



Sweden
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MENSTRUAL HYGIENE MANAGEMENT AMONG REFUGEE WOMEN AND GIRLS IN TÜRKİYE

[Research Report]

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FOREWORD

Everyday 800 million women and girls between the ages of 15 and 49 are menstruating in the world. On average, a woman menstruates for about 7 years in total during her life. Menstruation is a natural and healthy process for women and girls of reproductive age, however, the lives of women and girls are negatively affected by menstruation, making it a particularly serious issue for vulnerable groups.

During menstruation, women and girls may need safe and hygienic facilities such as sanitary products, clean water and space for privacy. However, there are various barriers to managing menstruation with dignity because of the lack of facilities and women and girls may have to give up their daily activities. In addition, several factors such as gender inequality, extreme poverty and stigma can undermine their menstrual health, resulting in women experiencing various forms of restrictions that can in turn result in negative health impact, loss of opportunities for education, exclusion from public life and the like. Therefore, menstruation is a critical issue of human dignity, and the protection of dignity is an important principle of human rights.

Menstruation is still being stigmatized all around the world. In some countries, women and girls are even excluded by their societies during their periods. Some girls do not know what is happening to their bodies. Some girls become victims of child marriage, since menstruation is considered as a signal of being ready for marriage and motherhood that can be considered as harmful norms and practices. Some women and girls may miss school or work because of lack of menstrual hygiene materials. Unfortunately, these cases are likely to be witnessed across the world, especially during humanitarian crises. Everyone who experiences menstruation has the right to manage their menstruation with dignity, which is a natural and healthy process. It is now important to fully and sensitively assess the situation and support them.

Most girls among refugee women and girls in Türkiye are not informed about menstruation before they reach menarche. Furthermore, accurate information on menstruation is limited, because talking about menstruation is perceived as shameful, embarrassing and taboo. During their period, women and girls fear being teased or bullied and have to follow social norms that restrict their behavior and limit their choices. Many women and girls are far from accessing menstrual hygiene materials, because they cannot afford buying them. Within this context, UNFPA's recent assessment report on Menstrual Hygiene Management among Refugee Women and Girls discussed the knowledge, accessibility and availability of menstrual hygiene materials and practice of refugee women and girls in Türkiye. The assessment was based on qualitative and quantitative data analysis, which included a series of focus group discussions and a survey involving a representative number of women and girls. The assessment emphasized that women and girls do not have a complete and accurate conception of menstruation, do not have information about the available menstrual hygiene materials and cannot access the preferred materials whenever needed. Almost all the participants in the survey experience period poverty with some elements that can exacerbate their sexual reproductive health, as well as overall vulnerability.

As the United Nations Sexual and Reproductive Health and Rights Agency, UNFPA responds to improve menstrual health for the most vulnerable refugees through UNFPA supported centers and offers opportunities for awareness-raising sessions, providing information on puberty and menstruation, accompanied by distribution of dignity kits. On the way forward, this report will help us identify the next steps and priority interventions to improve our services provided together with our partners to meet the menstrual needs of refugee women and girls and to contribute to reducing period poverty.

I would like to express my great appreciation to Professor Pınar Okyay for leading this study and report with her insightful analysis. I would also like to thank UNFPA's implementing partners and UNFPA team in Ankara for their great support in the process of conducting the survey and contribution to the organization of focus group discussions. Finally, I would like to show my gratitude to the women and girls who accepted to share their views and experiences on menstruation.

I hope this report will provide a better understanding on menstrual hygiene management among refugee women and girls and can contribute to end period poverty by developing effective service and strategies.

Sincerely yours,

Hassan Mohtashami

TABLE OF CONTENTS

ABBREVIATIONS	5
LIST OF TABLES	6
LIST OF FIGURES	7
A. INTRODUCTION	8
B. PURPOSE	13
C. METHODOLOGY	14
C.1. Data Collection Methods	14
C. 1.1. Survey	14
C. 1.2. Focus Group Discussions	16
C.2. Data Collection Tools	17
C.3. Limitations and Strengths	18
D. FINDINGS	19
D.1. Access to Information on Menstrual Health and Self-Hygiene	19
D.2. Access to Menstrual Materials and Preferences in Menstrual Hygiene Management	24
D.3. Sanitary Facilities and Hygiene Practices in Menstrual Hygiene Management	30
D.4. Taboos on Menstruation and Stigmatization	35
D.5. Period Poverty	37
E. CONCLUSION	38
F. RECOMMENDATIONS	40
ANNEX 1. REFERENCE SOURCES	46

ABBREVIATIONS

AAP	Accountability to Affected Population
CSE	Comprehensive Sexual Education
CVA	Cash and Voucher Assistance
FGD	Focus Group Discussion
GVB	Gender-based violence
I/NGOs	International Non-Governmental Organization
KAMER Foundation	Women's Center Foundation
LGBTI	Lesbian, Gay, Bisexual, Trans, Intersex
MHM	Menstrual Hygiene Management
MoH	Ministry of Health
NGO	Non-Governmental Organization
SDG	Sustainable Development Goals
SEA	Sexual Exploitation and Abuse
SGDD-ASAM	Association for Solidarity with Asylum Seekers and Immigrants
SGYD	Foundation for Youth Approaches in Health
SIDA	Swedish International Development Cooperation Agency
SoP	Standard Operation Procedures
SRH	Sexual Reproductive Health
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WGSS	Women and Girls' Safe Spaces
WHO	World Health Organization

LIST OF TABLES

Table 1. Distribution of respondents by age groups	15
Table 2. Socio-demographic characteristics of respondents	16
Table 3. Socio-demographic characteristics of FGD participants	17
Table 4. Girls and women knowledge on menstrual health and hygiene before the first menstruation	20
Table 5. Sources of information on menstruation among girls and women	21
Table 6. Single or multiple sources of information on first menstruation for girls and women	22
Table 7. Materials used to catch/absorb menstruation while at home/place of living (during the last menstrual period)	24
Table 8. Materials used while away from home/place of living (at school/work) during the last menstrual period	24
Table 9. The preferred material among all different menstrual material	26
Table 10. Reasons for not being able to use the preferred material	26
Table 11. Challenges in getting more menstrual materials when needed	27
Table 12. Challenges in having sufficient materials to change them as often as needed	28
Table 13. Challenges in getting more menstrual materials if they run out during the last menstrual period	28
Table 14. Handwashing practices before and after changing menstrual materials during the last menstrual period	30
Table 15. Disposal of menstrual materials while at home/place of living per modality type	31
Table 16. Disposal of menstrual materials while away from home/place of living (school/work) per modality type	31
Table 17. Wrapping of menstrual material when disposing	32
Table 18. Ability to wash (whenever needed) and reuse the materials during the last menstrual period	32
Table 19. Characteristics of the toilets/bathrooms where the participants live	34
Table 20. Worry about being teased/bullied while menstruating at school, at work, in public places, etc.	37

LIST OF FIGURES

Figure 1. Percentage of participants by target group	14
Figure 2. Number of girls and women by age at first menstruation	19
Figure 3. Percentage of girls and women who had information about menstruation before their first menstruation	20
Figure 4. Percentage of respondents who received information from "social media", either alone or in combination with other sources	22
Figure 5. Percentage of participants willing to learn more about menstruation	23
Figure 6. Percentage of respondents using menstrual materials by type of material and location	25
Figure 7. Reasons for not being able to use the preferred materials	27
Figure 8. Challenges faced in getting access to materials	28
Figure 9. Percentage of women and girls who face all three types of challenges	29
Figure 10. Percentage of respondents applying washing practices before and after changing menstrual materials	30
Figure 11. Availability of female-friendly toilets/bathrooms at home/place of living ("No" response)	35
Figure 12. Percentage of women and girls facing period poverty	37

A. INTRODUCTION

For the first time in the Council's history, the 50th session of the United Nations (UN) Human Rights Council included "a panel discussion on menstrual hygiene management, human rights and gender equality" under a separate heading. In his opening remarks on June 21, 2022, the UN High Commissioner for Human Rights noted that menstrual health is an inseparable part of sexual and reproductive health and rights, and is an important determinant for the realization of all human rights of women and girls in all their diversity, ensuring gender equality and Sustainable Development Goals.¹ There was a good reason for this speech and panel discussion. Menstruation, which is a natural fact of life, affects billions of people. The number of menstruating women and girls and menstruating LGBTI+ people in the world reaches 1.9 billion every month; this means that 800 million people between the ages of 15 and 49 menstruate every day.² Gender inequality, discriminatory social norms, cultural and religious taboos, poverty and lack of basic services lead to unmet menstrual needs.³ Menstruating people, especially those living in developing countries or under unusual circumstances, before and after menstruation begins, do not have access to adequate information, educational opportunities, menstrual products they need, water, sanitation and waste infrastructure, and the right to live this period in a positive environment without discrimination. It is therefore time to break the silence on menstruation and recognize it as a human right, a gender equality and a public health issue.

Apart from the reports of international organizations evaluating their own activities on the issue and the studies carried out by non-governmental organizations (NGOs) on their target groups, our knowledge is based on a limited number of studies. Although we can only see the tip of the iceberg above the water, there is increasing interest in menstrual hygiene management information. This is because, although not explicitly stated, menstrual hygiene management is closely linked to Sustainable Development Goals (SDGs) 3 "Health and Quality Life", 4 "Quality Education", 5 "Gender Equality", 6 "Water and Sanitation", 8 "Decent Work and Economic Growth" and 12 "Responsible Production and Consumption".⁴

It is known that in some societies, instead of using explicit terms for menstruation, expressions such as "cycle", "period", "poverty" and even "curse" have been used for a long time. Similarly, expressions such as "period", "being sick" or "visit from my aunt" are being used in Türkiye. In many societies of the world, menstruation is a cause of stigmatization and discrimination. Issues related to menstruation are considered "shameful" and taboo; menstruating people are considered "dirty" or harbingers of bad luck.⁵ Such that, the adjective equivalent of the word "dirty" is defined as "a woman who is menstruating" in the dictionary of the Turkish Language Association.⁶ In some rural

1 The Human Rights Council. High Commissioner for Human Rights statement on menstrual Health. <https://www.ohchr.org/en/statements/2022/06/high-commissioner-human-rights-statement-menstrual-health>

2 UNFPA. Menstrual health. <https://www.unfpa.org/menstrual-health>

3 UNICEF. Guidance on Menstrual Health and Hygiene <https://www.unicef.org/media/91341/file/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf>.p:13

4 https://menstrualhygieneday.org/wp-content/uploads/2017/05/MHDay_MHM-SDGs_2017_RGB_fin.pdf.p:1

5 Jennifer D, Id B, Jayne H, Id R, Wilson E, Id JH. Experiences of menstruation in high income countries : A systematic review, qualitative evidence synthesis and comparison to low- and middle-income countries. PLoS One. 2021;1–44.

6 Türk Dil Kurumu. GÜNCEL TÜRKÇE SÖZLÜK <https://sozluk.gov.tr/>

areas of India, women are considered dirty and impure “untouchables” during their menstrual periods. For women and girls, this results in a loss of self-esteem and exclusion from many aspects of social and cultural life. The restrictions imposed -limiting cooking activities for menstruating women, denying access to certain foods and reducing interactions with male members of their families, restrictions on worship- are widespread. It is known that at least three out of every four girls face a religious restriction in India.⁷ During menstruation, prayers are not performed and the Qur’an is not touched. Similarly, Hindu girls are forbidden to pray and are asked to refrain from pooja (oblations/rituals). These restrictions can be such that menstruating women and girls are not allowed to walk in their own homes. They are forced to spend this period in some kind of out-of-home space or “menstrual hut”. In India, this practice has resulted in deaths of many girls due to snakebites and other causes.⁸ In Nepal, a similar practice called “chhaupadi”, which has recently been banned but is believed to continue in rural areas, routinely exposes women and girls to the cold and increased risk of sexual violence and animal attacks.⁹

“Menarche”, defined as the first menstruation, is an important biological milestone. Although it varies from person to person, it usually starts between the ages of 10-16.¹⁰ Menstruation is a new stage in a girl’s life but it also means new sensitivities and vulnerabilities. Therefore, it is very important for girls to be informed on the issue before their first menstruation. In major studies and systematic reviews, it was found out that only half of the girls have been informed about menstruation before menarche. In majority of the cases studied the source of information about menstruation is expressed as the mother. Later on, information is obtained from other women in the family such as older sisters, aunts, and aunts-in-law.^{11,12} The Internet is rapidly becoming one of the most important sources of information. In a study conducted in Türkiye in 2019, it was assessed that the young people frequently use the web pages to reach health-related information; but approximately one-fourth of the information about menstruation viewed on the web pages was accurate, and a large part of the information was insufficient.¹³ In order to ensure that young girls maintain a healthy reproductive life, they should be equipped with accurate information on safe and hygienic menstrual practices, and this information should be provided continuously in such a way to address possible concerns and questions.

