

**Menstruating in Crisis:**  
**Assessing the Austrian Red Cross Menstruation Hygiene**  
**Management Training for Humanitarian Workers**

By

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Submitted to

Central European University

Department of Public Policy

*In partial fulfillment for the degree of Master of Arts in Public Policy*

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Vienna, Austria

2025

## Author's declaration

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## Abstract

While menstruation has gradually gained attention in humanitarian aid discourse, academic research has largely focused on aid recipients, with limited attention to the preparedness and attitudes of humanitarian workers themselves. This thesis addresses this gap by evaluating the effectiveness of the Austrian Red Cross (AutRC) Menstrual Hygiene Management (MHM) Training through five essential components for good menstruation education for humanitarian workers: inclusiveness, principle-based approach, local context, inter-cluster collaboration, and attitude.

By employing thematic analysis on the training materials and conducting semi-structured interviews with past training participants and facilitators, the training reveals to effectively equip humanitarian workers with the knowledge, skills, and motivation to integrate menstruation health and hygiene management into their work. However, the analysis also reveals gaps in the training materials, particularly in inclusiveness, local context, and inter-cluster collaboration, which were not always perceived as such by participants. These findings suggest a disconnect between training design and participant experience, highlighting the need for more consistent integration of all five components.

The study concludes that the AutRC training is an effective and adaptable model for other humanitarian organizations. Its success underscores the importance of equipping humanitarian workers to support menstruators with dignity and care, reinforcing that menstruation is not an individual concern but a shared responsibility in crisis response.

## List of Abbreviations

AutRC	Austrian Red Cross
CVA	Cash and Voucher Assistance
IFRC	International Federation of Red Cross and Red Crescent Societies
MHHM	Menstruation Health and Hygiene Management
MHM	Menstruation Hygiene Management
PGI	Protection, Gender, and Inclusion
UNICEF	United Nations International Children's Emergency Fund
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

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## 1. Introduction

Menstruation is a natural and healthy part of life, however, it continues to be treated like a secret. From a young age, girls are socialized to hide period products on their way to the bathroom. This quiet shame is mirrored in the spaces we use every day, such as the public toilets that are rarely designed for the needs of menstruators. Beyond stigma, access remains a serious issue. Many people are forced to reuse period products or turn to unsafe alternatives simply because they cannot afford better ones. This not only results in discomfort, but also poses a real threat to one's health and dignity.

These challenges are only intensified in crises such as armed conflicts, natural disasters, or refugee displacement. In these contexts, the lack of access to menstrual products, clean water, private sanitation facilities, and safe disposal options becomes even more critical. Menstruation, already burdened by stigma, turns into a serious public health and human rights issue.

The fact that menstruation remains a taboo topic is not only an inconvenience, but it also actively endangers people's physical and mental well-being (Bobel et al. 2020). Only recently has the conversation around menstruation begun to open, revealing just how deeply menstruators' needs have been neglected, particularly in humanitarian emergencies. When people are unable to manage their periods in a safe, private, and dignified way, their fundamental human rights are also compromised, including their rights to health, to education, and to live free from discrimination (OHCHR 2019).

To address this absent element, humanitarian workers play an important role. By integrating menstrual health and hygiene into their response efforts and ensuring access to appropriate

products, infrastructure, and education, they can help safeguard the dignity and well-being of menstruators, even in the most challenging circumstances.

Menstrual health and hygiene management (MHHM) is increasingly recognized as a critical issue in humanitarian settings. However, it often remains underprioritized, with efforts largely limited to distributing menstrual products (Sommer et al. 2016). This narrow focus overlooks the complex, cross-sectoral nature of menstruation, which intersects with Health, Education, Protection, and especially Water, Sanitation, and Hygiene (WASH). Although WASH actors are typically tasked with addressing MHHM, they often face resource constraints, limited training, and weak coordination with other sectors.

Cultural sensitivity adds another layer of complexity. Menstrual practices and taboos vary widely, and without adequate understanding, humanitarian interventions risk being ineffective or culturally inappropriate. To be effective, MHHM programs must be locally informed and culturally responsive.

Despite growing awareness, training for humanitarian workers on MHHM remains rare. The Austrian Red Cross stands out for creating an MHHM training into its programs, offering a unique case to study. This research addresses a key gap: the lack of evidence on how humanitarian workers are trained in MHHM and how this training translates into practice.

This study seeks to address the following research questions:

(1) What are the essential components of effective menstruation education in humanitarian settings, and

(2) How are these components reflected in the Austrian Red Cross MHM Training, ultimately improving Menstrual Health and Hygiene Management (MHHM) services in humanitarian crises?

By answering the research questions, the study aims to evaluate the content, delivery, and practical impact of the Austrian Red Cross MHM training. Findings will inform improvements and support broader adoption across humanitarian organizations, ensuring menstrual health is consistently addressed as a core component of humanitarian aid.

## 2. Literature Review

This chapter discusses the key literature that prepares the empirical research presented in the following chapters. It begins by exploring menstruation beyond its biological definition, providing a foundation for understanding the broader social and cultural dimensions that influence humanitarian responses. Next, it examines the role of quality menstruation education and what the important elements are for this to reduce stigma, which is central to evaluating the effectiveness of training programs like the one implemented by the Austrian Red Cross. The third section clarifies the terminology of menstruation hygiene, health, and combined health and hygiene management, and positions MHHM as a specific subcategory within the broader field of menstruation education. The fourth section reviews existing literature on MHHM in humanitarian aid, identifying gaps that this study aims to address, particularly the lack of focus in academia on the training of humanitarian workers. Finally, drawing on all previous sections, the chapter proposes five essential components of effective menstruation education for humanitarian workers. These components serve as a framework for assessing the Austrian Red Cross training program and understanding its potential for broader application.

### 2.1. Menstruation

Menstruation is more than a monthly bleeding. It is fundamental because it intersects with multiple dimensions of life, and it shapes access to basic human rights (Bobel 2019, 284). It is political, as seen in debates over access to menstrual products and policies like the tampon tax (Eyring, Crandall, and Magnusson 2023; McHugh 2020; Patterson 2014). It is public, influencing infrastructure, education, and workplace environments (Goffman 1963; Johnston-Robledo and Chrisler 2013; Kowalski and Chapple 2000; Patterson 2014). It is personal, shaping individual identity and bodily autonomy (2019). It is intimate and psychological, affecting self-perception, mental health, and emotional well-being (Johnston-Robledo and

Chrisler 2013, 9). It is socio-cultural, embedded in norms, taboos, and rituals that vary across communities and influence how menstruation is understood and managed (McHugh 2020).

Menstruation challenges the dynamics between private and public matters. What controls this are social norms, myths, and ultimately, power relations (Bobel 2019). Power relations are reflected in questions such as: who controls access to period products and why; how students are taught - or not taught - about menstruation in schools; how young girls are socialized from an early age to hide period products when going to the bathroom; and why menstruation was excluded from humanitarian aid for so long. Winkler (2020, 12) further argues that menstruation must have a human rights perspective, emphasizing dignity and agency, to critically reevaluate the existing power relations and prioritize the rights and well-being of menstruators.

The literature is divided into these various dimensions; however, a comprehensive approach is missing or, with some exceptions (Bobel et al. 2020), lacking. A comprehensive, holistic approach to menstruation is essential because its various dimensions, social, political, psychological, and cultural, are deeply interconnected and shaped by power dynamics and stigma. Without this lens, barriers to safe and dignified menstrual practices could be overlooked. For this reason, this study aims to evaluate the AutRC MHM training holistically, including a human rights framework.

## **2.2. Menstruation Education**

Before discussing menstruation education, it is important to underline that menstruation literacy is essential to destigmatize menstruation and educate people comprehensively about menstruation being more than a monthly bleeding (Bobel et al. 2020). The term *literacy* is used intentionally here to emphasize not only the gaining of factual knowledge but also the ability

to critically engage with the social, cultural, and structural dimensions of menstruation. Much like general literacy, which empowers individuals to navigate and participate fully in society, menstruation literacy enables individuals to interpret and challenge dominant narratives surrounding menstruation, especially those shaped by gender, race, and class (Bobel 2019, 284).

