic project is not a novelty, but rather the exacerbation of neoliberal

²⁰ Boaventura de Souza Santos, *La Cruel Pedagogía Del Virus*, 1st ed. (Buenos Aires: CLACSO, 2020).

²¹ Freeden, “Crisis?,” 13.

²² Tithi Bhattacharya, *Social Reproduction Theory: Remapping Class, Recentring Oppression* (London: Pluto Press, 2017); Fraser, “Crisis of Care?”

²³ Dowling, *The Care Crisis*; Nancy Fraser, Tithi Bhattacharya, and Cinzia Arruzza, *Feminism for the 99%: A Manifesto* (London: Verso, 2019); Sarah Jeffe, “Social Reproduction and the Pandemic, with Tithi Bhattacharya,” *Dissent Magazine* (blog), April 2, 2020, https://www.dissentmagazine.org/online_articles/social-reproduction-and-the-pandemic-with-tithi-bhattacharya.

politics. The rise of neoliberalism in Brazil is located in the 1990s, during the government of Fernando Henrique Cardoso (1994-2002). Since then, this rationale has been the main *modus operandi* of the economic system, even during the leftist-inclined Luis Inacio Lula da Silva's (2003-2010) and Dilma Rousseff's (2011-2016) administrations.²⁴ Especially after Rousseff's re-election in 2014, she was led to follow austerity measures as her government faced a series of economic and political drawbacks, including the crumbling of its allied base.²⁵ Rousseff was taken out of office in 2016, and her successor, Michel Temer (2016-2018), accelerated the implementation of a neoliberal agenda by cutting expenses on social rights, selling off public assets, and overall consolidating a pro-business regime.²⁶ In 2018, Bolsonaro was elected with the support of the markets in its alliance with neoconservative forces.²⁷

Considering this background, I rely on a characterization of neoliberalism as a political-economic model that shapes public policies in the current stage of capitalism.²⁸ As a project, it sets out to dismantle the social state, whether by privatizing it, devolving its tasks, or eliminating what remains of welfare altogether.²⁹ According to Wendy Brown, neoliberal policies are usually associated with “privatizing public ownership and services, radically reducing the social state, leashing labour, deregulating capital, and producing a tax-and-tariff friendly climate to direct foreign investors.”³⁰ By strengthening the markets and individual property rights, neoliberalism values the absence of economic regulation, and its consequent financialization, privatization, and deregulation.³¹

²⁴ Perry Anderson, *Brazil Apart: 1964–2019* (La Vergne: Verso, 2019), <http://ebookcentral.proquest.com/lib/york-ebooks/detail.action?docID=5892227>.

²⁵ Carla Costa Teixeira, Lucas Cruvinel, and Renato Fernandes, “Notes on Lies, Secrets, and Truths in the Brazilian Congress: The 2016 Process of Impeachment,” *Current Anthropology* 61, no. 5 (October 1, 2020): 545–62, <https://doi.org/10.1086/711294>.

²⁶ Klein, *No Is Not Enough: Defeating the New Shock Politics*; Sabrina Fernandes, *Sintomas mórbidos: a encruzilhada da esquerda brasileira* (São Paulo: Autonomia Literária, 2019).

²⁷ Fernandes, *Sintomas mórbidos*.

²⁸ Brown, *In the Ruins of Neoliberalism*; Klein, *No Is Not Enough: Defeating the New Shock Politics*.

²⁹ Brown, *In the Ruins of Neoliberalism*.

³⁰ Brown, 17–18.

³¹ Audrey R. Chapman, *Global Health, Human Rights and the Challenge of Neoliberal Policies* (Cambridge; New York: Cambridge University Press, 2016), 81.

Within the neoliberal paradigm, austerity refers to the agenda adopted by States in response to increasing budget deficits and poor economic growth during a period of crisis.³² The main argument is that, in order to reach fiscal stability,³³ governments should react by cutting expenses with social welfare, de-funding health and education, reducing social protection, pensions, and unemployment insurance.³⁴ In regard to human rights, neoliberal policies are detrimental for their protection and implementation,³⁵ since they favour the hegemony of the markets, treating the provision of rights like other consumer goods, having its cost, price, availability, and distribution set by the markets.³⁶

In Brazil, the most significant austerity policy of the last decade was the approval of Constitutional Amendment n. 95 in 2016, during Temer's government. Known as the "spending ceiling amendment" [*emenda do teto de gastos*], this provision freezes social expenditures for twenty years,³⁷ severely reducing federal investments even in the public health system and providing opportunities for privatization.³⁸ As a consequence, austerity measures affect disproportionality women, children and youth, elderly, ethnic and racial minorities, migrants and refugees, people with disabilities, and low-income families.³⁹

³² Sandra Liebenberg, "Austerity in the Midst of a Pandemic: Pursuing Accountability through the Socio-Economic Rights Doctrine of Non-Retrogression," *South African Journal of Human Rights*, September 3, 2021, 9, <https://doi.org/10.1080/02587203.2021.1972331>.

³³ Diane Elson, Radhika Balakrishnan, and James Heintz, "Public Finance, Maximum Available Resources and Human Rights," in *Human Rights and Public Finance: Budgets and the Promotion of Economic and Social Rights*, ed. Aoife Nolan, Rory O'Connell, and Colin Harvey, Bloomsbury Collections (London: Hart Publishing, 2013), 25, <https://doi.org/10.5040/9781474200271>.

³⁴ Center for Economic and Social Rights, "Fiscal Fallacies: 8 Myths about the 'Age of Austerity' and Human Rights Responses," Rights in Crisis Series Briefing Paper (Rights in Crisis Series Briefing Paper, July 2012), 1, <https://www.cesr.org/sites/default/files/CESR-FiscalFallacies.pdf>.

³⁵ Chapman, *Global Health, Human Rights and the Challenge of Neoliberal Policies*, 75.

³⁶ Chapman, 104.

³⁷ Agência Senado, "Promulgada Emenda Constitucional do Teto de Gastos Públicos," Senado Federal, December 15, 2016, <https://www12.senado.leg.br/noticias/materias/2016/12/15/promulgada-emenda-constitucional-do-teto-de-gastos>.

³⁸ Pedro Rossi et al., eds., *Economia Para Poucos: Impactos Sociais Da Austeridade e Alternativas Para o Brasil* (São Paulo, SP: Autonomia Literária, 2018), 84–85.

³⁹ Center for Economic and Social Rights, "Fiscal Fallacies: 8 Myths about the 'Age of Austerity' and Human Rights Responses," 1.

To further elaborate on these tensions, I take a gendered approach to austerity, accounting for the inequalities and imbalances of the social distribution of care work in capitalist societies.⁴⁰ I rely on the theorization of Marxist-Feminists on social reproduction,⁴¹ which is described as a functional economic category to encompass all the activities, attitudes, behaviours, responsibilities involved in maintaining life on a daily basis.⁴² Care is considered an aspect of this labour – its *modus operandi*, product, or motivation – that has an “explicit qualitative meaning”⁴³ bound up with ideologies that draw on the affective, relational, and ethical dimensions of caring for ourselves and others.⁴⁴ In this thesis, as an approach to menstruation, care unravels the behaviours related to fulfilling the needs of menstruating bodies, such as (but not limited to) managing the flow, dealing with pain and discomfort, relying on the mental and emotional support of others, and even facing social and cultural stigmas.

In that sense, I use the expression ‘menstrual care’ in the following sections to refer this intersection in which personal care for menstruating bodies is faced with the systemic multi-faceted crisis. The lack and/or precariousness of material provisions for social reproduction, constantly aggravated by austerity measures,⁴⁵ is a condition intrinsic to the capitalist system that Fraser names ‘crisis of care.’⁴⁶ This crisis affects menstrual care by weakening the conditions for accessing the related human rights, as I discuss in the case study’s analysis. Further, in the current configurations of capitalism in Brazil, cultural racism and patriarchy⁴⁷ operate to burden the crisis

⁴⁰ Magdalena Sepúlveda Carmona and Kate Donald, “What Does Care Have to Do with Human Rights? Analysing the Impact on Women’s Rights and Gender Equality,” *Gender & Development* 22, no. 3 (September 2, 2014): 447, <https://doi.org/10.1080/13552074.2014.963305>.

⁴¹ Bhattacharya, *Social Reproduction Theory*.

⁴² Johanna Brenner and Barbara Laslett, “Gender, Social Reproduction, and Women’s Self-Organization: Considering the U.S. Welfare State,” *Gender and Society* 5, no. 3 (1991): 311–33, <https://www.jstor.org/stable/189843>; Fraser, “Crisis of Care?”

⁴³ Dowling, *The Care Crisis*, 29.

⁴⁴ Dowling, 29–34; Fraser, “Crisis of Care?”

⁴⁵ Brown, *In the Ruins of Neoliberalism*, 39.

⁴⁶ Fraser, “Can Society Be Commodities All the Way Down?”; Fraser, “Crisis of Care?”; Dowling, *The Care Crisis*.

⁴⁷ Lélia Gonzalez, “Por Um Feminismo Afro-Latino-Americano,” in *Por Um Feminismo Afro-Latino-Americano: Ensaio, Intervenções e Diálogos*, trans. Catalina G. Zambrano (Rio de Janeiro: Jorge Zahar, 1988).

particularly onto Black and working-class women, which means they are also the most affected by the disregard for gendered rights in Brazil.

Therefore, the concept of care is an appropriate lens to read the intersections between gender, class, and race when debating how the provision of rights is prioritized in Bolsonaro's administration. Indeed, I comprehend that, when Damares Alves suggests the government needs to choose between "vaccines or pads," she places the matter not only within the austerity perspective of reducing expenses, but also as a neglect to gendered human rights. I rely on care as a frame that contests this logic because, as a category, care is at the core of both.

1.2 Menstruation as (personal) crisis: The response of private menstrual care

In its modern history, menstruation has been portrayed as "a natural internal enemy"⁴⁸ that prevents girls and women from completely integrating into public life because they may have a hard time controlling their bodily fluid. The menstrual body is socially and culturally identified as "monstruous" and "chaotic;"⁴⁹ that is, a body in *crisis* that needs to be cared for. For that, menstruators - term used to encompass all people who menstruate, accounting for queer experiences⁵⁰ - access modern technologies provided by the menstrual care industry.⁵¹

For the purpose of this thesis, the concept of 'menstrual care industry' encompasses "all the material production surrounding menstruation."⁵² This includes manufacture and marketing of technologies for blood management (pads, tampons, cups, reusable underwear etc.),⁵³

⁴⁸ Eugenia Tarzibachi, *Cosa de mujeres: Menstruación, género y poder* (Buenos Aires: Sudamericana, 2017), 206.

⁴⁹ Tarzibachi, 78.

⁵⁰ Tarzibachi, 52.

⁵¹ Tarzibachi, 206.

⁵² Katie Ann Hasson, "Chapter 49. Introduction: Menstruation as Material," in *The Palgrave Handbook of Critical Menstruation Studies*, ed. Chris Bobel et al. (Singapore: Springer Singapore, 2020), 669, <https://doi.org/10.1007/978-981-15-0614-7>.

