<table>
<thead>
<tr>
<th>Term</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Literacy</td>
<td>6</td>
</tr>
<tr>
<td>Cervix</td>
<td>7</td>
</tr>
<tr>
<td>Comprehensive Sexuality Education (CSE)</td>
<td>8</td>
</tr>
<tr>
<td>Cycle Awareness (or Menstrual Cycle Awareness)</td>
<td>9</td>
</tr>
<tr>
<td>Cycle Tracking</td>
<td>10</td>
</tr>
<tr>
<td>Decolonizing Menstrual Health</td>
<td>11</td>
</tr>
<tr>
<td>Disposable products</td>
<td>12</td>
</tr>
<tr>
<td>Endometriosis</td>
<td>13</td>
</tr>
<tr>
<td>Endometrium</td>
<td>14</td>
</tr>
<tr>
<td>Environmenstrual</td>
<td>15</td>
</tr>
<tr>
<td>Fertility Awareness Method (FAM)</td>
<td>16</td>
</tr>
<tr>
<td>Free Bleeding</td>
<td>17</td>
</tr>
<tr>
<td>Free Bleeding Movement</td>
<td>18</td>
</tr>
<tr>
<td>Gender Pain Gap</td>
<td>19</td>
</tr>
<tr>
<td>Heavy Menstrual Bleeding (HMB)</td>
<td>20</td>
</tr>
<tr>
<td>Informed choice</td>
<td>21</td>
</tr>
<tr>
<td>Intersex</td>
<td>22</td>
</tr>
<tr>
<td>Medical Racism</td>
<td>23</td>
</tr>
<tr>
<td>Menarche</td>
<td>24</td>
</tr>
<tr>
<td>Menopause</td>
<td>25</td>
</tr>
<tr>
<td>Menstrual Blood</td>
<td>26</td>
</tr>
<tr>
<td>Menstrual Cycle</td>
<td>27</td>
</tr>
<tr>
<td>Menstrual Cycle Discomforts, Conditions and Disorders (MDCDs)</td>
<td>28</td>
</tr>
<tr>
<td>Menstrual Equity</td>
<td>29</td>
</tr>
<tr>
<td>Menstrual Equity Activist (or Period Activist)</td>
<td>30</td>
</tr>
<tr>
<td>Menstrual Health</td>
<td>31</td>
</tr>
<tr>
<td>Menstrual Health Advocacy</td>
<td>32</td>
</tr>
<tr>
<td>Menstrual Health and Hygiene (MHH)</td>
<td>33</td>
</tr>
<tr>
<td>Menstrual Hygiene</td>
<td>34</td>
</tr>
<tr>
<td>Menstrual Hygiene Management (MHM)</td>
<td>35</td>
</tr>
<tr>
<td>Menstrual Hygiene Day (MH Day, or MHD)</td>
<td>36</td>
</tr>
<tr>
<td>Menstrual Injustice</td>
<td>37</td>
</tr>
<tr>
<td>Menstrual Leave</td>
<td>38</td>
</tr>
<tr>
<td>Menstrual Movement</td>
<td>39</td>
</tr>
<tr>
<td>Menstrual Product Standards</td>
<td>40</td>
</tr>
<tr>
<td>Menstrual Product (or period product)</td>
<td>41</td>
</tr>
<tr>
<td>Menstruality</td>
<td>42</td>
</tr>
<tr>
<td>Menstruation</td>
<td>43</td>
</tr>
<tr>
<td>Menstruators</td>
<td>44</td>
</tr>
<tr>
<td>Ovulation</td>
<td>45</td>
</tr>
<tr>
<td>Perimenopause</td>
<td>46</td>
</tr>
<tr>
<td>Period (Menstrual Period)</td>
<td>47</td>
</tr>
<tr>
<td>Period Stigma (Menstrual Stigma)</td>
<td>48</td>
</tr>
<tr>
<td>Period Taboo (Menstrual Taboo)</td>
<td>49</td>
</tr>
<tr>
<td>Period Parity</td>
<td>50</td>
</tr>
<tr>
<td>Period Poverty</td>
<td>51</td>
</tr>
<tr>
<td>Pink Tax</td>
<td>52</td>
</tr>
<tr>
<td>Polycystic Ovary Syndrome (PCOS)</td>
<td>53</td>
</tr>
<tr>
<td>Premenstrual Syndrome (PMS)</td>
<td>54</td>
</tr>
<tr>
<td>Reproductive Justice</td>
<td>55</td>
</tr>
<tr>
<td>Reproductive Violence</td>
<td>56</td>
</tr>
<tr>
<td>Reusable Products</td>
<td>57</td>
</tr>
<tr>
<td>Sexual and Reproductive Health and Rights (SRHR)</td>
<td>58</td>
</tr>
<tr>
<td>Tampon Tax</td>
<td>59</td>
</tr>
<tr>
<td>Toxic Shock Syndrome (TSS)</td>
<td>60</td>
</tr>
<tr>
<td>Uterine fibroids</td>
<td>61</td>
</tr>
<tr>
<td>Uterus</td>
<td>62</td>
</tr>
<tr>
<td>Vagina</td>
<td>63</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene (WASH)</td>
<td>64</td>
</tr>
<tr>
<td>Women, girls and people who menstruate</td>
<td>65</td>
</tr>
</tbody>
</table>