One of the most important issues during menstruation is access to the material related to the blood absorption. There are many studies revealing that sanitary pads are the most preferred menstrual product for women and girls.^{14,15} However, what is available is not always what is preferred; and in many cases, there is a shortage of materials. Many low-income women and girls have problems when buying menstrual products. Described as “menstrual or period poverty”, this situation

7 Van Eijk AM, Sivakami M, Thakkar MB, Bauman A, Laserson KF, Coates S, et al. Menstrual hygiene management among adolescent girls in India: A Systematic review and meta-analysis. *BMJ Open*. 2016;6(3).

8 Kaur N, Byard RW. Menstrual health management: Practices, challenges and human rights violations. *Med Leg J*. 2021;89(4):241-6.

9 Ranabhat, Chhabi, Chun-Bae Kim, Eun Hee Choi, Anu Aryal, Myung Bae Park, & Young Ah Doh, Chhaupadi culture and reproductive health of women in Nepal. *Asia Pacific Journal of Public Health* 2015;27(7).

10 UNFPA. Menstruation and human rights - Frequently asked questions. [https://www.unfpa.org/menstruationfaq#When does menstruation start?](https://www.unfpa.org/menstruationfaq#When%20does%20menstruation%20start?)

11 Khatuja R, Mehta S, Dinani B, Chawla D MS. Menstrual health management: Knowledge and practices among adolescent girls. *Trop J Obstet Gynaecol*. 2019;36:283-6.

12 Hennegan J, Shannon AK, Rublij, Schwab KJ, Melendez-Torres GJ (2019) Women’s and girls’ experiences of menstruation in low- and middle-income countries: A systematic review and qualitative meta-synthesis. *PLoS Med* 16(5):e1002803

13 Ceylan SS. Adölesan Sađlıđı İin Bir Tehlike: Menstruasyon Hijyeni ile İlgili Törke Web Sayfalarındaki Bilgiler Ne Kadar Gvenilir? *Sak Med J*. 2021; 366 - 372.

14 Sebert Kuhlmann A, Peters Bergquist E, Danjoint D, Wall LL. Unmet Menstrual Hygiene Needs among Low-Income Women. *Obstet Gynecol*. 2019;133(2):238-44.

15 Garg S, Bhatnagar N, Singh MM, Basu S, Borle A, Marimuthu Y, et al. Menstrual hygiene management and its determinants among adolescent girls in low-income urban areas of Delhi, India: a community-based study. *Osong Public Heal Res Perspect*. 2022;13(4):273-81.

also refers to the increased economic vulnerability that women and girls face when trying to obtain essential items such as pads, tampons and underwear during their periods.¹⁶ A recent systematic review of data obtained in Ethiopia showed that young girls who do not receive an allowance from their parents are 49% less likely to manage menstrual hygiene well than their peers who do.¹⁷ Moreover, it is known that problems regarding the price of materials are not unique to low-income countries. A study conducted in Spain revealed that respondents' choice of menstrual products was often influenced by price.¹⁸ Another study conducted in the UK in 2017 revealed that one in 10 girls could not afford the products and more than 137,000 children missed school days due to period poverty.¹⁹ In a study conducted in Türkiye, only one in four respondents reported that they never had difficulty when purchasing menstrual products. Three out of four respondents had difficulty in accessing menstrual products, albeit with varying degrees.²⁰ Difficulty in obtaining menstrual products can keep women and girls out of school or work; which can have persistent negative consequences on their education and economic opportunities.

The most important environment for young girls outside home is the school environment. However, studies on schools have shown that access to hygiene facilities such as water, soap and trash bins with lids, as well as security facilities such as lockable doors are problematic issues in schools. A study conducted in Nigeria in 2015 showed that only 42% of restroom cabins had functional locks and only 25% of schools had handwashing sinks and soap, while most cabins had broken doors and ventilated poorly.²¹ Similar situations exist in many low and middle-income countries. Unhygienic sanitation facilities and inadequate recreational facilities are not the only problems girls face in the school environment. Situations such as experiencing physical discomfort, being teased and feeling distracted in class are also common. Inability to manage their menstrual hygiene at school results in absenteeism, and consequently a downturn in educational achievements and dropping out of school.²²

The association of use of unhygienic material with urogenital infections in women and girls has also been studied. In a hospital-based case-control study in India, it was found out that use of reusable absorbent pads was associated with more symptoms of urogenital infection.²³ This result was attributed to unhygienic conditions for cleaning and drying the materials. Therefore, the environmental conditions in which women and girls spend their menstrual periods, and access to water, soap and other hygiene facilities are determinants of the process in menstrual hygiene management.

Another important aspect of menstrual hygiene management is the waste disposal. Disposal of pads, cloths and other menstrual products is done by flushing them down the toilet directly or wrapped in bags/paper, or by dumping them in an indoor or outdoor sanitary waste system and

16 UNFPA. <https://www.unfpa.org/menstruationfaq#Period%20Poverty>

17 Sahiledengle B, Atlaw D, Kumie A, Beressa G, Tekalegn Y, Zenbaba D, et al. Earning pocket money and girls' menstrual hygiene management in Ethiopia: a systematic review and meta-analysis. *BMC Womens Health* [Internet]. 2022;22(1):1-13.

18 Medina-Perucha L, López-Jiménez T, Holst AS, Jacques-Aviñó C, Munrós-Feliu J, Martínez-Bueno C, et al. Use and perceptions on reusable and non-reusable menstrual products in Spain: A mixed-methods study. *PLoS One*. 2022;17(3 March):1-16

19 Royal College of Nursing. What is period poverty? <https://www.rcn.org.uk/clinical-topics/womens-health/promoting-menstrual-wellbeing/period-poverty>

20 Aldanmaz, B. & Eskitascioglu, İ. (2022). Türkiye'de Regl Yoksulluğu. *Konuşmamız Gerek Derneği*.s:5

21 UNICEF. An assessment of menstrual hygiene management in secondary schools. Anambra, Katsina and Osun States, Nigeria. 2015. <https://www.unicef.org/nigeria/media/1256/file/Assessment-menstrual-hygiene-management-in-secondary-schools-2.jpg.pdf>.p:6

22 Sahiledengle B, Atlaw D, Kumie A, Tekalegn Y, Woldeyohannes D, Agho KE. Menstrual hygiene practice among adolescent girls in Ethiopia: A systematic review and meta-analysis. *PLoS One*. 2022;17(1 January):1-26.

23 Das P, Baker KK, Dutta A, Swain T, Sahoo S, Das BS, et al. Menstrual hygiene practices, WASH access and the risk of urogenital infection in women from Odisha, India. *PLoS One*. 2015;10(6):1-16.

by burying or incinerating them.²⁴ Community beliefs also influence the way the women and girls dispose of menstrual products. In some places women burn their menstrual pads to avoid disrespecting animals or nature. In some communities, women believe that menstrual products should be buried to prevent them from being used for black magic or to prevent attraction of evil spirits. Some communities also believe that improper disposal of these products can cause infertility.²⁵

With a management process that begins with access to information, millions of menstruating people can manage their menstrual cycle in a dignified and healthy way. Building on the WHO definition of health as “a state of complete physical, mental and social well-being” (WHO, 1946), menstrual health is considered to be “an encompassing term that includes both menstrual hygiene management (MHM) as well as the broader systemic factors that link menstruation with health, well-being, gender, education, equity, empowerment, and rights”.²⁶

Menstrual hygiene management is especially critical during humanitarian crises, when maintaining privacy is often difficult and hygienic facilities are limited. In humanitarian crises, the focus is primarily on the most immediate vital needs such as food, shelter and health. Menstrual hygiene management needs are often neglected. Yet, especially when on the move or displaced, women and girls often do not change their culturally appropriate clothing and hygiene items and may not be able to seek basic services, including humanitarian assistance.²⁷ In some cases, the affected group is very large. For example, UNFPA estimates that 1.4 million women and girls of reproductive age were affected by the earthquake in Nepal in 2015. When asked about their needs, these women cited the need for menstrual products immediately after food products. It is known that women who have been living in refugee camps for years in Uganda sell their food supplies to meet their needs for pad.²⁸ It was found out that almost half (46%) of Venezuelan asylum-seeking women and girls who crossed the border of Brazil did not have any hygiene items, more than half (61%) could not wash their hands when they wanted to, and three-quarters (76%) did not feel safe to use the toilets.²⁹

Türkiye, as the world’s largest refugee hosting country, hosts nearly 4 million refugees and asylum-seekers, 3.6 million of these are Syrians under temporary protection. One fourth of refugees are women and girls of reproductive age.³⁰ UNFPA’s directive on sexual and reproductive health and gender-based violence provides the organization with an unequaled expertise and comparative advantage in integrating effective menstrual hygiene management into emergency programming. UNFPA Türkiye, in cooperation with both international and local institutions and organizations, carries out projects in different regions of Türkiye to meet the ever-increasing need in the biggest humanitarian crisis of recent times, reaching especially women, girls and the most vulnerable groups to increase their access to rights and services, and to enable them to lead more equal,

24 WaterAid. Menstrual hygiene matters [Internet]. Available from: [https://washmatters.wateraid.org/sites/g/files/jkxooof256/files/Menstrual hygiene matters low resolution.pdf](https://washmatters.wateraid.org/sites/g/files/jkxooof256/files/Menstrual%20hygiene%20matters%20low%20resolution.pdf):p:90

25 Kaur R, Kaur K, Kaur R. Menstrual Hygiene, Management, and Waste Disposal: Practices and Challenges Faced by Girls/Women of Developing Countries. *J Environ Public Health*. 2018 Feb 20;2018:1730964.

26 FSG.,2016. An Opportunity to Address Menstrual Health and Gender Equity . Available from: https://www.fsg.org/wp-content/uploads/2021/08/An-Opportunity-to-Address-Menstrual-Health-and-Gender-Equity_0.pdf, page2

27 UNFPA. Menstrual Hygiene Management in Emergencies. Guidance Note For Integrated Programming In The Arab Region https://arabstates.unfpa.org/sites/default/files/pub-pdf/mhm_report_-_english_-_f3.pdf:s:7

28 Tellier M, Farley A, Jahangir A. The Palgrave Handbook of Critical Menstruation Studies. *The Palgrave Handbook of Critical Menstruation Studies*. Springer Singapore; 2020. s: 593–608.

29 Soeiro RE, Rocha L, Surita FG, Bahamondes L, Costa ML. Period poverty: menstrual health hygiene issues among adolescent and young Venezuelan migrant women at the northwestern border of Brazil. *Reprod Health*. 2021;18(1):1–9

30 Göç İdaresi Başkanlığı. <https://www.goc.gov.tr/gecici-koruma5638>

healthy and safe lives. It provides various services to refugees especially in reproductive health by establishing Women and Girls Safe Spaces (WGSS), which operate as primary health centers with specific clinical and psychosocial services, and organize empowerment activities for women and girls, and distribute hygiene kits, maternity and reproductive health kits through these centers.³¹

In relation to menstrual hygiene management, UNFPA considers the needs of menstruating women and girls as a fundamental right issue and is committed to create a world where no woman or girl is prevented from accomplishing her potential due to her menstrual period.

³¹ <https://turkiye.unfpa.org/tr/topics/insani-yard%C4%B1m>

B. PURPOSE

The purpose of this study is to evaluate the knowledge, conditions and practices of women and girls in refugee groups in Türkiye regarding to menstrual hygiene management, the extent of period poverty and the current status of its underlying causes.

In this direction, it is aimed to examine the components of menstrual hygiene management in the target group in detail, including access to information, menstrual hygiene materials and infrastructure, problems in these areas, local practices related to menstruation in their communities, and the reasons for taboo and stigmatization.

By identifying the needs and service gaps in menstrual hygiene management of refugee women and girls in Türkiye, the results of this assessment are expected to guide the work of UNFPA Türkiye Office and its stakeholders for refugee women and girls in Türkiye, and to support their efforts to improve the quality and expand the scope of their work.

C. METHODOLOGY

This study was structured in three phases. In the first phase, a literature review which is presented in the introduction of the report was made. In the second phase, a survey was applied to target groups in the field and in the third phase, focus group discussions (FGDs) were made in the UNFPA supported centers. Thus, two types of data, quantitative and qualitative, were collected and the study was completed with a mixed methodology.

