



Dimensions of Menstrual Rights for Menstruators: A Systematic Review

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Abstract

Objectives: The concept of menstrual rights is usually discussed as a marginalized topic; in addition, the realization of women's menstrual rights faces ambiguous structures and challenges. This study, therefore, aimed to systematically review the concept and the most important structural dimensions of the menstrual rights of menstruators in order to evaluate the suggestions on different dimensions of menstrual rights and to raise the awareness of health service providers in this regard.

Methods: In this study, all papers and documents addressing this subject and accessible in international databases (i.e., PubMed, Google Scholar, Scopus, and Web of Science) and Iranian ones (i.e., IranMedex and Magiran) were reviewed from September to November 2021. Then 28 papers and documents were selected for final review and analysis.

Results: The concept of menstrual rights concerned with the ability of women and girls to manage menstrual issues and enjoy a healthy and sanitary period of menstruation. The structure of menstrual rights consisted of menstrual rights in subcultures and religions, components of menstrual rights (e.g., social rights, health rights, educational rights) and menstrual rights in special cases (e.g., natural disasters, disabilities, transgender, etc).

Conclusions: According to our findings, decisive evidence was found about different dimensions of menstruation rights, which may have provided useful background information for the authorities involved in national and reproductive health, private sectors, charities, and activist groups in this field. These authorities, in turn, may have used the obtained evidence to perform civil acts focused on women and girls' menstruation and reproductive health.

Keywords: Reproductive health, Reproductive rights, Menstrual rights, Sustainable Development Goals

Introduction

The importance of women's health and their role in the family and society are undeniable facts. The realization of sexual and reproductive health rights (SRHR) (1), including Menstruation Health and Hygiene (MHH) is a prerequisite for realizing other rights of women. Nevertheless, women in many parts of the world cannot easily achieve their right to health, especially menstrual rights (1,2). Menstruation is a major health issue that every adolescent woman experiences as a sign of puberty (3). During a normal cycle of menstruation, which lasts 21 to 35 days, a woman loses 20 to 60 mL of blood after 2-6 days of bleeding. Various hormonal and physiological changes occurring in each cycle of menstruation can influence women's capacities (4).

Menstrual challenges are manifested as psychological symptoms (e.g., mood swings, hopelessness, anxiety, stress, emotional turmoil, anger, and arousal), behavioral symptoms (e.g., decreased interest in normal activities, concentration deficit, decreased energy and early fatigue, changes in eating and sleeping habits), physical symptoms (e.g., sore breasts, mastitis, headache, muscle

aches, and weight gain), and social stigma and limitations (5). Therefore, menstruation can devastatingly affect the health, education, economic opportunities, social participation, and welfare of women (6,7).

Although MHH is highly interrelated to SRHR, it seems that most of the SRHR-related guidelines and references have less dealt with MHH. For example, the 2018 summit of the Guttmacher-Lancet Commission on SRHR discussed menstrual reports only once and did not list MHH as its priorities (8).

The programs and research projects aimed to support SRHR also do not much focus on menstrual rights (8). Studies on MHH have also shown that the menstrual status of women and girls is really unfavorable in many parts of the world, especially in low- and middle-income countries, because menstruation is still viewed as a social stigma (9-11). Nonetheless, menstrual rights should be part of the SRHR policies, because these two concepts have much in common both biologically and socio-culturally (6).

Inattention to menstrual health and rights, as a major part of reproductive health, can pose short- and long-term

Received 5 August 2022, Accepted 8 November 2022, Available online 13 January 2023

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Key Messages

- From a human rights perspective, paying attention to women's rights is the first step to realize their rights. Also, menstruation seems to be one of the human rights gaps, and is a matter of sexual and reproductive health rights (SRHR), establishment of which partly depends on legal fulfillment.

challenges and consequences for girls and women, such as reduced self-confidence, self-efficacy, and individual ability to engage in daily activities and various social areas (1,2). In line with raising the awareness of readers and service providers about the legal approach to MHH services, it is necessary to define the concept of menstrual rights and its area of influence. Categorizing menstruation as a human rights issue can help us discuss menstrual problems as a matter of health (12).