**TABLE OF CONTENTS**
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Co-Founder, Period Equity

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Language helps form the beliefs and attitudes that surround our experiences. Language affects how people who menstruate - and those who do not - feel about and understand periods. This is why Madami and PERIOD took on the challenge of curating, centralizing and creating a holistic document that celebrates the diversity of terms to describe menstrual experiences, as well as the multitude of different strands of education, activism and advocacy within the menstrual movement.

We developed this Glossary because the work to break menstrual taboos and enhance menstrual wellbeing should be available to all, without the barriers of confusing or advanced language around menstruation. Occasionally, organizations and individuals inadvertently create barriers to advancing the menstrual movement by using inaccessible or regressive language. Without appropriate or uniform language, communications and advocacy can fail in connecting our efforts effectively to who we aim to influence, namely policymakers, donors, activists and other changemakers. Ultimately, without unified language, we will see even more barriers to realizing our goals of ensuring healthy, dignified, and affordable periods for all. We hope this Glossary sets the tone for the language of the menstrual movement, catalyzing greater advocacy and inclusion of the diverse experiences within the global menstrual community, inclusive of young people, indigenous populations, people of color, people living with disabilities, and other historically marginalized populations who are often not included in the conversation.

We also developed this Glossary because we recognize that for many who work in the menstrual health space, the menstrual cycle is not simply about bleeding or menstrual health management, but rather about the experiences of navigating life while bleeding.

We hope to capture this duality in this Glossary by including terms and descriptions that speak to both the biological and social experiences of menstruation. Menstrual health is ultimately a gendered and sexed experience, which individuals have to navigate on a daily basis. It is important to recognize that not all those who menstruate identify with womanhood, and not all women menstruate. Language should aim to be inclusive and appropriate to all the contexts in which one works. At times, that means using gender-neutral language such as menstruator, and sometimes the most appropriate inclusive language is women, girls and those who menstruate. The language people chose to use should be suitable for their own context and community.

Presently, this Glossary is only available in English, and we hope this is the first version of many, in multiple languages, to better reflect the experiences that vary from region to region and the people and organizations who work in this movement throughout the world. Similarly, we recognize that this glossary is not exhaustive, and we hope that future editions will continue to support menstrual health advocates and professionals to familiarize themselves with the terminology of the menstrual movement.

Language is ever-changing and constantly growing. We are excited for what this Glossary can mean for the future of advancing menstrual equity, because when we all have access to the language of the movement, it will only strengthen and grow.

To provide input on the contents of this Glossary, we invite you to share your Feedback and Recommendations using this submission form.

-Madami and PERIOD.

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Language is power. Language can be used as a means to change reality.

-Adrienne Rich
Body Literacy

Also referred to as Cycle Literacy, it refers to the process of learning to read and understand the language of the body as well as observe, chart, and interpret an ovulatory menstrual cycle.

**Important considerations**
The term body literacy was coined by Laura Wershler and Geraldine Matus of Justisse in 2005 in the Femme Fertile. They argue that more advanced body literacy can lead to a greater sense of empowerment within one’s own body and higher levels of confidence in oneself and one’s choices. Moreover, being able to identify any changes and share them with a healthcare provider may help people get the care they need, supporting informed participation in health-care decision making processes.

**References**

Wershler, L., Matus, G., & Lalonde, M. (2005). The body literacy imperative is born or who stole the birth control pills. *Femme Fertile Fall, 61.*

**Additional reading**

Cervix

The structure found at the lower end of the uterus that forms a canal between the uterus and vagina. During menstruation, menstrual blood flows from the uterus through the small opening in the cervix, and leaves the body through the vagina.

Important considerations
Depending on where menstruators are in their menstrual cycle, the position and feel of the cervix can change. If menstruators are ovulating, their cervix may be softer, higher, and more difficult to reach. Cervical changes can provide important signals about menstrual cycles and fertility, such as when people who menstruate are more likely to get pregnant.

References


Additional reading
Comprehensive Sexuality Education (CSE)

Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.

Important considerations
CSE plays a crucial role in addressing the health and well-being of children and young people. CSE provides children and young people with age-appropriate and phased education on human rights, gender equality, relationships, reproduction, sexual behaviours risks and prevention of ill health. It is also an opportunity to present menstrual health and menstrual practices as central to the ability of young people to make informed decisions about their bodies. Menstrual health education is included within the CSE Key Concept of Human Body and Development.