⁵³ Camilla Mørk Røstvik, *Cash Flow: The Businesses of Menstruation* (UCL Press, 2022), <https://doi.org/10.14324/111.9781787355385>.

medication to treat menstrual pain, pre-menstrual symptoms and oral contraceptives to extend cycles,⁵⁴ phone applications for tracking menstrual cycles, and services that provide monthly “menstruation supplies.”⁵⁵ The aspect of care is highlighted here in order to approach the industry from the theoretical frame of social reproduction; indeed, this frame has been used in reference to the industries of birth control, beauty, and dieting, which have been part of the gendered tendency of marketizing care.⁵⁶

Menstruation can be placed within the crisis of care identified by Fraser because menstruators need to provide for themselves. Within the neoliberal logic, care is accessed through commodification (within the market) or privatization (within families and communities).⁵⁷ For menstruators, this means they need to acquire products in the industry or rely on social networks. Since menstruation is seen as an individual problem that affects ‘women,’ not society,⁵⁸ menstrual products are perceived as personal care rather than universal items that should be provided in public spaces (like toilet paper and soap, for example).⁵⁹ Thus, to remedy their personal crisis, menstruators need to “embrace the neoliberal markets”⁶⁰ of the menstrual care industry, which has a powerful role in how they choose to manage their cycles.⁶¹

Large-scale manufacturing and marketing of disposable menstrual products (particularly pads) started after the First World War. The overplus supply of Cellucotton, an absorbent cotton used as surgical dressings during the war, led its producer, Kimberley Clark (United States) to

⁵⁴ Lara Freidenfelds, *The Modern Period: Menstruation in Twentieth-Century America* (Baltimore: Johns Hopkins University Press, 2009), 10.

⁵⁵ Hasson, “Chapter 49. Introduction: Menstruation as Material,” 669.

⁵⁶ Røstvik, *Cash Flow*, 16.

⁵⁷ Fraser, “Can Society Be Commodities All the Way Down?”; Fraser, “Crisis of Care?”

⁵⁸ Elizabeth Arveda Kissling, *Capitalizing on the Curse: The Business of Menstruation* (Boulder, Colo: Lynne Rienner Publishers, 2006), 44.

⁵⁹ Røstvik, *Cash Flow*, 195.

⁶⁰ Inga T. Winkler, “Menstruation and Human Rights: Can We Move Beyond Instrumentalization, Tokenism, and Reductionism?,” *Columbia Journal of Gender and Law* 41, no. 1 (November 8, 2021): 244–51, <https://doi.org/10.52214/cjgl.v41i1.8842>.

⁶¹ Maria Carmen Punzi and Mirjam Werner, “Chapter 60. Challenging the Menstruation Taboo One Sale at a Time: The Role of Social Entrepreneurs in the Period Revolution,” in *The Palgrave Handbook of Critical Menstruation Studies*, ed. Chris Bobel et al. (Singapore: Springer Singapore, 2020), 834, <https://doi.org/10.1007/978-981-15-0614-7>.

repurpose it into ‘feminine hygiene products.’⁶² These products were then advertised as technologies to maintain hygienic standards throughout the 1920s to the 1950s.⁶³ In that context, the concept of menstruating like a ‘modern woman’ is brought up by Lara Freidenfelds,⁶⁴ who provides a detailed study of “how the idea of ‘modern’ menstrual management was advocated by educators, parents and the booming industry.”⁶⁵

According to Freidenfelds, the notion of a modern way to handle menstruation came with new social, cultural, economic patterns of the turning of the 20th century. Modernization values were applied to the care for menstruating bodies, based on universalist scientific discourses about sex education, hygiene, and menstruation.⁶⁶ In Latin America, particularly, modern menstrual management was sold as an ideal of living like an ‘American’ woman, reinforcing the Western narrative of ‘civilized’ ‘hygienic’ bodies.⁶⁷ These modern technologies acquired an appealing and accessible value on a mass scale,⁶⁸ reinforcing efficiency, convenience, and consistent, carefully monitored self-presentation.⁶⁹ The menstrual cycle became a commodity in itself, in a context where the menstrual economy aimed at branding, commodifying, selling, and profiting over the taboo of bodily fluids.⁷⁰

Indeed, these discourses reinforced the notion of menstruation as a concealed affair,⁷¹ as methods to effectively hide bleeding, odour, and other evidence of periods were developed.⁷² Eugenia Tarzibach⁷³ notes how the first generation of pads had to be attached with belts or very tight underwear but that progressive adjustments were made so the product would be not visible

⁶² Tarzibachi, *Cosa de mujeres*, 30; Røstvik, *Cash Flow*, 134.

⁶³ Tarzibachi, *Cosa de mujeres*, 123–24.

⁶⁴ Freidenfelds, *The Modern Period*.

⁶⁵ Røstvik, *Cash Flow*, 14.

⁶⁶ Freidenfelds, *The Modern Period*, 3.

⁶⁷ Tarzibachi, *Cosa de mujeres*, 170.

⁶⁸ Freidenfelds, *The Modern Period*, 5.

⁶⁹ Freidenfelds, 6.

⁷⁰ Røstvik, *Cash Flow*, 2; 7.

⁷¹ Røstvik, 62.

⁷² Freidenfelds, *The Modern Period*, 11.

⁷³ Tarzibachi, *Cosa de mujeres*, 124.

or make sound, contributing to the discourse of concealment. With the expansion of the industry, the system of menstrual management became more complex,⁷⁴ as brands needed to provide solutions that “would save women from revealing to anyone that they were menstruating.”⁷⁵ Menstrual products ensured that they could carry their lives unaffected by the menstrual cycle,⁷⁶ ‘passing’ as non-menstruating at all times and conforming to the menstrual etiquette of modern times.⁷⁷

From the 1960s onwards, the care industry started focusing its marketing strategy on the generation of ‘liberated’ women.⁷⁸ Menstruators could attend work ‘normally’ without the need to worry about leaks, hygiene, and pain, in a discourse aligned with economic productivity.⁷⁹ Besides the effective control over periods, menstrual technologies ensured the maintenance of an ‘attractive body,’⁸⁰ that appeared sexually available at all times.⁸¹ In that sense, by adopting a perspective of “commercial feminism,”⁸² the industry encouraged individual freedom and body autonomy, allowing women to behave ‘like men’ in the workplace. At the same time, though, this discourse of concealment, of secrecy and embarrassment, contributed to reinforce menstrual stigma.⁸³

In order to sell this picture, advertising campaigns portrayed menstruation in a sexually charged and gendered character, in which white (cis)women represented menstruating bodies.⁸⁴ In tandem with modern bio-medical discourses about gender, the menstrual body is perceived an

⁷⁴ Kissling, *Capitalizing on the Curse*, 17.

⁷⁵ Punzi and Werner, “Chapter 60. Challenging the Menstruation Taboo One Sale at a Time: The Role of Social Entrepreneurs in the Period Revolution,” 834.

⁷⁶ Røstvik, *Cash Flow*, 62.

⁷⁷ Røstvik, 4.

⁷⁸ Tarzibachi, *Cosa de mujeres*, 124.

⁷⁹ Tarzibachi, 64.

⁸⁰ Tarzibachi, 64; 158.

⁸¹ Røstvik, *Cash Flow*, 62.

⁸² Tarzibachi, *Cosa de mujeres*, 148; 158.

⁸³ Tarzibachi, 78.

⁸⁴ Røstvik, *Cash Flow*, 24; 62.

essentialized ‘trait’ of women’s bodies.⁸⁵ Menstruation is related to reproduction, a sign that girls are ready to take their roles as “future mothers” the moment they “become a woman” with menarche.⁸⁶ This assumption relies on an understanding of the menstrual body as purely biological and natural, providing the binary distinction between women’s and men’s bodies. By relating menstruation to ‘feminine essence,’ this discourse only views cis girls and women as menstruators, excluding queer bodies from the discussions.⁸⁷ For that reason, when in this thesis I refer to menstruators, I account for how people experience menstruation differently, shaped not by “their lived experiences, needs and circumstances,” as well as their conditions of “disability, age, gender identity, place of residence, homelessness, housing instability, detention, migration, disaster, insecurity and displacement, religion, ethnicity, caste, and culture.”⁸⁸

In attempts to respond to these debates, recently the menstrual care industry has shifted the discourse to becoming not only more inclusive, but also confrontational of menstrual stigmas. The market has been addressing the experience of queer bodies and reinforcing its connection to consumers.⁸⁹ Many businesses are being branded as “lifestyle products” that make the menstrual experience comfortable and liberating. The industry has expanded to offer a broader range of services, including delivery of supplies and menstrual tracking applications that provide menstruators an avenue for “taking care of themselves.”⁹⁰ Current technologies are also more concerned with environmental and social impacts, creating more sustainable products, such as underwear with absorbent sponge and menstrual cups.⁹¹

⁸⁵ Margaret E. Johnson, “Asking the Menstruation Question to Achieve Menstrual Justice,” *Columbia Journal of Gender and Law* 41, no. 1 (November 8, 2021): 159, <https://doi.org/10.52214/cjgl.v41i1.8830>.

⁸⁶ Tarzibachi, *Cosa de mujeres*, 43; 108.

⁸⁷ Tarzibachi, 261.

⁸⁸ Julie Hennegan et al., “Menstrual Health: A Definition for Policy, Practice, and Research,” *Sexual and Reproductive Health Matters* 29, no. 1 (January 1, 2021): 3, <https://doi.org/10.1080/26410397.2021.1911618>.

⁸⁹ Røstvik, *Cash Flow*.

⁹⁰ Punzi and Werner, “Chapter 60. Challenging the Menstruation Taboo One Sale at a Time: The Role of Social Entrepreneurs in the Period Revolution,” 837.

⁹¹ Tarzibachi, *Cosa de mujeres*, 219.

Understanding the role of the menstrual care industry is relevant for this thesis because, as I demonstrate in chapter 3, the discussions leading to the elaboration of law n. 14.214/2021 are mainly focus on the provision of products and their use as hygiene measures to manage the ‘period crisis.’ By framing the debate as care crisis instead, I consider the context of neoliberal politics of austerity and its consequences for gendered inequalities, accounting for the care work underlining discourses about menstruation. Ultimately, the private response to the ‘period crisis’ is handling bodily functions by relying both on commodified elements – of menstrual products, which may include monthly supplies of chocolate and hot water bottles, and medicines for pain and distress ⁹² - and non-commodified behaviours of managing discomforts and counting on the support of social networks. Thus, when discussing the case study, I bring these conclusions to consider if public policies about menstruation can benefit from a human rights approach.

1.3 Menstrual health care: A human rights approach

Public discourse around menstruation in Brazil – which I further discuss in chapter 3 – focuses on the topic of ‘period poverty’ or ‘menstrual precarity.’ These expressions refer to a complex and multidimensional problem, ⁹³ often related to taboos and prejudice about menstruation. Menstrual precarity encompasses menstruators’ lack of access to resources, infrastructure, and knowledge to care for their bodies, which includes menstrual products themselves, hygiene items (soap and toilet paper), bathrooms, water and sanitation, and waste disposal.⁹⁴ Usually, the consequences discussed include resorting to unsafe methods to manage

⁹² Punzi and Werner, “Chapter 60. Challenging the Menstruation Taboo One Sale at a Time: The Role of Social Entrepreneurs in the Period Revolution.”

⁹³ Astrid Bant et al., “Pobreza Menstrual no Brasil: Desigualdades e violações de direitos” (Fundo de População das Nações Unidas (UNFPA) e Fundo das Nações Unidas para a Infância (UNICEF), 2021), 5, <https://www.unicef.org/brazil/relatorios/pobreza-menstrual-no-brasil-desigualdade-e-violacoes-de-direitos>.