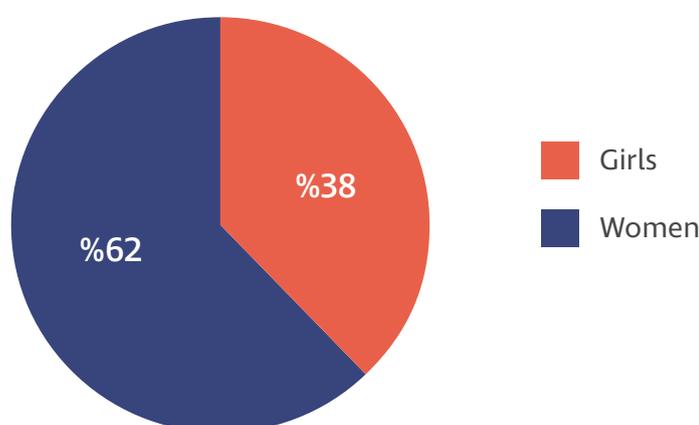
C.1. Data Collection Methods

C.1.1. Survey

The population of the study group consisted of menstruating women and girls who were beneficiaries of these centers and who were willing to take part in the assessment. For the second phase of the study, the Menstrual Hygiene Management survey, the sample size for girls was calculated as 208 participants (with a 95% confidence level and 6.5% margin of error) and for women as 334 participants (with a 95% confidence level and 5.3% margin of error). Data collection process was conducted between 18 - 29 July 2022 at UNFPA Türkiye-supported centers in Izmir, Ankara, Hatay, Diyarbakir, Eskisehir and Sanliurfa. After providing the service at the centers, all women service providers, including social workers, nurses and health mediators, invited all the beneficiaries who met the target group criteria to take part in the survey. Upon consent, beneficiaries received a link where they could access the survey in a digital format in four different languages (Turkish, English, Persian and Arabic). The majority of the participants completed the survey in Arabic (56%), while others did it in Turkish (41%), Persian (2%), and English (1%).

The median age of the participants was 21, with the youngest age being 11 and the oldest age being 49. Participants who were "18 years and younger" (n=208, 38%) were defined as girls and those who were "19 years and older" (n=334, 62%) were defined as women.

Figure 1. Percentage of participants by target group



The median age of girls was 16 (11-18) and the median age of women was 27 (19-49). While 73% of women were married (n=245), 17% (n=58) were not married or single. Among girls, 91% were not married or single, while 7% (n=15) were married. The median household size of the respondents was 7 (2-20) for girls and 6 (1-16) for women.

Respondents' age groups are presented in Table 1 and the socio-demographic characteristics are presented in Table 2.

Table 1. Distribution of respondents by age groups

	Age groups	Number	Percentage (%)
Girls	11-12	5	1
	13-14	25	5
	15-16	84	16
	17-18	94	17
Women	19-24	132	24
	25-34	109	20
	35-49	93	17
Total	11-49	542	100

Table 2. Socio-demographic characteristics of respondents

	Girls		Women		Total	
	n	%*	n	%*	n	%*
Legal Status						
Temporary protection (applicant or status holder)	180	86.5	221	66.2	401	74.0
Conditional refugee (applicant or status holder)	12	5.8	68	20.4	80	14.8
Turkish national	11	5.3	36	10.8	47	8.7
Residence permit holder	2	1.0	5	1.5	7	1.3
Subsidiary protection (applicant or status holder)	3	1.4	1	0.3	4	0.7
No registration/permission available	-	-	2	0.6	2	0.4
Other status	-	-	1	0.3	1	0.2
Nationalities						
Syria	192	92.3	233	69.8	425	78.4
Afghanistan	-	-	38	11.4	38	7.0
Türkiye	5	2.4	29	8.7	34	6.3
Iraq	8	3.8	23	6.9	31	5.7
Iran	3	1.4	9	2.7	12	2.2
Other**	-	-	2	0.6	2	0.4
Main income earner of the household						
My spouse	11	5.3	215	64.4	226	41.7
My parent	149	71.6	42	12.6	191	35.2
My brother/sister	25	12.0	16	4.8	41	7.6
Me	7	3.4	24	7.2	31	5.7
My child	3	1.4	11	3.3	14	2.6
Other***	13	6.3	26	7.8	39	7.2

*Column percentage, **Ethiopia, Sudan, ***Support from multiple family members, partners, friends, institutions

C.1.2. Focus Group Discussions

In total, 5 FGDs were conducted between 4-23 July 2022 in 5 UNFPA supported centers, including Diyarbakir Women and Girls' Safe Space (WGSS), Sanliurfa WGSS, Eskisehir WGSS, Eskisehir Youth Centre and Sanliurfa Women and Youth Health and Support Centre. The FGDs were supported by a female facilitator, interpreter and note-taker. UNFPA provided a facilitator and a note-taker to conduct the FGD, while the interpreter was provided by the implementing partner. Implementing partners also identified the participants and location for the FGDs and ensured that the FGDs took place in a safe and private location.

Before the meeting, participants were informed about the purpose of the FGD, the roles of the facilitator, interpreter and the note-taker, and the procedure of the FGD. Verbal consent was obtained

from the participants and the discussions were recorded using a voice recorder. A semi-structured questionnaire was used during each FGD, which lasted between 1.5 and 2 hours.

Basic socio-demographic information of the FGD participants is given in the table below.

Table 3. Socio-demographic characteristics of FGD participants

Province	Number	Percentage (%)
Age group		
15-18	9	28
19-26	8	25
27-45	15	47
Nationality		
Syria	22	69
Iraq	9	28
Azerbaijan	1	3
Education		
Primary School	5	16
Secondary School	9	28
High School	6	19
Doctorate	1	3
Did not finish primary school	6	19
Did not go to school	5	15
Marital status		
Married	18	56
Widowed	1	3
Divorced	1	3
Never married/single	12	38

The median household size of the respondents is 6 (2-11) persons. The median duration of the time they lived in Türkiye is 7 (1-13) years.

C.2. Data Collection Tools

The questionnaire^{32,33} and FGD^{34,35} semi-structured questionnaires used in the study were compiled from similar studies in the literature and adapted by the experts of UNFPA Türkiye Office.

32 UNICEF, Guidance for Monitoring Menstrual Health and Hygiene, UNICEF, New York, 2020, page 14.

33 Hennegan, J., Nansubuga, A., Akullo, A., Smith, C., & Schwab, K.J., (2020). The Menstrual Practices Questionnaire (MPQ): Development, elaboration, and implications for future research. *Global Health Action*, 13(1), 1829402

34 Sommer, M., Schmitt, M., Clatworthy, D. (2017). A toolkit for integrating Menstrual Hygiene Management (MHM) into humanitarian response. (First edit). New York: Columbia University, Mailman School of Public Health and International Rescue Committee, page 19

35 Clatworthy, D., Schmitt, M.L., Gruer, C., Sommer, M. (2020). Monitoring Menstrual Hygiene Management Programming in Emergencies: A Rapid Assessment Tool (M-RAT) (First edit). New York: International Rescue Committee and Columbia University, page 7, MHM Rapid Assessment tool FGD.

The questions were designed to capture the opinions and needs of the women and girls on the following research areas related to menstrual hygiene management:

1. Access to information on menstrual health management and self-hygiene
2. Access to menstrual materials and preference in menstrual hygiene management
3. Sanitary facilities and hygiene practices in menstrual hygiene management
4. Menstrual taboos and stigmatization
5. Period poverty

C.3. Limitations and Strengths

Limitations

Since there was no probability sampling for population representation in relation with the survey group, findings from the research cannot be generalized to all women and girls who are the beneficiaries of the centers. For each target group only one FGD was conducted in each center. This imposes limitations on data saturation.

Strengths

The timeliness of the research topic, the fact that it was conducted on a risk group and the diversity of methods are the strengths of this study.

In the cases where the respondents were lacking in literacy, they were supported by the staff of the centers to complete the questionnaires. The staff read the questions and recorded the responses in the questionnaire.

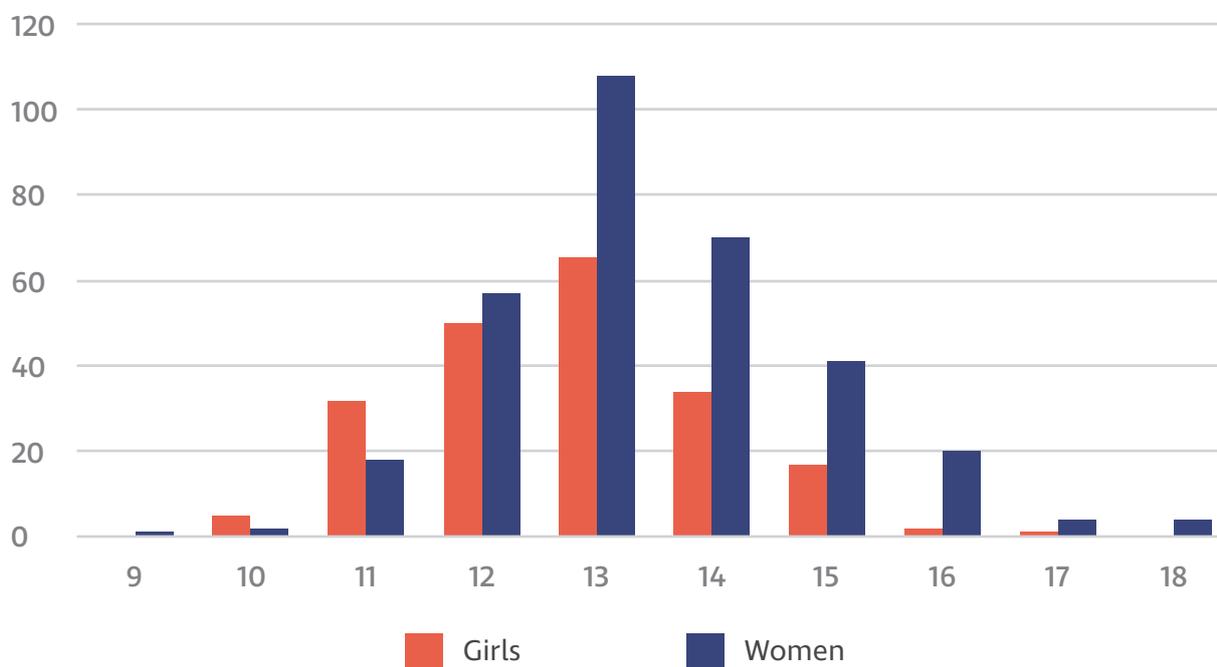
The digital questionnaire developed by the UNFPA Türkiye Office has prevented long-lasting data collection processes and errors.

D. FINDINGS

D.1. Access to information on menstrual health and self-hygiene

Median of the age of first menstruation is 13 for girls (10-17) and 13 for women (9-18). The distribution of the age of first menstruation is narrower among the girls and wider among the women. ($p < 0.001$)

Figure 2. Number of the girls and the women by age at first menstruation



When the women and the girls reach menarche, they had limited knowledge about menstruation. They all experienced stigma and shame during the first menstrual cycle. They relied on their families and friends for getting information about menstruation. But in most cases, the information that they received was limited.