It should therefore be the aim of good menstruation education to reach such literacy. Currently, it can be established that existing school-based programs such as biology classes, sexual education, and medical training offer opportunities to learn about menstruation, but often remain limited in scope. The curricula focus mainly on the physiological aspects, disregarding broader societal implications and stigmas of menstruation. As a result, students may understand the biological process but remain unequipped to challenge stigma or engage in open conversations about menstruation (Quint 2022).

At the same time, some educational efforts promote a different perspective, encouraging girls to 'love' their periods and embrace menstruation as empowering. While well-intentioned, this narrative is not universally resonant (Bobel 2019, 284). Not everyone seeks empowerment through menstruation, some want to understand it as a normal, natural part of life, free from shame or discrimination. Menstrual education, therefore, must be nuanced and inclusive, recognizing diverse experiences and needs.

One of the primary barriers to comprehensive menstruation education is the presence of negative and stigmatizing narratives that frame menstruation as something shameful or dirty (Eyring, Crandall, and Magnusson 2023; McHugh 2020; Patterson 2014). These narratives are rooted in stigma, which is defined as a mark or blemish that renders a person's character flawed, thereby tarnishing their identity by assigning them a discredited status (Goffman 1963;

Johnston-Robledo and Chrisler 2013; Kowalski and Chapple 2000; Patterson 2014). In this context, this stigma is deeply gendered. As Bobel argues (2019), it is rooted in sexism, perpetuating control over bodies and undermining confidence and agency. This stigmatization discourages open discussions, leaving many menstruators without adequate information or support, which significantly affects their well-being and sense of self (Johnston-Robledo and Chrisler 2013, 9).

Addressing this stigma is therefore a central goal of menstrual literacy and education. By normalizing conversations and challenging harmful myths, such education fosters a more open and supportive environment. It promotes respect for bodily autonomy and equips individuals with the knowledge and confidence to make informed decisions about their menstrual health. In doing so, menstrual education moves beyond a narrow focus on hygiene or biology. It becomes a tool for reshaping societal perceptions and empowering menstruators.

For menstrual education to be truly transformative, it must be comprehensive in its approach. This comprehensive menstrual education, as Bobel suggests (2019), should provide a (1) full understanding of the menstrual cycle, treating it as a vital sign and a critical indicator of health. Education must be (2) inclusive and engage menstruators and non-menstruators equally. This could span from families, students, teachers, stakeholders, health workers, community leaders, and policymakers, to create a more informed and supportive environment for menstruators. Further, it is essential to (3) place menstruation in the local context. Menstruation is a universal phenomenon; however, how people experience it and the practices surrounding it may vary culturally. Incorporating local voices and knowledge helps ensure that educational initiatives are culturally relevant and resonate with the lived experiences of those they aim to serve.

With this education, girls and menstruating individuals develop true agency over their bodies as they are encouraged to ask questions, evaluate options, and act in their own best interest,

even when this conflicts with cultural expectations (Bobel 2019). This kind of education would be extended to non-menstruators, to reach a literate society on the matter. Whether this is achieved and is effectively working in the AutRC MHM training will be analyzed later in this study.

### **2.3. Menstruation Health and Hygiene Management Education**

Humanitarian workers' education could be categorized under a type of menstruation education, however, there are some variations in definition regarding menstruation management under the humanitarian sector.

Some people talk about menstruation hygiene (Budhathoki et al. 2018; VanLeeuwen and Torondel 2018), some about menstruation health (Ghandour et al. 2022), and some about the combination of menstruation health and hygiene (PSI Europe 2021; Sharma, McCall-Hosenfeld, and Cuffee 2022; Sommer et al. 2021). The different use of vocabulary could be because of different understandings, but also because of different uses or framings of one's work regarding menstruation.

The World Health Organization / United Nations Children's Fund Joint Monitoring Programme 2012 defined *menstrual hygiene* management as:

*“Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear” (WHO/UNICEF 2012).*

This definition highlights products, facilities, and water access as the main elements of menstruation.

Critical menstruation studies, however, have raised concerns about using the term menstruation hygiene (Bobel et al. 2020), as the word hygiene entails that menstruation can also be unhygienic, which may perpetuate already existing stigmas about menstruation being dirty and disgusting (Patterson 2014). Thus, such academics have started to use the term *menstruation health* to highlight that menstruation is a holistic phenomenon that should go beyond menstruation products and basic knowledge about the menstrual cycle (Bobel 2019; Johnston-Robledo and Chrisler 2013; McHugh 2020; Winkler 2020). Hennegan et al. (2021) have developed a unified definition of menstrual health to effectively improve actions in menstruation advocacy, policy, and research. According to the authors, menstrual health refers to a comprehensive state of physical, mental, and social well-being in relation to the menstrual cycle. It emphasizes that menstrual health is not merely the absence of disease but encompasses several key aspects such as information about the menstrual cycle and self-care; materials, facilities, and services to care for the body during menstruation; diagnosis, care, and treatment for menstrual discomforts and disorders; a positive and respectful environment which minimizes psychological distress; and freedom to participate in all spheres of life (Hennegan et al. 2021, 3).

In this thesis, I will use a third term "*menstruation health and hygiene management*" (MHHM)<sup>2</sup>. By defining health and hygiene together, I highlight the interconnectedness of physical hygiene practices and overall menstrual well-being. The term has gained recognition in the aid sector and is increasingly used by international organizations such as UNICEF. In their 2019 handbook, UNICEF defined MHHM as:

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<sup>2</sup> The term MHHM is used throughout the thesis to refer to menstrual health and hygiene management in general. However, when MHM (menstrual hygiene management) is mentioned, it specifically refers to the Austrian Red Cross MHM training, when reflecting the vocabulary used by interviewees, or when cited from literature that uses this terminology.

*“MHHM encompasses both menstrual hygiene management and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights. These systematic factors have been summarised by UNESCO as accurate and timely knowledge, available, safe, and affordable materials, informed and comfortable professionals, referral and access to health services, sanitation and washing facilities, positive social norms, safe and hygienic disposal and advocacy and policy.” (UNICEF 2019)*

While the term *hygiene* is particularly relevant in the humanitarian aid field, where responsibilities are often divided between sectors like Health and Water, Sanitation, Hygiene (WASH), I intentionally use MHHM to underscore the need for a more comprehensive and integrated approach to menstruation. Menstruation is most often addressed by the WASH sector, where the focus tends to remain on water access, sanitation infrastructure, and hygiene practices. However, incorporating the concept of MHHM creates space for WASH advisors and practitioners to adopt a more holistic perspective, one that considers the physical, mental, and social dimensions of menstruation. This broader perspective can encourage stronger collaboration with other sectors such as Health, and Protection, Gender and Inclusion, ensuring menstruation needs are better understood and recognized in humanitarian responses, further advancing menstruation as a matter of dignity, agency, and human rights.

#### **2.4. Menstruation Education for Humanitarian Workers**

The current body of literature discusses menstrual hygiene management in emergencies, predominantly reporting on the field activities undertaken by humanitarian workers to address menstrual hygiene needs during crises. This literature often highlights the actions of WASH practitioners in providing menstrual products (House, Mahon, and Cavill 2013; Sommer et al. 2016), designing women-friendly WASH facilities (VanLeeuwen and Torondel 2018), and reporting on existing literature on menstruation hygiene management in emergency settings (Manolakos 2021; Sommer 2012; Sommer et al. 2016), often critiquing the lack of holistic

approaches and effective knowledge and interventions to provide useful and dignified MHM in crisis settings. Even though this literature exists minimally, there is limited focus on how humanitarian workers are trained to deliver aid and support effectively. This gap is highlighted by Van Leeuwen and Torondel (2018), who mention existing cultural taboos that are hindering MHM, thus recommending improved efforts to educate and prepare competent staff members in the humanitarian field. Drawing upon this gap, this study evaluates how humanitarian workers are trained and how their personal attitudes changed after the AutRC MHM training.