⁹⁴ Bant et al., “Pobreza Menstrual no Brasil: Desigualdades e violações de direitos”; Beatriz Flügel Assad, “Políticas públicas acerca da pobreza menstrual e sua contribuição para o combate à desigualdade de gênero” 2, no. 1 (2021): 21.

their periods (using paper, plastic bags, socks, clothes, bread crumbs to contain the blood),⁹⁵ which may result in health problems, their isolation from social interaction, and further economic inequalities.⁹⁶

On the topic, most discussions about menstrual precarity centre on school aged girls claiming that they abstain from attending classes due to lack of resources to manage their periods. While it is true that girls struggle to access products and infrastructure in many parts of the world,⁹⁷ this narrative is often built around speculative unproven data⁹⁸ about the relation between access to menstrual products and school abstinence. In Brazil, a report by the United Nations Population Fund (UNFPA) and the United Nations International Children's Emergency Fund (UNICEF)⁹⁹ refers to the situation by analysing existing data about water and sanitation. Amongst their conclusions, at least 3% of schools do not provide girls access to proper bathrooms, around 1,24 million girls (11,6%) do not have access to toilet paper,¹⁰⁰ and girls reported not partaking in activities due to menstrual problems.¹⁰¹ Mostly, though, the report shows the extent in which the racial and regional inequalities in Brazil affect girls' period management. They conclude that the lack of proper bathroom is higher in rural areas (6,4%) and in the Northern region of the country (8,4%) and that the unavailability of products and facilities affect Black girls the most.¹⁰²

Considering this context, efforts by menstrual activists and politicians in Brazil have concentrated on advocacy to improve the conditions of those considered in situations of

⁹⁵ Assad, "Políticas públicas acerca da pobreza menstrual e sua contribuição para o combate à desigualdade de gênero," 142; 146.

⁹⁶ Bant et al., "Pobreza Menstrual no Brasil: Desigualdades e violações de direitos," 11.

⁹⁷ Shannon A McMahon et al., "The Girl with Her Period Is the One to Hang Her Head' Reflections on Menstrual Management among Schoolgirls in Rural Kenya," *BMC International Health and Human Rights* 11, no. 1 (December 2011): 7, <https://doi.org/10.1186/1472-698X-11-7>.

⁹⁸ Kate Wilkinson, "No Data Shows 1 in 10 African Girls Miss School Because of Menstruation," Africa Check, 0909-2626 2016, <http://africacheck.org/fact-checks/reports/no-data-shows-1-10-african-girls-miss-school-because-menstruation>.

⁹⁹ Bant et al., "Pobreza Menstrual no Brasil: Desigualdades e violações de direitos."

¹⁰⁰ Bant et al., 18.

¹⁰¹ Bant et al., 21.

¹⁰² They are twice as likely to lack access to products and facilities. Bant et al., 18.

menstrual precarity.¹⁰³ Feminist advocates worldwide have pushed forward their agenda against the “tampon tax,” aiming at eliminating taxation of menstrual products, or pressuring governments into providing free access to these items.¹⁰⁴ In places where such policies were not implemented, activists and charities took on the role of providers themselves, by collecting and distributing products and offering menstrual health education in impoverished communities.¹⁰⁵ These actions take as premise that ‘period poverty’ represents an obstacle for menstruators to fully enjoy their rights to health and dignity and participate in public life.¹⁰⁶ However, even though menstruation includes the material reality of a bodily fluid - which “gives rise to a range of materials and products designed to absorb or contain it”¹⁰⁷ —, an approach overly focused on products overshadows broader structural issues.

In order to expand the discussion beyond products, activists and scholars have inserted menstruation in a human rights framework, as a strategy for holding governments accountable in promoting sensitive and inclusive conditions for menstruators.¹⁰⁸ In this sense, menstruation is framed within: i) Rights to non-discrimination and gender equality, related to the stigmatization that hinders discussions about public policies,¹⁰⁹ as well as the imposition of taxation laws for menstrual products;¹¹⁰ ii) Right to education, related both to the provision of products, services, and infrastructure in schools, and the implementation of programs to fully inform everyone about menstrual cycles, including men and boys, in order to dismantle stigma and stereotypes;¹¹¹ iii) Rights at work, associated with the discrimination at workspaces when, for example, menstruators

¹⁰³ Assad, “Políticas públicas acerca da pobreza menstrual e sua contribuição para o combate à desigualdade de gênero.”

¹⁰⁴ Tarzibachi, *Cosa de mujeres*.

¹⁰⁵ Assad, “Políticas públicas acerca da pobreza menstrual e sua contribuição para o combate à desigualdade de gênero,” 156.

¹⁰⁶ Røstvik, *Cash Flow*, 195.

¹⁰⁷ Hasson, “Chapter 49. Introduction: Menstruation as Material,” 669.

¹⁰⁸ Tarzibachi, *Cosa de mujeres*, 289.

¹⁰⁹ Libbet Loughnan et al., “Chapter 44. Monitoring Menstrual Health in the Sustainable Development Goals,” in *The Palgrave Handbook of Critical Menstruation Studies*, ed. Chris Bobel et al. (Singapore: Springer Singapore, 2020), 483, <https://doi.org/10.1007/978-981-15-0614-7>.

¹¹⁰ Johnson, “Asking the Menstruation Question to Achieve Menstrual Justice,” 160.

¹¹¹ Hennegan et al., “Menstrual Health,” 3; Tarzibachi, *Cosa de mujeres*.

may be submitted to disciplinary actions for unexpected blood leak and unforeseen absenteeism due to extreme period pain;¹¹² iv) Right to privacy, related to providing menstruators with adequate conditions for caring for their bodies, free from unwanted observation or disturbance and safe from harassment and discrimination.¹¹³ In this thesis, I centre the analysis on the rights to water and sanitation, and health care, because these are the dimensions relevant for the discussion of the Brazilian legislation.

Initially, the debate about menstruation was brought to the field of international human rights through the WASH (Water, Sanitation, and Hygiene) sector. At the time, experts in the sector outlined the following components as central to ‘Menstrual Hygiene Management’ (MHM):¹¹⁴ Knowledge and awareness about how to manage menstruation, supply of menstrual products, water for washing bodies and menstrual products, and “safe and convenient facilities to dispose of used materials.”¹¹⁵ These aspects were then approached from the rights to access adequate water and sanitation services, taken as the starting point to consider menstrual hygiene and health.¹¹⁶

Yet, despite providing a good entry point for considering menstruation in the human rights context, the frame of menstrual hygiene elaborated by the WASH sector is limited.¹¹⁷ The focus on hygiene implies a reductionist understanding of the menstrual body,¹¹⁸ falling into the discourses of ‘fluid management’ as a personal matter, which implies that individuals must take responsibility for their ‘bodily crisis.’ More recently, critical menstruation studies have been increasingly using the term health, instead of hygiene, as it conveys “a holistic sense of well-being

¹¹² Johnson, “Asking the Menstruation Question to Achieve Menstrual Justice,” 160.

¹¹³ Hennegan et al., “Menstrual Health,” 3.

¹¹⁴ World Health Organization and UNICEF, *Progress on Sanitation and Drinking Water – 2015 Update and MDG Assessment*. (Geneva: World Health Organization, 2015), 45, <https://apps.who.int/iris/handle/10665/344001>.

¹¹⁵ World Health Organization and UNICEF, 45.

¹¹⁶ Catarina de Albuquerque and Virginia Roaf, “Chapter 37. Practice Note: Why We Started Talking About Menstruation—Looking Back (and Looking Forward) with the UN Special Rapporteur on the Human Rights to Water and Sanitation,” in *The Palgrave Handbook of Critical Menstruation Studies*, ed. Chris Bobel et al. (Singapore: Springer Singapore, 2020), 481, <https://doi.org/10.1007/978-981-15-0614-7>.

¹¹⁷ de Albuquerque and Roaf, 481.

¹¹⁸ Winkler, “Menstruation and Human Rights,” 5.

beyond just cleanliness.”¹¹⁹ Since the topic of health care emphasizes a global concern related to menstruation, it is placed as a social issue, rather than only a “female problem.”¹²⁰

Menstrual health is defined as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle.”¹²¹ Within this definition, menstrual health requires:¹²² i) Education about menstrual care, which includes access to accurate biological and practical information that can dismantle misconceptions,¹²³ and debates about perimenopause, hormonal diversity, and experiences around the ovulatory phase;¹²⁴ ii) Access to materials, facilities, and services for menstruators to adopt the preferable and comfortable practices to care for their bodies;¹²⁵ iii) Research, diagnosis and treatment for menstrual discomforts and disorders, which includes research on menstrual pain and impacts on mental health, diagnoses for Polycystic Ovary Syndrome, and endometriosis,¹²⁶ and treatments including clinical care, advice for self-care, medication, counselling, and heat therapy;¹²⁷ iv) An environment that minimises psychological distress,¹²⁸ considering that menstruation management can cause irritation and discomfort, in detrimental of well-being;¹²⁹ v) Freedom to participate in all spheres of life, emphasizing decision-making by menstruators, according to their preferences, values, and beliefs.¹³⁰

¹¹⁹ Punzi and Werner, “Chapter 60. Challenging the Menstruation Taboo One Sale at a Time: The Role of Social Entrepreneurs in the Period Revolution,” 844.

¹²⁰ Punzi and Werner, 844.

¹²¹ Hennegan et al., “Menstrual Health,” 2.

¹²² These requirements are elaborated in Hennegan et al., “Menstrual Health.”

¹²³ Hennegan et al., 3.

¹²⁴ Breanne Fahs and Milena Bacalja Perianes, “Chapter 35. Transnational Engagement: Designing an Ideal Menstrual Health (MH) Curriculum—Stories from the Field,” in *The Palgrave Handbook of Critical Menstruation Studies*, ed. Chris Bobel et al. (Singapore: Springer Singapore, 2020), 438, <https://doi.org/10.1007/978-981-15-0614-7>.

¹²⁵ Hennegan et al., “Menstrual Health,” 3.

¹²⁶ Hennegan et al., 3; Fahs and Perianes, “Chapter 35. Transnational Engagement: Designing an Ideal Menstrual Health (MH) Curriculum—Stories from the Field,” 437.

¹²⁷ Hennegan et al., “Menstrual Health,” 4.

¹²⁸ Hennegan et al., 3.

¹²⁹ Hennegan et al., 4.

¹³⁰ Hennegan et al., 4.

Indeed, to fully commit to menstrual health, it is not enough to provide “narrow, technical fixes in the form of menstrual products and hygiene interventions”¹³¹ - both for its limitations and for its consequences. A comprehensive approach requires alliances and collaborations – between community organizers, health care professionals, schools, WASH actors, menstrual activists, public and private sectors¹³² – to elaborate a holistic program with menstruators’ needs and demands in its core. In that sense, menstrual health offers an avenue for questioning the discourse about menstruation that is centred around elaborating public policies to eradicate period poverty. Overall, it provides an alternative perspective for menstruators to exercise their human rights.¹³³

At last, I return to the concept of care to explain how the analysis of the Brazilian law, in the next chapters, is framed on the relations between menstrual health and crisis. As noted, mainstream discourses about menstruation place care within the personal sphere, offering a private response of commodified and non-commodified products to solve the ‘period crisis.’ By expanding the understanding of care and including a human rights approach, I relate menstrual health care to a systematic crisis, aggravated by the neoliberal agenda, that exacerbates inequalities and unbalanced access to resources. Thus, based on these overlapping frameworks of care crisis and care in crisis, I unravel the Brazilian governments’ discourse about menstrual health and austerity during the context of covid-19 pandemic.

¹³¹ Winkler, “Menstruation and Human Rights,” 3.

¹³² Fahs and Perianes, “Chapter 35. Transnational Engagement: Designing an Ideal Menstrual Health (MH) Curriculum—Stories from the Field,” 235.

¹³³ Fahs and Perianes, 435.