References


Cycle Awareness (or Menstrual Cycle Awareness)

The knowledge, appreciation and process of tracking the individual menstrual cycle and the associated energy and mood patterns. It includes observing the changes in energy, mood, stress, sleep, nutrition and lifestyle habits and how this can lead to more information about health patterns or potential hormonal imbalances.

Important considerations
Being aware of cyclically-associated energy and mood patterns can enable people to make more intuitive and informed decisions regarding their overall health and wellbeing. Cycle awareness is often rooted in more holistic or conscientious approaches - such as cycle wisdom or menstruality - that focus on the mind, body and spirit connection throughout the life course.

References


Additional reading
Many contemporary menstrual cycle coaches - such as Claire Baker, Lisa de Jong, Wellness by Saran, Periods With Maria Carmen or Know Your Flow by Ruby May - all include more information about menstrual cycle awareness on their websites and Instagram pages.
Cycle Tracking

A method used to actively observe and track the physical and emotional aspects of the menstrual cycle often through tools, diaries or technology by keeping a regular record of when menstruation occurs and documenting other information related to the cycle. This information is often used to inform menstrual management, health decision-making, and to support or prevent pregnancy.

Important considerations
Technology is increasingly being adopted to improve and optimize cycle tracking. Menstrual tracking apps (i.e. Clue, Flow, Oky, Natural Cycles) offer clear health benefits to users, allowing them to track and anticipate symptoms, as well as providing an aid for people hoping to conceive. However, menstrual tracking apps also raise key concerns over the privacy of users’ intimate data and how this data is being commercialized by companies.

References

Additional reading

Decolonizing Menstrual Health

The process of dismantling long-held attitudes about menstruation and menstrual health that have been conceptualized through imperialist and colonialist ways of thinking.

Important considerations
Thinking and acting to decolonize menstruation builds upon decolonization theory and practice in adjacent fields. Within the Menstrual Health sector, it is important to begin this process specific to menstrual health in the context of our notions of the global south and our social constructions around menstrual health and best practices for indigenous people, people of color and other marginalized populations.

Understanding and addressing the ways in which how western, white supremacist attitudes and practices have influenced our current narrative around menstrual health is key to progress around gender equality. As a sector, menstrual health advocates should be actively seeking to decolonize menstrual health to create a more intersectional menstrual movement that represents the diverse voices and experiences of all.

References


Additional reading
Disposable products

Also referred to as single-use products. Products that can be used one time to manage the menstrual flow and are then disposed of. Most common examples are disposable menstrual pads or tampons.

Important considerations
The products menstruators chose to manage menstruation are highly personal, and are influenced by lifestyle, needs, culture, and socio-economic status. Single-use menstrual products in particular, such as tampons and pads, have become a significant contributor globally to single-use plastic waste. Some alternatives to using disposable period products to manage menstruation include the use of reusable period products or the practice of free bleeding.

References


Additional reading


Endometriosis

A chronic and progressive condition when tissue similar to the lining of the uterus (womb) grows outside of the uterus. These cells respond and bleed with cyclic hormonal fluctuations typically causing pain, scarring, and bloating throughout the menstrual cycle.

Important considerations
Endometriosis is sometimes mistaken for other conditions that cause pelvic pain, including ovarian cysts. While 10% of women worldwide are diagnosed with endometriosis, it takes an average of eight years to be diagnosed. Women of color, including Black, Asian, and Indigenous populations are often dismissed of severe or chronic pain by medical professionals, prolonging the diagnosis and treatment. It is important that those suffering from prolonged or acute menstrual pain or bleeding seek medical advice to better understand if endometriosis, PCOS, fibroids or other underlying health issues could be the cause of it.

References


Additional reading

Denny, E. (2009). “I never know from one day to another how I will feel”: pain and uncertainty in women with endometriosis. Qualitative health research, 19(7), 985-995.

Endometrium

Endometrium, or endometrial lining, is the lining inside the uterus that changes in thickness throughout the menstrual cycle, and is shed during menstruation.

Important considerations
Each menstrual cycle, the endometrium thickens with enriched blood to nourish a potential embryo (to prepare for pregnancy). If there is no conception (no pregnancy), the endometrium sheds and bleeds through the cervix as menstruation.

References


Additional reading
Environmenstrual

Also referred to as sustainable menstruation. A term that refers to environmentally-friendly and responsible behaviors and **menstrual product** options that reduce waste, pollution or are made with low to no chemicals and plastics.

**Important considerations**

*Environmenstrual Week* was launched in 2018 by Wen (Women’s Environmental Network) in the UK. Environmenstrual Week is a week of action dedicated to advocating for healthy, eco-friendly menstrual products for everybody. It is normally celebrated during the month of October.

