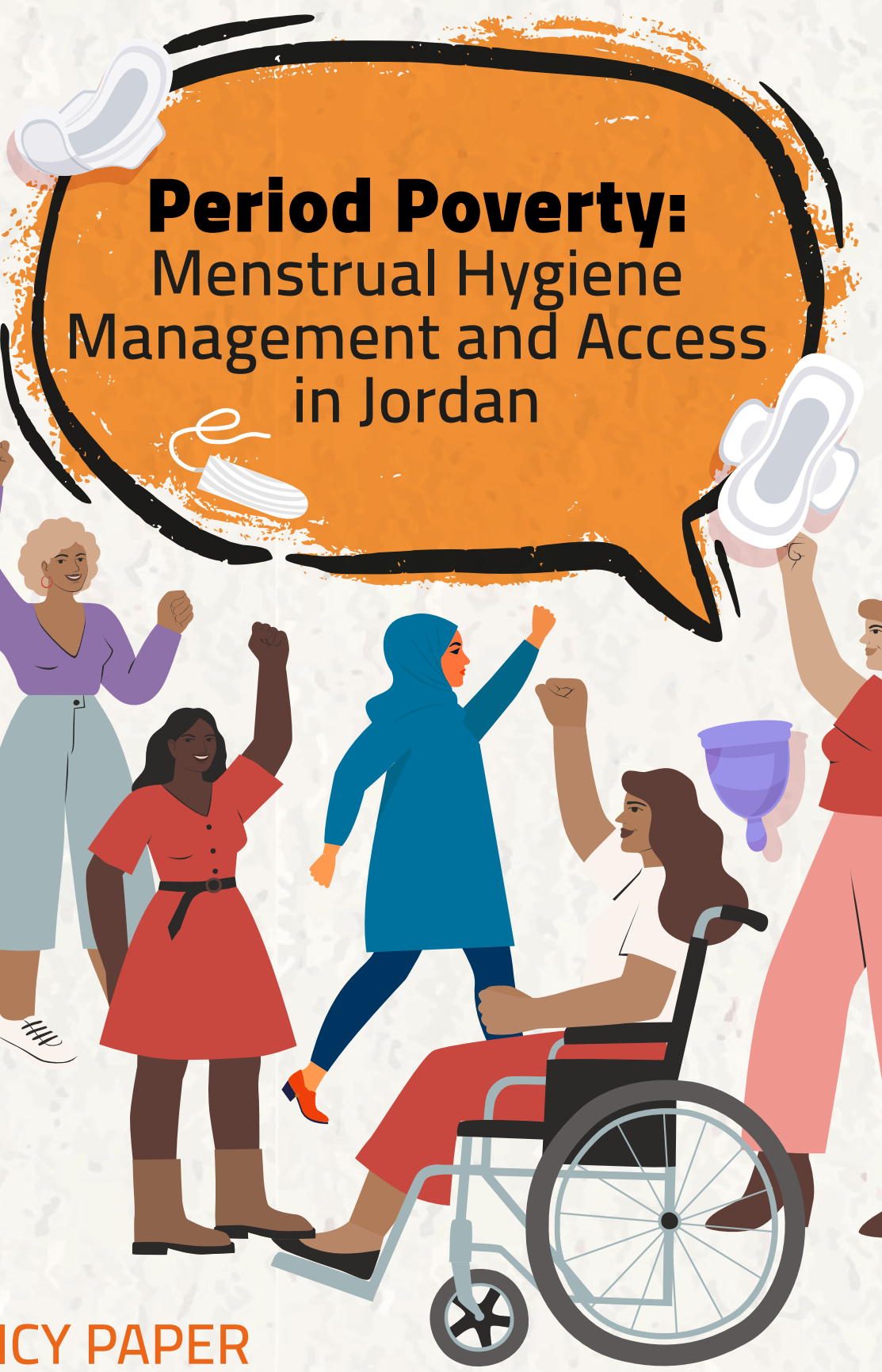




Period Poverty: Menstrual Hygiene Management and Access in Jordan

POLICY PAPER



This policy paper was produced by Takatoat and UNFPA Jordan. It was designed and led by colleagues from Takatoat, including **Rana Zghinni (Design Consultant), **Banan AbuZainEddin** (Executive Director), Reem Khashman (Researcher), **Laila Mouhanna** (Data Analyst) **Aya al Taher** and **Rahaf Hindi** (Data Collectors) and **Ghaida Saket** (Proofreading);**

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We are a group of young feminist activists residing in Jordan. We believe in the power of feminist awareness and solidarity in changing narratives about women's causes and equality and in ensuring the rights of women and girls in all their diversity. In 2020, we began to organise as a group in the face of violent crimes against women and structural discrimination in the legal, social, economic, cultural, and political fields in Jordan, and we established a feminist collective that we called Takatoat (which means "intersections" in Arabic). The first goal of our group was to contribute to strengthening and supporting feminist action and movements in the Middle East and North Africa and to echo these experiences in Jordan.



UNFPA is the United Nations sexual and reproductive health agency. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA has been operating in Jordan since 1976, and is one of the UN's lead agencies working to further gender equality and women's empowerment, and to address the physical and emotional consequences of gender-based violence and also calls for the realization of reproductive rights for all and supports access to a wide range of sexual and reproductive health services – including voluntary family planning, maternal health care and comprehensive sexuality education.

BACKGROUND



Discussing the menstrual cycle is considered taboo in many societies and countries, and it is no different in Jordan. Menstruation is a biological stage that females go through when they reach a certain age during which the eggs begin to mature and cross from the ovary to the uterus. This causes a fluctuation in hormone levels and leads to padding the endometrium and the consequent shedding and bleeding during the menstruation stage when the egg is not fertilized. In this way, females begin the journey of the menstrual cycle. It is estimated that women spend an average of seven years of their lives in menstruation.

The age of puberty varies from one female to another, but it usually happens around 12 years old. It differs based on genetic and environmental factors and from one society to another. Although all females around the world experience the menstrual cycle, it remains a unique experience lived by each female who is affected by health, environmental, economic, social, cultural, and political factors.