Given the above discussion, this study aimed to systematically review the papers and documents on menstrual rights in order to define the concept and the most important components of menstrual rights for women and girls of childbearing age, raise the awareness of service providers about this concept and its instances, contribute to the development of SRHR programs, and add to the literature on this subject.

Methods

Search Strategy for Identifying Papers

In this study carried out based on PRISMA guidelines (13), the library resources were reviewed from September to November 2021 in order to find the most relevant studies. Reported by our two authors independently (MD, NSV), the literature search was performed on international databases (i.e., PubMed, Google Scholar, Scopus, Web of Science, MEDLINE, and Embase) and Iranian ones (i.e., IranMedex, Magiran, and SID). The Keywords used for the search was as follows: "Menstruation" OR "Period", "Reproductive Rights" OR "Reproductive Health", "Menstrual Health" OR "Menstrual Hygiene" OR "Menstrual Rights", and "Human Rights". Then all papers and documents were reviewed to find those with a relevant title.

Selection Process

The main inclusion criteria were as follows:

- Papers and documents related to reproductive and menstrual rights on international databases;
- Other documents related to other aspects of menstrual rights (e.g., the rights of people with disabilities, transgender people, etc.);
- Documents published regionally based on specific strategies.

Data Extraction

All relevant documents including quantitative studies,

meta-analyses, review studies, systematic review studies, qualitative studies, mixed-methods studies, and instrumentation studies were reviewed with no limit. Endnote, which is a commercial reference management software package, was used to search for, identify, and eliminate the duplicates. Two members of the research team (MD, NSV) independently evaluated the quality of selected papers and documents using Mixed Methods Appraisal Tool (MMAT) (14), and the PRISMA 2020 statements were used to evaluate the papers and documents (Figure 1). The title, abstract, and, if necessary, full text of the papers and documents were reviewed to find those meeting the inclusion criteria. Finally, 28 papers and documents directly dealing with the concept, structure, compounds, and other issues related to menstrual rights were selected for further review and analysis. The results were summarized in a table and then the main features selected papers and documents were analyzed in a descriptive synthesis (Table 1).

Data Analysis

The initial codes were extracted from the papers and documents, and then the similar ones were classified into subcategories. After comparing the encoded categories, the main categories or themes of menstrual rights were extracted. In this study, the original phrases of the papers and documents were analyzed without interpreting them.

Results

The concept and structure of menstrual rights are discussed in the following three categories:

1. Menstrual Rights in Different Cultures and Religions

Menstrual Rights in Subcultures

Studies have shown that women may experience and understand menstrual stigma based on the cultural context of their societies. For example, social stigma is a global, long-standing, and deep issue (26,28,29). In some cultures, a menstrual woman is considered dirty, contaminated, and unclean, and menstruation is regarded as an embarrassing issue that should be kept secret. Such beliefs have led to the isolation of women and girls during the menstrual cycle. Other cultural problems for women and girls in some societies include discriminatory behaviors against them and restrictions on their social participation (26). In an ethnographic study of Indian society, Ullrich discussed the domination of menstrual taboos and their changes from 1965 to 1987 and argued that menstrual taboos may have restricted occupational, educational, and economic opportunities for women, jeopardized their social roles and independence, and limited their presence in religious rites and other social events (31). According to Nour, menstrual women in Nepalese culture are considered "one who carries impurity, one cursed by the gods". Such women are kept under quarantine in some rural areas of Nepal. This social stigma and isolation can create a sense