**References**


**Additional reading**


Fertility Awareness Method (FAM)

A group of contraceptive methods where you track your cycle or chart your cycle as a way to identify the fertile days of the menstrual cycle, whether by observing fertility signs such as cervical secretions, urinary hormonal levels, cervical position and basal body temperature, or by monitoring cycle days, in order to make contraceptive decisions.

Important considerations
Fertility awareness based methods can be used in combination with abstinence or barrier methods during the fertile time of the menstrual cycle to reduce the probability of pregnancy.

References

Additional reading

Free Bleeding

The practice of intentionally not using any materials or menstrual products to absorb or collect menstrual flow. It is possible to feel the flow coming and consciously control the muscles in their pelvic area to prevent it from leaking out. The menstrual blood can be held in the vagina with certain muscle contractions and discharged by relaxing the pelvic floor.

Important considerations
Free bleeding can be both a conscious choice for those who choose to bleed without the use of menstrual materials, or those who free bleed because they do not have access to period products.

In ancient times, women used to free bleed into the earth on new moons as a part of ritualistic traditions, however in modern times it is often associated with acts of rebellion or defiance against the menstrual hygiene industry.

References


Additional reading
Free Bleeding Movement

Free bleeders openly bleed into their underwear or garments without any menstrual products or materials to raise awareness about menstruation stigma, and the lack of access and affordability of menstrual products by many people around the world. The Free Bleeding Movement received significant attention in 2015 when musician and activist Kiran Gandhi ran the London Marathon while free bleeding.

Important considerations
Free bleeders openly bleed into their underwear or garments without any menstrual materials or products to raise awareness of the reality that menstruation is still stigmatized and many cannot afford menstrual products. Free bleeding has become an important form of Menstrual Health activism with artists and advocates openly using this act to draw attention to menstrual stigma, taboo and inequity.

The Free bleeding movement got significant attention in 2015 when Kiran Gandhi ran the London Marathon while free-bleeding.

References

Additional reading

Gender Pain Gap

Disparities observed and experienced in the healthcare system between men and women, in particular the bias against women’s expressions of pain that negatively affect diagnosis and treatment of their health conditions when compared with those of men.

Important considerations
This bias is rooted in stereotypes about pain that have been ingrained into medical discourse about female bodies and illnesses over centuries. Research into the gender pain gap and the biases that support it is far more recent. There are many studies which demonstrate that women’s pain is much more likely to be consistently minimized or ignored by healthcare professionals compared to their male counterparts.

Furthermore, women of color including Black, Asian, Indigenous, and other historically marginalized communities are far more likely to experience greater health inequalities than white women, often risking having their accounts of pain underestimated and discounted because of false beliefs about racial difference and pain sensitivity.

References


Additional reading


Heavy Menstrual Bleeding (HMB)

Excessive menstrual bleeding, also known as menorrhagia. Heavy menstrual bleeding is defined as losing 80ml or more in each period, having periods that last longer than 7 days, or both. Symptoms can include: heavy and prolonged menstrual periods, anemia, tiredness, fatigue, shortness of breath and lower abdominal and pelvic pain.

Important considerations
Although heavy menstrual bleeding is a common concern, most women do not experience blood loss severe enough to be defined as menorrhagia. With menorrhagia, a menstruator cannot maintain their usual activities when they have their period because there is so much blood loss and cramping.

References


Additional reading

Informed choice

A decision where all the available information about the health alternatives is considered and used to inform a final decision; the resulting choice should be consistent with the individual’s values.

Important considerations

All people who menstruate need exposure and access to menstrual products that are safe, comfortable, and support sustainable production and use, for them to make an informed choice about their menstrual products of choice. With increasing choices available in the menstrual product market, informed decision-making has become pivotal in menstruation management.

References


Additional reading

Intersex

A term used to describe someone who is born with variations in sex characteristics and reproductive anatomy. These could include chromosomes, genitals, gonads, or sex hormones which do not fit the typical definitions for male or female bodies.

Important considerations
Some intersex people menstruate, while not all intersex people are menstruators.

References


Additional reading
Medical Racism

The systematic and wide-spread racism against people of color within the medical system. Relying on policies, practices, and data that amplifies false information about racial biological difference, using tools that are rooted in biases about one’s race and/or ethnicity (ex. Body Mass Index or History of Present Illness), and allowing medical personnel to treat patients and their family members derogatorily increases the chances of people of color experiencing negative medical outcomes.

References

Additional reading


Menarche

The first **menstruation**, or the onset of the **menstrual cycle**. The age at which menarche occurs is affected by genetic and environmental factors, and usually occurs between 10-16 years of age.