Knowledge on menstrual health and hygiene before the first menstruation

Figure 3. Percentage of the girls and the women who had information about menstruation before their first menstruation (n=540)

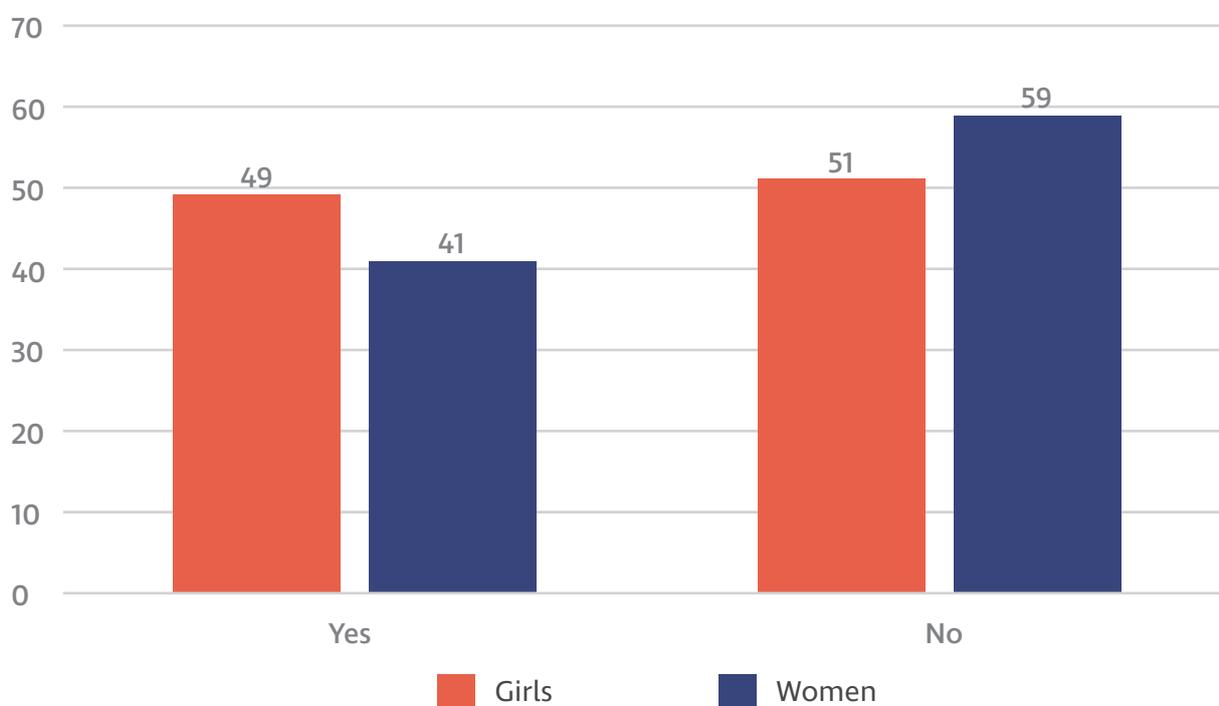


Table 4. Girls and women's knowledge on menstrual health and hygiene before the first menstruation

	Status of knowledge before the first menstruation					
	Yes		No		Total	
	n	%	n	%	n	%
Girls	101	49	107	51	208	100
Women	135	41	197	59	332	100
Total	236	44	304	56	540	100

*Column percentage, Chi-square test = 3.240, p=0.072

While the status of knowledge among the girls is 49%, this rate is 41% for women. Considering that girls represent a more recent age group and there is an increase in the rate of receiving information, this is not statistically significant.

FGD participants stated that most of the girls did not have knowledge before menstruation, sometimes they hid it for a long time out of fear or embarrassment, and received information from their mothers or a younger female family members at home, such as an older sister or aunt-in-law. They stated that the information they received was that it happened to all women, that their body would change, and that they were told what they should or should not do.

"No one informed me before. Since no one told me about it, I would go to the restroom when it was my period, hold water for myself and come back. I was afraid to tell anyone. I did not tell anyone. When my mother saw the stain, she told me: "It is normal, it happens to all women."
 Woman, (27-45 years old), Syria

"I was 12 years old... I didn't know anything about bleeding, menstruation or anything else. I was in the 5th grade when it first happened. I didn't tell anyone, but on the second day, the bleeding increased and I told my mom. My mom said, "It's too early," but I didn't understand what she was talking about. She didn't explain anything to me and just said, "Take this diaper" but she didn't tell me how to use it, I had to figure it out by myself." Girl, (15-18 years old), Syria

"If I have a daughter, I will tell her before she reaches puberty, so she won't be afraid. Because I don't want her to go through what I went through." Girl, (15-18 years old), Syria

Sources of information about menstruation

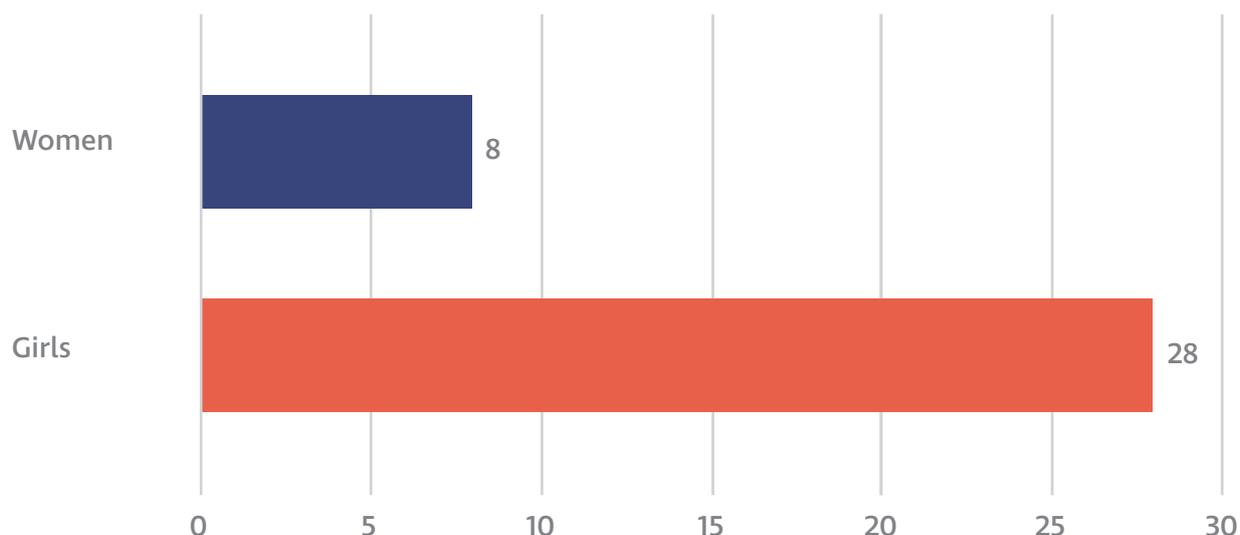
The main source of information for women and girls is the mother, other female family members (older sister, aunt, aunt-in-law, etc.) and friends (94%). Mothers are the primary source of information. 61% of women (n=204) and 54% of girls (n=111) receive information from their mothers. "Grandmother" (n=4), "television" (n=1) and "health professionals" (n=1) were mentioned as sources of information only by women. Social media alone was mentioned by one woman and six girls. Social media with mother and/or older sister were mentioned as sources of information by 8% of women (n=26) and 25% of girls (n=51).

Table 5. Sources of information on menstruation among girls and women

	Girl		Woman	
	n	%*	n	%*
Single source				
Mother	111	54	204	61
Older sister	21	10	59	18
Aunt/aunt-in-law	3	1	14	4,2
Grandmother	-	-	4	1
Friend	5	2	15	4,2
Social Media	6	3	1	0,3
Television	-	-	1	0,3
Teacher/Psychological Counselor/Health Professional**	5	2	6	2
Other	6	3	4	1
Multiple sources				
Mother, older sister, social media	51	25	26	8

*Percentage of columns, **Health professional was reported by only one woman

Figure 4. Percentage of respondents who received information from “social media”, either alone or in combination with other sources



While 8% of women (n=26) received information about menstruation from multiple sources, this rate was 25% (n=51) among girls.

Table 6. Single or multiple sources of information on first menstruation for girls and women

	Source of information before the first menstruation					
	Single		Multiple		Total	
	n	%	n	%	n	%
Girls	151	75	51	25	202	100
Women	304	92	26	8	330	100
Total	455	86	77	14	532	100

Chi-square test = 30.536, p<0.001

FGD participants reported that they received information from different sources. Apart from their mothers and close female relatives in the family, they said they were given information about menstruation and its management at schools and centers. However, the information that participants received from their mothers and other family members was mostly limited to the fact that menstruation was a normal process for women and that there were certain things that they could do or not to do. There was no mention of the biology of menstruation or its link to reproduction. However, they had received more detailed information in the school and center trainings, including information about menstrual materials available and how they could be used.

In the family

“I had my period when I was 13, but I learned what menstruation was when I was 11. I had an older sister and my mother told us both about it. In my community, everyone gets information from their mothers. Mothers usually say, “All women experience this every month, and you are experiencing it because you are a girl.” They don’t talk about having children.” Woman, (19-26 years old), Iraq

At school

"The teachers told my daughters at school. When the girls came home, they said, "Mom, they told us dirty things at school. When my younger daughter got her period, she was ashamed and did not sit with us for two days." Woman (27-45 years old), Syria

"They told us about it at school. They gathered the girls and told us. They taught us how to use the pad." Girl, (15-18 years old), Syria

At the centers

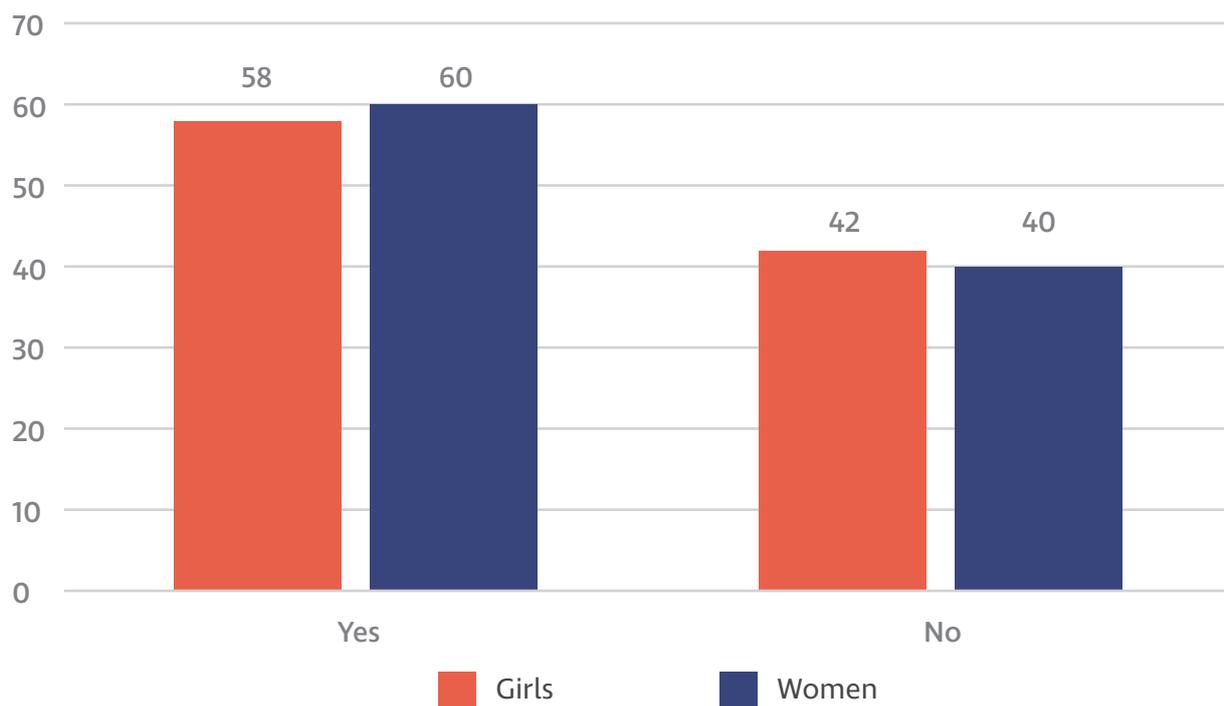
"This issue was frequently included in the trainings at the center. We were able to ask freely. We were all girls. I would participate again if I could." Girl, (15-18 years old), Syria

Request for more information about menstruation

More than half of both women and girls stated that they would like to get more information about menstruation. There is no statistical difference between girls and women in terms of willingness to know more about menstruation. (Chi-square test = 0.328, p=0.567)

"We really need to talk about these issues." Girl (15-18 years old) Syria

Figure 5. Percentage of participants willing to learn more about menstruation



D.2. Access to menstrual materials and preferences in menstrual hygiene management

Disposable sanitary pads were the most preferred material during the last menstrual period both in and outside the place where the participants lived. Disposable pads were preferred by girls both at home and outside the home.

Materials used to catch/absorb menstruation during the last menstrual period at the place they live in

Women and girls have mostly used sanitary pads during their last menstrual period where they lived. Women did not use tampons or wear underwear only, while girls did not use cotton wool. Menstrual cups were not used by either group during their last menstrual period.