Menstruation has been listed as part of the Sexual and Reproductive Health (SRH) of women and girls in many countries, especially in the global south. Women and girls are often stigmatized at the time of menstruation, and it is commonly considered a taboo topic. This deprives these women and girls of access to adequate and quality health services, accurate scientific information, and suitable health products during the cycle. These elements form what can be described as **“Period Poverty”**.

Period poverty is a new term and is defined as **the lack of or inability to access hygiene products and health services related to the menstrual cycle. This includes hygiene and water facilities for personal hygiene, health education, and methods of waste management of menstrual products.** According to World Bank reports, **period poverty affects nearly 500 million women and girls worldwide, of whom 107 million are Arab women and girls¹.**

The issue of period poverty has been examined in many low and middle-income countries, but it is also an economic and material burden on women and their families in many high-income countries as well, where period poverty was not included in the priorities of these countries' policies.

Despite the widespread issue of period poverty, there are not enough studies on this topic and its impact on women and girls. Poverty and financial capability are among the most important factors that contribute to depriving women and girls of accessing menstrual services coupled with gender discrimination. Period poverty is affected by many factors such as epidemics, natural disasters, seeking asylum, and other factors that affect the quality of life of women and girls and contribute to their lack of access to health services, products, or even health education.

¹ World Bank, Period Poverty and Mental Health implications among college-aged women in the United States, World Bank Report, 2018

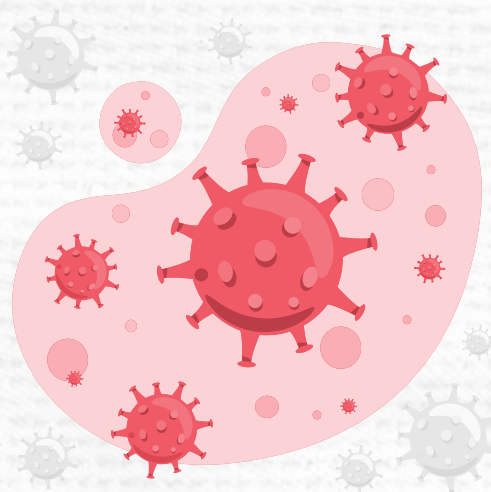


INTRODUCTION

Period poverty is widespread in Arab countries that lack access to basic services. This is exacerbated through cultural taboos around menstrual cycles, discriminatory social norms, and gender-based discrimination. In Jordan, recent researches are shedding light on this phenomenon, which has not been dealt with yet by public health institutions - for example it has not been included in any statistics and studies related to the status of women and girls in Jordan, which generally focus on women, children, and death rates. None of the indicators address the menstrual cycle or the health of girls at the age of puberty or talk about the needs of women and girls during menstruation. Accordingly, feminine hygiene products that women and girls need during their menstrual cycle have not been listed under essential healthcare items until now. In addition to that, the Ministry of Health centers do not provide feminine hygiene products for free despite their availability across all governorates in the Kingdom. To make matters even worse for women and girls, feminine hygiene products are listed under

commercial and luxury items that are sold in pharmacies and stores.

The existing discrimination against women and girls, their bodies, and their rights is blatant and creates a barrier to obtaining quality sexual and reproductive healthcare. This is in addition to the many misconceptions, social norms, and wrong uses of menstrual health products and the difficulty of obtaining them. All of which increases the suffering of many women and girls whether due to the lack of availability of feminine hygiene products in public healthcare centres, the absence of purchase power, the stigma attached to buying the products in public, or the lack of clean and safe spaces to use these products. The economic factor constitutes a pivotal aspect of this issue since this problem has worsened in Jordan in pockets of poverty, refugee camps, and host communities.



The **COVID-19** pandemic and the economic consequences associated with it highlighted period poverty in Jordan. In 2020, the United Nations Population Fund (UNFPA) published a report in cooperation with Plan International and the Institute for Family Health² on the impact of the pandemic on women's right to sexual and reproductive health. The report stressed that in emergencies such as wars, conflicts, and natural disasters adolescent girls faced additional challenges in accessing SRH services and

in obtaining menstrual supplies like sanitary pads and vaginal douches during the COVID-19 pandemic. One report issued by Takatoat in 2020 also highlighted the status of women and girls in Jordan during the COVID-19 pandemic. The report showed that the reality of women and girls in Jordan was adversely affected by the pandemic at all levels and most notably in their access to feminine hygiene products.³ In 2020, a group of participants in the Lazord Fellowship of the Injaz Foundation conducted a study on the topic of period poverty under the title "Period Poverty in Pockets of Poverty in Jordan in the Mafrq Governorate".⁴ The study addressed the link between menstrual hygiene and the economic situations, and how the economic situation impacts the access to health and sanitary services. The research sample was surveyed in Mafrq Governorate, which contains eleven poverty pockets in Jordan. These areas of Mafrq suffer a lack of health services and access to water. **This was the first study of its kind in Jordan that shed light on the issue of period poverty and tackled it from several angles, notably:**



Access to basic health services associated with period poverty



Education on Menstrual Hygiene Management or MHM



WASH: Water, Sanitation, and Hygiene



The stigma on dealing with the menstrual cycle

In this paper, we shed light on the issue of stigma and access to menstrual hygiene products and information in Jordan. This paper is based on consultations conducted with a number of women and girls in Jordan, to understand their experience in Menstrual Hygiene Management, and the challenges they face during menstruation. The paper also discusses solutions that can help obtain menstrual products and the access to information without experiencing social and/or economic constraints, and ensure women's health and mental wellbeing.