2. METHODOLOGY: CRITICAL DISCOURSE ANALYSIS

This thesis centres on the discussions regarding law n. 14.214/2021, its legislative proceedings in the Brazilian Congress, and the veto and messages conveyed by Bolsonaro's government. As a methodological frame, I adopt Critical Discourse Analysis (CDA), which is a qualitative technique that provides tools and strategies for the detailed examination of contextualized uses of language.¹³⁴ CDA is suitable for this research because it allows for a reading of the legislative text embedded in its socio-political context, which in turn shapes how the text is interpreted and received by the State and society. Thus, by employing CDA as a model of analysis, I take as a premise that the vocabulary and language used both in the legal text and by the politicians are data in itself.¹³⁵

As I unpack in the following chapter, the analysis focuses on a data set composed of legal documents and public statements of political actors that are relevant for the case study. Mainly, the data set consists of:

- Document 1: Final text of Law n. 14.214/2021¹³⁶
- Document 2: Law proposal n. 4.968/2019¹³⁷
- Document 3: Presidential veto's statement¹³⁸
- Document 4: Official message by the MMFDH¹³⁹

¹³⁴ Marianne Jørgensen and Louise Phillips, *Discourse Analysis as Theory and Method* (London: SAGE, 2002), <https://doi.org/10.4135/9781849208871>; Gabriele Griffin, "Discourse Analysis," in *Research Methods for English Studies*, by Gabriele Griffin (Edinburgh: University Press, 2013), <https://doi.org/10.3366/j.ctt1g0b4xz>.

¹³⁵ Fran Tonkiss, "Analysing Discourse," in *Researching Society and Culture* (SAGE Publications, 1998), 147–49.

¹³⁶ Atos do Poder Legislativo, Lei n. 14.214, de 6 de outubro de 2021, 14.

¹³⁷ Marília Arraes, "Projeto de Lei n. 4.968/2019," Pub. L. No. 4.968 (2019), <https://www.camara.leg.br/proposicoesWeb/fichadetramitacao?idProposicao=2219676>.

¹³⁸ Presidência da República, "Mensagem n. 503, de 6 de Outubro de 2021," Pub. L. No. 14.214/2021 (2021), http://www.planalto.gov.br/ccivil_03/_ato2019-2022/2021/Msg/VEP/VEP-503.htm.

¹³⁹ MMFDH, "Posicionamento Da SNPM Sobre a Questão Dos Absorventes Para as Mulheres Em Vulnerabilidade Social."

- Document 5: Decree n. 10.989/2022¹⁴⁰
- Document 6: Report on legislative proceedings by the Commission on Education (18/03/2021)¹⁴¹
- Document 7: Report on legislative proceedings by the Commission of Protection for Women's Rights (24/08/2021)¹⁴²
- Document 8: Consolidation of legislative proceedings (20/09/2019)¹⁴³
- Interview with Damares Alves (08/10/2022)¹⁴⁴
- Official Video of Women's Day ceremony (08/03/2022)¹⁴⁵

For the analysis, I follow the model proposed by Fairclough.¹⁴⁶ I concentrate on the examination of political reasoning, by identifying, reconstructing, and critically interpreting the arguments present in the data collected.¹⁴⁷ I consider the vocabulary employed both in the legal texts and by politicians to assess their uses in (re)producing discourses about legal matters relevant for the topic of menstruation. That way, I understand discourse as an “articulatory social practice,” which both *constitutes* the social world and *is constituted by* other social practices.¹⁴⁸

Fairclough identifies three main interpretations for the uses of discourse: First, as an element of meaning making in social processes; second, as a language associated with a particular

¹⁴⁰ Presidência da República, “Decreto n. 10.989, de 8 de Março de 2022” (2022), http://www.planalto.gov.br/ccivil_03/_ato2019-2022/2022/decreto/D10989.htm.

¹⁴¹ Natalia Bonavides, “Parecer Do Relator n. 1 CE.,” Report of the Commission of Education (Brasília: Comissão da Educação, March 18, 2021).

¹⁴² Rosa Neide, “Parecer Do Relator n. 1 CMULHER,” Report of the Commission of Defense of the Women's Rights (Brasília: Comissão de Defesa dos Direitos da Mulher, August 24, 2021).

¹⁴³ Marília Arraes et al., “Publicação Inicial Em Avulso e No DCD de 21/09/19.” (Brasília: Coordenação de Comissões Permanentes, September 20, 2019).

¹⁴⁴ Alves, Entrevista aos canais de imprensa da região oeste do Paraná/SC.

¹⁴⁵ <https://www.youtube.com/watch?v=S0SHl8BMJPo>

¹⁴⁶ “Three-dimensional” (discursive practices, the text, and social practices) examination of discourse proposed by Fairclough is based on the principle that texts cannot be understood or analysed in isolation, but rather are perceived in relation to other texts and the social context in which they are produced and consumed. Norman Fairclough, “Critical Discourse Analysis and Critical Policy Studies,” *Critical Policy Studies* 7, no. 2 (July 2013): 177–97, <https://doi.org/10.1080/19460171.2013.798239>; Isabela Fairclough and Norman Fairclough, “Practical Reasoning in Political Discourse: The UK Government's Response to the Economic Crisis in the 2008 Pre-Budget Report,” *Discourse & Society* 22, no. 3 (May 1, 2011): 243–68, <https://doi.org/10.1177/0957926510395439>.

¹⁴⁷ Fairclough, “Critical Discourse Analysis and Critical Policy Studies.”

¹⁴⁸ Jørgensen and Phillips, *Discourse Analysis as Theory and Method*, chap. 3.

social field ('political discourse' and 'legal discourse', for example); third, as a way of "constructing aspects of the world associated with a particular social perspective."¹⁴⁹ An important premise of CDA is that discourse functions ideologically, drawing from the understanding that language is not neutral, but invested.¹⁵⁰ Thus, I use CDA's tools to critically assess and reflect upon the contextualized (re)production of meanings in the legal texts and by different political actors.¹⁵¹

Lastly, adopting the methodological approach of CDA requires a critical assessment of the thesis's selectiveness and limitations.¹⁵² Due to the scope of the data set, the legal and political debates conducted in other legal-institutional stances of the Brazilian government were not considered for the analysis. For instance, by focusing on Damares Alves's Ministry and statement, I do not elaborate on how the veto was conducted by other agencies, such as the Ministry of Economy and the Ministry of Health. Furthermore, the discursive approach to the legislation's veto means that other components - as is the case with the constitutional backdrop and the financial restrictions of the Brazilian state (in terms of budget) - were not further discussed.

¹⁴⁹ Fairclough, "Critical Discourse Analysis and Critical Policy Studies," 179.

¹⁵⁰ Griffin, "Discourse Analysis."

¹⁵¹ Griffin.

¹⁵² Griffin, 110.

3. CASE STUDY: BRAZIL'S MENSTRUAL HEALTH PROGRAM

Damare Alves, as stated in her official biography on the MMFDH's website, "takes care of Brazil with the preparation acquired throughout her life as mother, lawyer, educator, and evangelical pastor."¹⁵³ Alves's identity is built around the image of a conservative woman that represents a patriarchal ideal of femininity: A motherly figure, frequently dressing in pink and carrying religious symbols.¹⁵⁴ Indeed, she is considered the centre of Bolsonaro's neoconservative project, and an example of a "religious populist right" politician who knows how to communicate her message.¹⁵⁵ Alves's influence goes beyond her religious persona, though, as she knows how to employ the legal-institutional apparatus and language in her favour.¹⁵⁶ Most relevantly, as I pointed out in my previous work,¹⁵⁷ her discourse is permeated by the neoliberal rationale of Bolsonaro's government, which orients her policy proposals.

Alves assumes a central place in this thesis's analysis for main three reasons. Firstly, she is a woman who occupies a relevant institutional position of power within the government, being responsible for conducting initiatives and allocating budgets to policies related to gender. In that sense, I have previously elaborated¹⁵⁸ that her statements must be perceived in relation to the

¹⁵³ My translation: "No cargo de ministra da Mulher, da Família e dos Direitos Humanos do governo do presidente Jair Bolsonaro desde 2019, Damare Alves cuida do Brasil com o aprendizado adquirido ao longo da vida como mãe, advogada, educadora e pastora evangélica." MMFDH, "Ministra de Estado da Mulher, da Família e dos Direitos Humanos," Government official page, Ministério da Mulher, da Família e dos Direitos Humanos, May 20, 2021, <https://www.gov.br/mdh/pt-br/damare-alves>.

¹⁵⁴ Dina Maria Martins Ferreira and Iara De Sousa Nascimento, "Representatividade identitária da figura feminina no discurso da ministra Damare Alves," *Raído* 14, no. 36 (December 10, 2020): 488, <https://doi.org/10.30612/raido.v14i36.11415>.

¹⁵⁵ Agnieszka Graff, "Gender Ideology: Weak Concepts, Powerful Politics," *Religion and Gender* 6, no. 2 (February 19, 2016): 268–72, <https://doi.org/10.18352/rg.10177>.

¹⁵⁶ As a lawyer, for example, Alves has founded an association of evangelical jurists, whose main attribute is to lobby sectors of Congress to repress legislation in favour of LGBTIQ+ rights. Carolina Zanatta, "Associação de juristas evangélicos fundada por Damare Alves amplia lobby no governo," *Agência Pública* (blog), June 12, 2019, <https://apublica.org/2019/06/associacao-de-juristas-evangelicos-fundada-por-damare-alves-amplia-lobby-no-governo/>.

¹⁵⁷ Isabela Hümmelgen, "It Is a New Era [of Crisis] in Brazil: The Politics of Gender and Care in Damare Alves's Ministry" (Master in Women's and Gender Studies, Spain; United Kingdom, Universidad de Granada and University of York, 2021).

¹⁵⁸ Hümmelgen, 11.

legal-institutional attributions of her role as a Minister of the State. Secondly, her words – “Is the priority vaccines or pads?” – have framed the debates about menstrual health in Brazil following Bolsonaro’s veto of law n. 14.214/2021. They place the topic within the context of the covid-19 pandemic, relating the veto to the government’s neoliberal rationale in addressing the health care crisis. Thirdly, these words successfully summarize the government’s sentiment in relation to the menstrual health legislation, which is disregarded as a priority and subjected to budget constraints. With them, I argue that Alves shows how austerity underlies the government’s reasoning to hinder the fulfilment of the (gendered) rights in question.

As I consider all these elements in the case study, the analysis starts by presenting the context of the legal debates around the theme of menstruation, considered in relation to other texts and political processes (section 3.1). Then, I discuss the vocabulary employed by the political actors and the rationale for its production, both in its stated elements and in the underlying implications of certain uses of language (section 3.2). Afterward, I critically assess the government’s claims and argumentation and how it relates to other narratives inserted in the current political and social context, based on the theoretical frame of the previous chapters (section 3.3). Subsequently, I unravel how those claims are associated with a broader discursive reasoning that transverses the actions and speech of the Brazilian political order (section 3.4). Lastly, I conclude the analysis by discussing how the concept of care can serve as a lens to further interpret the case study (section 3.5).

3.1 Context: Legal and political debates about the legislation

The legal and political debates addressed by this thesis started on September 11th, 2019, when congresswoman Marília Arraes proposed to the lower house of the Brazilian National

Congress – the *Câmara dos Deputados* [Chamber of Deputies] – a legislation¹⁵⁹ that would provide free access to menstrual products for girls at school age. During the legislative proceedings, at least ten other proposals were put forward by congresspeople of different political positionalities,¹⁶⁰ which implies a general agreement that menstruation needed to be addressed by a law. On September 20th, the house presented a document¹⁶¹ that merged all these proposals, and subsequent reports by the *Comissão da Educação* [Commission on Education – hereby CE] and the *Comissão de Defesa dos Direitos da Mulher* [Commission for the Protection of Women’s Rights – hereby CM] endorsed the law’s approval. These documents are components in the analysis because they are part of the discussions that led to the full draft of the *Projeto de Lei* n. 4.968/2019 [Law Proposal – hereby PL].