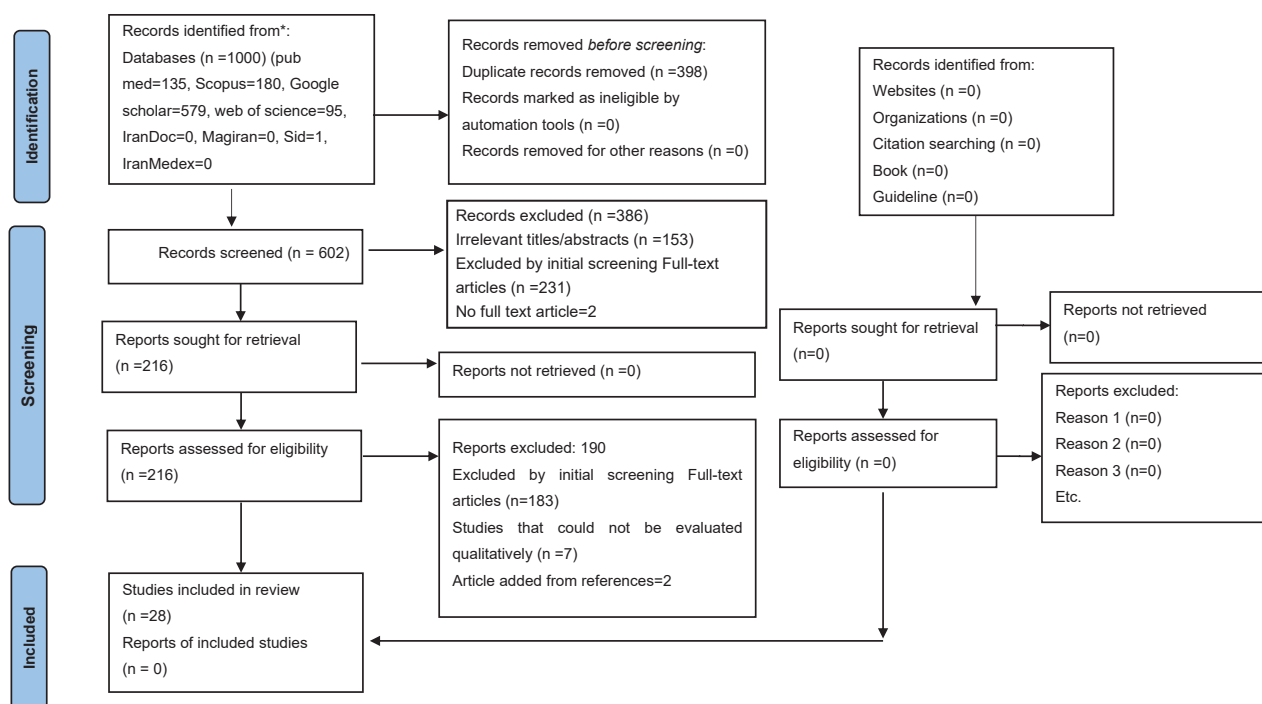


Figure 1. PRISMA Flowchart of the Study.

of humiliation and shame in girls and women (19).

Menstrual Rights in Religions

Different religions may offer similar taboos. Some of the most common practices that are pursued are isolation, rejection of religious activities, and abstinence from sexual intercourse. Women are still barred from entering temples. Furthermore, the one idea shared by all religions is the idea of spiritual impurity. In the Quran, for instance, menstruation is referred to as “female impurity” and “getting rid of impurity”, and also something that women usually suffer from. In Verse 222 of Al-Baqara, men are forbidden to have sexual relationships with women until the end of their menstrual cycle (41). According to the Quran commentators, this recommendation is regarded in line with women’s right to health, hygiene, and wellbeing during menstruation (42,43). In Christianity, menstrual women are forbidden to have sex during menstruation. Based on Halakha in Judaism, men and women are prohibited from any physical contact during menstruation and until a week passes. The Book of Leviticus, also introduces some rules about touching and having sexual intercourse with menstrual women (43,44).

2. Components of Menstrual Rights

Health-Medical Rights

Access to Health Services

Studies have shown that health systems are responsible for providing some individual-social rights for menstrual women such as menstrual sanitary pads and tampons, proper disposal of menstrual waste, and private toilets with adequate soap and water (17). Since the sanitary

disposal of menstrual waste (pads and tampons) is a matter of environment, safety (for those who handle such waste), and health, the necessary equipment and facilities should be provided for women and girls to dispose menstrual waste in places other than their houses, such as schools, workplaces and other public places (45). It has been emphasized that governments should ensure social welfare for such girls and women through providing MHH products (e.g., sanitary pads, tampons, menstrual cups, suitable underwear, etc) and health services (e.g., water, proper disposal of menstrual waste, and easy access to private toilets with adequate soap and water) (12,31). However, many women and girls do not have access to MHH products (e.g., special underwear) and, therefore, they use unsanitary things, such as cloth and paper towels, which can increase the risk of getting genital infections (12,25,46).