**Important considerations**
The timing of the menarche varies within and between populations, and has been declining over the past several decades. Across populations, the average age of the menarche can vary. Menarche is often associated with females reaching puberty, and represents the biological changes which allow for reproduction by what medical/clinical language refers to as the female biology. It is important to note, that not all those who menstruate are women, with transgender and intersex people also experiencing menarche when their menstrual cycle begins. When using the term consider using it in relation to potential for contraception or pregnancy, and reproductive responsibilities rather than female biology only.

**References**


**Additional reading**


Menopause

When people who menstruate naturally stop having menstrual periods. Menopause follows perimenopause, and it’s diagnosed after the person who menstruates has gone 12 months without a menstrual period. Menopause occurs when there is a permanent decline in gonadal hormone levels, which helps control the menstrual cycle. Menopause marks the end of the reproductive years. The average age that a menstruator goes through menopause is 51 years.

Important considerations
In the UK, it is common to refer to this as ‘the menopause’, whereas in the US it is just referred to as ‘menopause’.

References


Additional reading


Menstrual Blood

Also known as menses. Bodily fluid that is made up of blood, vaginal secretions, and cells of the endometrium which are released from the uterus to the vagina during menstruation, if there is no pregnancy.

Important considerations
With increased attempts to understand and map menstrual, uterine, or hormonal health using menstrual blood; menstrual effluent can be a more effective term to refer to the full scope of properties which exist inside of what is commonly understood as menstrual blood.

References


Additional reading

Menstrual Cycle

A complex reproductive process in the female body that begins at puberty with **menarche** or the first period. It usually begins around the ages of 10 to 16, and ends at **menopause** (average age is 51), when menstrual periods stop permanently. The menstrual cycle has four phases: **menstruation**, the follicular phase, **ovulation** and the luteal phase. Menstruation marks the beginning of the menstrual cycle.

**Important considerations**
The length of a menstrual cycle is determined by the number of days between the first day of menstrual bleeding of one cycle, to the onset of menstrual bleeding, or menses, of the next cycle. The length of the menstrual cycle is notoriously variable, but on average, menstrual cycles can last between 21-35 days, with an average being about every 28 days.

**References**


**Additional reading**

Menstrual Discomforts, Conditions and Disorders (MDCDs)

An umbrella term for all menstrual-related discomforts, pain or conditions related to a person’s menstrual cycle. There are many different types of MDCDs that vary with signs and symptoms, including pain during menstruation, heavy menstrual bleeding, blood clots or emotional upheaval.

Important considerations
Some MDCDs include Polycystic Ovary Syndrome (PCOS), dysmenorrhea, Premenstrual Dysphoric Disorders (PMDD), endometriosis or uterine fibroids. Not all MDCDs represent a diagnosable or treatable illness but refers to the full gambit of painful or challenging physical, mental or emotional symptoms someone may experience related to their menstrual cycle.

This term can be useful for menstrual health activists who are seeking to advocate for menstrual health and wellbeing beyond periods. It encompasses the broad number of health concerns related to the menstrual cycle which individuals might require information, products or specific healthcare service provision to manage. This term enables advocates to bridge different movements and bodies which advocate for one specific health issue (ie. endometriosis, PCOS) and advocate for the collective and holistic menstrual health of individuals.

References


Additional reading

Menstrual Equity (Period equity)

The affordability, accessibility and safety of menstrual products for all people - including laws and policies - that acknowledge and consider menstruation.

Important considerations
This term was coined by Jennifer Weiss-Wolf to support policy efforts aimed at ending discriminatory tampon and menstrual related taxes.

References

Additional reading


Menstrual Equity Activist (or Period Activist)

A person who works in a professional or volunteer capacity to campaign for social and political change around menstrual health.

Important considerations
This can include, and is not limited to, challenging menstrual taboos or stigmas, vocalizing inequalities that impact people when menstruating, or advocating for laws and policies to advance the quality of life for people when menstruating. This can include, and is not limited to, advocating for an increase in access to safe and affordable period products or facilities, or the ability to have access to accurate menstrual health education.

References


Additional reading
Bobel, C. (2007). ‘I’m not an activist, though I’ve done a lot of it’: doing activism, being activist and the perfect standard in a contemporary movement. Social movement studies, 6(2), 147-159.


Menstrual Health

A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle.

Achieving menstrual health implies that women, girls, and all people who experience a menstrual cycle, throughout their life-course, are able to achieve the following:

1. Access accurate, timely, age-appropriate information about the menstrual cycle, menstruation, and changes experienced throughout the life-course, as well as related self-care and hygiene practices.

2. Care for their bodies during menstruation such that their preferences, hygiene, comfort, privacy, and safety are supported. This includes accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation and hygiene services, for washing the body and hands, changing menstrual materials, and cleaning and/or disposing of used materials.