² UNFPA Jordan, Plan International and Institute for Family Health, Daring to ask, listen and act: A snapshot of the impacts of COVID on women's and girl's rights and sexual and reproductive health, 2020: <https://jordan.unfpa.org/en/resources/daring-ask-listen-and-act-snapshot-impacts-covid-womens-and-girls-rights-and-sexual-and>

³ Takatoat, The impact of COVID-19 on women and girls, 2020: <https://takatoat.org/archives/418?lang=ar>

⁴ Lazord Fellows, Period Poverty in Pockets of Poverty in Jordan in the Mafrq Governorate, 2020: <https://data.unhcr.org/en/documents/details/91194>

METHODOLOGY

The objective of the policy paper is to shed light on the situation in Jordan regarding Menstrual Hygiene Management, the ability of women and girls in Jordan to access services and information on menstruation and the impact of the legislative, economic and social gaps in accessing health products related to the menstrual cycle. The paper was built based on the consultation with 171 participants including women and girls, experts on gender and sexual and reproductive health matters, as well as several national and international key stakeholders.



This paper targeted women and girls between the ages of 15 - 49 years old in different host and Syrian refugee communities, in Azraq Refugee Camp, Irbid Governorate (Northern Jordan), Zarqa Governorate (Central Jordan) and Karak Governorate (Southern Jordan). The paper aims to understand the similarities and differences among women in various geographical locations in Jordan and to grasp the extent of period poverty in the country.

In examining policies related to period poverty, three main aspects of data collection and analysis have been identified: These are:

3

The social aspect

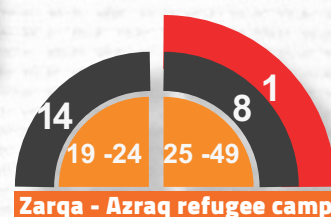
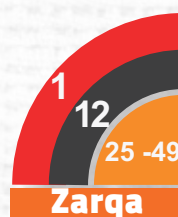
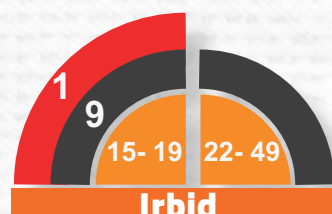
The economic aspect

The health aspect

The participatory methodology included the following stages:

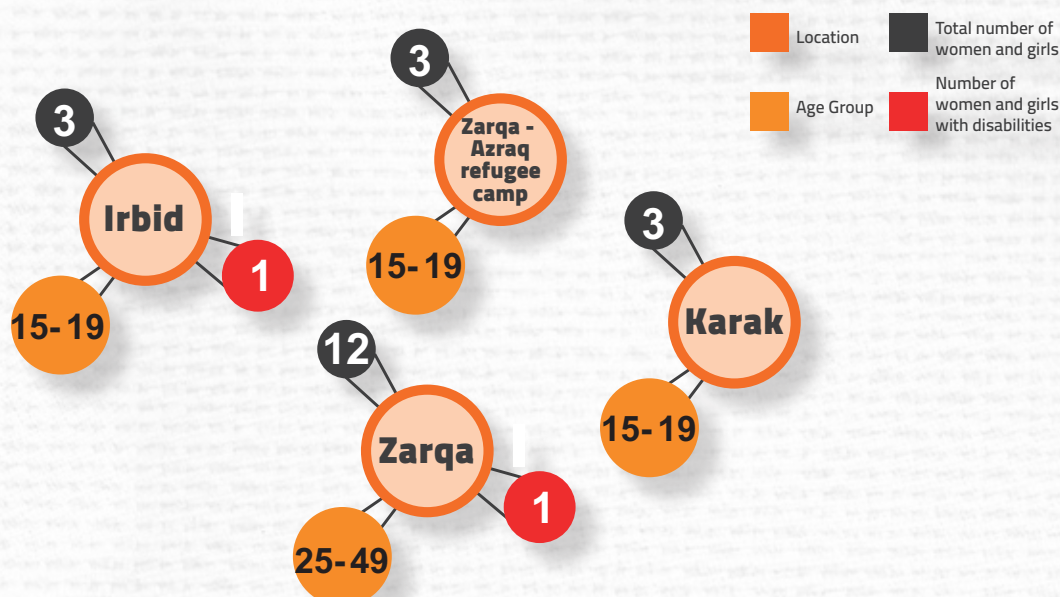
Understanding the current status of menstrual hygiene management in Jordan by reviewing the literature on period poverty and understanding the context of the topic.

Conducting 6 focus group discussions with Jordanian and Syrian refugee women and girls from the targeted areas, as shown in the following table:



Women and girls participating in the focus group discussions explained how they were affected by period poverty, and expressed their opinions surrounding the issue. The total number of participants in all focus group discussions was 64⁵, and they consisted of women in the reproductive age (between 15 - 49 years old), including school students, child brides, unmarried and married women in their twenties, thirties and forties, as well as widows. The questions covered the three aspects of the analysis mentioned above, while personal questions were discussed individually with 25 participants to ensure confidentiality⁶. Appendices (1) and (2) show the questions of the focus group discussions and the individual interviews.

Conducting 25 individual interviews with Syrian refugee women and girls and Jordanian women and girls in the targeted areas, as shown in the following table:



⁵ The aim of the diversification of the sample is to include and compare the similarities and differences in the stories and experiences among all diverse women and girls.

⁶ Annex 1 and 2 show the focus group discussions with the participants and the individual interviews with the participants in that order

Conducting 1 Focus Group Discussion with decision-makers

representatives of the Directorate of School Health and the Directorate of Women and Children in the Ministry of Health and doctors and midwives from comprehensive healthcare centers in the north and south areas. Appendix (3) shows the list of participants in the focus group discussion. This consultation aimed to understand the status of the private sector in dealing with women and girls during menstruation and in providing them with healthcare.



A consultative workshop with key stakeholders

from Fvarious sectors including governmental entities, UN agencies, international and national non-governmental organisations, private sector and other experts on SRHR, with the aim to review the preliminary findings and recommendations that the policy paper came up with. The outputs of the initial policy paper were presented and discussed within a set of open questions to allow for further discussion and give participants the freedom to express their opinions, needs, and challenges.