Access to Menstrual Clinical Care

Most girls and women do not receive effective and immediate clinical care when they face menstrual problems, such as painful or irregular menstruation, premenstrual syndrome, heavy bleeding, and early or delayed menstrual cycles. In addition, most of them receive home remedies and traditional care from family members and friends during this period. Many others also deal with such problems alone and in silence. This is the reason why the incorporation of menstrual health and rights into SRHR packages has been strongly emphasized (7,39). There is also an association between the management and treatment of menstrual irregularities (e.g., dysmenorrhea and abnormal uterine bleeding) with menstrual rights,

Table 1. Studies and Documents Included in the Systematic Review

First Author	Study Plan	Research Location	Research Community	Sample Size	Tool	Main Results
Wilson (6)	Narrative review	American	Articles	-	-	Menstrual health and rights as part of health and reproductive rights
Wilbur (15)	Qualitative, thematic analysis	Nepal	Disabled women	20	Interview, view, photo	Lack of access to health facilities, disrupted self-care and social constraints are major challenges in the menstrual rights of women with disabilities.
Wilbur (16)	Review	Nepal	Articles	10	-	Lack of political commitments and health services regarding the health and menstrual rights of women with disabilities
Plesons (17)	Narrative review	American	Articles	-	-	Addressing socio-cultural issues, access to menstrual products, sanitary disposal of menstrual wastes, social support and clinical care as adolescent menstrual rights
Hennegan (18)	Narrative review	American	Articles	-	-	Achieving health and menstrual rights requires cross-sectoral cooperation
Nour (19)	Letter to the Editor	American	-	-	-	Combating superstitions and social restrictions as part of menstrual rights
Bozelko (20)	Narrative review	Singapore	Articles	-	-	Paying attention to the menstrual health of women living in prisons is an example of menstrual rights.
MacRae (21)	Qualitative, thematic analysis	India	Women	68	Interview and group discussion	Providing appropriate and evidence-based educational content about menstrual health is an example of menstrual rights.
Thomson (12)	Narrative review	United Kingdom	Articles	-	-	Ensuring the rights and health of women during menstruation is an example of human rights.
Sommer (22)	Narrative review	Kenya	Articles	-	-	The need to integrate health and menstrual rights in the health and reproductive rights package
Smiles (23)	Qualitative, grounded theory	Ethiopia	Teenage girl	120	Interview	Menstrual health is one of the pillars of human rights that overshadows the well-being of girls.
Budhathoki (24)	Narrative review	United Kingdom	Articles	-	-	Paying attention to women's menstrual health during natural disasters is one of the examples of menstrual rights.
Sommer (25)	Narrative review	American	Articles	-	-	The effect of unfavorable work environments during menstruation on women's health and well-being
Shah (26)	Letter to the editor	Pakistan	-	-	-	Experiencing stigma during menstruation, a social challenge