Table 7. Materials used to catch/absorb menstruation while at home/place of living (during the last menstrual period)

	Girls		Women	
	n	%*	n	%*
Disposable sanitary pads	169	81	255	76
Napkins/cloths/towels	16	8	58	18
Disposable sanitary pads and napkins/cloths/towels	17	8	14	4
Tampon	2	1	-	-
Other**	4	2	7	2

*Column percentage, **Cotton, toilet paper, underwear only, diapers

The frequency of using only disposable sanitary pads or with napkins/cloths/towels was 79% for women and 89% for girls. This difference is statistically significant. (Chi-square test = 7.508, p=0.006)

Materials used to catch/absorb menstruation during the last menstrual period away from home/the place they live in

Table 8. Materials used to catch/absorb menstruation while away from home/place of living (at school/at work) during the last menstrual period

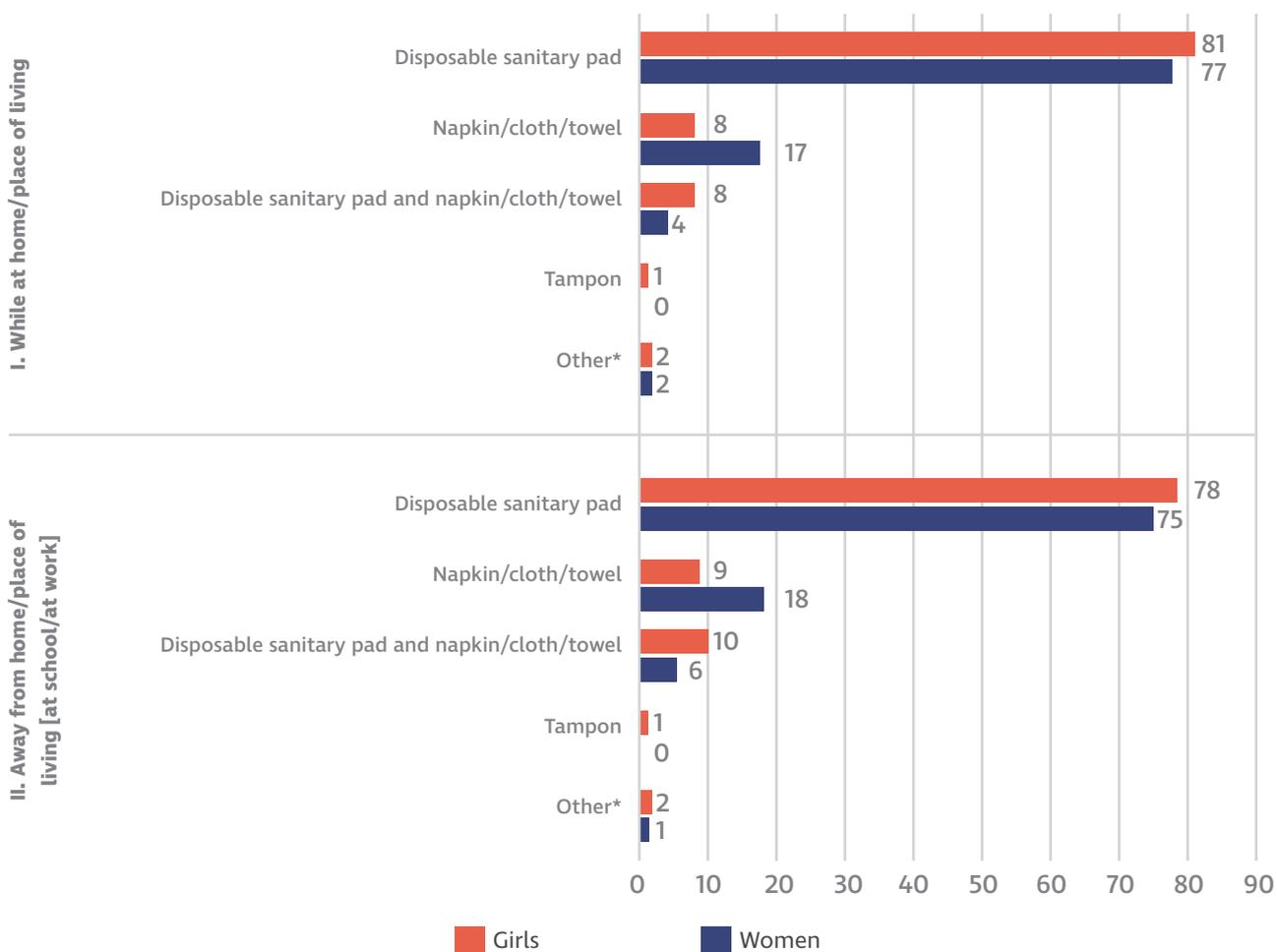
	Girls		Women	
	n	%*	n	%*
Disposable sanitary pads	163	78	249	75
Napkins/cloths/towels	19	9	59	18
Disposable sanitary pads and napkins/cloths/towels	21	10	21	6
Tampon	1	1	-	-
Other**	4	2	5	1

*Column percentage, **Cotton, toilet paper, underwear only, diapers

Women did not use tampons, diapers or wear underwear only during their last menstrual period outside the place they lived in, while girls did not use cotton. Menstrual cups were not used by either group during their last menstrual period.

The frequency of using disposable sanitary pads alone or with a napkin/cloth/towel away from home/the place they lived in (at school/work) for catching/absorbing menstruation during the last menstrual period was 81% for women and 88% for girls. This difference is statistically significant. (Chi-square test = 5.477, p=0.019)

Figure 6. Percentage of respondents using menstrual materials by type of material and location



*Cotton, toilet paper, underwear only, diapers

Homemade cloth/napkin use during any menstrual period

There were 122 (22%) participants who stated that they used cloths during any menstrual period. Of these, 58% (n=71) stated that the cloths were purchased to be used during menstruation, and 37% stated that the cloths they used during menstruation had been used for another purpose before (clothes, sheets, underwear, covers, etc.). Four participants stated that they did not know and two participants did not want to specify.

Preferences for menstrual materials

Table 9. The preferred material among all the different menstrual material options

	Girls		Women	
	n	%*	n	%*
Disposable sanitary pads	193	92,7	306	92
Napkins/cloths/towels	8	3,8	18	5
Menstrual cup	2	1	4	1,2
Tampon	1	0,5	1	0,3
Other**	4	2	5	1,5

*Column percentage, **Cotton, toilet paper, underwear only, diapers

The most requested material for both girls and women is disposable sanitary pads. Diapers and wearing underwear only were not mentioned by women and cotton was not mentioned by girls. In both groups, menstrual cups were also listed among the most requested materials.

In the FGDs, girls stated that they themselves decide which brand to buy in general. Mothers usually support their daughters in the early years. Girls or women may use different sizes of disposable pads.

“My mom buys them. I tell her the size.” Girl, (15-18 years old), Syria

“I recommend to my daughter, but she uses whatever she wants.” Woman, (27-49 years old), Syria

“I took a pad home a month ago. But my daughters refused to use it because it didn’t have wings.” Woman, (27-49 years old), Syria

Reason why the preferred menstrual material cannot be used

The most common reason given by the participants for not using the material they prefer was that it was “expensive”.

Table 10. Reasons for not being able to use the preferred material

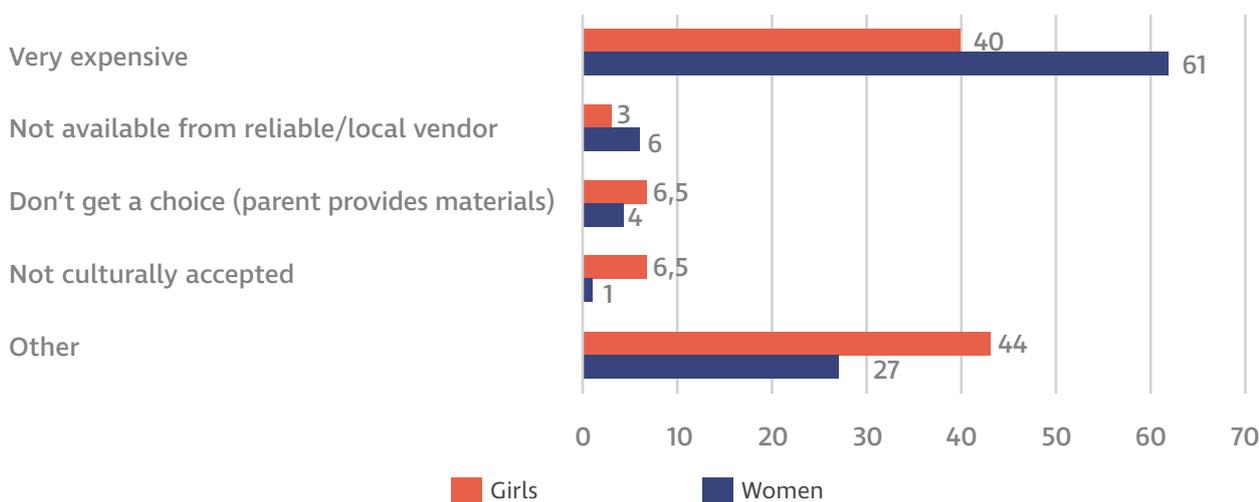
	Girls		Women	
	n	%*	n	%*
Very expensive	83	40	205	61
Not available from reliable/local vendor	6	3	19	6
Don’t get a choice	14	6,5	14	4
Not culturally accepted	14	6,5	4	1
Other	91	44	92	28

*Column percentage

Girls are less likely to have a choice of materials and more likely to find their preferred material culturally unacceptable.

The “other” option is very high in both groups; its scope could not be understood as it was not clearly specified by the participants. However, the fact that it is 44% for girls suggests that there are different dynamics that need to be elaborated in material preference and access to the preferred material.

Figure 7. Reasons for not being able to use the preferred materials (%)



“I use pads. But some of them are too expensive to buy.” Woman, (27-49 years old), Syria

“I use diapers. Their prices are different, cheaper. I use them by cutting into smaller pieces because they are large. However, my daughters do not want diapers.” Woman, (27-49 years old), Syria

Access to more materials when needed during the last menstrual period

In terms of assessing the participants’ access to more materials when needed or having enough materials to change as often as desired, half of the women (54%) were unable to obtain more materials when needed. This was also the case for one in every three girls (37%). More than half of the women (57%) and almost half of the girls (44%) were not able to obtain enough materials to change as often as they desired. Almost half of women (53%) and even more girls (67%) were concerned about buying more materials if they ran out during their last menstrual period. One in every three women or girls have all of the problems related to access to materials.

In response to the question about accessing more materials when needed during the last menstrual period, 43 participants did not answer, responded as “I do not know” or stated that “they did not use any materials during their last menstrual period”. When these responses are excluded, the responses of 499 participants are given in Table 11.

Table 11. Challenges in getting more menstrual materials when needed (n=499)

Material	Girls		Women		Total	
	n	%*	n	%*	n	%*
Yes	125	64	139	46	264	53
No	69	36	166	54	235	47

*Column percentage, Chi-square test: 16.927, p<0.001

Enough materials to be changed as often as desired during the last menstrual period

Nine (1%) participants stated that they did not use any materials during their last menstrual periods. The distribution on whether the participants who used materials had enough materials to change as often as they desired during their last menstrual periods is given in Table 12.

Table 12. Challenges in having sufficient materials to change them as often as needed

	Girls		Women		Total	
	n	%*	n	%*	n	%*
Yes	116	56	140	43	256	48
No	90	44	187	57	277	52

*Column percentage, Chi-square test= 9.224, p=0.002

Concerns about being able to buy more materials if they run out during the last menstrual period

Table 13. Challenges in getting more menstrual materials if they run out during the last menstrual period

	Girls		Women		Total	
	n	%	n	%	n	%
Yes	137	67	172	53	309	58
No	69	33	155	47	224	42

Chi-square test= 10.030, p=0.002

Figure 8. Challenges faced in getting access to materials (%)