Key international frameworks and standards, such as the *MHM in Emergencies Toolkit* (Colombia University and International Rescue Committee. 2017), *Guidance on Menstrual Health and Hygiene* (UNICEF 2019), *the Sphere Standards* (Sphere Project 2018), and a pilot toolkit, *Addressing menstrual hygiene management (MHM) needs - Guide and Tools for Red Cross and Red Crescent Societies* (International Federation of Red Cross and Red Crescent Societies 2019), outline the core requirements for MHM in emergency settings. These frameworks establish MHM as a vital component of hygiene promotion, with clear expectations for access to gender-sensitive, private, safe, and culturally appropriate washing and sanitation facilities. Further, including awareness-raising, information promotion of menstrual hygiene, and culturally appropriate disposal methods (House, Mahon, and Cavill 2013; Sommer et al. 2016). However, these documents primarily offer guidelines on MHM rather than detailed, actionable recommendations for staff training and capacity building. The empirical part of this research will assess how effectively these guidelines are translated into practice within the AutRC MHM training. It will also examine whether the gap identified in the literature, between toolkits and practical implementation, is reflected in real-world training contexts.

Some of the field research studies show the progress made in this field, however, these studies also highlight the ongoing challenges. MHM is increasingly recognized within international standards, but its implementation remains inadequate, delayed, and fragmented, particularly in refugee camps where coordination between sectors is often poor (Manolakos 2021). Positive developments in creating holistic, women-centered WASH approaches have been shown in Cox's Bazar in Bangladesh, such as multi-purpose WASH facilities and male engagement strategies, to enhance safety and reduce stigma around menstruation (Schmitt et al. 2021). However, the research also points out the need for more evaluation of these approaches to assess their long-term impact (Schmitt et al. 2021). Additionally, it has been highlighted that without clear sectoral leadership and better integration of MHM into broader humanitarian programming, vulnerable populations, particularly adolescent girls, migrants, will continue to be neglected (Sommer et al. 2016).

Ultimately, the literature suggests that improving MHM in emergencies will not be achieved solely through improved practices in emergency contexts but will require coordinated efforts to invest in staff training, cluster collaboration, and capacity building (VanLeeuwen and Torondel 2018).

## **2.5. Five Essential Components**

Synthesizing the above literature on menstruation education and research on MHHM in the humanitarian field, the literature can be categorized into five components (inclusiveness, principle-based approach, local context, inter-cluster collaboration, attitude) that seem the most essential to scholars and practitioners when defining good MHHM education practices for humanitarian workers. These components will be important guiding blocks for my further

analysis, as these components have stood out to me as essential for defining good MHHM education for humanitarian workers.

**Table 1:** *Essential components of good menstruation education for humanitarian workers*

Essential Component	Definition	Source
1. Inclusiveness	Training participants include menstruating and non-menstruating individuals as well. The training material incorporates various lived experiences of individuals from various backgrounds and from underrepresented groups, such as individuals with disabilities and those from the LGBTQIA+ community.	(Bobel 2019; Quint 2022)
2. Principle-Based Approach	The training is grounded in human rights and humanitarian values. This means designing and delivering support in ways that respect the dignity, autonomy, and needs of all individuals, recognizing menstruation holistically as a matter of health, equity, and social justice.	(Colombia University and International Rescue Committee. 2017; International Federation of Red Cross and Red Crescent Societies 2019; Sphere Project 2018; UNICEF 2019; Winkler 2020; 2021)
3. Local context	Training materials include various cultural, social, and environmental factors that shape how menstruation is understood and experienced within a community. Recognizing local context means <ul style="list-style-type: none"> <li>- incorporating community voices and knowledge</li> <li>- recognizing how menstruation stigma is present in the local context</li> <li>- what local practises are present when managing one's period (materials, waste disposal, etc.)</li> </ul>	(Schmitt et al. 2017; Stubbs and Sterling 2020; VanLeeuwen and Torondel 2018)
4. Inter-Cluster Collaboration	Refers to coordinated efforts across humanitarian sectors to ensure menstruation is addressed holistically. Training equips participants with the knowledge to understand how menstruation impacts other sectors and to make appropriate referrals, fostering a comprehensive and integrated response.	(VanLeeuwen and Torondel 2018)

5. Attitude	Attitude is defined as the commitment and motivation to prioritize MHHM, strengthened through training that engages participants, encourages the sharing of ideas and practices, fosters connection, and supports positive behavioral change.	(Eyring, Crandall, and Magnusson 2023; McHugh 2020; Patterson 2014)
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### 3. Methodology

This chapter outlines the methodological approach chosen to address the research questions and objectives. As it was described in the literature review, there exists a gap in the literature about the preparedness of humanitarian workers, the quality of MHM-related training they receive, and how effectively they can implement this knowledge in the field. Based on this gap in the literature, the study aims to evaluate the effectiveness of the Austrian Red Cross MHM training program for humanitarian workers. This study aims to answer the questions of:

- (1) What are the essential components of effective menstruation education in humanitarian settings, and
- (2) How are these components reflected in the Austrian Red Cross MHM Training, ultimately improving Menstrual Health and Hygiene Management (MHHM) services in humanitarian crises?

The overarching aim is to ensure that menstrual health and hygiene are consistently acknowledged and integrated as a vital part of humanitarian response efforts.

The roadmap of this chapter starts with the research design, followed by an overview of the research process in terms of how the study was designed, conducted, and analysed, and finally discusses some of the limitations of the study.

### 3.1. Research design

This study adopts a qualitative research framework aimed at exploring the impacts and the experiences of participants in the AutRC MHM training in 2023 and 2024. A qualitative approach is used as it allows for an in-depth understanding of how menstrual health and hygiene are discussed, taught, and what aspects of it are prioritized within this humanitarian training program, both from the side of participants and facilitators. Given the exploratory nature of the research, qualitative methods such as a systematic review of training materials and semi-structured interviews were deemed most suitable. These methods provide the flexibility to assess not only the content of the training against menstruation education standards, but also the lived experiences of those delivering and receiving the training. Interviews with training participants and facilitators offer valuable insights into perceived gaps and practical challenges encountered throughout the training and later in participants' work experience in the field with MHHM.

The decision to use a qualitative approach was informed by the need to examine context-specific gaps and identify recurring themes that may not be evident through quantitative data alone. A purely quantitative or survey-based method was considered but ultimately abandoned, as it would not capture the depth of the training impact on participants, such as personal reflection on MHM, implementation of knowledge in one's professional work, and the effectiveness of the training to prepare participants to meet the need of people who menstruate in emergencies.

Overall, this research design supports a grounded and reflective analysis aligned with the study's aim: to understand the impact and effectiveness of the AutRC MHM training in preparing participants to meet the needs of menstruators in crisis contexts.

### 3.2. Data collection and analysis

The data used for this research were collected in two different ways. Firstly, there is a thematic review of training materials. From the literature review, five essential components of good menstruation education for humanitarian workers have been determined. These five components are then used to review training materials that are requested and collected from the AutRC. These materials are thematically reviewed both in terms of quantity, meaning how frequently and consistently the identified components appear across the training materials, and quality, referring to the depth, clarity, and relevance of the content related to each component. This review of the training materials is performed to evaluate what exists and is lacking in the current MHM training provided by the AutRC. From this review, in the end, there is a “perceived gaps table” (see Table 3) created, which highlights discrepancies between the identified components from the literature and what is currently included in the training syllabus. This table is then used to formulate and guide interview questions with the training participants and facilitators.

Secondly, semi-structured interviews were conducted with participants and facilitators who were present in the MHM training in 2023 and 2024. The main purpose of the interview was to find out whether the gaps identified in the training materials were also noticed and considered important by the participants and facilitators. The interviews also explored how the MHM training influenced participants' experiences after the training, especially regarding how they deal with menstruation-related issues in their daily work. Facilitators were asked about the planning and delivery of the training, with a focus on reflecting upon the identified gaps, suggesting potential improvements, and sharing any feedback they had received from participants.

Interviewees were recruited through the main organizer of the MHM training, who contacted past participants and invited them to share their experiences for the purpose of this study, voluntarily. With the respondents' written consent and oral approval, interviews were conducted online via Microsoft Teams. All conversations were recorded and subsequently transcribed. The transcripts were lightly edited for clarity by correcting errors from the automatic transcription and removing irrelevant or fragmented speech. The final transcripts were then imported into ATLAS.ti for thematic coding and analysis.