Table 1. Continued

First Author	Study Plan	Research Location	Research Community	Sample Size	Tool	Main Results
Mahon (27)	Narrative review	India	Articles			The participation of boys and men in society is essential to address the gendered view of health and menstrual rights.
Mason (28)	Qualitative, thematic analysis	Kenya	Teenage girl	120	Group discussion	Support from parents and the school is the right of all adolescent girls during menstruation.
Goel (29)	Descriptive-cross-sectional	India	Teenage girl	478	Researcher-made questionnaire	Having accurate and sufficient information about menstrual health is one of the examples of menstrual rights.
Kroll (30)	Qualitatively	American	Women and men with disabilities	46	Interview and group discussion	The need to provide menstrual health services, free of discrimination and sensitive, to women with disabilities
Ullrich (31)	Qualitative, ethnography	India	Women of childbearing age	12	Interview, view	Elimination of social taboos as part of menstrual rights
Phillips (32)	Documents	-	-	-	-	Menstrual health is an important aspect of sexual and reproductive health and rights.
McMahon (33)	Qualitatively	Kenya	Schoolgirls and teachers	57	Interview and group discussion	Providing sanitary items and guiding girls on how to use them are vital components for future interventions.
UNFPA (34)	International documents	UNFPA, United Nations	Population Fund			
UNFPA (35)	International documents	UNFPA, United Nations	Population Fund			
Sommer (36)	International documents	Monitoring Menstrual Health and Hygiene: Measuring Progress for Girls on Menstruation; Meeting Report				
Keith (37)	Documents	Global Health Innovation				
UN Committee (38)	Documents	The Convention on the Rights of Persons with Disabilities and the Convention on the Elimination of all Forms of Discrimination against Women				
United Nations (39)	International documents	United Nations Committee				
UNICEF (40)	International documents	UNICEF				

because it can greatly affect the quality of life of women and girls. Therefore, the best treatments and care should be provided for all girls and women depending on the age and causes of abnormal uterine bleeding (47).

Educational (Information) Rights

In a review study, Plesons et al argued that children, adolescents, and adults around the world had insufficient knowledge, awareness, and understanding about menstruation and related issues, posing numerous MHH challenges. They found that obstacles, apathy, and reluctance were the main factors preventing social debates on menstruation. They also argued that considering menstruation a purely feminine issue related to fertility was a great misconception, and identified information gaps, common misconceptions in sources of information (e.g., mothers, friends, and female relatives), and inadequacy of educational programs as the main problems in this regard (17). As a result, it is necessary to encourage the extensive engagement of both male and female adolescents, parents, school teachers and principals, and all community members in MHH training (27). It has been reported that data on menstruation are mainly focused on menstrual biology and lack sufficient content about its relationship to SRHR as well as practical tips on menstrual management (e.g., pain relief and necessary care). It is noteworthy that providing such information to girls, women, and even boys and men can play a major role in reducing sexist views of this issue (48). Therefore, health personnel and health care providers should participate in developing appropriate evidence-based educational contents on menstruation and MHH and regularly providing women and girls with the given contents (22,33,36).

Social Rights

At Workplace

Employers and colleagues must pay special attention to the needs of women and girls during menstruation. Some of the measures they can take in this regard include reducing the workload, environmental stress, and working hours as well as giving menstrual employees hourly or daily leave. However, this requires employers and colleagues to be aware of MHH and menstrual rights and to contribute to their observance in working environments. It has been demonstrated that difficult access to safe places and inadequate menstrual facilities may have limited

the job opportunities for girls and women. Some of the occupational problems that menstrual women may face are dismissal, forced leave, long working hours, low wages, unequal working conditions, and income loss. Therefore, supportive laws are needed to protect women and girls in such situations (47).

In Society

Social security and social self-esteem are also among the social rights of girls and women during menstruation (23). A positive and respectful living environment at individual (positive perception of their body), interpersonal, and social levels can guarantee the menstrual health of girls and women. Girls and women should be entitled to freely engage in civil, cultural, social, economic, and political affairs without any menstruation-related restrictions (18).

In Family

Studies in Iran have indicated that menarche is a negative experience for most women and girls, caused by insufficient information, a sense of fear and panic, and difficult relationships with their mothers. The results have also shown that menstruation is a completely feminine issue that is usually kept hidden from fathers and brothers (50, 51). Old members in Nepali families, including mothers, grandmothers, and other senior women, mostly emphasize restrictions on girls during menstruation, resulting in menstrual taboos and stigma (12); and 15% and 18% of women in reproductive aged experience domestic violence and even rape during menstruation. Thus, women's menstrual health and rights should be recognized and provided as part of human rights (19). Table 2 presents a summary of papers and documents that dealt with these rights.