On August 26th, following a favourable report by congresswoman Jaqueline Cassol, in charge of conducting the proceedings, the proposal was voted and approved by the Chamber. Then, it was endorsed by the Senate on September 14th 2021 and sent for presidential signature in order to be converted into law. According to the Brazilian Constitution, the President has the authority to sign or veto any law approved by the Congress, including partial vetoes on the content when it is evidently unconstitutional or contrary to public interest.¹⁶² On October 6th, Jair Bolsonaro approved, signed, and published Law n. 14.214/2021, which at the end of parliamentary debate had as a goal to establish “the Program for Protection and Promotion of Menstrual Health.”¹⁶³

Despite signing the legislation, the President vetoed a substantial portion of its terms, which meant the text became restricted to vague obligations to “promote menstrual health” and

¹⁵⁹ Arraes, Projeto de Lei n. 4.968/2019.

¹⁶⁰ PL n. 5.474/2019 (Marília Arraes), PL n. 6.340/2019 (Boca Aberta), PL n. 428/2020 (Tabata Amaral), PL n. 1.547/2020 (Severino Pessoa), PL n. 1.664/2021 (Geovânia de Sá), PL n. 1.807/2021 (Bira do Pindaré), PL n. 2.092/2021 (Pinheirinho), PL n. 391/2021 (Carlos Bezerra), PL n. 61/2021 (Rejane Dias), PL n. 672/2021 (Lauriete).

¹⁶¹ Arraes et al., “Publicação Inicial Em Avulso e No DCD de 21/09/19.”

¹⁶² Brazilian Constitution, “Constituição Da República Federativa Do Brasil de 1988,” § Brasília (1988), http://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm, art. 66 par. 1.

¹⁶³ Atos do Poder Legislativo, Lei n. 14.214, de 6 de outubro de 2021, 214.

“educate about menstruation.”¹⁶⁴ The main stipulations about funding and implementation of the menstrual health program, including the provision of menstrual products by the government, were not endorsed by Bolsonaro. His justification was based on reports written by the Minister of Economy (Paulo Guedes), the Minister of Education (Milton Ribeiro), the Minister of Health (Marcelo Queiroga), and the Secretary in the Ministry of Citizenship (Luiz Antonio Gordo Filho). These five men drafted and presented the arguments for vetoing the provision of menstrual health in Brazil; yet it was a woman who was called to explain the government’s reasoning.

On October 8th, Damares Alves was questioned about the veto during a press interview.¹⁶⁵ Her answer was broadly reported by the media,¹⁶⁶ particularly the excerpt where she said, “Is the priority vaccines or pads?” In her full statement (transcription and translation in ANNEX 1), she pointed out the government’s budget constraints due to the covid-19 pandemic and reinforced the need to prioritize in times of crisis. In addition, the Minister guaranteed that the government was already drafting a similar program about menstrual health, which they *would* have presented “before the pandemic.”¹⁶⁷ As her interview was largely discussed throughout the country, on October 10th the MMFDH issued an official message about the issue on their website,¹⁶⁸ reinforcing the support to the veto.

Following the public (negative) reaction to Alves’s comments, on October 14th, congresswoman Erica Kokay filed a petition for the Congress to re-discuss, review, and potentially defeat, the presidential veto.¹⁶⁹ In this document, Kokay requested that politicians,

¹⁶⁴ Presidência da República, Mensagem n. 503, de 6 de outubro de 2021.

¹⁶⁵ Alves, Entrevista aos canais de imprensa da região oeste do Paraná/SC.

¹⁶⁶ Correio Braziliense, “Damares Defende Veto de Bolsonaro: ‘Prioridade é Vacina Ou Absorvente?’”; UOL, *Bolsonaro Assina Decreto Para Distribuição Gratuita de Absorventes*; Maria Luiza Machado, “Damares diz ‘não precisar de lei para cuidar de mulher’, sobre distribuição de absorventes gratuitos,” *OVALE*, October 21, 2021, sec. Direitos, <https://www.ovale.com.br/vivacita/damares-diz-n-o-precisar-de-lei-para-cuidar-de-mulher-sobre-distribuic-o-de-absorventes-gratuitos-1.193359>.

¹⁶⁷ Alves, Entrevista aos canais de imprensa da região oeste do Paraná/SC.

¹⁶⁸ MMFDH, “Posicionamento Da SNPM Sobre a Questão Dos Absorventes Para as Mulheres Em Vulnerabilidade Social.”

¹⁶⁹ Erika Kokay, “Requerimento n. 64/2021. Comissão de Defesa dos Direitos da Mulher” (Câmara dos Deputados, October 14, 2021),

menstrual activist groups, and a representative of UNICEF be invited to participate in the Parliament's discussion, which finally happened on March 10th, 2022. On that occasion, the Congress defeated the veto, with the support of political actors that are pro-government, and Law n. 14.214/2022 was republished in its full original contents.

Still, two days before the Congress's session, on March 8th, 2022, Bolsonaro and Alves presented their own version of a 'menstrual health program' during the government's ceremony for International Women's Day.¹⁷⁰ Exactly as in the previous year,¹⁷¹ all attendees (with the exception of the President) were dressed in pink, and Bolsonaro signed the presidential decree (n. 10.989/2022)¹⁷² against a pink backdrop. While laws are proposed by the Congress and signed by the President, decrees are elaborated and published by the government without consultation of parliament. Thus, even if the scope of the legislative matters covered by decrees is limited, they still provide the President with ample powers to draft legislation according to his own preferences. In this case, Bolsonaro and Alves, together with Marcelo Queiroga, the Minister of Health, elaborated a decree that adopts similar vocabulary to that adopted by parliament, but slightly adjusts the scope of the original law¹⁷³ to grant the main policy decisions to the federal government, as I comment further below.

The following timeline (infographic 1) illustrates the chain of events described:

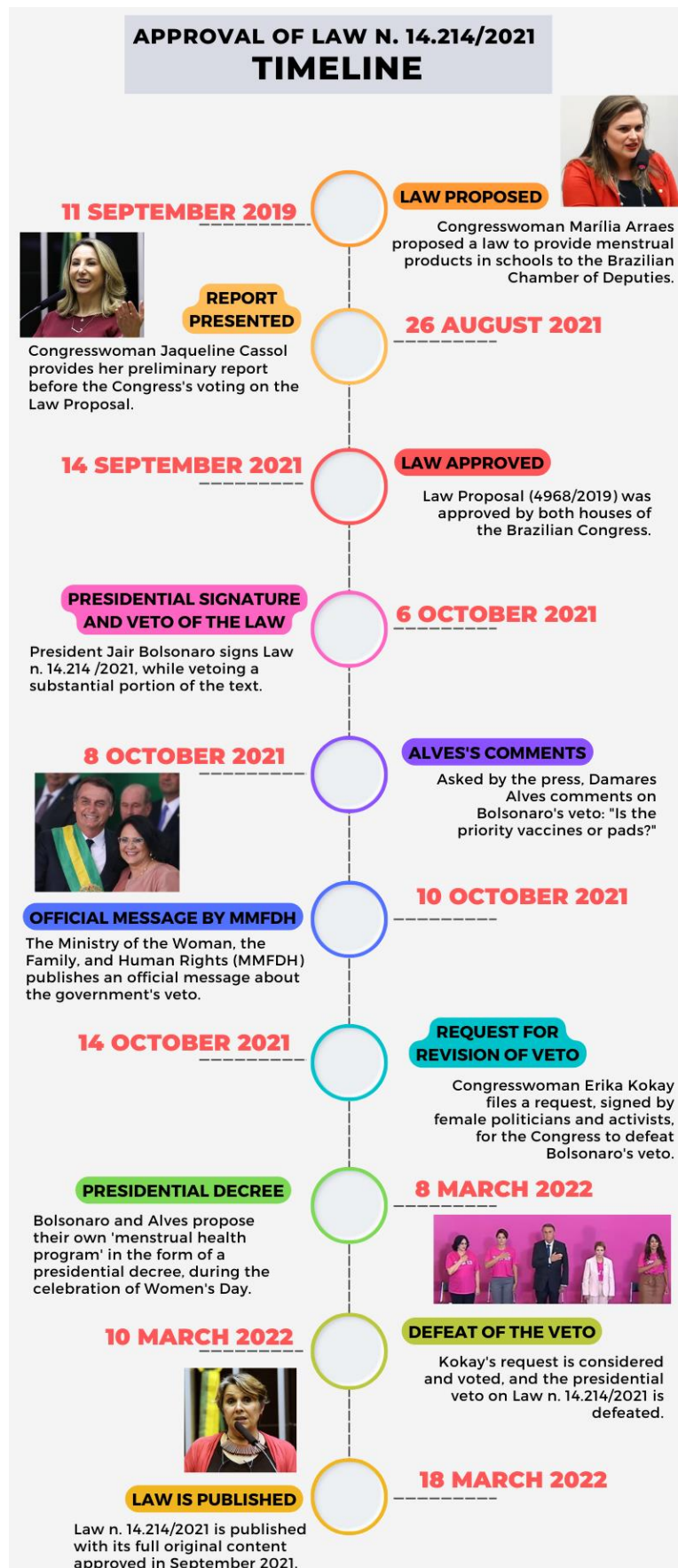
https://www.camara.leg.br/proposicoesWeb/prop_mostrarintegra;sessionId=node0imro4atpnmimgmswqlwd4f797645486.node0?codteor=2089847&filename=Tramitacao-PL+4968/2019.

¹⁷⁰ UOL, *Bolsonaro Assina Decreto Para Distribuição Gratuita de Absorventes*.

¹⁷¹ Hümmelgen, "It Is a New Era [of Crisis] in Brazil: The Politics of Gender and Care in Damares Alves's Ministry."

¹⁷² Presidência da República, Decreto n. 10.989, de 8 de março de 2022.

¹⁷³ When I refer to the legislative text in this thesis, I mean the original law approved by the parliament in September 2021. After the defeat of the veto, the text was kept in full. Atos do Poder Legislativo, Lei n. 14.214, de 6 de outubro de 2021.



Infographic 1. Approval of law n. 14.214/2021 timeline. By Author.

3.2 Language: Menstrual health vs. Menstrual precarity

Based on the data set, I identified two main concepts to comprehend the Brazilian legal discussions about menstruation: menstrual health and menstrual precarity. As a relevant category in terms of human rights, menstrual health centres menstruation as a matter of public health,¹⁷⁴ and suggests that policies must comply with the World Health Organization's (WHO) requirements for the provision of health care.¹⁷⁵ Since the Brazilian law is named a “menstrual health program,” I assess the policy within the human rights framework.

By analysing the drafting and final elaboration of the law, I gather that its rationale does not comply with the holistic comprehension of menstrual health explained in chapter 1. From its first conception, the legislation foregrounds menstrual precarity, which it portrays as a social issue that affects women and girls who are in a situation of socio-economic vulnerability. Mainly, the law attributes precarity to the lack of resources to buy or access menstrual products and designs a policy to provide better hygiene conditions for these groups. Thus, despite labelling this policy as a “menstrual health program,” the final text primarily ensures “the free offer of female hygiene products”¹⁷⁶ as the course of action to address menstrual precarity. In other words, the concept of menstrual health is reduced to what the parliamentary debates comprehend as hygiene and precarity. I unpack this logic by drawing attention to three components of the policy: its goal, its targeted social groups, and its comprehension of menstrual health.

The policy's goal, according to its art. 1, is to eradicate menstrual precarity. First introduced in PL n. 4968/2019,¹⁷⁷ and later incorporated into the law, menstrual precarity is defined as the “lack of access to hygiene products and other necessary items during the period of

¹⁷⁴ Tarzibachi, *Cosa de mujeres*, 293.

¹⁷⁵ Hennegan et al., “Menstrual Health,” 2.

¹⁷⁶ My translation: “*Esta Lei institui o Programa de Proteção e Promoção da Saúde Menstrual para assegurar a oferta gratuita de absorventes higiênicos femininos e outros cuidados básicos de saúde menstrual.*” Atos do Poder Legislativo, Lei n. 14.214, de 6 de outubro de 2021, art 1.