The data were analyzed using the thematic analysis method as outlined by Clarke and Braun (Clarke and Braun 2017). This method was chosen as it offers a flexible yet systematic approach to identifying patterns and recurring themes across the data, while still providing a clear analytical framework aligned with the focus of the study on perceived gaps and the impact of the MHM training. Based on the outcome of this analysis, several prominent themes emerged, which were subsequently examined in greater depth and critically reflected upon to draw meaningful insights relevant to the improvement of the MHM training.

### **3.3. Limitations**

While the study offers an in-depth insight into the experiences of participants and perceived gaps in MHM training provided by the AutRC, several limitations should be acknowledged. First, though the thematic review of training materials was thorough, it was based only on the documents provided by the AutRC. There is a possibility that other informal or supplementary training materials (non-documented content, discussions, etc.) were not captured in the analysis.

Second, the sample size for the semi-structured interviews was relatively small and limited to individuals who agreed to participate, which may introduce self-selection bias and limit the representativeness of the findings.

Additionally, the study relied on retrospective views, which may also lead to recall bias, as participants might forget details or reinterpret their experience over time.

Despite these limitations, the study provides valuable insights into the MHM training of the AutRC, giving ideas for further improvement of the training to create an effective menstruation education for humanitarian workers.

## 4. Review of Training Materials

In this chapter, I will examine the training materials from the Austrian Red Cross MHM Training conducted over the past two years, 2023 and 2024 (see Table 2). The analysis will be based on the five essential components (inclusiveness, principle-based approach, local context, inter-cluster collaboration, attitude) established in the previous chapter. These components will be assessed in terms of both quantity, seeing the extent to which the materials are covered, and quality, how detailed and what type of information is shared in the materials. Finally, a perceived gaps table will be created based on the gaps in the material recognised, which will later guide the interview questions.

I collected the training materials from the organizers of the MHM Training and requested facilitators to submit any relevant materials they had from previous sessions. These materials include mandatory readings prior to the training, slides presented during specific sessions, concept notes, distributed materials, group work outcomes, training agendas, and previous training reports.

There is no standardized or consolidated body of training materials for the MHM training provided by the Austrian Red Cross. This is partly due to the adaptive and participant-centered nature of the training approach, which allows flexibility based on the expressed interests and learning needs of participants. Trainees are encouraged to engage with content relevant to their context and interests, which is particularly important given the dynamic and informal setting of the training, often conducted on the grounds of a music festival. Consequently, no comprehensive training manual was available for review; instead, the available documentation consists of fragmented materials and session-specific resources.

I am reviewing the following training materials (TM):

**Table 2:** Overview of training materials analyzed

Abbreviation	Title	Type	Author	Date	Volume
TM1	Building global capacity for menstrual hygiene management in emergencies	Final report	Austrian Red Cross (AutRC)	July 2023	17 pages
TM2	Building global capacity for menstrual hygiene management in emergencies	Final report	AutRC	July 2024	14 pages
TM3	Menstruation 101	Presentation slides	Swedish Red Cross	2024	50 slides
TM4	Market Assessment	Presentation slides	Nepal Red Cross	2024	11 slides
TM5	MHM and Protection	Presentation slides	IFRC	2024	24 slides
TM6	Addressing menstrual hygiene management (MHM) needs Guide and Tools for Red Cross and Red Crescent Societies	Guidebook	IFRC	2019	76 pages
TM7	Summary and Reflection on MHM Training	Reflection report	Anne Lloyd, facilitator	2024	9 pages

#### 4.1. Thematic Analysis of Training Materials

##### **TM1: Building global capacity for menstrual hygiene management in emergencies, 2023**

This material is the final report made by the AutRC reflecting on their MHM training. It describes the training, some objectives, and feedback from both participants and facilitators. The material further outlines the structure of the 3-day training.

Inclusiveness: Inclusivity was addressed inconsistently in the 2023 training. Feedback from participants pointed to gaps in representation, especially the lack of focus on the needs of people with disabilities and individuals from the LGBTQ community. Male participation was limited (22 female, 5 male), although discussions between menstruators and non-menstruators were encouraged. Despite these challenges, the training included participants from seven Red Cross countries (four European, three non-European), potentially enriching the learning

environment with diverse experiences. Training content included displaced population scenarios and an analysis of social norms, with participant confidence regarding social norms increasing significantly from 17% pre-training to 65% post-training.

Principle-Based Approach: The training aligned with humanitarian principles through its use of the eight steps of hygiene promotion, adherence to WASH guidelines, and application of the do-no-harm approach. While explicit references to human rights were absent, the exercises and outcomes reported by participants reflect a principle-based foundation consistent with humanitarian values.

Local Context: The training incorporated local context primarily through market assessment exercises, which enabled participants to explore the availability and suitability of menstrual hygiene materials. Additionally, participants were encouraged to make context-specific recommendations to improve facilities for safety and hygiene on the training ground. The music festival setting played a unique role in grounding the experience in a real-world, community-based environment that helped normalize open discussions around menstruation.

Inter-Cluster Collaboration: There was no mention of inter-cluster collaboration in the report. The absence of reference to coordination with sectors such as WASH, Health, Protection, or Shelter suggests that this essential component was not a focus of the 2023 training and may represent a gap in cross-sectoral integration.

Attitude: The festival setting helped foster a relaxed and engaging environment that was conducive to open conversations about menstruation. This informal setting likely contributed to positive shifts in participant attitudes, though there was no structured content specifically addressing the beliefs and biases of participants. The improvement in confidence related to social norms suggests some attitudinal change, though this area could benefit from more targeted facilitation in future trainings.

## **TM2: Building global capacity for menstrual hygiene management in emergencies, 2024**

This final report is similar in structure and content to the previous one, but reflects on the second MHM training done in 2024.

Inclusiveness: Inclusiveness saw some progress, with male attendance increasing (12 female, 5 male) and participants from seven Red Cross countries (three European, four non-European). Notably, some participants appreciated the opportunity to discuss menstruation with non-binary and trans individuals for the first time, and there was a call to further integrate the experiences of people with disabilities into the curriculum. However, a post-training survey indicated that participants felt least confident about addressing the menstruation needs of special target groups, highlighting an area for further improvement.

Principle-Based Approach: The principle-based approach remained consistent, with clear signs of humanitarian principles. A recommendation from the previous year to enhance privacy was implemented through the installation of menstruation product dispenser machines. Although this innovation was not found in the IFRC guidelines, it was a valuable improvement discovered during the training. The training adhered to humanitarian principles such as the eight steps of hygiene promotion, WASH guidelines, and the do-no-harm approach, although explicit references to human rights were absent.

Local Context: Engagement with the local context was deepened as participants interacted more with festival attendees, moving away from hypothetical scenarios to real-world applications. This included recognizing barriers for people with disabilities and reporting them to festival organizers, as well as remote interviews with Nepali product producers. The implementation of menstruation product dispenser machines, although not in the IFRC guidelines, was an example of adapting to local needs discovered during the training.

Inter-Cluster Collaboration: Inter-cluster collaboration was more pronounced, with a dedicated session on Protection, Gender, and Inclusion (PGI). This session could have allowed participants to practice establishing referral pathways and staff sensitization. Feedback recommended continuing to explore cross-sectoral content to approach MHM holistically, involving WASH, Health, SRHR, PGI, and CEA sectors.

Attitude: The positive experiences from the previous year were replicated, with the music festival setting again providing a memorable and engaging environment for open discussions about menstruation. This setting helped create an unforgettable experience, fostering open discussions and potentially improving attitudes towards menstruation.

### **TM3: Menstruation 101**

This session focused on the physiology of the menstrual cycle, including various definitions such as menarche, menopause, and familiarised participants with medical conditions that are common for menstruators.

Inclusiveness: While the session acknowledged that the menstrual cycle, including vaginal discharge, vary from person to person and people may have varying preferences for menstrual products, it lacked specific references to the diverse lived experiences of menstruators. It also did not include the experiences of those from the LGBTQIA+ community or individuals with disabilities.

Principle-Based Approach: The content emphasized menstruation as an important health indicator, noting that irregularities can signal underlying health issues (slide 11). It also introduced several common health conditions associated with menstruation, supporting a health-based perspective. This health-related focus underlines the importance of menstruation as a sign of health.

Local context: Myths related to menstruation helped surface local beliefs and stigma. However, while some community practices around period management (e.g., materials used, waste disposal) were hinted at, more comprehensive coverage of local experiences and variations was lacking.