3. Menstrual Rights in Special Cases

Menstrual Rights for Women and Girls With Disabilities

Convention on the Rights of Persons with Disabilities (CRPD) and Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) have dealt with the rights of women and girls with disabilities to access reproductive health information, products, and services. It is necessary to provide MHH products because women and girls with disabilities may face financial, social, and psychological barriers to access such products. Studies have demonstrated that easy access to health

Table 2. Components of Menstrual Law in International Documents

Components	
Health-medical rights	Providing safe drinking water, access to sanitary pads and tampons, proper disposal of menstrual wastes, access to private sanitary toilets, contraception services, traditional and chemical medicines and access to clinical care;
Educational rights	Providing educational programs in schools and the community, facilitating access to information about menstrual health and providing appropriate educational content;
Social rights	Reducing workload, environmental stress, and working hours; providing job security, eliminating domestic violence, social taboos, social norms, gender perspective and social welfare;

services is among the menstrual rights of women and girls with disabilities (38).

Women with disabilities, especially those with visual impairment, face challenges in accessing health facilities (e.g., toilets) and self-care services. Moreover, such women are less provided with the treatments and drugs proposed by complementary medicine for reducing the unpleasant symptoms of menstruation. Women with disabilities also have difficulties in acquiring sufficient and appropriate information about menstruation (15,16). Service providers have exhibited incompetence in allocating public resources to people with disabilities because they have not been trained in this regard. Women with disabilities often face non-standard care, discriminatory behavior, and abusive behavior (38). The sterilization (hysterectomy) of women with disabilities is another challenging issue that makes it difficult for such women to independently manage their menstruation (high degrees of disability) (15). Therefore, health service providers should make sure that they provide healthcare services to this group of people based on respectful and supportive views and free of any discriminatory behavior (38).

Menstrual Rights for Female Prisoners

Some Singaporean female prisoners stated that they did not have access to menstrual facilities and products (e.g., clean toilets, pads, or tampons, painkillers, etc) in the prisons, and sometimes prison guards prevented them from having access to such products. They concluded that such behaviors – displayed by male guards, in particular – were discriminatory, humiliating, and against human rights; therefore, they emphasized the observance of menstrual rights of female prisoners (20).

Menstrual Rights for Female Adolescents

MHH has been neglected in adolescent health issues, and global efforts are required to empower, educate, and engage leaders of countries, communities, families, and adolescent boys and girls in the realization of menstrual rights of women and girls and management of menstrual cycles in a sanitary, easy, and safe way. MHH is one of the social determinants of SRH, which has not been addressed properly. Stigma, poor knowledge, and negative information and social norms related to menstruation reduce the quality of MHH management. Therefore, it is necessary to define and add the concept of menstruation as a neglected part of SRHR, promote menstrual awareness through training courses on life skills, social rights, and socioemotional support, and provide suitable physical environments for adolescent girls to have easy access to sanitary facilities (e.g., toilets, clean water, etc) (32,36).

Menstrual Rights for Internally Displaced People (IDPs)

As mentioned earlier, a major part of menstrual rights for girls and women is to ensure their menstrual health. Due to the vulnerability of this group of people, this issue is of

greater importance during natural disasters (e.g., floods, earthquakes, etc.). Girls and women at the time of natural disasters, in addition to the need for shelter, food, proper clothing, and other essentials, are in urgent need of MHH. MHH management during disasters requires the provision of reusable toiletries (e.g., clean towels, underwear, hot water bags, sanitary pads, soap, painkillers, and toilet paper) for girls and women. Therefore, authorities and those in charge of crisis management should strive for providing aid and gender-specific health services during natural disasters (24).

Menstrual Rights for Transgender People

Menstruation in bisexuals and transgender people is always associated with a range of deeply negative emotions such as worry, stress, and anxiety. This is mainly because of unpleasant experiences such as discrimination, violence, harassment, abuse, stigma, and deprivation of health, education, and other social services (i.e., menstrual rights). Since menstruation is a biological process closely related to social expectations and norms as well as female stereotypes, it can be a source of gender dysphoria (i.e., conflict between physical or determined gender and gender identity) for those who are labeled a woman at birth but exhibit a masculine identity later (47).