3. Access timely diagnosis, treatment and care for menstrual cycle-related discomforts and disorders, including access to appropriate health services and reading, pain relief, and strategies for self-care.

4. Experience a positive and respectful environment in relation to the menstrual cycle, free from stigma and psychological distress, including the reading and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle.

5. Decide whether and how to participate in all spheres of life, including civil, cultural, economic, social, and political, during all phases of the menstrual cycle, free from menstrual-related exclusion, restriction, discrimination, coercion, and/or violence.

References

Additional reading
Menstrual Health Advocacy

Actions by individuals or organizations that promote menstrual health and influence menstrual-related considerations and decisions within political, economic or social institutions.

Important considerations
Menstrual health advocacy is focused on addressing systemic or structural inequities around menstrual stigma and taboo by creating conducive policy, regulatory or normative practices.

References

Additional reading


Menstrual Health and Hygiene (MHH)

A term that encompasses both Menstrual Health Management (MHM) and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights. These systematic factors have been summarised by UNESCO as accurate and timely knowledge, available, safe, and affordable materials, informed and comfortable professionals, referral and access to health services, sanitation and washing facilities, positive social norms, safe and hygienic disposal and advocacy.

References
Geertz, A. (2016). An opportunity to address menstrual health and gender equity. FSG.


Additional reading
Menstrual Hygiene

Refers to the types of menstrual products used to manage menstruation or the process of hygienically managing menstruation on a daily basis. It is often used interchangeably with Menstrual Hygiene Management (MHM), but dropping the clinical and impersonal procedural term “management.”

Important considerations
Using the word ‘hygiene’ to address menstruation has become controversial over the past decade as it is often seen as reinforcing associations between menstruation as dirty or unclean. Significant efforts have been made by menstrual health advocates to shift from ‘menstrual hygiene’ to ‘menstrual health’ as it better encompasses not only the need to manage bleeding days but understanding the importance of the menstrual cycle and overall health and wellness.

References

Additional reading
Menstrual Hygiene Management (MHM)

Also known as Menstrual Health Management. A term that originated in the WASH sector and is mostly used in the context of international development and humanitarian programming. It entails that women, adolescent girls, and people who menstruate are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. MHM also encompasses the understanding that people who menstruate understand the biological functioning of the menstrual cycle and how to manage it with dignity, without discomfort or fear.

Important considerations
MHM is a discourse that refers to the articulation, awareness, information, and confidence to manage menstruation with safety and dignity using hygienic materials, together with adequate water, agents, and spaces for washing, bathing, and disposal with privacy and dignity. Similar to menstrual hygiene, there has been a shift to replace hygiene with health.

References


Additional reading


Menstrual Hygiene Day (MH Day, or MHD)

Initiated by WASH United in 2014, Menstrual Hygiene Day (MH Day) on 28 May is a global movement that brings together non-profits, governments, the private sector, media and individuals around the world to drive awareness, advocacy, and action towards a world where no one is held back because they menstruate.

Important considerations
More specifically, MH Day works to:

(1) break the taboos and end the stigma surrounding menstruation,
(2) raise awareness about the challenges regarding access to menstrual products, education about menstruation and period-friendly sanitation facilities, and
(3) mobilize the funding needed for action at scale.

The date of 28 May represents the average 28-day duration of the menstrual cycle and the average 5-day of menstrual flow.

The Menstruation Bracelet, consisting of 28 elements 5 of which are red, is a global symbol for menstruation created by MH Day.

References

Additional reading

Menstrual Injustice

The oppression of menstruators, women, girls, transgender men and boys, and nonbinary persons, simply because they menstruate.

Important considerations
The narrative of menstruation is that it is a taboo, shameful, and that menstruators are dirty, impure, even dangerous. Menstruation has been shunned generally from public discourse as a result. This narrative negatively impacts people who menstruate, and society expects menstruators to be invisibly responsible for their menstruation without recognizing it as part of the necessary reproductive life cycle. Often, menstruators suffer economic disadvantages and health disparities due to inadequate funding and health research.

References

Additional reading


Menstrual Leave

A form of leave which grants an employee the option to take paid or unpaid time-off from their employment and/or work flexibly which does not count towards sickness absence, for menstruation or menopause related symptoms.

Important considerations
Worldwide, policies on the provision of menstrual leave differ from not existing, to national or company level leave regulations. There are several countries worldwide that have incorporated menstrual leave in their labour codes, either at a national level or in industrial agreements.

The topic is controversial as opponents of menstrual leave stress that it would negatively affect gender equity as it would increase the gender pay gap and reinforce gender inequality by presenting women as more expensive or less reliable workers. In contrast, advocates claim that menstrual leave ensures gender sensitive workplaces which acknowledge the diverse needs and experiences of all employees. The debate on the policy has raised important issues related to how to promote inclusivity in the workplace for those who menstruate. Whether menstrual leave is provided or not, it is important to take concrete steps to convey accommodations for people managing periods when at work.