¹⁷⁷ Arraes, Projeto de Lei n. 4.968/2019, art. 2, I.

female menstruation, or lack of resources that enable acquiring them.”¹⁷⁸ The same definition is adopted in Bolsonaro’s presidential decree n. 10.989/2022.¹⁷⁹ As the main frame that composes the policies regarding menstruation in Brazil, this definition is insufficient. I previously addressed that menstrual precarity involves complex circumstances besides the lack of products, encompassing scarce infrastructure, social stigmas, unsatisfactory education, inadequate water, sanitation, and waste disposal.¹⁸⁰ Inaccessibility to products is only one facet of a multidimensional structural issue, despite being the main emphasis of congresspeople in their discussions and the central narrative around the law. Other factors, such as access to water and sanitation, were briefly mentioned¹⁸¹ but not included in the final text.

Mostly, menstrual precarity is invoked with a sensationalist appeal that sustains the need for a policy. Indeed, Arraes justified the use of the term by stating that period poverty is a “real problem” for teenagers, as the lack of access to products represents risks to their health and leads to school abstinence.¹⁸² Building on this approach, in their proposals (PL n. 1547/2021; PL n. 1807/2021) Severino Pessoa, Bira do Pindaré and Lídice da Mata describe that not having the means to properly manage the blood can increase the risk of infections, skin irritation, vaginal itching, discharge, as well as mental health illnesses, including anxiety and depression.¹⁸³ They rely on the argument that, by needing to adopt unsafe methods to manage periods, menstruators cannot fully enjoy their rights to health and dignity. As noted in chapter 1, a critical assessment of this perspective should not only expand the discussion beyond period management with

¹⁷⁸ My translation: “*I - combater a precariedade menstrual, identificada como a falta de acesso a produtos de higiene e a outros itens necessários ao período da menstruação feminina, ou a falta de recursos que possibilitem a sua aquisição.*” Atos do Poder Legislativo, Lei n. 14.214, de 6 de outubro de 2021.

¹⁷⁹ Presidência da República, Decreto n. 10.989, de 8 de março de 2022, art. 2.

¹⁸⁰ Bant et al., “Pobreza Menstrual no Brasil: Desigualdades e violações de direitos”; Assad, “Políticas públicas acerca da pobreza menstrual e sua contribuição para o combate à desigualdade de gênero.”

¹⁸¹ For example, by Boca Aberta’s PL 6340/2019 and Rejane Dias’s PL n. 61/2021. Arraes et al., “Publicação Inicial Em Avulso e No DCD de 21/09/19,” 8; 10–11.

¹⁸² Arraes, Projeto de Lei n. 4.968/2019, 2.

¹⁸³ Arraes et al., “Publicação Inicial Em Avulso e No DCD de 21/09/19,” 23; 32.

products, but also overcome the menstrual precarity approach, adopting a comprehensive view on health care, gender, and human rights.

The second component I highlight is the social groups targeted and affected by the legislation. The final policy includes as its main beneficiaries: I- Low-income students who attend public schools; II- Women in situation of homelessness or extreme social vulnerability; III- Women who are incarcerated in the prison system; IV- Women admitted into institutions for socio-educational purposes.¹⁸⁴ These groups are presumed to be in a condition of menstrual precarity due to their “situation of social and economic deprivation”¹⁸⁵ in the words of congressman Boca Aberta’s (PL n. 6340/2019).¹⁸⁶ Even Damares Alves pointed out, in her interview about the veto, that “poor women menstruate”¹⁸⁷ and the government should be concerned with it. However important including all these women and girls in the policy’s scope, the limited comprehension of menstrual precarity means that structural issues – such as social, economic, racial, and regional inequalities – were not considered during its drafting. As a result, the deliberations about this legislation do not address how these groups are affected in different ways and have distinct needs in relation to menstruation.

The only exception is the group of low-income students, which was discussed at length. Initially, Arraes’s proposal focused on girls at school age. With the intention of reducing school absenteeism during menstrual cycles, her suggestion was a program for the provision of hygiene products (*Programa de Fornecimento de Absorventes Higiênicos*) to “students of the female sex.”¹⁸⁸ This first proposal was important to propel the discussion about menstruation in the Congress, taking the lead on subsequent propositions. During the legislative proceedings, the scope expanded,

¹⁸⁴ My translation: “*Art. 3º São beneficiárias do Programa instituído por esta Lei: I - estudantes de baixa renda matriculadas em escolas da rede pública de ensino; II - mulheres em situação de rua ou em situação de vulnerabilidade social extrema; III - mulheres apreendidas e presidiárias, recolhidas em unidades do sistema penal; e IV - mulheres internadas em unidades para cumprimento de medida socioeducativa.*” Atos do Poder Legislativo, Lei n. 14.214, de 6 de outubro de 2021, art. 3.

¹⁸⁵ Arraes et al., “Publicação Inicial Em Avulso e No DCD de 21/09/19.,” 8.

¹⁸⁶ Arraes et al., 8.

¹⁸⁷ Alves, Entrevista aos canais de imprensa da região oeste do Paraná/SC.

¹⁸⁸ Arraes, Projeto de Lei n. 4.968/2019, art. 2, II.

especially after it was merged with other proposals. Nevertheless, the initial focus on girls meant that, overall, the discussions centred on school attendance, hindering the experiences of other menstruators, even those who were included in the policy.

Throughout the policy, the language used to refer to menstruators is exclusionary. The legislation is specific in mentioning only women and girls – which is why I replicate these terms when referring to the legal text – and uses the expression “female menstruation.” This language conveys an essentialized discourse that relies on a purely biological binary understanding of gender, relating menstruation to cis girls and women and excluding queer bodies from the discussion.¹⁸⁹ I am aware legislation and policies are usually built within this binary frame, hardly addressing experiences that do not conform to the cisheteronormative experience. Thus, I specifically highlight this issue recognizing the consequences of this exclusionary language for the fulfilment of queer menstruators’ rights.

Lastly, the third component I address is the lack of a definition for menstrual health. As stated in article 2, law n. 14.214/2021 institutes the *Programa de Proteção e Promoção da Saúde Menstrual* [Program for the Protection and Promotion of Menstrual Health], which comprises of a “strategy to promote health and hygiene care.”¹⁹⁰ During my analysis of the legislative proceedings, I only located one initial proposal that used the expression ‘menstrual health,’ (PL n. 2553/2021 by Helio Lopes¹⁹¹) but the term was merely mentioned and not elaborated.¹⁹² Despite not using the term directly, Célio Studart (PL n. 2780/2021) offered a broader view by mentioning the WHO’s definition of health and asserting that the State should guarantee dignity for people who menstruate by offering services and information.¹⁹³ Overall, though, the

¹⁸⁹ Tarzibachi, *Cosa de mujeres*, 261. – I should add different references here

¹⁹⁰ Arraes, Projeto de Lei n. 4.968/2019, art. 2.

¹⁹¹ As I discuss in the next section, Helio Lopes – elected under the nickname “Helio Bolsonaro” – is one of the President’s closest allies in the Congress, so his use of this expression is unexpected. Ary Filgueira, “A sombra de Jair Bolsonaro,” *ISTOÉ Independente* (blog), March 8, 2019, <https://istoe.com.br/a-sombra-de-jair-bolsonaro/>.

¹⁹² Arraes et al., “Publicação Inicial Em Avulso e No DCD de 21/09/19.” PL n. 2553/2021, par. 4.

¹⁹³ Arraes et al., 59.

documents do not provide any definition of menstrual health and do not reflect the concept. Rather, it is associated with health complications generated by the lack of access to menstrual products.

Therefore, I argue that the policy neglects to engage with the comprehensive definition of menstrual health provided by menstrual activists and scholars, and instead limits its scope to hygiene. This focus comprises a reductionist comprehension of the menstrual body¹⁹⁴ that is preoccupied with cleanliness and blood management. Although these are indeed factors that underlie the material reality of menstruation, an approach in terms of health (which is suggested by the terminology used by the law) should be committed to a fully inclusive program, that confronts taboos, delivers information, and provides resources to guarantee the “complete physical, mental, and social well-being” in relation to the menstrual cycle.¹⁹⁵ Altogether, however, the Brazilian policy – in its final version, after the defeat of the veto – is exclusively focus on providing menstrual products that serve to absorb or collect blood.

3.3 Claims: Budget constraints during the crisis

In this section, I focus on the events following the legislation’s approval: Bolsonaro’s veto on the content of the law,¹⁹⁶ his message and claims, and the resulting narrative about the policy in Brazil. Although I offered a critical perspective of the legislation’s inadequate approach to menstrual health, I recognize that, despite its limitations, it presented an opportunity to discuss rights related to menstruation. The presidential veto hindered the debate, by restricting the scope of the policy to an extent that only two provisions remained: art. 2, which institutes its goals, and art. 4, which implements educational and informative campaigns about menstrual health in vague

¹⁹⁴ Winkler, “Menstruation and Human Rights,” 5.

¹⁹⁵ Hennegan et al., “Menstrual Health,” 2.

¹⁹⁶ Presidência da República, Mensagem n. 503, de 6 de outubro de 2021.

terms.¹⁹⁷ The remaining provisions - distribution of products, funding for the policy, and list of beneficiaries – were initially rejected by the President. As a consequence, public debate focused on addressing the discourses put forth by the government, instead of furthering the agenda on menstrual health.

Considering this context, in this section I focus on the government's justifications presented by the veto's statement, unpacking its meanings and presenting counter-arguments. To exercise his veto, the President must justify why the legislation is contrary to the principles of public interest and unconstitutionality.¹⁹⁸ Despite the veto's defeat, which led to the approval of the original legislative text (which I commented in the previous section), its claims serve to comprehend the government's rationale in terms of gendered human rights. In this case, I identified two minor and one major justification claimed by Bolsonaro and his Ministers in their veto statement. By minor claim, I refer to the arguments that were secondary in their justification, barely cited or explained, even if they are relevant from a legal-political perspective.

The first minor claim is that the legislation violates the human right to adequate food. Briefly, this refers to the provision that included menstrual products as essential items in the *cestas básicas* [basic goods' packages] distributed by the government's program for food security.¹⁹⁹ The second minor claim is that the legislation is unconstitutional because it does not observe the principles of universality, integrity and equity. In their argument, these principles are undermined because the law stipulates "specific beneficiaries"²⁰⁰ – that is, women and girls in situations of socio-economic vulnerability.

¹⁹⁷ There was a timid attempt of broadening the scope of article 4 in the report presented by the CM. Its extensive formulation described campaigns, informational materials, and staff training that should take place in different institutions, and especially schools. Those suggestions were discarded in further discussions in the Congress, and the article remained imprecise about the exact actions to be developed. Neide, "Parecer Do Relator n. 1 CMULHER," 6.

¹⁹⁸ Brazilian Constitution, Constituição da República Federativa do Brasil de 1988.

¹⁹⁹ Atos do Poder Legislativo, Lei n. 14.214, de 6 de outubro de 2021, art. 7.

²⁰⁰ Presidência da República, Mensagem n. 503, de 6 de outubro de 2021.

On both topics, their interpretation disregards the structural inequalities in terms of gender, race, and class that operate in capitalist societies. The legal rationale to provide menstrual products, in the case of this law, is to offer a response to the consequences of poverty – put in terms of “menstrual precarity” – that affect certain groups of the population, impeding the full realization of their rights. Taking this perspective, I comprehend that, in fact, the effects of their veto violate human rights, contradict the principles of universality, integrity and equity.²⁰¹ Yet, despite their importance for the human rights framework, these discussions are tangent in this thesis, thus I do not further elaborate.