Inter-Cluster Collaboration: Although the session educated participants on health issues related to menstruation, it did not explicitly promote collaboration across clusters or encourage referrals to healthcare specialists. Opportunities for such linkages remain implicit.

Attitude: Including “false myth” tags throughout the slides could have challenged misconceptions and fostered healthier attitudes toward menstruation.

#### **TM4: Market Assessment**

This session’s slides focused on market assessment and the basic knowledge about how markets operate. There was no information found that could be categorized into any of the 5 essential components groups.

#### **TM5: MHM and Protection**

This session focused on how menstruation is connected to aspects of protection, such as ensuring safe and dignified circumstances for menstruators and understanding sexual and gender-based violence connections to menstruation.

Inclusiveness: This component was addressed in the presentation. The material underlined the need to include people in all stages of the humanitarian aid programme cycle, such as older women and adolescents, people with disabilities, and people from various ethnic backgrounds and gender identities. Adopting methods tailored to specific needs, such as conducting focus group discussions and actively listening to people's experiences, was encouraged to enhance the effectiveness of support or interventions.

Principle-Based Approach: The slides referenced key humanitarian principles such as dignity and the duty to protect those affected by crisis. These principles were used to frame the importance of connecting MHM to Protection, though the material did not expand on how these values are operationalized in practice or within intersectoral response strategies.

Local Context: The local socio-cultural or geographic context was not mentioned significantly. There was some reference to adapting interventions and support to local practices, traditions, or specific needs of affected communities. However, this content was limited in the session slides.

Inter-Cluster Collaboration: This training material focused specifically on the intersection of MHM and Protection, particularly in the context of sexual and gender-based violence (SGBV). While the material highlighted the importance of a cross-sector link, it remained largely informative and lacked depth. It did not provide specific guidance on how to work together with Protection cluster actors, on what MHM entails in practice for Protection, nor did it outline the particular needs of menstruators that should be addressed through Protection programming.

Attitude: Attitudes toward menstruation or the role of humanitarian staff in addressing stigma or personal beliefs were not discussed. However, the session rather encouraged participants not to assume, but always ask people impacted about their experiences and needs.

### **TM6: Addressing menstrual hygiene management (MHM) needs Guide and Tools for Red Cross and Red Crescent Societies**

The 2019 IFRC Toolkit serves as a comprehensive guide for supporting MHM in humanitarian contexts. It outlines how MHM can be integrated into broader humanitarian programming and provides practical tools and approaches for implementation. This toolkit was on the obligatory reading list, and a big part of the training was based on this text.

Inclusiveness: It is a recurring emphasis, advocating for the training of both menstruators and non-menstruators and the inclusion of marginalized groups, including displaced individuals, people with disabilities, and LGBTQIA+ communities.

Principle-Based Approach: The document is grounded in fundamental humanitarian principles, such as humanity, impartiality, neutrality, and independence, which are explicitly referenced in the section on integrating MHM into humanitarian programming (p.23).

Local context: The guide highlights the importance of respecting and adapting to local contexts, encouraging the selection of culturally and linguistically aligned volunteers (p.19), and offering socio-cultural examples that could enrich the learning experience with so-called “examples from the field.”

Inter-Cluster Collaboration: Inter-cluster collaboration is strongly encouraged, with recommendations for coordination across sectors both during assessments (p.24) and service delivery (p.30). The guide encourages consistent coordination and consultation with other sector teams and stakeholders to ensure that MHM support is holistic and well-integrated. The other clusters mentioned are PGI, Health, Education, and Protection (p24-35)

Attitude: Volunteer training is addressed in a dedicated four-page section, which acknowledges that volunteers may hold personal biases or misconceptions about menstruation. The guide suggests that training should equip volunteers with the knowledge and confidence to speak professionally and respectfully about MHM (p.21). However, while volunteer attitude is acknowledged, the content remains limited in depth. The material would benefit from further encouraging behavioral change, reflective dialogue, and peer learning among volunteers.

## **TM7: Summary and Reflection on MHM Training**

This text is a reflection on the training written by one of the facilitators. It collects experiences and feedback on various aspects of the training, including the workshops. The text also reflects on participants' feedback submitted through a survey.

Inclusiveness: Participants highlighted the need for broader representation in the training content, particularly regarding disability and incontinence. Confidence in addressing the needs of people with disabilities was mixed, and several identified this as a future learning priority.

Principle-based approach: Participants expressed confidence in designing menstruation-friendly infrastructure and kits, with a strong emphasis on dignity and breaking stigma. The training appears to be grounded in humanitarian values and equity, especially through empowering participants to challenge stigma and design needs-based solutions.

Local context: Some participants noted their awareness of local menstrual practices and stigma. Participants shared future plans to work with schools, adapt kits to local needs, and address cultural beliefs around disposal. However, participants noted that the content could go further by more systematically incorporating local voices, waste management practices, and environmental realities.

Inter-Cluster Collaboration: While participants recognized the relevance of MHM across sectors like WASH and CVA, confidence in applying these linkages (especially CVA) was lower. Some people planned to review their work projects for possible MHM integration. The feedback suggests that future training could strengthen guidance on explicit cross-sectoral coordination and referrals.

Attitude: The feedback reflected high confidence and enthusiasm to act in the future by training others, improving personal facilitation skills, and breaking the stigma around MHM. One participant expressed their desire to supply kits to schools, highlighting how the training inspired commitment to change.

## 4.2. Perceived Gaps in Training Materials

Based on the review of the training materials, several potential gaps in training were identified. These gaps are solely based on what was available during the review, so more complete or better-organised materials could result in different conclusions. Nevertheless, the gaps outlined here point to important areas that need further exploration from the training participants and facilitators. For this reason, this table will be used to prepare some of the interview questions and guide the direction of the upcoming conversations. The final set of questions will include all five essential components for a good menstruation education for humanitarian workers, along with questions evaluating the training's impact on participants.

**Table 3:** *Perceived gaps in the training based on the training materials provided*

Thematic Area	Coverage	Perceived Gaps	Interview Questions
Inclusiveness	Reoccurring emphasis	Little guidance on engaging LGBTQIA+ individuals or people with disabilities	Did the training help you think differently about how menstruation affects people from different backgrounds, identities, and needs?
Inter-cluster collaboration	Conceptually addressed	Unclear referral pathways and cluster responsibilities in real-life scenarios	Do you feel confident that you know which other sectors are responsible for different aspects of menstrual health, and would you feel comfortable making referrals when needed?
Local context	Limited coverage	Lacking country- or region-specific practices and beliefs. Insufficient detail on product types, disposal options, and how to advise users	Did the training help you understand local practices or cultural beliefs related to menstruation? Was anything missing from that perspective?

## 5. Analysis of the Interviews and Recommendations

This chapter presents the results of the 8 interviews conducted with the AutRC MHM training participants and facilitators from the two trainings delivered in 2023 and 2024. The interviews were primarily analyzed based on deductive codes, the five essential components for effective menstruation education for humanitarian workers; however, the analysis also included inductive codes that were recurring themes that I found relevant for improving the MHM training. This section describes the findings of the interviews and then analyzes and discusses each theme based on the responses, training materials, and relevant literature. Lastly, each theme receives a recommendation to improve the effectiveness of the MHM training.

Below is the list of interviewees who participated in the study. The transcripts of the interviews are available only when requested from the author, as the consent form of the study ensured anonymized publication of relevant information.

*Table 4: List of interviewees*

Subject	Reference	AutRC MHM Training Affiliation	Red Cross Affiliation
Interviewee 1	I1	Participant	WASH officer in the Global South
Interviewee 2	I2	Participant	Volunteer in the Global North
Interviewee 3	I3	Facilitator	WASH officer in the Global North
Interviewee 4	I4	Participant	Response officer in the Global South
Interviewee 5	I5	Facilitator	Safeguarding officer in the Global South
Interviewee 6	I6	Participant	International team in the Global North
Interviewee 7	I7	Participant	Volunteer in the Global North
Interviewee 8	I8	Participant	Operational officer in the Global North

## Component 1: Inclusiveness

This theme explores the extent to which the AutRC MHM training was inclusive of both menstruating and non-menstruating individuals, and whether it adequately represented the diverse experiences of people from underrepresented backgrounds. As outlined in Table 1, the training aimed to reflect a wide range of lived experiences, including those of individuals with disabilities and members of the LGBTQIA+ community.