Conducting 5 Individual interviews with specialists and experts:

Five individual interviews were held with partners, experts, and representatives of different sectors. These interviews aimed to grasp the degree of awareness of the issue of period poverty; discuss the challenges facing females in obtaining the support and materials they need during the menstrual cycle, and discuss proposed solutions. Appendix (4) and Appendices (5 and 6) show the questions that were asked to the participants and the individual interview questions⁷, respectively.

⁷ Annex 4,5,and 6 contain the questions asked to the participants and the questions asked in the individual interviews in that order

Findings

The results were analysed through the methodology described above according to the following axes:

1 STIGMA AND THE SOCIAL ASPECT

Puberty experience: 90% of the participants agreed that puberty as an experience was difficult, embarrassing, frightening, and shocking. The participants' age at the start of puberty ranged between 11 and 15 years, with a noted decline in the age of puberty in recent generations as many girls hit puberty at the age of eight. The midwives who took part in the focus group discussion confirmed that many girls feel embarrassed to talk about the pain and complications of the menstrual cycle. As for adolescent girls, most feel that talking about the experience of puberty is challenging as these topics are not elaborated upon in schools. These findings are aligned with the findings of the research in Mafrq⁸ on the same topic.

Talking about the menstrual cycle:

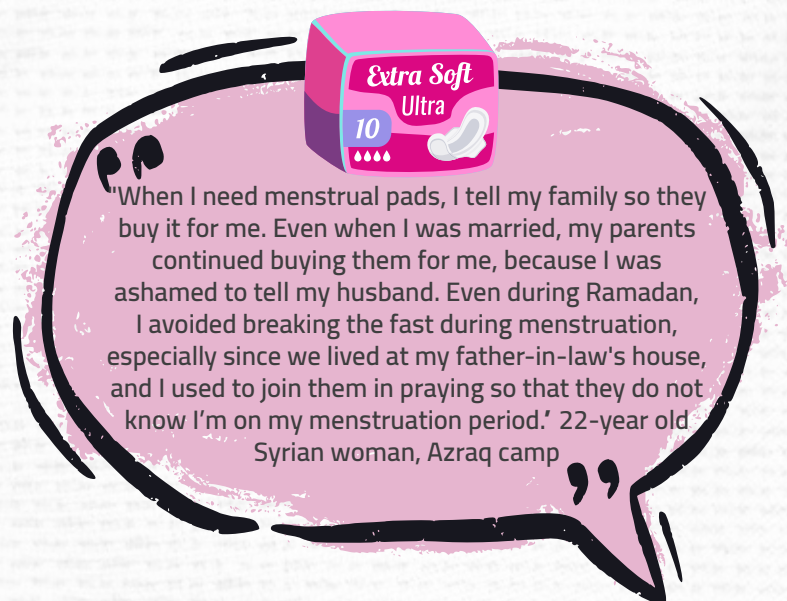
Most participating mothers confirmed that they try to educate their daughters and sisters at the time of puberty and share their experiences to make things easier for them. Most of the participants confirmed that they shared the fact that they reached puberty and details about their menstrual cycle with their mothers first, followed by grandmothers, older sisters, and then female relatives and friends. The focus group discussion with decision-makers confirmed that menstruation and the menstrual cycle are not systematically discussed in schools despite being part of the curricula for grades 9 - 12. There have been some initiatives in schools that attempted to initiate the conversation about the menstrual cycle and the mechanism of using menstrual pads, but these did not



⁸ Lazord Fellows, Period Poverty in Pockets of Poverty in Jordan in the Mafrq Governorate, 2020, Page 21: <https://data.unhcr.org/en/documents/details/91194>

go beyond the stage of individual initiatives by some teachers or school administration staff. Experts confirmed in the consultative workshop that formal educational curricula for primary school grades do not contain any explanation on what a menstrual cycle is or the subsequent consequences. This has led to a gap in the level of awareness of students, in particular, about the menstrual cycle, even though many girls reach puberty before the age of ten.

Declaring menstruation every month:



95% of participants confirmed that they do not feel comfortable declaring that they are going through the menstrual cycle. Some pretend to continue exercising their daily activities normally despite the pain and the exhaustion they are feeling while others try to conceal period pain saying they suffer stomach ache or types of pain in other body parts. The parents understand that they are menstruating by virtue of habit, but they prefer not to talk about it directly. Some girls also mentioned that they do not like how their families do not consider their feelings at these times and refuse to acknowledge their pain, considering it a way to escape from housework, for example, when in reality, they would be suffering from menstruation symptoms.

Parents play a key role in raising awareness about menstruation and in reducing or enhancing feelings of shame or embarrassment. However, a group of adolescent girls disagreed with some of the adult women, and mentioned that the matter is now simpler and natural. Even discussing menstruation in public places is rejected by mothers, as this topic is considered a taboo, and some families even turn off the television when any advertisement for menstrual hygiene products appears.

DISCLOSING COMPLICATIONS DUE TO THE MENSTRUAL CYCLE:



80%

of the participants
reported telling
their mothers or
sisters first about
complications,

Eighty percent of the participants reported telling their mothers or sisters first about complications, such as pain in the lower abdomen and back, mood swings, fatigue, heavy bleeding, headache, and nausea. Ten percent of the participants reported telling their husbands or fathers, that is the male in the family. The remaining 10% of the participant pool reported not telling anyone and dealing with the situation on their own.

10%

reported telling their
husbands or fathers,
that is the male in
the family

10%

reported not telling
anyone and dealing
with the situation
on their own.

Disposal of menstrual pads: Most of the participants reported placing the menstrual pads in a bag before throwing them in the trash. Some throw them in a separate

trash can, and one participant mentioned that she wraps them and throws them in the trash without putting them in another bag.

Buying menstrual health products: In terms of the social aspect and the stigma attached to the issue of menstruation, participants from Zarqa and Irbid mentioned that they send their father or brother to buy menstrual hygiene products. Alternatively, they would go to a grocery store at a distance from their home. In Karak, the father buying menstrual hygiene products usually asks for menstrual pads to be placed in several plastic bags, and the brother tasked with the same buys unwanted items in order to conceal buying menstrual pads, while mothers in Azraq camp reported buying menstrual hygiene products on their own.