I focus on the major claim, related to public budget, which was largely discussed both by the government in its veto and the public debate that followed. According to the veto’s statement, the law is unconstitutional because it creates a “permanent mandatory expense”²⁰² without indicating the source for funding. As a basis for this argument, the Presidential veto cites a constitutional provision about budget constraints in the Administration, which was included by Constitutional Amendment n. 95.²⁰³ As I elaborated in chapter 1, this amendment reflects the neoliberal agenda undertaken by Temer’s government, which sized down social expenditures.²⁰⁴ By referencing this provision, the President employs the discursive tool of austerity, suggesting that fiscal stability²⁰⁵ can only be maintained by controlling expenses. No further explanation is given to why this particular provision would apply to this case in the official document. Instead, justification is provided by Damares Alves in her interview. She claimed the legislation contains a “technical mistake,”²⁰⁶ because the Congress cannot “generate an expense to the government without pointing out where the source is;”²⁰⁷ she adds that, by rejecting the law, Bolsonaro

²⁰¹ Chapman, *Global Health, Human Rights and the Challenge of Neoliberal Policies*, 75.

²⁰² Presidência da República, Mensagem n. 503, de 6 de outubro de 2021, razões do veto ao art. 6.

²⁰³ Brazilian Constitution, Constituição da República Federativa do Brasil de 1988, art. 167.

²⁰⁴ Agência Senado, “Promulgada Emenda Constitucional do Teto de Gastos Públicos.”

²⁰⁵ Elson, Balakrishnan, and Heintz, “Chapter 1. Public Finance, Maximum Available Resources and Human Rights,” 25.

²⁰⁶ Alves, Entrevista aos canais de imprensa da região oeste do Paraná/SC.

²⁰⁷ My translation: “O Congresso não pode gerar despesa para o governo sem apontar de onde vai ser a fonte.” Alves.

provided a chance for the Parliament to formulate a budget plan. That is, while justifying the lack of resources by relying on austerity arguments, the government condemns the Congress for not being financially responsible.

This claim can be contested based on two counter-arguments. Firstly, the legislation offers three different sources to finance the policy. The first is the *Fundo Penitenciário Nacional* [National Penitentiary Fund], which finances the improvement of the national carceral system.²⁰⁸ According to art. 3, the resources to acquire products for women who are incarcerated should come from this budget.²⁰⁹ The second source²¹⁰ is the government's food sovereignty program,²¹¹ which provides the *cestas básicas*. The third and most relevant source²¹² is the budget of the *Sistema Único de Saúde* [Unified Health System – hereby SUS], which should finance all the remaining expenses imposed by the legislation and consider the limits set by the financial planning budget regulations.²¹³

Secondly, by analysing the parliamentary documents, I note that the congresspeople – who are, too, inserted in the neoliberal paradigm – discussed budget concerns in different stages of the proceedings. For example, Tabata Amaral (PL n. 1999/2021) estimated that the costs of providing menstrual products in public schools (R\$ 431.158.342,731) can be included in the current budget for education, without additional expenditure.²¹⁴ In the CM report, a spreadsheet presented that, taking an average of 20 pads per menstrual cycle, with costs between R\$ 0,30 and

²⁰⁸ Ministério da Justiça e Segurança Pública, “Fundo Penitenciário - FUNPEN,” Government official page, Departamento Penitenciário Nacional, 2022, <https://www.gov.br/depen/pt-br/assuntos/funpen>.

²⁰⁹ Atos do Poder Legislativo, Lei n. 14.214, de 6 de outubro de 2021, art. 3, par. 2.

²¹⁰ Atos do Poder Legislativo, art. 7.

²¹¹ Ministério da Cidadania, “SISAN - Sistema Nacional de Segurança Alimentar e Nutricional,” Government official page, Ministério da Cidadania. Secretaria Especial do Desenvolvimento Social., 2022, <http://mds.gov.br/assuntos/seguranca-alimentar/direito-a-alimentacao/sistema-nacional-de-seguranca-alimentar-e-nutricional-sisan>.

²¹² Atos do Poder Legislativo, Lei n. 14.214, de 6 de outubro de 2021, art. 6.

²¹³ Atos do Poder Legislativo, art. 6.

²¹⁴ Arraes et al., “Publicação Inicial Em Avulso e No DCD de 21/09/19,,” 52–53.

R\$0,80, the total expense for the government would be up to R\$ 5.016.269.952,00, if all the groups specified in the legislation are included.²¹⁵

Not only did the congresspeople consider budgeting in their discussions, but they also complied with the neoliberal agenda. This initiative was supported by political parties of distinct positionalities, including Helio Lopes, one of Bolsonaro's closest allies.²¹⁶ Lopes brought forth his own proposal (PL n. 2.653/2021), where he evaluates the situation "from an economic point of view," according to which the expenses of distributing products should be fewer than the costs of treatments caused by the "use of inappropriate objects to contain the menstrual flux."²¹⁷ Besides being based on speculative data about the health care system, his argument lacks the nuanced gendered approach of what menstruation means for menstrual bodies. The proposal is grounded in the neoliberal logic of offering a cost-effective fix – providing products – by limiting the comprehension of menstrual health. Indeed, a holistic understanding of the term, as I previously suggested, would also mean a larger allocation of funds and resources.

Based on these two counter-arguments, I position that their claim about public budget constraints cannot be sustained in itself, being only explained when placed in a context of neoliberal politics. Considering that the Congress has discussed the funding for its program, the matter is not whether the State can finance it but, rather, if it complies with Bolsonaro's agenda. More specifically, the veto's statement is subscribed by the Ministry of Economy, headed by Paulo Guedes, who is considered the main agent of neoliberalism in the government, chosen as Minister for his explicit pro-market position.²¹⁸ The fact that Guedes had an input in the veto, while Alves was not consulted, points at how the government intended on portraying their decision as a matter of economic priority, disregarding its gendered consequences. This particular aspect – that is, the reasoning that informs the government's claim – is what I explore in the following section.

²¹⁵ Neide, "Parecer Do Relator n. 1 CMULHER," 7–8.

²¹⁶ Filgueira, "A sombra de Jair Bolsonaro."

²¹⁷ Arraes et al., "Publicação Inicial Em Avulso e No DCD de 21/09/19.," 42–43.

²¹⁸ Malu Gaspar, "O fiador," *revista piaui*, Set 2018, <https://piaui.folha.uol.com.br/materia/o-fiador/>.

3.4 Reasoning: Austerity and (gendered) priorities

Following the explanation of government's arguments, in this section I discuss the reasoning that underlies their decisions. According to Fairclough,²¹⁹ reasoning, in the realm of politics, is informed by a practical component: the confrontation of a problem and the decision about a course of action.²²⁰ In order to achieve a desirable goal, these decisions are justified by reasons that, even if unacceptable, irrelevant or insufficient, constitute "an integral part of political discourse."²²¹ Thus, I explore through CDA how the claims put forth in the veto are informed by Damares Alves's reasoning about the government's decisions.

I position that the most significant element of her statement is the reference to the covid-19 pandemic, which was largely debated by the press, activists, and civil society. The pandemic is not directly cited in the veto, but merely included in the official statement that explains the policy is detrimental to the federal program to face the coronavirus.²²² The connection is more clearly stated by Alves in her interview. Besides the notorious sentence that titles this thesis, the Minister reinforces many times that "today we do not have money," because "the money went to the pandemic."²²³ She reasons that the government could not immediately provide pads because the Ministry of Health's budget is (over)burdened with vaccines and medication.²²⁴ Similarly, in their official statement about the veto, the MMFDH manifests their support for the legislation, while maintaining that the veto is necessary due to "financial constraints."²²⁵

²¹⁹ Fairclough and Fairclough, "Practical Reasoning in Political Discourse"; Fairclough, "Critical Discourse Analysis and Critical Policy Studies."

²²⁰ Fairclough and Fairclough, "Practical Reasoning in Political Discourse," 246.

²²¹ Fairclough and Fairclough, 244.

²²² Presidência da República, Mensagem n. 503, de 6 de outubro de 2021.

²²³ Alves, Entrevista aos canais de imprensa da região oeste do Paraná/SC.

²²⁴ Alves.

²²⁵ MMFDH, "Posicionamento Da SNPM Sobre a Questão Dos Absorventes Para as Mulheres Em Vulnerabilidade Social."

This discourse resonates with the neoliberal rationale that “there is no alternative.”²²⁶ Indeed, the austerity agenda supports itself by arguing that, in context of crises, there are no other solutions other than “backsliding in public expenditures on economic and social rights programs.”²²⁷ In that sense, Alves’s comments unravel the government’s reasoning for the veto: The context of crisis attributed to the covid-19 pandemic results in a slower economic growth,²²⁸ which in turn reduces the State’s income. This situation pushes the government to adopt austerity measures, mainly by restricting expenses with public services. With limited resources, there is a need to decide which policies should be endorsed. As a consequence, policies that aim at tackling inequalities – particularly racial and gendered – are de-prioritized. By mentioning the pandemic, Alves reinforces the argument that the decision to veto the menstrual health policy is the only decision to be taken in the current circumstances.

By establishing that the veto is justified by “a matter of priority,”²²⁹ Alves reinforces that policies related to menstruation should only be considered when the covid-19 crisis is solved. In her interview, the Minister comments that the government would present their own program – regarding the provision of products – “at the right time.”²³⁰ She further explains that a similar policy was elaborated, in partnership with the Ministry of Health, “before the pandemic,” but was not taken further due to resources being allocated to the health emergency.²³¹ Her statement is unproven: The contents of the policy proposed by the government on March 8th, 2022 resemble the Congress’s legislation, which contradicts her claim that it had been previously formulated. Yet, a significant difference in the decree signed by Bolsonaro is that, instead of providing sources

²²⁶ Center for Economic and Social Rights, “Fiscal Fallacies: 8 Myths about the ‘Age of Austerity’ and Human Rights Responses,” 11.

²²⁷ Center for Economic and Social Rights, 11.

²²⁸ Liebenberg, “Austerity in the Midst of a Pandemic,” 9.

²²⁹ Alves, Entrevista aos canais de imprensa da região oeste do Paraná/SC.

²³⁰ Alves.

²³¹ Alves.

for funding the program, it establishes that its execution is conditioned to the “budgetary and financial availability.”²³²

Altogether, the possibility of an inclusive provision of gendered rights is not within the government’s political project. Their understanding of gender is built on conservative – and anti-feminist²³³ – discourses of Christian sexual and family morality, that privileges an identity of women related to femininity and traditional gender roles.²³⁴ The MMFDH’s policies tend to focus on women in the roles of mothers and caretakers, while relying on a neoliberal rationale that considers productivity, especially during a crisis, as a main goal for policymaking.²³⁵ In that sense, a menstrual health program supported by feminist activists and addressing the stigmatized topic of menstruation does not fit into Alves’s project for her Ministry. Thus, considering the exclusionary orientation of the government, their disregard for gendered rights on this topic is not an isolated case, but rather part of a systematic strategy to oppose the feminist agenda.²³⁶

At last, the social issue identified by the government in their discourses post-veto – which led to the signature of decree n 10.989/2022 – aligns with the goal posed by the Congress. That is, when stating that the government needs to “assist women in the situation of poverty,”²³⁷ Alves agrees with the formulation of menstrual precarity initially proposed. Indeed, the same wording is used in the decree.²³⁸ The divergences lie in the decision about the course of action and the reasons provided by Bolsonaro, Guedes, and Alves in their discourse. Since their perspective is grounded in neoliberal values, they purposely neglect inequalities that explain not only the

²³² Presidência da República, Decreto n. 10.989, de 8 de março de 2022, art. 7.

²³³ Francis Dupuis-Déri, “State Antifeminism,” *International Journal for Crime, Justice and Social Democracy* 5, no. 2 (June 1, 2016): 21, <https://doi.org/10.5204/ijcsd.v5i2.315>.