To assess this, participants were asked: *Did the training help you think differently about how menstruation affects people from different backgrounds, identities, and needs?* In addition to responses to this specific question, many participants also shared their thoughts on inclusiveness during open-ended parts of the interviews.

The analysis of these reflections revealed three key sub-themes: male inclusion, disability, and LGBTQIA+ perspectives.

### Male inclusion:

Four respondents noted that men are typically underrepresented in the training sessions, and several emphasized the need to increase male participation. However, this can come with challenges. One facilitator reflected on this issue in general, explaining that men are often reluctant to sign up for menstruation-related trainings:

*“... but when it comes to MHM, then people are very reluctant to fill the form. So even on the participant side, [as] we see, then we'll have more females than males. That's one of the things I think is very challenging.” (I5)*

One participant also expressed a desire to learn more about how to engage men and boys in discussions about menstruation and how to foster their role as allies. Despite lower participation numbers, responses showed that men were active participants in the training. They felt included and encouraged to participate and engage with menstruators and become more

confident discussing the topic of menstruation, even though they cannot personally experience it themselves. Two of the male participants said that they especially found the mixing of discussion groups with menstruating and non-menstruating participants beneficial, as it helped them better understand the sensitivity of the topic, reduced the discomfort of engaging in conversations about menstruation, and made it easier for them to ask questions they might otherwise have felt hesitant to raise.

### Disability:

People with disabilities experience exacerbated stigma, both as menstruators and as people from a marginal, vulnerable group. Their needs and experiences are even less seen and recognized in the everyday “safe” life, and even more so in humanitarian crises (Perianes and Roberts 2020; Steele and Goldblatt 2020). The content on menstruating people with disabilities has been very limited throughout the training materials and in the sessions of the training. While it has been noted numerous to account for the additional assistance of people with disabilities, like in TM6, it has been majorly lacking in the training, as interviewees’ answers reflected.

No participant shared a concrete experience of engaging with people with disabilities during the training, suggesting a gap between intention and practice. While the topic of disability was mentioned, its coverage was limited, primarily focusing on the accessibility of toilets. One respondent confirmed this narrow scope by stating:

*“In my mind, a lot of disability ideas are very similar if we're talking about sanitation in general or we're talking about MHM. So, therefore I think it was, yeah, it was discussed, but it was not the main focus.” (I7)*

Among those who did elaborate further, the understanding of disability appeared restricted to visible or physical impairments, such as limited mobility or wheelchair use. The same

participants often folded disability considerations into broader hygiene promotion or Protection Gender Inclusion (PGI) efforts, rather than treating them as a distinct component that may require more careful attention when considering menstruation. Interestingly, these views were shared exclusively by non-menstruating interviewees, while menstruating individuals did not bring up disability in this way. While the small sample size makes it difficult to draw a clear dichotomy between menstruating and non-menstruating perspectives, this pattern is noteworthy and suggests an area worth further exploration.

Notably, one of the training facilitators also recognized this limitation and expressed intentions to better integrate the perspectives and needs of people with disabilities into future MHM trainings.

However, one participant did highlight an important learning takeaway regarding how to approach the needs of people in general, but also especially concerning those with disabilities, emphasizing the importance of listening over assuming:

*“I think the most important thing that I take also from the training is... It's difficult to prescribe what the needs of the people are. I think the best is to ask them what they need... Those with a disability, the aim is the need to help. For me, the solution lies in asking them what they need.”(I4)*

### LGBTQIA+:

Inclusiveness in menstruation-related training should move beyond binary gender assumptions. For transgender and non-binary individuals, menstruation can be a source of distress and gender dysphoria, with significant implications for their well-being.

Some participants spontaneously shared an encounter at the festival grounds with a non-binary person who menstruates, which became a point of reflection. One facilitator described the significance of such moments:

*“Just by coincidence, [the training] gave some of the participants the chance to speak to people from the LGBTQIA+ community for the first time in their lives. Because some of the participants come from countries where these things are illegal..., and that [encounter] was also mentioned as a very positive opportunity.”*  
(I3)

However, this aspect of inclusion was not consistently remembered or acknowledged. Three participants reported not recalling any engagement with LGBTQIA+ individuals or related topics during the training, suggesting that while opportunities for such interactions existed, they may not have been fully integrated or visible across the broader participant experience. This experience with the lack of inclusiveness is also reflected in the feedback of participants in TM1.

Additionally, an analysis of the language used by interviewees revealed that a few participants consistently adopted non-gendered terms such as ‘menstruator’ or ‘menstruating person’. This inclusive language acknowledges that not all people who menstruate identify as women. However, such terminology was not commonly used across all interviews, indicating that while some participants demonstrated a more inclusive linguistic approach, this practice has yet to become widespread or normalized within the broader group.

### Recommendation:

Inclusiveness was one of the components highlighted in the perceived gaps table (see Table 3). After analyzing the interviewees’ responses, I would still argue that this component is insufficient in the training material and throughout the training sessions.

The importance of including male participants (Bobel 2019), or rather non-menstruators, has been recognised by both participants and facilitators as well, which indicates a positive attitude

towards the inclusiveness of non-menstruators in the discussion about MHHM. As this aspect of the training is already on a promising path, it may not require significant changes. However, to maintain and strengthen this inclusivity, it is important to ensure a consistent involvement of non-menstruating participants in each training. This can be supported by intentionally targeting non-menstruators during outreach and promotional efforts.

People with disabilities and those from the LGBTQIA+ community are often further marginalized and placed in vulnerable positions during humanitarian crises. However, participants in the training lacked confidence and sufficient knowledge regarding how menstruation affects these groups. For this reason, I recommend that the AutRC prioritizes this element for future trainings. This could include a dedicated session focused on the experiences of people from vulnerable communities, ideally featuring individuals who can share their personal stories. Additionally, their perspectives should be continuously integrated across all sessions to help mainstream inclusive thinking and encourage participants to consider the diverse realities of those who menstruate.

## **Component 2: Principle-based approach**

The second component focuses on how the training positioned menstruation within a human rights and humanitarian framework. As outlined in Table 1, this approach would emphasize dignity, autonomy, and equity, recognizing menstruation as more than a health issue; it is also a matter of social justice. To explore this, participants were asked: *How did the training shape your thinking about menstruation as a human rights and humanitarian concern?*

In the responses of the interviewees, menstruation has been reflected in the framing of humanitarian values, and not so much considering it as a human rights objective. The values

of dignity, autonomy, and the considerations of need-based design and assistance have been implicitly present in nearly all responses, thus, responses resonate with humanitarian values. On the other hand, no one but one person has explicitly stated that they see menstruation as a human right. The participants said when answering the question, whether they see menstruation as a human right:

*“ Yes, absolutely. It should be the same value... just like having 15 litres of water every day, the value should be there for the eight steps of MHM in emergencies. It should be considered, be budgeted, be planned and and the people should be provided with material, facilities, information and so on”. (I8)*

Participants described the integration of dignity, safety, and autonomy into MHHM activities by linking them to other areas of humanitarian aid, such as PGI and Cash and Voucher Assistance (CVA). PGI was mentioned rather in connection with inclusiveness, like the consideration of needs for those who are menstruating people with disabilities. CVA has been noted as a practice to promote recipients’ individual needs and decisions, thus contributing to dignified menstruation, instead of assuming people’s needs. CVA allows people to receive money or a voucher, with which they can decide to buy whatever product they require.

*“We are focusing very much on cash and voucher assistance because a lot of people tend to distribute things before thinking about going the most dignified and efficient way [meaning CVA]”. (I8)*

MHHM continues to be primarily framed within the WASH sector, which itself is grounded in broader humanitarian principles of dignity, inclusion, and access. While WASH commonly assumes responsibility for MHHM, this is not a formally mandated arrangement. Interviewees referred to MHHM as falling under the WASH cluster, but some also noted its increasing visibility within that space. A facilitator also highlighted MHHM’s inclusion as a dedicated chapter in the Sphere Standards (Sphere Project 2018), which can signal a growing institutional recognition. However, MHHM remains largely absent from broader framing as a humanitarian

or human rights concern. When asked whether menstruation should be seen as a human rights issue, one facilitator responded:

*“I’m not sure whether it really makes a big difference for us to be honest, whether it’s declared as a human right or not... There is also a kind of similar approach to human rights on the humanitarian side. That’s the Core Humanitarian Standards... that define that you’re not just a recipient of aid, but you have a right to certain types of aid and certain quality of aid.” (I3)*

This suggests that while rights-based principles are present, the explicit framing of menstruation within a human rights discourse remains limited and still developing in the training.