References


Additional reading


Menstrual Movement

A social, political, environmental and cultural movement that seeks to advance menstrual health, break the period stigma and ensure that women, girls and those who menstruate can fully and equally participate in society.

Important considerations
The Menstrual Movement took root in the US in the 1970’s - with books like “Our Bodies, Ourselves” by Angela Phillips, research collectives like the Society for Menstrual cycle Research (SMCR), and feminists like Gloria Steinem or Judy Blume bringing the topic into popular culture. The movement has been carried forward by a dynamic range of organizations and women’s health activists at the local, regional, national, and international level, including those working in the water, sanitation, and hygiene (WASH) sector, sexual and reproductive health and rights (SRHR), education, gender, humanitarian, youth, economic empowerment, and environmental spaces, among many others. This term has recently been popularized by the organization PERIOD., often known as PERIOD. The Menstrual Movement.

References

Additional reading


Menstrual Product Standards

National, regional or global regulations and requirements which ensure safety, compatibility and consistency of materials used in menstrual products, including production process, performance, usage care information, disposal and packaging.

Important considerations
Despite this continuing growth in product innovation, national and global product standards that protect the health of users and provide them with accurate product information remain limited or non-existent. Product standards are essential accountability mechanisms both for companies and users to ensure that any goods or services are of a certain quality, safe for use, and fit for purpose.

References


Additional reading


Menstrual Product (or period product)

A physical internal or external product used to absorb or collect menstrual blood and effluent.

Important considerations

Internal period products include but are not limited to: tampons, menstrual cups, or sponges which absorb menstrual flow before it leaves the body. In contrast external period products include but are not limited to: pads, liners, period panties etc. which absorb menstrual flow after it leaves the body. Menstrual products can be reusable (e.g. menstrual cups, reusable pads) or single-use and disposable (e.g. tampons, single-use pads and liners).

Using words like hygiene, sanitary, or feminine products can reinforce negative notions that menstruation is inherently dirty or that the vagina needs to be sanitized. Language like this also insinuates that the proper use of menstrual products (i.e., pads, tampons and menstrual cups) are the quick-fix solution to the ‘unhygienic’ ‘problem’ of menstruation. It also puts the responsibility on the menstruator to ‘clean themselves up’ rather than looking at menstrual health as a larger, societal issue.

References


Additional reading


Menstruality

Menstruality refers to the individual's built-in route to self-kindness, actualization, power and spirituality. Central to cycle awareness, menstruality describes the arc of experience between the first and last menstruation, between menarche and menopause.

Important considerations
Coined by New Zealand psychotherapist Jane Catherine Severn, menstruality refers to the body life process of menarche, the menstrual cycle, menopause and the mature years, encompassing the developmental journey of a person who menstruates. The term is commonly used by the Red School and menstrual cycle coaches.

References

Menstruation

The regular discharge of **menstrual blood** and mucosal tissue from the inner lining of the uterus through the **vagina**. It signals the beginning of a person’s **menstrual cycle**. Normal menstrual bleeding lasts from 2-7 days per menstrual cycle. Menstruation stops during pregnancy, early breastfeeding and other times due to hormonal changes, extreme stress, or underlying medical issues.

**Important considerations**
Commonly known as a “period,” there are also over 5,000 slang words used around the world to refer to menstruation.

**References**


**Additional reading**

Menstruators

An inclusive term to describe all people who experience menstruation. This is a gender-neutral term used to refer to all people who may experience menstruation as a biological function. This inclusive term is used to denote that not all people who experience menstruation identify as women (ie. trans men, nonbinary or intersex individuals), and that not all women menstruate (ie. post menopausal women, or women who have undergone hysterectomy).

Important considerations
Several menstrual equity advocacy groups use the term ‘menstruator’ when referring to the individuals for whom they advocate. It is important terminology which can be used by activists to ensure greater inclusion across the sector. This term has gained in popularity throughout 2020-2021 however remains somewhat controversial depending on the geographical, social and political context in which an individual or organisation is operating. Those who oppose its use argue the term “menstruator” results in an erasure of the lived experiences of women and reduces the negative experiences of menstruation to biology rather than the traditional and complex socio-cultural taboo’s around women’s bodies and sexuality.

References


Additional reading

Ovulation

The release of an egg from an ovary into the fallopian tube, during the menstrual cycle. This is the key time for fertility during the **menstrual cycle**. Ovaries produce eggs and hormones.

**Important considerations**
Knowing exactly when one is ovulating can be hard to establish, although there are three signs which are more apparent and can give a clearer indication. The signs of ovulation are:

1. Cervical mucus: As one approaches ovulation, the cervix will produce a thin, clear and slippery mucus which suggests that the body is preparing to release an egg. After ovulation has occurred, the mucus becomes thicker and develops a more cloudy appearance.