2 THE ECONOMIC ASPECT

Menstrual hygiene products used by women and girls:

The financial situation is the main factor that determines the access of women and girls to menstrual pads of good quality compared to the quantity of consumption.

50% of the participants reported that they use **between one and a half to two packs**, which may constitute a huge financial burden on the family's income when there is more than one girl who has hit puberty in the house. The price of sanitary pads reached 2 Jordanian Dinars compared to less than 1 Jordanian Dinar in the past, depending on the quality of the pad. Some women may resort to using children's diapers as they are highly absorbent.

On the other hand, sanitary pads are not affordable for everyone, which may force women and girls to trade quality for the price. Most women use poor-quality products, and any savings would be spent on treatments for infections that they suffer due to the poor quality of the product. Additionally, some women use postpartum pads due to their affordable price. Accessibility and purchasing power are related to society's perspective of matters related to the menstrual cycle; resulting in varying degrees of accessibility to sanitary pads.



"A while ago, the price of a pack of menstrual pads was 60 cents or half a Jordanian Dinar (0.85\$), and they were of good quality, but with time the price increased. Before it was possible for us to buy more than one pack, but when the prices increased, this became more difficult."

A mother of adolescent girls of puberty age, 49 years old, Zarqa Governorate

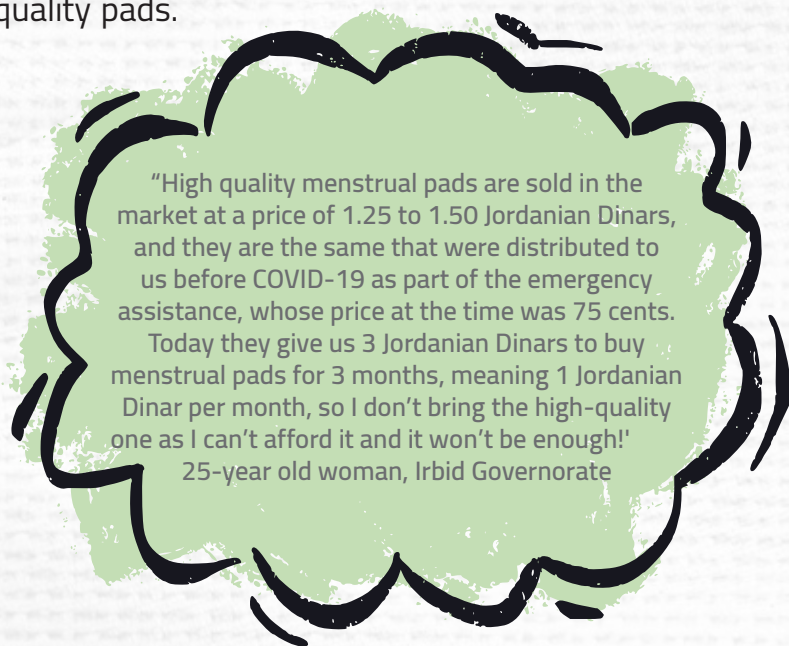
"There are baby diapers that are sold per kilo, we remove their sides and use them. Because my period is heavy and it continues like this for ten days straight, 1 pack of menstrual pads is not enough and I can't afford buying more, especially because I also have 3 adolescent girls who also get their period."

Mother of three adolescent girls, 48 years old, Zarqa Governorate



The other factor is related to the economic situation and the quality of products compared to their price, and this requires paying more money to obtain high-quality products so that women and girls do not have to change pads sooner than expected.

All participating mothers confirmed that they prefer to provide quality pads to their daughters to maintain their health and personal hygiene while they themselves use low-quality pads.



3% of the surveyed women in both Irbid and Zarqa confirmed that some women and girls use multi-use solutions, such as cotton towels and rags from torn or discarded clothes sold at lower prices. Mostly, this is due to the difficult financial situation of families and their lack of awareness in terms of the consequences of using those types of products. One of the participating women in Karak reported buying sanitary pads on a loan to be paid to the provider at the end of the month.

The responses of the participants from Azraq camp were similar to the participants from other governorates despite the camp having a unique set of economic burdens. The participants from both groups in Azraq camp stated that they receive 3 to 3.75 Jordanian Dinars every three months for menstrual pads per female at a rate of 1 Jordanian Dinar per month. This amount is not sufficient to secure women and girls' monthly needs for menstrual pads. This means that women and girls in Azraq refugee camp face economic challenges despite aid providers allocating a specific amount of money towards sanitary pad expenses. It should be noted that the aid designated for menstrual hygiene products is limited to menstrual pads and does not include underwear, vaginal douches, or any other products.

60% of the participants in the various governorates confirmed that **menstrual pads** are purchased as part of the household needs at the beginning of the month. If they have to buy sanitary pads themselves, they buy something else as an excuse to stash the pads among other items.

Buying Menstrual Health Products:

90% of participants confirmed that they requested a **black bag** and that the vendor understands the rationale behind their request. This relates to the stigma associated with the menstrual cycle, as some girls reported feelings of shame that are attached to the menstrual cycle. Women and girls often feel embarrassed to explain to the vendors what they need, so they only ask for a bag to put the pack of pads in. Many of the participating women and girls also mentioned that they put the packs they buy in three bags so the pads do not appear through the plastic bag in public. Ten percent of the participating women and girls mentioned that they use children's diapers or wipes because they sometimes do not want or are not able to go and buy sanitary pads themselves.

In Azraq camp, the head of the family buys menstrual pads with the rest of the household's needs. Due to the poor quality of the menstrual pads available in the camp, they prefer to buy more expensive pads that are available only in the pharmacy. In most cases, the vendors are males, so women and girls prefer not to go buy their products personally to avoid embarrassment. In other cases, they prefer not to go due the long travel distance between their homes and the pharmacy or store.