#### Recommendation:

The principle-based approach was not defined in Table 3, as it did not appear to be so relevant based on the training materials available. However, after talking with participants, it became clear that this component is not as well covered as it first seemed. The humanitarian values are clearly visible in the response; on the other hand, people were not reflecting on MHHM as a human right.

Winkler (2021, 250) has emphasized the importance of viewing menstruation as a human rights issue, stating: “Applying a human rights lens means that we need to look at menstrual stigma and gender injustice and their intersections with other forms of discrimination and marginalization.” Integrating a human rights-based approach could help elevate MHHM beyond a solely gender equality framework. While a gender equality lens is valuable, it has increasingly come under political scrutiny, with projects facing funding cuts and donors expressing reluctance to use language explicitly tied to gender equality. A broader human rights framing may offer a more sustainable and less politically disputable foundation for advancing MHHM in humanitarian work.

For this reason, including a stronger human rights narrative in AutRC's MHM training is recommended. This could help participants better understand menstruation as a fundamental and multidimensional issue, one that intersects with rights to health, housing, water, sanitation, education, and participation in cultural and public life without discrimination. This approach could not only deepen participants' awareness and capacity but also help anchor menstruation more firmly within project planning and funding priorities by framing it as a rights-based humanitarian concern.

### **Component 3: Local context**

In this component, I looked for evidence in the interviews of how well the training addressed local context, specifically whether it reflected cultural, social, and environmental factors that shape menstrual experiences, including local practices, stigma, and community knowledge. Participants were asked: *Did the training help you understand local practices or cultural beliefs related to menstruation?*

Respondents spoke very positively about how the training addressed the local context. All interviewees enthusiastically highlighted the cultural diversity of both participants and facilitators, noting that this enriched their learning experience. Peer learning and first-hand storytelling deepened participants' understanding of how menstruation is experienced and managed across different settings.

One facilitator emphasized the value of cultural sensitivity, noting both the importance of adapting to different contexts and the shared challenges across them:

*“You have to make it culturally appropriate, it has to be like this in some context and like that in other contexts. But there are also similarities that we also need to talk about. Menstruation is taboo, like everywhere. It's not only in the least*

*developed countries, but it can also be a taboo in...the most advanced country you are thinking about. “ (15)*

Two participants highlighted a particularly memorable session: a "period product fair" held on the festival grounds. Participants brought menstrual products from their own countries, allowing for a hands-on experience in which they could exchange knowledge and practice explaining the use of different items to both each other and to festival attendees. Other practical sessions, including a local market and facilities assessment and focus group discussions with festival participants, further equipped trainees with skills to assess and respond to local conditions when delivering MHHM support.

Most respondents expressed satisfaction with how the training supported their ability to adapt MHHM approaches to local contexts. However, one facilitator highlighted a key limitation: the difficulty of conveying the lived realities of crisis settings to participants without field experience. As they put it:

*“Sometimes it's very difficult to make people understand how it is actually in terms of disasters if they are not involved... then it becomes a bit tricky to make them understand... People also learn by experience... they have to be in the field and they have to feel it.” (15)*

#### Recommendation:

Reflecting on these findings, it becomes evident that local context was more present in the training delivery than initially suggested by the training material analysis and the perceived gaps table. The interviewees' responses offered a much clearer and more nuanced picture of how local context was addressed in practice. Their strong and consistent satisfaction with this aspect could suggest that it was a well-integrated and effective part of the training.

However, I would still recommend more deliberate integration of diverse local contexts into the training materials. Including a broader, yet accessible, overview of how MHHM differs across cultural and geographical settings could reduce overdependence on participants' own background knowledge and encourage deeper discussion and reflection on varying practices and beliefs. This would ensure that there is a collection of cultural messaging (Stubbs and Sterling 2020) around stigma, practices, products, waste disposal, enriching the overall content and application of the training.

#### **Component 4: Inter-cluster collaboration**

This theme refers to coordinated efforts across humanitarian sectors to ensure menstruation is addressed holistically. It is looking at whether the training equips participants with the knowledge to understand how menstruation impacts other sectors and to make appropriate referrals, fostering a comprehensive and integrated response. Interviewees were asked: *Do you feel confident that you know which other sectors are responsible for different aspects of menstrual health, and would you feel comfortable making referrals when needed?*

Participants were asked if they had learnt about collaborating with other clusters and if they would be confident to make referrals to other sectors. From the answers, it turned out that this aspect of MHHM was only covered spontaneously, but did not have a designated session for it. One participant shared that they have some knowledge about collaboration and referral systems, but not from this training:

*“I think it was mostly referring to the WASH sector when it comes to hygiene or menstrual hygiene. I know, like from my work, what other sectors would be working on...but not from the training. I don't remember that we discussed it.” (I1)*

Other participants primarily connected MHHM to WASH, but also acknowledged that it has connections to other sectors like PGI, Health (menstrual pain, female-genital mutilation, and Livelihood (local pad production in Nepal). Nevertheless, no participant explicitly expressed their confidence in making referrals to other sectors to efficiently provide MHHM.

Additionally, some challenges were highlighted by the interviewees. One recurring issue was that professionals from other sectors tend to prioritise their own areas of expertise, which may limit broader collaboration. As one participant noted, *“Whenever people have a specific background, they prioritise that topic.”* (I6) Despite the training’s intention to encourage thinking both within and beyond the WASH cluster, two respondents pointed out that this cross-sectoral approach can be difficult to implement in practice. One of them expressed the need to improve this element of the training to make collaboration with others easier:

*“I think it would have been useful to make inter-cluster collaboration a distinct section, as it makes the training participants more aware of what to focus on, and also understand how other sectors take their part [in MHHM]. So maybe we [could] know exactly what to focus on when we’re designing the intervention.”* (I1)

#### Recommendation:

The component of inter-cluster collaboration was included previously in the perceived gaps table in the training material analysis chapter. After the analysis of the interview responses, I would still claim this component of the training to be insufficient. Participants did not report having holistic knowledge of MHHM across clusters, nor would they feel sufficiently confident to use referral pathways to advance MHHM experiences of recipients of aid.

For this reason, I recommend the AutRC to include a session and additional training material on the responsibilities of various clusters in providing a safe and dignified menstruation for those impacted. To make the training more effective, facilitators could create a session on how

various clusters are involved in MHHM during a humanitarian crisis. This session would introduce clusters, such as Education, Protection, Shelter, and discuss specific responsibilities related to menstruation.

For example, the Protection sector plays a key role in ensuring the safety and dignity of menstruating people. Humanitarian workers should be aware that menstruation can increase risks, such as exposure to gender-based violence, when accessing toilets or bathing areas. Understanding these risks means the protection sector must take extra steps to ensure safe, private, and accessible spaces for menstrual care.

By clearly linking each sector to MHHM, participants can better understand how to collaborate and make appropriate referrals, leading to a more holistic response to menstruating needs. Thus, the current challenges of delayed and fragmented response (Manolakos 2021), and unclear and not coordinated sectoral leadership (Sommer et al. 2016; VanLeeuwen and Torondel 2018), could be improved.

### **Component 5: Attitude**

While measuring attitudes is inherently challenging, this study aimed to explore them through participants' reflections. As outlined in Table 1, attitude was considered in terms of participants' motivation to prioritize MHHM, any shifts in beliefs or opinions, and their willingness or ability to apply the training in personal or professional contexts. To assess this, participants were asked the following questions: *Have you seen changes in how you prioritize or approach menstrual health since the training? Have you had the chance to use the knowledge from the training in your work? If so, which way? Could you give an example?*

The analysis of these reflections revealed three key sub-themes: gender perspective, norms and stigma, and barriers.