Discussion

Although many studies have investigated the different aspects of menstruation, only a few of them have dealt with its legal dimension. Due to insufficient familiarity with the concept of menstrual rights and its dimensions, menstrual rights have been marginalized even in international vision programs. This study, therefore, reviewed different papers and documents investigating the menstrual rights for menstruators (i.e., all people experience menstruation), a subject that had not been dealt with in SRHR adequately. Our study results showed that there was insufficient knowledge of the concept of “menstrual rights” and its dimensions, and only a few studies discussed the given issues previously. Most reviewed papers and documents structurally categorized the concept of menstrual rights and then discussed these rights in special cases. The different aspects of menstrual rights discussed in reviewed papers and documents included health-medical rights (e.g., safe drinking water, sanitary pads and tampons, proper disposal of menstrual wastes, private toilets, contraception services, traditional and chemical medicines, and clinical care), social rights (e.g., lower workload, reduction of environmental stresses and working hours, elimination of domestic violence, taboos, stigmas, and sexist perspectives, and social welfare), as well as educational and information rights (e.g., training courses in schools, easy access to information about menstrual health, and appropriate educational content). These papers and documents strongly recommended that all these rights should be provided for menstruators with

disabilities, female prisoners, female adolescents, female IDPs, and transgender people. Furthermore, several Iranian studies previously investigated various aspects of MHH and its relationship with modern and traditional medicine, but only a few of them focused on the menstrual rights of girls and women.

A UNFPA report has determined that the integration of menstrual health and rights into reproductive-sexual rights requires supportive policies, the rule of law, commitment, political leadership, cross-sectoral cooperation, and social responsibility (47).

Wilson et al believe that menstrual health and rights, as a major event of puberty and the transition period from adolescence to youth, have often been neglected by reproductive health professionals as well as by international, national, and local policymakers from, especially, low-income countries. Therefore, it was suggested that participatory research should be conducted in order to revise policies and educational, informational, and health systems to narrow this gap (6).

Keith reported that the menstrual rights of girls and women were often undermined during daily activities (e.g., in schools, workplaces, and communities). This could lead to poor reproductive and sexual health consequences because women and girls cannot properly manage MHH. They found that cross-sectoral cooperation between governments and public and private sectors may have reduced the inequalities and improved the physical, mental, and social wellbeing of girls and women during menstruation. Additionally, they determined that having access to timely and accurate knowledge and information, education, safe menstrual products, decent jobs, health and referral systems, health facilities, sanitary disposal of menstrual wastes as well as enjoying positive social norms (i.e., removal of taboos and gender-based restrictions and violence), cross-sectoral cooperation, and appropriate policy-making were all parts of the menstrual rights of women and girls (37).

Sommer et al highlighted the importance of ensuring the menstrual health and rights of girls and women in various social places (e.g., workplaces), particularly in terms of low- and middle-income countries. They recommended that menstrual girls and women should work in supportive environments, so that they could manage their menstrual challenges. Moreover, they found it necessary to identify the social and environmental barriers that girls and women faced in order for overcoming them (47).

Smiles et al concluded that menstrual health and rights were so important that they should have been integrated with reproductive-sexual rights and human rights. They also argued that the provision of education, menstrual health, and social security, elimination of discriminatory behaviors, and support for women's autonomy may have helped menstrual women and girls to have a proper physical understanding of themselves and feel empowered during this period (23).

Hennegan et al recommended that the policymakers and planners should recognize and support the need for providing a safe and positive social environment as a prerequisite to achieving menstrual health and rights. In addition, they suggested that family members, caregivers, educational institutions, and the government should help women and girls manage their physical health during the menstrual cycle (18).