All the participants based in Azraq refugee camp mentioned that despite receiving **3.00 - 3.75** Jordanian Dinars to cover menstrual pads for **3 months** for each female between the ages of **12 to 45**, this act marginalises other groups of women and girls as many girls reach puberty at **the age of 8**, and their cycle sometimes continues beyond the **age of 50**. These age groups experience difficulty in accessing menstrual hygiene products due to their difficult living conditions and the lack of a monthly income that covers all needs.

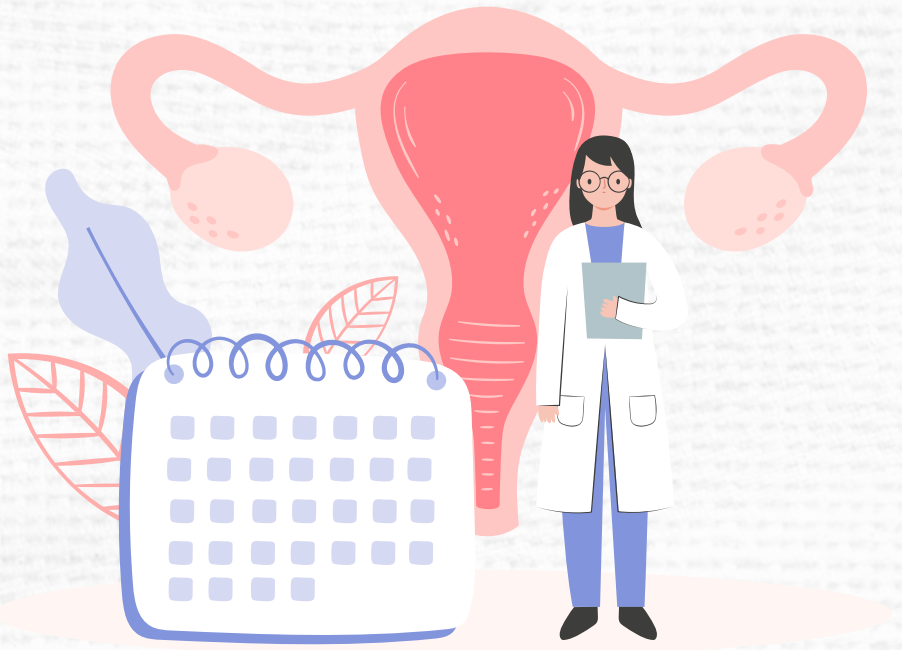
3 THE HEALTH ASPECT

Resorting to health care services:

In terms of health, the participants stated that they only suffer from severe complications in the case of infections, anaemia, the installation of an IUD, or if their bodies are highly sensitive to pain. Other than

that, all of the participants suffer from fatigue accompanying menstruation with a varying severity of pain or other symptoms such as fever, tenderness in the breast, sudden mood changes, and abdominal cramps. Additionally, 8 out of 10 participants reported that they occasionally experience irregular periods. As for the stigma associated with visits to gynaecologists and midwives by unmarried women, such as widows, divorced, and single women, all participants agreed that the experience of visiting a gynaecologist is uncomfortable. One participant expressed that when she sees a midwife from outside Azraq camp, she is usually accompanied by her brother so that she is not stigmatised or asked intrusive questions due to her being a widow, as visiting a gynaecologist or a midwife commonly creates a social stigma surrounding the woman involved. The focus group discussion with midwives and medical practitioners from the Jordanian Ministry of Health reported the availability of pain-relieving medication in addition to advice on herbal remedies that women and girls could use to relieve period-related pain.

On the other hand, the participating girls and women shared their experiences in gynaecology clinics. Girls who had previously visited a gynaecology clinic described the experience as difficult since other women thought they were married or pregnant when they were not. Consequently, these girls and women had decided not to visit the gynaecology clinics again and chose to take painkillers instead. Others also shared their experiences where the medical practitioner was male, and expressed the embarrassment they had





felt; they did not feel comfortable describing their pain to a male medical practitioner. Most of the participants preferred going to hospitals or private centres in Irbid, in particular, due to the absence of a specialist practitioner and the case being handled by assistant doctors instead.

As for the women in Karak, they shared their hospital visit experiences and how they had to share the details of their cases in front of the group of interns, which made them feel uncomfortable answering some questions with no privacy and without proper consideration of their condition in the first place. The participants unanimously agreed on the challenge they face in terms of not having their pain taken seriously, which led to complications that resulted in one woman losing one of her ovaries.

According to the participants in Azraq camp, medical staff in the camp do not take into account the privacy aspect by requesting a female medical practitioner when women visit the clinics. They tend to refer women to male practitioners, which causes great difficulties for the women in terms of explaining their case to the male doctor. In some cases, requesting a female doctor may anger the doctor. This is beside the common practice of prioritising pregnant women and neglecting what other women and girls suffer from. If the opportunity to be examined by a doctor arises, painkillers that are not necessarily based on proper diagnoses are often prescribed to the patients. All participants expressed that they would rather stay at home and take herbal remedies than go to health centres in the camp as they believe it would be useless to go.



Using public washing facilities:

The percentage of participants who expressed their preference not to use public washing facilities was 100% of participants for various reasons. The participating women and girls unanimously agreed on low levels of cleanliness and poorly maintained washing facilities. Others mentioned that public restrooms constitute a gathering point for young men, which exposes women and girls to harassment. However, in Irbid, the use of a public washing facility varies from one place to another, for example: at malls and restaurants it is much more convenient than other places, women and girls expressed in fact that they sometimes have to pay money to use public washing facilities.

The participants in Karak highlighted the absence of public toilets, which results in girls and women forcing themselves to delay using toilets leading to many serious health problems. Girls in schools also struggle with similar issues as the cleanliness of communal toilets in schools is not satisfactory due to the high number of users and frequency of use. Many teachers and school counsellors try to raise awareness on maintaining personal hygiene, but some teachers do not allow students to use the toilet several times during a single class. This leads to serious health problems such as infections or kidney stones and could cause female students embarrassment during the menstrual cycle.