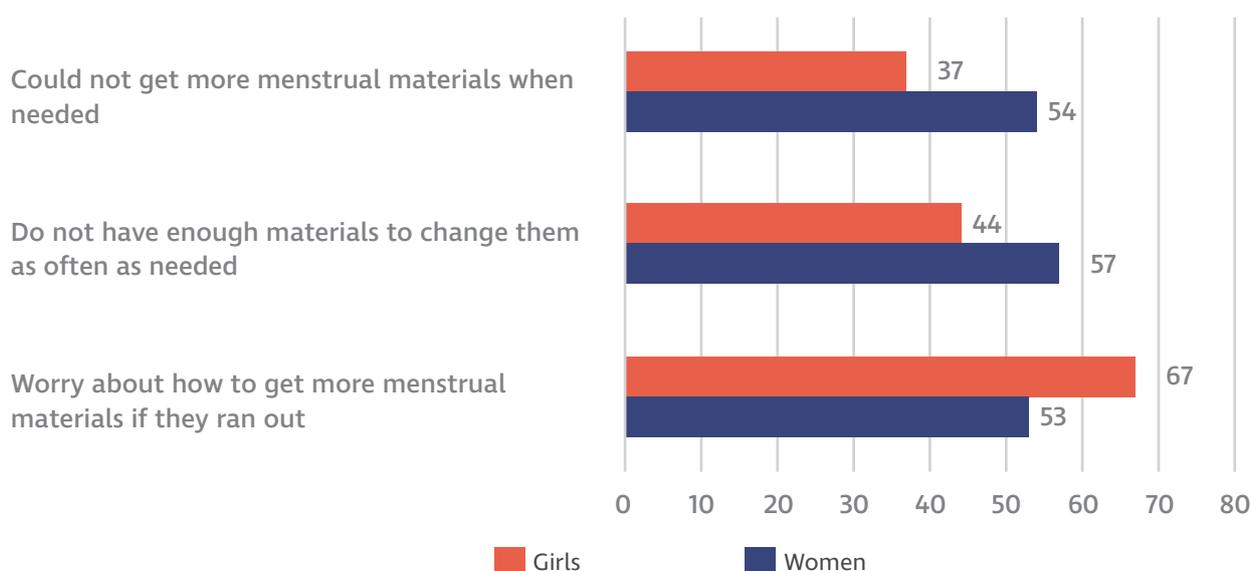
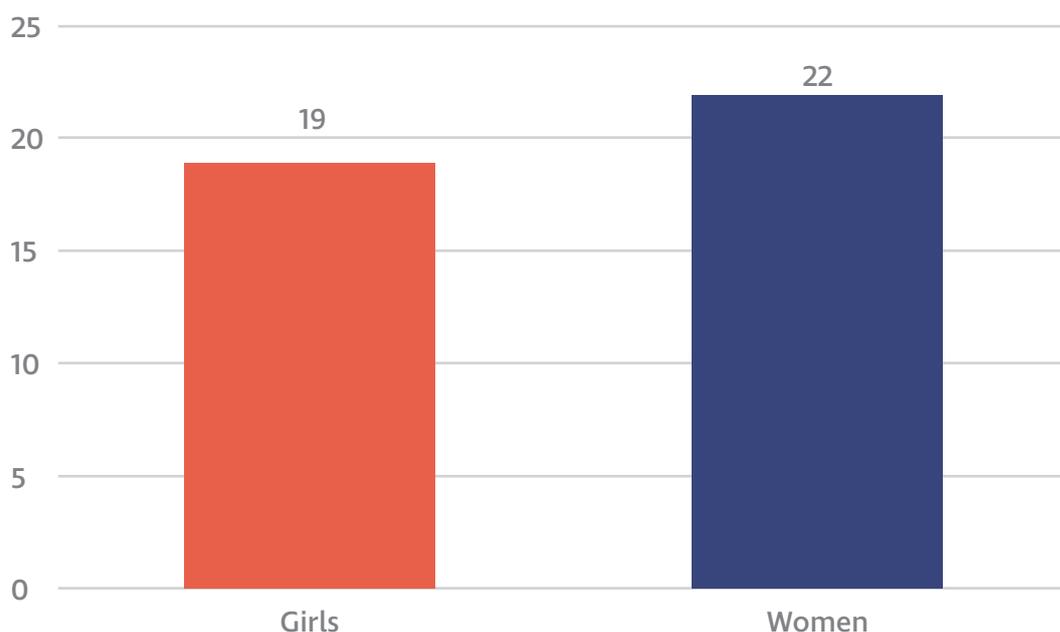


Figure 9. Percentage of women and girls who face all three types of challenges



FGD participants noted that they always found it difficult to access the materials they wanted as much as they needed.

“I use disposable pads. But not always, when I can access them. Since our financial situation is not good, I cut fabric or cotton. I use them. Menstrual underwear always leaves stains. Therefore, it is necessary to use it separately. But I also have difficulty buying underwear.” Woman, (27-49 years old), Syria

In general, they stated that they could buy pads more easily in Türkiye than they did their home countries, and that they could buy them more easily in grocery stores, markets or pharmacies.

“We can buy them here, but it is very shameful in Iraq, no way.” Woman, (27-49 years old), Iraq

“There are women who own shops; sometimes we buy from them. We can buy them together with other items in the markets. We put it in the basket and it can be purchased together with other items.” Woman, (27-49 years old), Syria

They stated that they preferred stores with female owners, and if the owner was male, they sent their younger sisters to buy the pads or asked for diapers.

“I cannot go myself. Because my little sister goes and buys them. My sister is 9 years old. She asks why, she is very curious. So I told my sister about it. I taught her.” Girl, (15-18 years old), Syria

“If a man is selling, I feel ashamed and ask for diapers. I use diapers after cutting them.” Woman, (27-49 years old), Syria

D.3. Sanitary facilities and hygiene practices in menstrual hygiene management

Handwashing habits after the material change during the last menstrual period were higher than before.

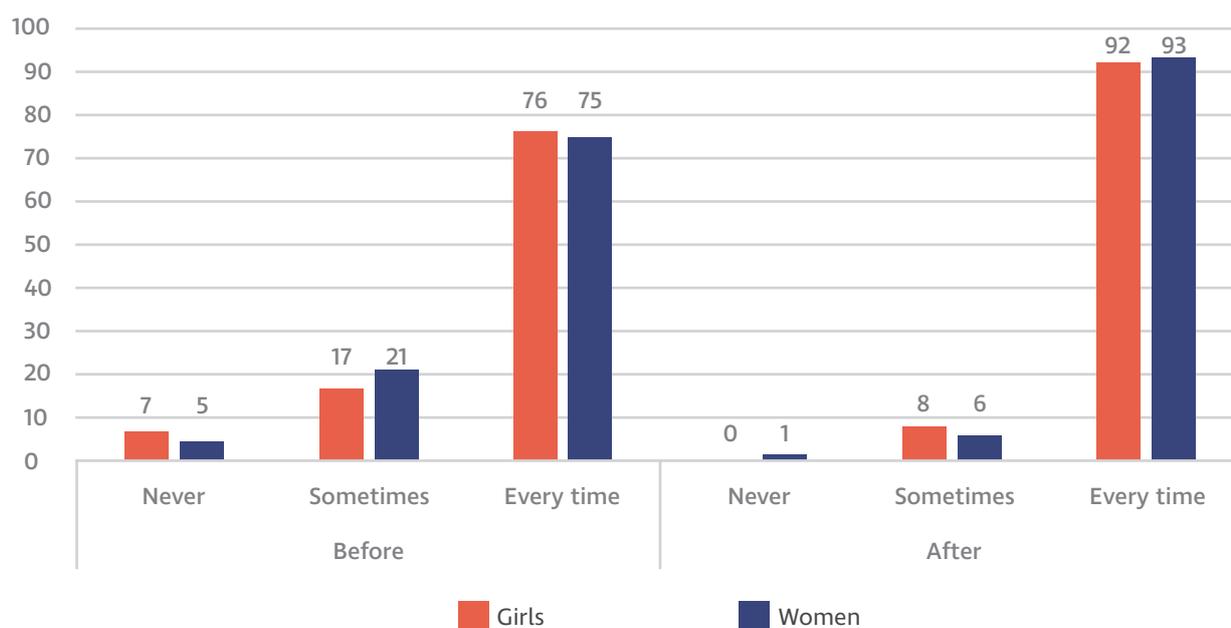
Changing materials during menstruation and handwashing practices

Table 14. Handwashing practices before and after changing menstrual materials during the last menstrual period

Material	Girls		Women		Total	
	n	%	n	%	n	%
Before*						
Never	14	7	18	5	32	6
Sometimes	35	17	68	20	103	19
Every time	159	76	248	75	407	75
After*						
Never	-	-	2	1	2	0,4
Sometimes	16	8	21	6	37	6,8
Every time	192	92	311	93	503	92,8

*p>0.05

Figure 10. Percentage of respondents applying washing practices before and after changing menstrual materials (%)



Places used for disposing of menstrual materials during the last menstrual period

The distribution on the places where used menstrual materials were disposed of during the last menstrual period is given in Table 15 and Table 16.

Table 15. Disposal of menstrual materials while at home/place of living per modality type

	Girls		Women	
	n	%	n	%
Bin in the toilet	140	67	233	69,7
Bin in the household	43	21	64	19
Community rubbish (outside the place of living)	14	7	10	3
Latrine/toilet	5	2	10	3
Burned	2	1	12	4
Did not dispose of any materials	2	1	1	0,3
Other	2	1	4	1

Table 16. Disposal of menstrual materials while away from home/place of living (school/work) per modality type

	Girls		Women	
	n	%	n	%
Bin in the toilet (at school/workplace)	154	74,5	219	66
Brought home (to dispose/reuse)	1	0,5	10	3
Community rubbish (outside school/workplace)	39	18	68	20
Latrine/toilet	4	2	8	2,3
Burned	6	3	25	7,4
Did not dispose of any materials	4	2	3	1
Other	-	-	1	0,3

"The school has everything, but I prefer not to do it at school. They are dirty, there is everything inside, but I don't want to go in. I am very comfortable at the center." Girl, (15-18 years old), Syria

"I carry a zipper bag for sanitary pads. I wrap the pads and throw them in the trash can in the toilet. I think it is a sin to throw them in the trash can in the kitchen. It is a dirty thing and it would be a sin if it mixes with food waste." Woman (27-45 years old), Syria

While 6% of the respondents did not wrap the used menstrual material in anything during disposal, the others wrapped it in different materials before disposing.

Table 17. Wrapping menstrual materials when disposing

	Girls		Women	
	n	%	n	%
No	15	7	18	5
Yes, plastic bags, pad packaging	163	78	275	82
Yes, toilet paper	7	3	22	7
Yes, cloth	13	6	15	4
Yes, other	10	5	4	1

FGD participants also stated that they generally dumped the materials they used during menstruation by wrapping them in their own packaging or in a black bag.

“We put them in a black bag and dump them in the trash can.” Woman (27-45 years old), Iraq

“I wrap them in a black bag and dump them. We put it in a separate bag and then dump it in the trash can when we take the garbage outside. I dump it in the trash can in the toilet.” Girl, (15-18 years old), Syria

Use of reusable menstrual materials

The question on the use of reusable menstrual materials was answered by 119 respondents, which makes 10% of all respondents.

The question about being able to wash the reusable material when necessary during the last menstrual period was answered by 105 respondents, which makes 9% of all respondents.

Among the respondents who answered these questions, Table 18 shows the status of washing and reusing the reusable materials and washing them when necessary during the last menstrual period for women and girls.

Table 18. Washing (whenever needed) and reusing the materials during the last menstrual period

	Girls		Women	
	n	%	n	%
Washing and reusing the material (n=119)				
Yes	19	54	36	43
No	16	46	48	57
Washing when required (n=105)				
Yes	17	59	33	43
No	12	41	43	57

FGD participants stated that they washed their underwear separately, one by one, and never mixed them with other laundry.

“We wash them alone, with soap. By rubbing.” Woman (27-45 years old), Iraq

“We wash them first by hand and then put them in the machine.” Girl, (15-18 years old), Syria

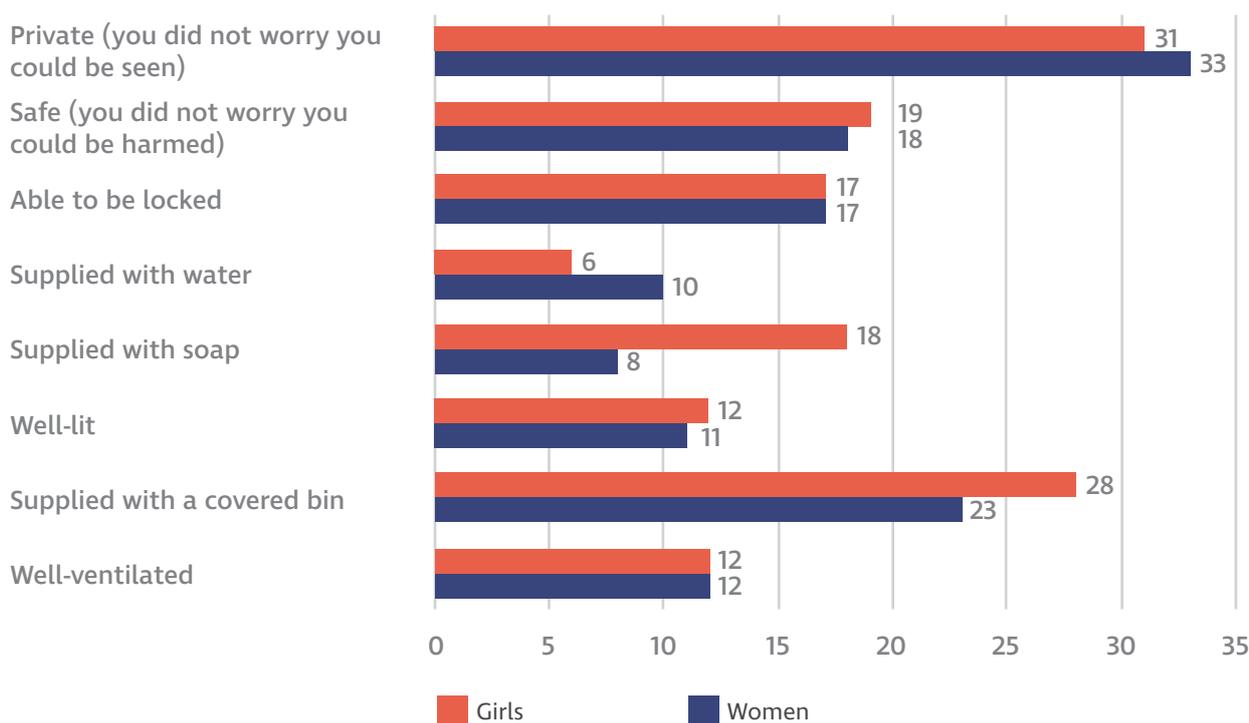
Characteristics of toilets and bathrooms where they live in

92% of respondents have a toilet/bathroom facility where they live that is used only by the household members.