Although menstruation and menstrual health have been addressed by most national and international organizations, no formal and unified definition has ever been proposed for menstrual health. However, a satisfactory definition of menstrual health is necessary for policy-making, planning, and research to ensure the menstrual rights of women and girls. The realization of menstrual health and its physical, mental, and social dimensions requires holding meeting for stakeholders, facilitating services, and encouraging cross-sectoral cooperation. Furthermore, some factors such as disability, age, sexual identity, place of residence, immigration, temporary residence, natural disasters, homelessness and displacement, religion, ethnicity, as well as culture affect one's menstrual experiences. Therefore, such factors should be taken into account when defining and ensuring menstrual health; it should be noted that inattention to these issues can lead to the violation of menstrual rights (52).

Although the reviewed studies and documents provided different definitions and structures for menstrual rights, some complications such as differences between cultural and social norms remained untouched.

Taking into account the results of this review study, menstrual rights may have been defined as "the rights which have an official but independent definition within the more extensive framework of human rights and the rights to sexual and reproductive health". Menstrual rights consist of three major sections regarding the concepts and structures including menstrual rights in different subcultures and religions, components of menstrual rights, and menstrual rights in special cases. In fact, menstrual rights are applicable to all women, girls, and individuals who experience monthly periods. Menstrual rights can be achieved through adopting the menstrual justice approach to all those individuals who have their monthly periods in special cases (e.g., the disabled, the imprisoned women, female adolescents, transgender, and the homeless after natural disasters, immigrants, and refugees). Menstrual rights are defined as the access to the components of these rights for those who have their monthly periods and also for special cases. The components of menstrual rights are as follows:

- Hygienic rights (at the personal-social level: access to menstrual hygiene management, access to the dignified safe management of menstrual products, and standard disposal of menstrual waste at homes and public environments);

- Medical rights (i.e., access to effective and immediate clinical care for menstrual problems, and access to modern treatments based on personal preferences);
- Educational rights (i.e., facilitating the access to information about menstrual hygiene and different forms of access to all stakeholders and presenting sufficient contents and practical guidelines for menstrual management);
- Social rights (i.e., considering certain conditions and providing specific privileges based on the biological specifications of women's bodies in workplace, society, and family) for all those who have monthly periods and special cases.

Menstrual rights in subcultures and religions include perceiving and experiencing a respectful and positive environment, recognizing menstruation as a natural sign of women's reproductive health without scolding, shame, or discrimination, as well as dismissing unhallowed social and religious customs, superstitions, and taboos that limit women's social and occupational participation, reduce their self-confidence, and make them solitary.

This study aimed to propose a structure for the concept of menstrual rights to contribute to the advancement of SRHR programs and research in line with the goals of sustainable development. The main strength of this study lies in the fact that it provided a relatively comprehensive summary of the concept and structure of menstrual rights for the first time. However, the heterogeneity of papers and documents, which had employed different sampling methods, sample sizes, and measurement tools, as well as the impossibility of measuring the quality of some studies were among the limitations of this study. Therefore, it was recommended that future studies should be carried out to review the relevant quantitative or qualitative papers and documents through meta-analysis in order for achieving more accurate and interpretable results.

Conclusions

In sum, menstrual rights may have guaranteed the menstrual health of girls and women through components such as health rights, educational (information) rights, social rights, and rights in special cases. Moreover, the complexities of the international concept of menstrual rights necessitated their adaptation to different societies and cultures, which required qualitative research. Such studies may have provided a sound basis for evidence-based policy-making, application of knowledge by health policymakers, and proper implementation of policies by health care providers willing to improve MHH management.

Authors' Contribution

Conceptualization, Methodology, Formal Analysis, Investigation and Validation: Nassimeh Setayesh Valipour and Maryam Damghanian.
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Conflict of Interests

Authors have no conflict of interest.

Ethical Issues

Details of Ethics Approval

This manuscript, a part of a Ph.D. thesis of N.S, was approved by the Ethics Committee of Tehran University of Medical Sciences under the Code: IR.TUMS.FNM.REC.1400.003.

Financial Support

The research was funded by Tehran University of Medical Sciences for a Ph.D. thesis in Reproductive Health.

Acknowledgments

The authors would like to heartily thank the officials of the Faculty, Library and Informatics Unit of Tehran University of Medical Sciences for their cooperation and assistance in searching for the articles. We should appreciate the Tehran University medical of sciences for their support.

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