As for the participants in Azraq refugee camp, the participating women unanimously reported that the washing facilities in the camp are all communal and lack a satisfactory degree of privacy. Groups of young men usually gather in close proximity to the communal washrooms leading to women feeling uncomfortable using them. In addition to that, there are safety concerns when it comes to women and girls using these communal washing facilities at night. As a result of that and to ensure women and girls safety, the participating women and girls stated that the majority of people at the camp have manually built their own washrooms inside their caravans despite the lack of space.

Challenges for women and girls with disabilities:

Participants of different nationalities and groups all face difficulties in accessing information related to sexual and reproductive health in general, and the menstrual cycle in specific. However, girls with disabilities are at a further disadvantage in terms of accessing feminine hygiene products and healthcare services. The challenges are particularly unique for girls with physical, visual, and auditory disabilities in terms of accessing health services in unequipped centres and places. This is in addition to economic challenges and the absence of financial support needed to cover expenses related to sexual health and menstruation. As for girls with mental disabilities, parents usually resort to hysterectomies or drugs that suppress and delay the menstrual cycle. Experts on the rights of people with disabilities highlighted the issue of hysterectomies. This is a surgical procedure where a medical practitioner removes the uterus. Involuntary hysterectomies violate the rights of girls with mental disabilities under the pretext of preventing or curing health problems or personal hygiene. In many cases, women and girls with mental disabilities who undergo a hysterectomy are unaware of what is happening to them during their menstrual cycle. This is an issue that must be discussed in public fora, especially since many of the women and girls who undergo this procedure do not need it and can be taught how to use sanitary pads and follow personal hygiene advice.



Due to the impact of involuntary hysterectomies on women and girls with mental disabilities, the General Iftaa Department issued a Fatwa (religious decree) prohibiting the procedure and criminalising those who perform it and providing for the government and the competent authorities to offer girls and women with mental disabilities protection from exploitation or abuse. However, hysterectomies continue to be performed on girls with disabilities despite the Fatwa against it.

Recommendations



The following recommendations are the first step towards reaching solutions related to period poverty. Some are immediate recommendations that reduce the spread of the problem; the most important element is to make radical changes in legislation and financial allocations towards the problem of period poverty. Some recommendations tackle the issue of raising awareness on concepts related to the menstrual cycle and the right of girls and women to access basic items through civil society organisations and other stakeholders.

Reducing the prices of feminine hygiene products. This means that feminine hygiene products, including sanitary pads, must be categorized as medical items instead of commercial items. In other words, feminine hygiene products should be included under Food and Drugs and should be valued accordingly instead of treating these products as commercial goods controlled by the Chambers of Commerce and Industry.

Exempting feminine hygiene products from taxes, including sanitary pads, cotton underwear, vaginal douches, and iodine baths (Table 3 of the Sales Tax Law)⁹

JORDANIAN LEGISLATION (PARLIAMENT)

Exempting the main materials that make up the compositions of sanitary pads (at the level of production inputs) from sales taxes in order to reduce costs on Jordanian factories

Classifying sanitary pads as items under the Food and Drug Administration authority to monitor product quality and usability

Developing a partnership between producers in the private sector that manufacture feminine hygiene products on the one hand and the government on the other, so as to provide tax exemptions on raw materials used in making sanitary pads to reduce costs.

Due to menstrual cycle complications for women, it is being recommended that working women are allowed two days of leave every month during their menstrual cycle to be labelled as a "menstrual cycle leave" when needed. This should be coded within labour laws so that the days are not counted as part of sick or annual leaves.

⁹ http://www.plc.gov.ps/menu_plc/arab/files/%C6%92T%C6%92%C2%AC%C2%BA/t%C6%92dfd%20%C6%92Ta%C2%ACn%C3%A1%C3%AD%20%C6%92Tp%C6%92O%C3%AD%20pTe%20%C6%92TO%C3%A1np%C6%92%C3%B3.htm

THE HEALTH SECTOR

Distributing high-quality sanitary pads to girls and women in maternity and childhood centres, private hospitals, and women's clinics

Distributing an amount of free sanitary pads to mothers after childbirth ensuring that they are enough to last throughout the postpartum period, in addition to providing them with respectful and high-quality sexual and reproductive healthcare.

Building the capacity of health centres to serve girls, encouraging them to have periodic visits, and preserving the privacy of women and girls when providing services to them

Changing the names of maternity and childhood centres to be called healthcare centres for women and girls

Including hormone testing in health insurance programs due to their high costs as highlighted by healthcare workers.

Building the capacity of health centres to receive people with disabilities by providing healthcare staff with the proper training for caring for people with disabilities.

Increasing the number of female doctors and gynaecologists in health centres, and providing them with the proper training on how to advise and deal with women and girls during their menstrual cycle.

MINISTRY OF SOCIAL DEVELOPMENT

Providing all the appropriate and easy-to-use menstrual cycle products for girls with disabilities free of charge in addition to the amount allocated for their support

Allocating funds and support within the national aid program to the least advantaged families to cover the costs of feminine hygiene products

Raising the awareness of families of girls with disabilities on ways to deal with the menstrual cycle and advising them on best practices for teaching and training girls with disabilities

Distributing free high-quality sanitary pads and products to girls and women in schools regularly and in sufficient numbers to cover their needs.

Raising awareness about the menstrual cycle within the school curricula for both sexes

THE EDUCATION SECTOR

Providing samples and brochures and holding awareness sessions by linking with the Ministry of Health and the private sector on the issue of sexual health, and especially on the issue of the menstrual cycle including but not limited to: methods of using products related to the menstrual cycle and how to obtain them.

Raising awareness through sexual education directed to male and female students in schools and universities and using educational guides prepared by specialists (including the United Nations Demographic Manual). and enhancing basic understanding of period poverty among workers in primary and higher education as well as vocational training centres.

According to the opinions of gender experts, the costs of feminine hygiene products must be taken into account as part of the basic expenses when calculating alimony for divorced women and their daughters. This would reduce the financial burden on divorced women in Sharia courts.