The vast majority of respondents have toilet/bathroom facilities where they live that are used only by the household members. However, most of these toilets/bathrooms have different hygiene or safety issues.

- One in three women or girls are concerned about being watched or being followed in the toilet/bathroom.
- One in five women or girls do not feel safe in the toilet.
- Almost one in five toilets do not have a lock.
- One in ten women and one in twenty girls do not have water in the toilet where they live.
- Almost one in ten women and one in twenty girls do not have access to soap.
- At least one in every five toilets does not have a trash can with a cover.
- One in five toilets is not well lighted or ventilated.

Figure 11. Availability of female-friendly toilets/bathrooms at home/ place of living (“No” response) (%)



FGD participants stated that the toilets in their schools did not have the desired features.

“I hold myself all the way home. There is no mirror. There is very little running water. The corridor is too narrow. Even if I wash my hands at school, I don’t feel clean.” Girl, (15-18 years old), Syria

Table 19. Characteristics of the toilets/bathrooms at the place where the participants live

Toilet/bathroom condition	Girls		Women	
	n	%	n	%
Private (did you have concerns to be seen?)				
Yes	143	69	224	67
No	65	31	110	33
Safe (did you have concerns to be harmed?)				
Yes	168	81	274	82
No	40	19	60	18
Is it lockable?¹				
Yes	172	83	277	83
No	36	17	57	17
Is there water?¹				
Yes	196	94	299	89
No	12	6	35	10
Is there soap?²				
Yes	171	82	306	92
No	37	18	28	8
Is it well lighted? (Is lighting good to see clearly?)¹				
Yes	183	88	299	89
No	25	12	35	10
Is there a covered bin for disposal of menstrual materials?)¹				
Yes	150	72	257	77
No	58	28	77	23
Is it well ventilated? (is there a window or opening for air flow?)¹				
Yes	184	88	294	88
No	24	11	40	12

¹p>0,05; ²p=0,001

D.4. Taboos on menstruation and stigmatization

FGD participants stated that menstruation was expected for every girl in their communities, that it was considered normal, that blood was considered unclean, that it was shameful to talk about menstruation and that they were ashamed of this situation.

"She said that all girls will experience this. My mother said, you will experience it, this has to come. She said that this is dirty blood, it will come out anyway." Girl, (15-18 years old), Syria

"We say that our menstruation is very shameful, we don't talk to anyone about menstruation. We don't tell anyone else that we are menstruating. Because it is very shameful. We can only talk with our mothers." Woman (27-45 years old), Iraq

"They told me at school. They gave me pads. After the meetings at school, the boys made fun of us. I was a little embarrassed. How they know everything. Boys are more knowledgeable. Girls don't know but boys understand everything." Girl, (15-18 years old), Syria

Restrictions related to nutrition

Most of the FGD participants mentioned that traditionally there were restrictions on nutrition during menstruation. They indicated that the most important reason for this dietary restriction was to reduce pain and bleeding. While eating sweets and drinking herbal teas were recommended, cold drinks and peppery food, pickles, coffee, onions, yogurt, ayran, cola, and some spices such as cummin were banned.

"We don't eat certain things during the menstrual period; we don't eat pickles, cucumbers, greens, we don't eat anything cold. Because it will hurt. We always put mint and lemon in water and drink it. We eat a walnut every morning. The warmer we keep it, the better." Woman (27-45 years old), Iraq

"I don't drink cold drinks, I always drink hot drinks." Girl, (15-18 years old), Syria

"When my daughters have their periods, I make them drink mint and lemon, it does them good, and they never do chores at home. They drink plant roots (anise)." Woman (27-45 years old), Syria

Restrictions related to behavior

FGD participants mentioned that traditionally there were restrictions on their behavior during menstruation. These include avoiding a lot of movement, not lifting heavy objects, not going out in the sun and not performing religious rituals. Some participants stated that bathing was forbidden, while others stated that bathing was recommended. While it was stated that going out while menstruating was difficult and generally not preferred, nothing was mentioned about not going to school. One athlete was not allowed to participate in training during menstruation.

"My mother used to tell me not to go out in the sun or lift heavy things." Woman (27-45 years old), Syria

"When I first menstruated, my mother told me not to take a bath." Girl, (15-18 years old), Syria

"I am an athlete. My teacher says "it is normal, you can come," but my mother does not allow me to go to the gym." Girl, (15-18 years old), Syria

"We were told the same things, not to take a bath, not to lift heavy things, not to jump. My mother used to get angry. Now I get angry with my daughter too. I tell her not to make sudden mo-

vements. They are usually afraid of uterine prolapse. They also think about blood pressure, they are afraid of that too." Woman (27-45 years old), Syria

"When I'm menstruating, we can't hold Qur'an, I can't go to the masjid. I cannot even fast. It is a sin!" Woman, (27-45 years old), Syria

Issues of concern and bullying encountered

Participants, especially girls, are worried that their menstrual blood will be visible through their clothes when they are at school or out. Girls are worried that they may be forced by their families to marry because they become women when they menstruate.

"When I menstruate, I wear black clothes. I always go out with my sister, I go ahead of her and ask her to check on me." Girl, (15-18 years old), Syria

"If our blood is seen behind us, we would be embarrassed." Girl, (15-18 years old), Syria

"Even my friends do not tell their families when they menstruate. Sometimes they are forced to get married when they menstruate." Girl, (15-18 years old), Syria

One in every three respondents concerned about being teased/bullied while menstruating at school, work or other public places, etc.

Table 20. Being concerned about being teased/bullied while menstruating at school, at work, in public places, etc. (n=540)

	Girls		Women		Total	
	n	%	n	%	n	%
Yes	67	32	93	28	160	30
No	139	67	241	72	380	70

p>0.05

D.5. Period poverty

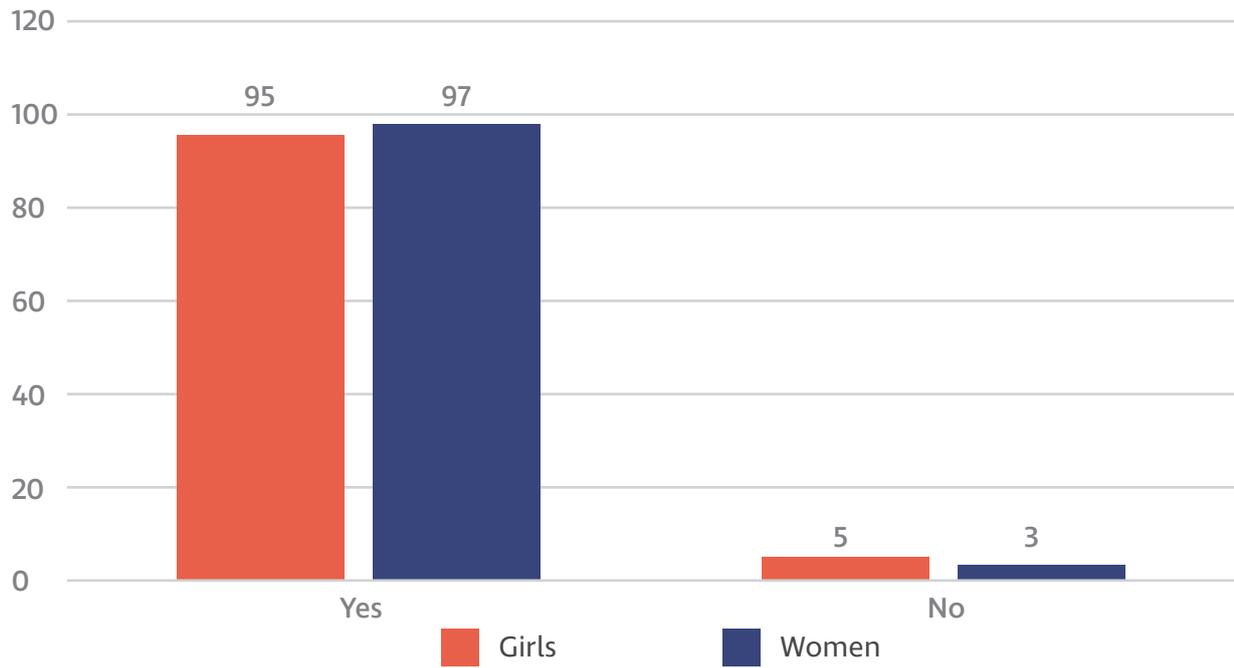
Period poverty was evaluated as follows in line with the definitions in the literature:

"The presence of limitations in access to information, materials and hygiene facilities."

Those who experience the following deficiencies may be considered within this scope:

- Lack of knowledge about menstruation before the first menstruation
- Those who can not get more menstrual materials when they need them during their last menstrual period
- Those who do not have enough material to change as often as they desire during their last menstrual period
- Those who concern about how to buy more menstrual materials if they run out during the last menstrual period
- Those who have a toilet/bathroom at home/the place they live in that is used only by the household members, which is not private, not secure, which cannot be locked, does not have access to water and soap, which is not well lighted, does not have a trash can with a lid, and is not well ventilated.

Figure 12. Percentage of women and girls facing period poverty



Although the elements of period poverty are found at varying degrees among the participants, almost all of them experience period poverty with at least one element.

E. CONCLUSION

Conclusion 1. Refugee women and girls have limited access to information on menstruation

Among the refugee population in Türkiye, five in ten girls (51%) and six in ten women (59%) did not have any information of menstruation before menarche (first menstruation). The main source of the information among women and girls is limited by family and friends (including mother, sister, aunt, friend, etc.) that amounts to 94%. The rate of women and girls who received information of menstruation from multiple sources (including social media, school counselor) is low and amounts to 8% and 25% respectively. Receiving information from health professionals is low in both groups. The awareness-raising sessions which are conducted in UNFPA-supported centers and then continued online during the pandemic period play an important role in accessing information of menstruation, changing and discarding hygiene materials and making women feel empowered and at ease with their bodies. Nevertheless, half of women and girls want to learn more about menstruation which indicates the need for concrete and continuous services for providing information regarding the issue.

Conclusion 2. Disposable sanitary pads, followed by homemade cloth are the most used menstrual materials among refugee women and girls

During the last menstrual cycle, disposable sanitary pads were the most used menstrual products among refugee women and girls, whether at home/place where they lived or away (e.g. school, work, etc.) and amounted to 76% and 81% respectively. Homemade cloth, which has been a convenient and traditional method for women since ages, is twice more used among women, amounting to 17% compared to girls 8%. Tampons are not a popular option, it was not used at all by women and only 1% of girls reported using tampons. None of the respondents uses menstrual cups. 2% of women and girls apply unhealthy methods and use alternative products such as baby diapers, toilet paper or underwear alone. If affordable, disposable sanitary pads will continue to be the most preferred method among all different menstrual products.

Conclusion 3. Refugee women and girls have limited access to menstrual products

Five in ten women and seven in ten girls have expressed their concerns about not having enough menstrual materials during their last menstrual period. Although preferred menstrual materials are available at local vendors in a wide variety and are culturally accepted, the menstrual products are not accessible because of economic barriers. Five in ten women and four in ten girls could not purchase more materials when needed in their last menstrual cycle because of high prices. This fact leads to increased stress and fear and reduced well-being.

Conclusion 4. Majority of refugee women and girls do not have access to female friendly sanitary facilities in the place they live.