²³⁴ Flávia Biroli, Maria das Dores Campos Machado, and Juan Marco Vaggione, *Gênero, Neoconservadorismo e Democracia: Disputas e Retrocessos Na América Latina* (São Paulo: Boitempo, 2020).

²³⁵ On that regard, I previously concluded: “Grounded on the neoliberal rationale, Alves describes that women’s participation in the ‘productive sphere’ is necessary for the economic recovery/growth of the country. Her vocabulary is fundamentally meritocratic, as she places the solutions onto the actions of individuals and further dislocates the consequences of the crises.” Hümmelgen, “It Is a New Era [of Crisis] in Brazil: The Politics of Gender and Care in Damara Alves’s Ministry,” 68–69.

²³⁶ Biroli, Machado, and Vaggione, *Gênero, Neoconservadorismo e Democracia: Disputas e Retrocessos Na América Latina*.

²³⁷ Alves, Entrevista aos canais de imprensa da região oeste do Paraná/SC.

²³⁸ Presidência da República, Decreto n. 10.989, de 8 de março de 2022.

inaccessibility of menstrual products, but also the poor provision of menstrual health in its holistic sense. With that, the government's neoliberal reasoning poses socio-economic deprivation as individual problems that affect "specific groups" (in their wording), meaning that menstrual health does not need to be addressed in a public policy.

3.5 Discussion: Is the priority austerity or menstrual care?

In this chapter I presented the analysis of the case study, explaining how law n. 14.214/2021 was formulated, approved by the Congress, and subsequently vetoed by the President. I took a critical approach, relying on the tools of CDA, to position that the legislation brought relevant provisions for the fulfilment of gendered rights related to menstruation, but missed an opportunity of adopting a more comprehensive language. The legal and political debate is limited and inadequate to encompass the nuances and complexity of menstrual health, as emphasis is given to the provision of menstrual products. Nevertheless, with Bolsonaro's veto, the public debate on the matter became restricted to discussing the government's actions and, mostly, to reinforcing the importance of accessibility to products.

By titling this thesis "Is the priority vaccines or pads?" I intended to bring attention to the legal, socio-economic, and political tensions tangled in the government's discourses. The main implication of their neoliberal positionality is the priority to comply with a system that pushes austerity measures ²³⁹ which systematically commodify and privatize social resources and services. ²⁴⁰ Ultimately, their veto of law n. 14.214/2021 is inserted in a reasoning that continuously displaces the crisis of care to the sphere of the individual. In regard to menstruators, this logic converges with modern discourses about menstruation that centre its bodily functions

²³⁹ Brown, *In the Ruins of Neoliberalism*, 39.

²⁴⁰ Tithi Bhattacharya, "How Not to Skip Class: Social Reproduction of Labor and the Global Working Class," in *Social Reproduction Theory: Remapping Class, Recentering Oppression*, ed. Tithi Bhattacharya (London: Pluto Press, 2017), 90.

on the sphere of the ‘personal.’²⁴¹ If the menstrual cycle is a concealed affair, in the context of neoliberal crisis, menstruation is as an individual problem that should be solved by menstruators themselves,²⁴² not discussed in the public sphere. Thus, by re-framing Alves’s question, I take as a premise that, for Bolsonaro’s government, the priority is, indeed, austerity.

On the other side, I explore in this thesis what a comprehensive notion of menstrual care should entail. In that sense, the lens of care challenges the austerity agenda, positioning social reproduction work as an aspect of crisis that affects not just the “specific groups” who take the burden, but society as a whole. From a feminist perspective, I propose care as useful to comprehend human rights related to menstruation, by incorporating a collective sense of purpose in its political discourse. Within the international human rights framework, menstrual health means considering the States’ responsibility in elaborating and implementing, at the greatest capacity, policies that tackle the gendered, racial, socio-economic inequalities of the crisis.²⁴³

Considering these premises, the notion of care rejects individualized solutions and questions the narrative that the menstrual body is ‘in crisis,’ thus aligning with a holistic interpretation of menstrual health that surpasses the provision of products. Care proposes a politics of menstruation informed by the expansion of menstrual activism, which aims at promoting menstrual and menopausal-sensitive health care, and commits to confront menstrual stigma, including through art, performance and humour.²⁴⁴ In that sense, instead of being seen as ‘crisis’ to be solved (by the care industry), menstruation can be considered an affirmative principle to acknowledge and validate the experiences of women, girls, and everyone who menstruates.²⁴⁵

²⁴¹ Freidenfelds, *The Modern Period*, 11.

²⁴² Kissling, *Capitalizing on the Curse*, 44.

²⁴³ Aoife Nolan, Rory O’Connell, and Colin Harvey, “Introduction,” in *Human Rights and Public Finance : Budgets and the Promotion of Economic and Social Rights*, ed. Aoife Nolan, Rory O’Connell, and Colin Harvey, Bloomsbury Collections (London: Hart Publishing, 2013), 1, <https://doi.org/10.5040/9781474200271>.

²⁴⁴ Chris Bobel and Breanne Fahs, “The Messy Politics of Menstrual Activism,” in *Nevertheless, They Persisted: Feminism and Continued Resistance in the U.S. Women’s Movement*, ed. Jo Roger (New York; London: Routledge, Taylor & Francis Group, 2018), 151–69.

²⁴⁵ Winkler, “Menstruation and Human Rights.”

CONCLUSION

This thesis is, at its core, about dispute. From the moment Damares Alves uttered the words “vaccines or pads,” she established a (empty) dilemma posed by the government. At first glance, it seems the dispute is between solving the health emergency or fulfilling the rights of menstruators. However, considering that Bolsonaro’s government undermined measures to contain the covid-19 pandemic since the start, Alves’s words are not an argument for the solution of the crisis. Instead, I reason that her dispute is *against* a feminist agenda of care. In that sense, this thesis addresses the discourses of a pro-markets and morals government who is invested in disregarding gendered human rights. Bolsonaro and Alves’s response to menstrual health concerns serve as an example to consider the matter within the global tendency of conservative anti-feminist political actors that subscribe to the neoliberal agenda.

This thesis offers a further contribution by discussing how the framework of care can shape the debates about menstruation. Care, as a concept, encompasses the behaviours, practices, activities needed for menstruators to reach “a state of complete physical, mental, and social well-being.”²⁴⁶ In the case study analysed, this framework is useful not only because it expands the discourses in Brazil beyond menstrual precarity, but also because it places a personal, concealed, secret affair in the disputed space of legal proceedings and policymaking.

The main focus is on political actors that occupy institutional positions, their discourses, positionalities, and disputes, while drafting and implementing policies about menstruation. Still, by placing their words in context, I point out that the consequences of the multi-faceted crisis do not fall upon them – even though it should. Instead, the materiality of crisis is dislocated to the population most affected by the severe social, economic, gendered, racial inequalities of the country. Ultimately, then, writing a thesis about menstrual health in Brazil matters to the reality

²⁴⁶ Hennegan et al., “Menstrual Health,” 2.

of those menstruators whose access to menstrual care continues to be tarnished by the circumstances of (austerity) crisis.

At last, since this thesis *is* about dispute, I believe there are means to resist the government's anti-feminist agenda and push forward on rights related to menstruation. After all, when Bolsonaro and Alves vetoed the legislation, Brazilian feminist activists reacted²⁴⁷ by painting bloody pads with the words 'Out Bolsonaro!' and flooding social media with images of menstrual products. Debates about menstruation heated up around the country and, although they were at first limited by the action of providing pads, they disputed narratives. Menstrual activism became a central actor in campaigning against Bolsonaro's discourses and ultimately pressuring the Congress into defeating the veto. At a political level, these disputes were relevant for menstruators to voice their needs and beliefs about menstrual care. At a personal level, these disputes incited the drafting and writing of this thesis.

²⁴⁷ Brasil de Fato. "Bolsonaro veta gratuidade de absorventes, e mulheres reagem: 'O mais misógino presidente.'" Brasil de Fato. October 7, 2021. <https://www.brasildefato.com.br/2021/10/07/bolsonaro-veta-gratuidade-de-absorventes-e-mulheres-reagem-o-mais-misogino-presidente>.

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²⁴⁸ These are the sources that composed the data set used for the analysis.

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ANNEX I: DAMARES ALVES'S COMMENTS ON THE VETO

Transcription in Portuguese

Ele não vetou a lei. A lei que institui o programa nacional da questão da menstruação, da pobreza na menstruação, ele não vetou a lei. Um artigo tão somente ele não vetou porque agora, em pleno mês de setembro, outubro, a gente não tem o dinheiro para fazer as entregas imediatas dos absorventes. E a gente não precisa de uma lei para um programa como este. O nosso governo já estava apresentando este programa, não foi ainda entregue por conta da pandemia.

Hoje a gente tem que decidir, a prioridade é a vacina ou o absorvente? As mulheres pobres sempre menstruaram neste Brasil e a gente nunca viu nenhum governo se preocupar com isso. E agora o Bolsonaro ele é o carrasco porque ele não vai distribuir este ano. A gente tem um programa próprio do governo e a gente vai estar ofertando sim, mas na hora certa. Hoje todo o orçamento do Ministério da Saúde é remédio e vacina, então é uma questão de prioridade. Não vamos tirar o arroz da cesta básica para colocar o absorvente, mas nós estamos muito preocupados com isso sim. Tanto que a gente já ia fazer, e não fizemos por conta da pandemia, mas a gente vai entregar este programa.

Nós estávamos construindo antes da pandemia um programa dentro do Ministério da Saúde em parceria conosco. Por que a gente não entregou? Porque a gente não tem o dinheiro. O dinheiro foi para a pandemia. Então a gente hoje não tem o dinheiro.

E a forma como o congresso aprovou, realmente é um erro técnico. O Congresso não pode gerar despesa para o governo sem apontar de onde vai ser a fonte. Então nesse projeto tem um erro técnico. Ele devolve. Não sancionar, gente, é devolver para o Congresso. De repente o Congresso nessa devolução encontra a fonte. Isso não quer dizer que isso encerrou. A lei está aprovada, está sancionada, mas esse item a gente tem um impasse.

E tão logo passando a pandemia, o próprio governo vai ter um programa sim para a gente atender as mulheres em situação de pobreza. Que bom que lembraram que as mulheres pobres menstruam, eu estou muito feliz com a ideia e com a iniciativa do parlamento.

Translation to English

He did not veto the law. The law that instituted the national program about the issue of menstruation, of poverty during menstruation, he did not veto the law. There is one and only article that he did not veto, because right now, during the months of September and October, we do not have the money to immediately provide pads. And we do not need a law for a program like that. Our government was already presenting this program, we did not because of the pandemic.

Today we have to decide, is the priority the vaccine or the pad? Poor women always menstruated in this Brazil, and we never saw any government worrying about that. And now Bolsonaro is tormentor because he will not distribute this year. We have our own program in the government, and we will provide it sure, but at the right time. Today the whole budget of the Ministry of Health is vaccines and medication, so this is a matter of priority. We will not take the rice out of the basic good baskets to put pads, but we are worried about it indeed. So much that we were going to do it, we did not do it because of the pandemic, but we will hand in this program.

We were building before the pandemic a program inside the Ministry of Health in partnership with us. Why did we not hand that in? Because we do not have money. The money went to the pandemic. So today we do not have money.

And the way the Congress approved, really it is a technical mistake. The Congress cannot generate an expense to the government without pointing out where the source is. So, in this proposal there is a technical mistake. It returns. Not sanctioning, people, is to return to the

Congress. Maybe the Congress in this return finds the source. This does not mean it is over. The law is approved, it is sanctioned, but there is an item where we have an impasse.

And as soon as the pandemic is over, the government itself will have a program, yes, so we can assist women in the situation of poverty. Good that they remembered that poor women menstruate, I am very happy with the idea and with the parliament's initiative!