### Gender perspective:

MHHM is best targeted when all genders are included in the discussion and the response. It is, nevertheless, interesting to see how menstruators and non-menstruators reflected differently when asked about their attitude and motivation towards menstruation after the training.

Menstruators all indicated that menstruation is something that they all know personally, and they are aware of the complexities of it. For most menstruating participants, the training did not necessarily change their attitude, but it has helped them regain motivation and helped them implement their knowledge.

*“I think when it comes to women, we already know this... My motivation changed a lot...because now I'm not focusing on MHM programmes in my work, maybe I lost the motivation because I was focusing on another different things. So after the training, my motivation came back again.” (I2)*

Additionally, a participant highlighted their positive experience to be learning together with non-menstruators. This contributed to having a better understanding of different perspectives and experiences around menstruation.

*“I think for me one of the really good benefits was to practise focus group discussions with people who are not familiar with the topic... of MHM, or with people who maybe are not menstruating.” (I6)*

On the other hand, non-menstruators shared that they had not previously paid much attention to the topic of menstruation. However, the training was eye-opening for them. The active participation of menstruators during the sessions played a crucial role in this realization. Men especially appreciated being part of mixed-gender groups, which allowed open discussions and allowed them to ask questions they might have otherwise felt uncomfortable raising. As a result, all male participants reported feeling more confident and comfortable discussing menstruation, both in professional settings and in their personal lives with friends and family. One of the participants reflected on their experience in the following way:

*“...it's not something that I paid attention too much until the time I was invited for the training. I really had to take an introspection on what it is that I have done myself to contribute to MHM. After the invitation and the training, I kind of took it seriously...I came to appreciate this topic, which people do not talk about. We know it happens, menstruation happens, but we don't talk about it. We choose not to talk about it.” (I4)*

### Norms and stigma:

Breaking taboos, reconsidering assumptions, and raising awareness were themes that were reflected in the responses from interviewees.

One common point, shared by most respondents regardless of gender, is the importance of awareness raising about the importance of MHHM and integrating it wherever possible. For instance, one participant explained that after receiving the training, they went on to develop an MHHM training within their national Red Cross, which has been very supportive of menstrual hygiene management. As part of their local efforts, they began with an assessment that actively included men, highlighting a more inclusive approach to the issue. This participant reflected on a discussion that emerged throughout the assessment and on the general feedback of the training:

*“There was a man in his late 20s, who said: Yes, I know menstruation happens, but to be honest, it's something that I did not pay attention to. I'm married. I didn't even realise that I didn't even pay attention to what my wife is experiencing.” (I4)*

*“ There's so much that we women and girls go through that society somehow, basically, just ignores. And they [men] agree that we need to do more to break those barriers and those cultural norms around menstruation... Generally said the feedback has been positive, but we need to do more.” (I4)*

This example shows how one could go from barely thinking about menstruation to implementing an MHHM training in their national Red Cross organization. Creating space for others to discuss menstruation, understanding local needs and challenges, and breaking

stigmas. It illustrates how personal shifts in awareness can lead to concrete actions that foster more inclusive and informed approaches to MHHM.

Another significant point that emerged from the interviews was the powerful impact of simply talking more openly about menstruation. This increased discussion appears to be actively reducing the stigma and taboo that often surround the topic. Participants shared how the training prompted them to reflect on their own beliefs and experiences. One participant noted:

*“Personally, I believe I am very privileged to be born in a city, and especially in an environment where menstruation is not taboo. You can talk openly about it in my culture, but there are also cultures (in my country) where menstruating girls and women are compelled to leave their house and stay in a hut for four to seven days when they are menstruating” (I5).*

Another participant reflected on how the training challenged their assumptions, stating:

*“... you hear horrible stories of women who entered menarche without any knowledge, and how shocking this was for them in Austria. And that's somehow also an interesting readjusting your own perceptions about how the world works ... just because you know Austria is a so-called developed country, it doesn't mean at all that everything is very nice and perfect” (I3).*

### Barriers:

Despite the growing awareness and willingness among the interviewed humanitarian workers to address MHHM, several barriers to effective implementation were identified during the interviews.

One common challenge was the inability to apply the training in their current roles. Some participants were working in different clusters, were not deployed to a humanitarian crisis, or held positions that did not allow them to incorporate MHHM into their daily responsibilities.

Another significant barrier stemmed from managerial resistance. For instance, one participant shared how, despite conducting thorough assessments and identifying the need for safer and more suitable menstrual products, senior managers refused to approve the necessary budget. As a result, workers were forced to distribute products that caused rashes and discomfort, highlighting how managerial attitudes can directly undermine the quality of interventions.

Additionally, a broader systemic issue was noted: a general indifference toward menstruation. Some stakeholders were perceived as merely “ticking boxes” rather than genuinely committing to delivering safe, dignified, and effective MHHM services. These barriers underscore the need for structural changes, including greater managerial support and a shift in organizational culture, to ensure meaningful and sustainable improvements in menstrual health initiatives.

#### Recommendation:

Attitude was not included in the perceived gaps table (see Table 3) previously due to its difficulty to measure based on the training material, and also it did not occur to be the most mentioned or relevant gaps in the training material analysis.

After conducting the interviews, I realised that attitude and motivation are major factors for one to continue working with and discussing menstruation. One person’s attitude cannot be changed by force, but by knowledge and understanding. The AutRC MHM training brings these elements to participants, which results in positive outcomes.

However, it is important to acknowledge the limitations of this study. Participation in the interviews was voluntary, which may have introduced a selection bias. Those who chose to engage were likely already interested in or supportive of MHHM, while individuals who were dissatisfied with the training or did not consider MHHM a priority may have opted out.

Additionally, the recruitment process may have been limited to the facilitators' existing networks, potentially excluding more critical or disengaged voices.

Nevertheless, to better capture those reflections after the training, who might not be so engaged anymore, I would recommend incorporating a structured reflection exercise both before and after the training. This would allow for a more comprehensive understanding of changes in attitudes, knowledge, and engagement over time.

Additionally, to better prepare participants for real-world challenges, including a discussion on systemic and cultural barriers to MHHM, could encourage them to critically reflect on what actions they can take, both individually and within their institutions, to help dismantle these barriers.

## 6. Conclusion

This study addressed the gap in the literature to better understand how humanitarian workers are trained on menstrual health and hygiene management, more specifically focusing on the content of training materials, delivery methods, and the impact of the Austrian Red Cross MHHM training. The primary aim of the study was to evaluate the effectiveness of the AutRC training program for humanitarian workers through the essential components of effective menstruation education in the humanitarian setting. The long-term goal of the study is to make the AutRC training replicable and adaptable to other Red Cross and Red Crescent national societies, thus ensuring that MHHM is consistently recognized and prioritized in the humanitarian aid world globally.

Key findings indicate that the five essential components for an effective menstruation education for humanitarian workers are: inclusiveness, principle-based approach, local context, inter-cluster collaboration, and attitude. This research found that the AutRC MHHM training is a successful training framework to equip humanitarian workers with the needed knowledge, skills, and, importantly, with the motivation to incorporate MHHM in their work. The analysis also revealed, through a thematic review of training materials, that the fragmented training materials available sometimes lack a few of the components, namely: inclusiveness, local context, and inter-cluster collaboration. These gaps were tested in semi-structured interviews with training participants and facilitators, which showed inconsistency with my perceived gaps in the training materials. Even though there are recommendations given for all five components, some require more improvement than others, this study considers the AutRC MHHM training effective and a great example of what other organizations could also implement.

Future research could explore the structural, financial, and cultural barriers to the implementation of MHHM in the humanitarian sector. Examining these barriers would help understand the disconnect between individual commitment and organizational action, offering insight into how leadership priorities, budget constraints, and societal norms influence the delivery of menstrual health support. Moreover, studies could assess whether integrating MHHM as a mandatory element in humanitarian programs would effectively address these issues, or if more profound systemic reforms are necessary to ensure that such mandates lead to effective support for menstruating people in crisis contexts.

In conclusion, humanitarian workers play an important role in ensuring that people have a safe and dignified way to manage their periods even throughout the most challenging circumstances. It is the duty of all to ensure access to appropriate products, infrastructure, education, and to safeguard the well-being of menstruators. As one of the facilitators of the training said, “ *I would love people to learn that MHM is the responsibility of everyone, not only of those menstruating.* ”

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