Nine out of ten women and girls live in places with toilets/bathrooms used only by their household members. However, the situation of the toilets where they live is not always acceptable. Seven out of ten women and girls reported that they did not have privacy when using the toilet and were worried about being followed or seen. 72% of girls and 77% of women reported that there is no covered bin in the toilets used at home to throw their menstrual materials. At the same time, only 67% of girls and 70% of women feel comfortable using the covered bin in the toilet to dispose of used menstrual products. 28% of girls and 22% of women do not feel comfortable using the covered bin in the toilet and prefer to either throw their menstrual materials in the household garbage or take them to the public trash bin outside the home (outside of where they live). The same has been observed in public places (at school, at work, or elsewhere, when they are far from where they live). While women and girls change their menstrual materials in public toilets, 23% and 19% of them, respectively, either throw their menstrual materials into the public trash bin or take them to their homes to be thrown away.

Conclusion 5. The taboos and myth related to menstruation are leading to stigma, discrimination and other forms of gender-based violence.

The challenges faced by menstruating women and girls go beyond basic lack of supplies or infrastructure. The lack of proper information about menstruations leads to unhygienic and unhealthy menstrual practices and creates misconception, which is turned into shame, bullying and other forms of gender-based violence. All women and girls think of the menstrual blood as “dirty blood”, and treat the menstrual period as “a sickness”. During their periods, women and girls reduce their movement and physical activity and try to postpone the housework for later. Girls are told to not jump, to not lift heavy things, to not go to the gym and in some cases to not go to school (if there is a physical training lesson). For many girls menstruation is associated with marriage, and they avoid telling their families that they are menstruating. Mothers usually advise their daughters not to wash themselves after the first period and to change their nutritional habits: avoid eating salty and cold foods and drink more infused water (e.g. mint, anise) with lemon. Girls are terrified thinking that they could be seen with stains on their clothes (from the menstrual blood). One out of three (30%) respondents worry of being bullied while at school, work, or other public places because of menstruation.

F. RECOMMENDATIONS

Regarding menstrual hygiene management, starting from pre-menarche until the menopause, access to absorbent materials, access to materials that will provide hygiene and privacy throughout menstruation, and waste management along with the knowledge of basic facts related to menstruation are essential in managing the process with dignity.

On the other hand, it is necessary to ensure that the health services, health professionals, policies and social norms are gender inclusive and responsive to menstruation needs.

In accordance with this conceptual framework, recommendations regarding the key fields have been presented below:

Recommendations for UNFPA (and other UN agencies)

Recommendation 1. Design and implement MHM programs that will strengthen the access to age and gender appropriate information, education, and communication on menstruation and menstrual products, by focusing on specific needs of adolescent girls.

UNFPA should continue to ensure access to MHM counseling, education and training both for women and girls, as well as men and boys. Proper information about menstrual health, education on the risks related to poor menstrual hygiene and discussions around myths and taboos will support women and girls to be more aware about their body, to experience less fear and stigma and create more empathy among men and boys.

Furthermore, for many girls in crisis and fragile settings, the onset of puberty marks a time of restricted mobility and heightened vulnerability as many are forced to leave school and marry early. Adolescent girls are also less likely to seek care at health facilities for reproductive health services out of fear of service provider bias and lack of confidentiality. UNFPA should tailor MHM activities to the needs of adolescent girls and increase outreach and awareness-raising on MHM activities among the group, by making more use of social media and digital outreach.

The service provision should be accompanied by distribution of dignity kits that provide essential hygiene and sanitary items to support women and girls' menstrual hygiene needs. In addition, UNFPA should work on strengthening the capacity of implementing partners and other service providers on MHM counseling.

Links to conclusion 1, 2, 3, 5

Programmatic, high priority, short term

Recommendation 2. Integrate cash and voucher assistance (CVA) within GBV and SRH programming to address demand-side barriers such as out of pocket expenses and access to menstrual products.

Scaling up CVA within humanitarian SRH programming, including access to essential dignity items. CVA can increase choices of essential dignity items and can contribute to increased dignity and efficiency of women and girls supporting local markets at the same time. Before deciding for the CVA modality, UNFPA should consult with women and girls on their preferences for buying their hygienic products (including menstrual materials) or accepting money and on context-specific protection/GBV risks, and should decide on the risk mitigation measures for using CVA and should determine which delivery mechanism would be the safest to avoid unintended negative consequences on women and girls. UNFPA should set up strong monitoring systems to assess beneficiaries' satisfaction with the CVA mechanism and modality.

Links to conclusion 2, 3

Programmatic, high priority, short term

Recommendation 3. Increase participation of women and girls in design, planning, implementation and monitoring of MHM activities.

It is essential to engage women and girls in discussions and decisions about the menstrual materials and/or products as well as their other needs related to MHM. UNFPA should reevaluate the Accountability to Affected Population (AAP) mechanism and look for meaningful ways to integrate women and girls in decision making and feedback processes to collect their views on the quality and effectiveness of the MHM activities. Furthermore, UNFPA should strengthen the age and disability dimension of data collection and analysis and ensure that all adolescent girls are equitably represented in all community feedback and complaints mechanisms, including Sexual Exploitation and Abuse (SEA).

Participation of women and girls in the MHM activities would also contribute to identifying the needs and barriers disaggregated by age, gender and disability to design and implement a more responsive MHM programs.

Links to conclusion 2, 3

Programmatic, high priority, short term

Recommendation 4. UNFPA Türkiye should pursue partnerships with other stakeholders and advocate for dedicated leadership and commitment on MHM programming in emergencies across the concerned humanitarian response sectors.

UNFPA should strengthen collaboration with other humanitarian sector stakeholders (like UN Agencies, I/NGOs) and advocate for the implementation of the following actions:

- Continue to ensure that MHM is on the regular agenda in GBV sub-working group and national SRH working group meeting and integrate MHM modules in the groups SOPs and other strategies and national humanitarian plan.

- Ensure that MHM questions are included in inter-sectoral needs assessments and the results are shared with the sector stakeholders.
- Ensure that international guidance notes and other documents to support MHM programming are translated and adapted to the national context and integrated in GBV and SRH programming documents.
- Contribute to increase capacities among group members by sharing appropriate information, education, and communication materials, along with best practices and lessons learnt and by facilitating access to relevant training.
- Advocate for the inclusion of MHM activities into the group members' SRH and GBV response actions.
- Advocate for linking MHM programs for adolescent girls especially in emergency settings, with other sectors (Health, including sexual and reproductive health (SRH), and Protection, including gender-based violence (GBV)) on their planned interventions for adolescents and youth that may have complementarity to the WASH programs (e.g., peer education and dissemination of MHM supplies, safety patrols, distribution of hygiene supplies), as it is also suggested by the IASC Guidelines on Working with and for young people in humanitarian and protracted crises.
- Conduct a policy assessment on waste management of the disposal of menstrual products in public places.
- Advocate for provision of formal and non-formal (out-of-school) comprehensive sexual education (CSE) programs, including Lifelong Learning, which will include menstrual health. UNFPA should ensure that the curricula of the implemented programs on sexuality education is aligned to the needs of different vulnerable groups by age, gender and disability disaggregation and the service provision is meeting internationally agreed upon standards.

Links to conclusion 1, 2, 3, 4, 5

Strategic, high priority, medium term

Recommendation 5. Advocate for strengthening the provision of MHM counseling services and community training through primary health care service providers under the Ministry of Health (MoH) in the context of child and adolescent health monitoring protocol.

Adolescent girls' health service provision including counseling and awareness-raising services is covered by primary health service structure under the MoH (through Family Health Centers, Healthy Life Centers) and is crucial for the target population in meeting their SRHR needs. UNFPA should partner with government institutions (MoH) to strengthen MHM programs through primary health and public health care systems.

Furthermore, UNFPA should advocate for equipping health professionals with important information on menstruation, skills and tools for communicating with vulnerable groups in a non-discriminatory manner. Provide training modules that are adapted to the learning requirements of health professionals and could be conducted either face-to-face or online.

Links to conclusion 1, 5

Strategic, high priority, medium term

Recommendations for Government

Recommendation 6. Ensure that menstrual products are affordable for a wider range of women and girls.

Women and girls resort to using unhygienic, unsafe materials during their menstruation due to several factors such as: inability to pay and lack of knowledge about available menstrual materials. To make menstrual materials more affordable, various strategies could be considered:

- Subsidize sanitary pad distribution in schools.
- Provide free of charge menstrual products in public hospitals, schools, universities, dormitories and other public spaces of interest for youth.
- Remove the consumer tax from sanitary products.
- Conduct a research to assess the socio-economic impacts of product donation/tax reduction programs.
- Build on the experiences of other countries that adopted different strategies to increase access to menstrual materials.

Links to conclusion 2, 3

Strategic, high priority, medium term

Recommendation 7. Ensure that the sanitary facilities in schools are female-friendly and include all the attributes (like sufficient light, door with a locker, bin, water, and soap among others) to ensure a safe place for changing and disposing of the menstrual materials in a dignified manner.

Conduct a policy analysis on WASH and MHM in public schools by examining how the current policies and guidelines are applied at institutional level. Ensure that government stakeholder's roles for sanitation in the context of MHM policy and guidelines are clearly defined and the implementation of the assigned actions is closely monitored.

Links to conclusion 4

Strategic, high priority, medium term

Recommendation 8. Implement nationwide campaigns on MHM targeting different members of the community on breaking taboos and myths.

Launch a national campaign to break harmful taboos about periods and raise awareness about current gaps in menstrual products, education and sanitary facilities. This will allow to raise awareness both among women and girls that menstruate, as well as among different stakeholders that could contribute to the infrastructure improvement. It could be done throughout the year or on the Menstrual Health Day that is celebrated worldwide on 28 May.

Links to conclusion 1, 5

Strategic, high priority, medium term

Recommendation 9. Consider conducting comprehensive needs assessment on MHM to identify challenges and solutions with a particular attention on the needs of young and older adolescent girls.

There are limited studies about the MHM for Turkish women and girls. There is a need to conduct a comprehensive needs assessment on MHM to gain a better understanding of women and girls knowledge about menstruation, challenges in accessing menstrual products and sanitary facilities. The results of the assessment could guide development of further policies, guidelines and services tailored to the needs of different groups.

Links to conclusion 1, 2, 3, 4, 5

Strategic, high priority, medium term

Recommendation for Donors

Recommendation 10. Finance and support programs and organizations that addresses period poverty in humanitarian and protracted situations and challenges the negative social norms about menstruation.

As indicated in this assessment, period poverty is really high among refugee women and girls, which exacerbates existing vulnerabilities via negative impact on their health, sanitation and well-being. Financing programs and organizations that aim to ensure access to proper water, sanitation, hygiene and menstrual products and a clean environment for the most vulnerable women and girls, even during humanitarian situations, are crucial and shall be prioritized.

Challenging prevailing negative social norms, perceptions and harmful practices around menstruation is fundamental in ensuring that adolescent girls continue their education, and that women and girls can fulfill their potential. Supporting programs and organizations that tackles the multiple and intersecting forms of discrimination the women and girls, including women and girls with disabilities, women and girls in fragile settings for example, are needed.

Donors shall ensure that their funding strategies clearly underline the importance of this issue and how relevant efforts will be funded.

Links to conclusion 1, 3, 5

Strategic, high priority, medium term

Recommendation 11. Pioneer advocacy efforts about menstrual health as one of the basic human rights about health, gender equality and dignity.

Increased awareness and active mobilization of the international donor community and relevant stakeholders are needed to bring menstrual health at the forefront as one of the basic human rights about sexual reproductive health and rights, gender equality and dignity. Donors shall pioneer advocacy efforts at the international and national levels that would underline exacerbated vulnerabilities due to period poverty and strengthen international agenda in supporting adolescent girls and women to manage their menstruation safely and with dignity.

Ensure inclusion of adolescent girls and women in developing key advocacy messages reflecting their MHM needs.

Links to conclusion 5

Strategic, high priority, medium term

Recommendation 12. Invest in innovative solutions for developing sustainable and affordable menstrual materials

Women and girls face challenges in getting the preferred menstrual materials in the desired quantity. Moreover, the waste management of used menstrual materials is having a lot of environmental implications. Coming up with innovative solutions that could respond to the demand side and could reduce the harm to the environment require financial implications. Donors shall consider allocating more funds for research and development activities to realize these solutions.

Links to conclusion 3

Strategic, high priority, medium term

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MENSTRUAL HYGIENE MANAGEMENT AMONG REFUGEE WOMEN AND GIRLS IN TÜRKİYE



Sweden
Sverige