SHARIA COURTS AND RELIGIOUS DECREES OR "FATWAS"

Breaking the social stigma on the menstrual cycle by discussing it publicly, clearly and frankly in religious fora with both sexes

According to the opinions of specialists in the rights of persons with disabilities, religious decrees or "fatwas" should be examined so as to reconsider the legitimacy given to families to perform hysterectomies on girls, specifically on girls with intellectual disabilities.

CIVIL SOCIETY ORGANIZATIONS

Conducting a mapping for organisations that provide awareness-raising services and campaigns in Jordan. Unified efforts should be made to coordinate with these entities to prioritize work by specialization and age groups in order to integrate the concept of period poverty into various businesses and projects. This should be done in partnership with the relevant authorities and should cover all regions of the Kingdom of Jordan.

Launching advocacy and mobilization campaigns to break the stigma and amend laws and legislation on access to feminine hygiene products.

Launching awareness campaigns about stigma and access to feminine hygiene products in Jordan based on the conclusions of this paper

Civil society organizations should provide more care for girls with disabilities and teach them and their families about the menstrual cycle and the importance of accessing sexual healthcare.

Due to the existing trust between local not-for-profit organisations and women and their families, it is recommended that these local organisations play a role in raising awareness on the issue of menstruation through networking with girls and their families

Defining, promoting, and using the term “period poverty” in demands for rights by women and girls of different ages and the provision of feminine hygiene products and their distribution in different regions

Conducting studies that show the harm at the health, social and economic levels due to hysterectomies done on girls with disabilities.

International organizations

Due to the understaffing of schools, especially in marginalized areas, it is recommended to launch education projects focused on development that include curricula on the menstrual cycle in formal schools and informal education projects in marginalized areas.

Conducting studies and research on the impact of harmful practices on women and girls' health, and preparing and circulating training manuals among male and female adolescents. These should guide and advise parents and train workers in the health sector on methods of dealing with the needs of girls and women during the menstrual cycle.

In view of the role that international organizations play in raising awareness at country level, it is recommended that the concept of period poverty be introduced to international criteria related to international grant strategies and sustainable development reports.

Based on the dissatisfaction of most women with the care provided in refugee camps, it is recommended that international organizations reconsider the current mechanism for distributing sanitary pads or financial support for sanitary pads in the camps and refugee communities

Supporting and funding projects related to period poverty

Activating the role of the media in highlighting the issue of period poverty and not conflating that with advertisements for sanitary pads only



Annex 1

Questions to Participants

Category	Question
Personal Info	Names, ages, status, number of siblings, kids (if married)
Social Aspect	When was the first time you got your period? How was that experience for you? Who was the first person you told about your period? Do you remember the experience? Do you feel that when you get your period you can say it out loud?
Economic Aspect/ Health Aspect	What products do you use when you get your period?
Social Aspect/ Health Aspect	How do you feel when you buy these products?
Economic Aspect/ Health Aspect	How often do you get periods? and how heavy is it?
Health Aspects	Did you suffer from any complications during Menstrual Cycle?
Social/ Health Aspects	How do you dispose of the products you use during the period? When you face any issues, complications?
Access Aspect/ Health Aspect	Do you use public bathrooms when you get your period?
Health Aspect	Do you have any irregular periods?

Category

**Economic, Access, Health,
social aspects**

Access Aspect

Question



What challenges have you faced specifically after the COVID19 pandemic?

What type of support is needed to implement these solutions on a Policy level?

What type of support is needed to implement these solutions on donors and funding level?

What type of support is needed to implement these solutions on non governmental organizations and community based organizations?

If products were provided by MOH for free, or at the schools, would that make you more comfortable using them?



Annex 2

Decision Makers and Consultants Questions

Category	Question 	السؤال
Personal information	Name, age, department, position	
Health Aspect	Have you ever heard of the period poverty concept? What does it mean to you?	
Access Aspect	Who has access to health facilities, especially in the mother and child department?	
Access/ Health Aspects	What are the types of women you encounter at work that seek help?	
Economic, Access, Health, social aspects	Have you faced specifically after the COVID19 pandemic?	
	What is the main challenge when it comes to women and girls' awareness of their period and health?	
	are there any differences within the work with the persons with	
	a. disabilities and/or	
	b. refugees	
	when it comes to Sexual Reproductive Healthcare and Rights?	
	What solutions do they have in mind to manage period poverty in governorates?	

Category	Question 
Economic, Access, Health, social aspects	What type of support is needed to implement these solutions on a Policy level? What type of support is needed to implement these solutions on donors and funding level? What type of support is needed to implement these solutions on non governmental organisations and community based organisations? Which entities (organisations, institutions, governmental entities, ministries) need to be part of the solution.
Economic, Health, aspects	Should these products be under the supervision of JFDA (in terms of pricing and cost)?
Economic Aspect	Should the products be considered as medicines and be tax free or with reduced taxes (4%)?
Economic, Access, Health, social aspects	What is your opinion about distribution of the menstrual products for free at schools and health centres?
Access, Health, social aspects	What types of interventions can you do within your institution within the community to raise the awareness of period poverty?

Annex 3

Participants of Decision-makers in the FGD

Name

Organization

Haneen Emran	Zarqaa - Bireen Health Center
Dr. Arwa Ahmad	MOH - Schools Health department
Dr. Suhair Jadallah	MOH
Dr. Hadeel Nazeeh	MOH- Child and Women Health
Rima Mustafa	MOH- Irbid Health Center
Irena Saadeh	MOH - Zarqaa Health Center
Nuha Dweiri	MOH - Maan/ Shobak Health Center
Mariam Al Rafaiah	MOH - Maan/ Shobak Health Center
Dr. Omar Aleita	MOH - Maan/ Shobak

Annex 3

Participants in the Stakeholders interviews

Name

Organization

Dr. Sawsan Al Majali

Health Expert/ Former Senate

Dr. Sawsan Gharaobeh

Gender Expert

Hisham Ramahi

R&D/ Fine

Nader Anarke

Fine affiliates

Hind Halasa

Health economist