2. Body Temperature: The body temperature will rise marginally after ovulation.

3. Increased luteinizing hormone (LH): Perhaps the most complex but equally most accurate way of predicting ovulation is a rise in the luteinising hormone which occurs 24-36 before the egg is released.

**References**


**Additional reading**

Perimenopause

Also known as the menopausal transition, this term literally means “approaching menopause.” It refers to the time during which one’s body makes the natural transition to menopause, marking the end of the reproductive years. During perimenopause, the level of estrogen in one’s body rises and falls unevenly, menstrual cycles may lengthen or shorten, and menstrual cycles may not include ovulation (the releasing of an egg). Menopause-like symptoms may also be experienced, such as hot flashes, sleep problems, and vaginal dryness. The perimenopause period typically starts in the 40’s age range, and will conclude after 12 consecutive months without a menstrual period, resulting in menopause.

Important considerations
Scientists divide perimenopause into two stages. Early-stage perimenopause is when the menstrual cycle, which was regular before, starts to become erratic. One is in early-stage perimenopause when, in the course of several months, the period comes a week or more later than usual.

References


Additional reading

Period (Menstrual Period)

Commonly used to refer to menstruation in English. The origin comes from the periodic discharge of blood and tissue from the uterus. Period is short for menstrual period.

Important considerations
The word is so commonly used to refer to menstruation both in English as well as other languages, that it is often forgotten that it is not the medically or clinically correct word. Period’s common day usage within everyday vernacular suggests that it is a commonly acceptable and normalized term when referring to menstruation.

References

Additional reading

Period Stigma (Menstrual Stigma)

A mark of disgrace associated with a particular circumstance, quality, or person related to their menstruation or menstrual experience. This includes the social stain and loss of status, due to menstruation. Through the process of being stigmatized, menstruators often become socially stained or discredited because they hold a characteristic that is classified as unacceptable or undesirable.

Important considerations
Menstruation has been stigmatized as a disease, curse, or countless other conditions that justify unjust treatment of menstruators across the world.

References


Additional reading


Period Taboo
(Menstrual Taboo)

Closely related to “period stigma,” a taboo can be expressed as a social custom that prohibits discussion of a particular practice or condition, thus potentially isolating members of a community who might be associated with the given practice or condition. The types of menstrual taboos vary from culture to culture, and what may be considered a period taboo in one culture (or region), may not be considered in another.

Important considerations
Period taboo, or the prohibiting of social discussions about periods and menstruation, is what impacts cultures and regions to have negative perceptions of periods in the first place (period stigma).

References


Additional reading


Period Parity

A term proposed instead of the term period poverty and in addition to terms as menstrual health or menstrual equity, defining menstruation as a state or condition of being equal in any respect. Period parity is strengths-based and more encompassing of the challenges, as it describes a positive end state. Parity itself is defined as the “state or condition of being equal in any respect.

Important considerations
This term is proposed by Nina Lansbury Hall as an addition to existing options such as period poverty. However, the terms of period parity, menstrual equity, or menstrual health and hygiene provide a more accurate description and language regarding the challenges faced by women, girls, and people who menstruate, globally. Parity is defined as the “state or condition of being equal in any respect.” According to Hall, period parity provides a new term that is strengths-based, more encompassing of the challenges, and describes a positive end state as opposed to using the term ‘period poverty.’

References

Additional reading
Period Poverty

The limited or inadequate access to menstrual products or menstrual health education as a result of financial constraints or negative socio-cultural stigmas associated with menstruation.

Important considerations

The term period poverty is commonly used in the menstrual health sector to draw attention to the intersection of menstrual hygiene and socio-economic status, to define menstrual-related activism, and to mobilize political and social will around menstrual health. However, it is important to note that while period poverty can be a compelling narrative to engage, attract or activate people to the topic, it is often reductive in nature because it simplifies the inability to manage menstruation to financial constraints solely.

It is important to note that period poverty is not a “problem” that can be solved without addressing all poverty-related constraints. The term is overly focused on the period being the reason for why women, girls, and people who menstruate experience poverty rather than linking menstruation to the larger systems and challenges related to health, wellbeing and sexuality. Period poverty can be useful for activism related to economically deprived groups, however it is not always suitable to describe the efforts of the whole menstrual movement. Period poverty is not “the problem” - rather, it is one of many barriers to normalizing menstrual health.

References


Additional reading


Pink Tax

The price discrepancy between products and services marketed to women compared to similar versions marketed to men. This may be sales tax, but usually this price is set by the manufacturer for e.g. razors, shampoo, haircuts, clothes, and menstrual products.

Important considerations
The tax on menstrual products is often referred to as the ‘tampon tax’ or the ‘pink tax.’ Although the tax on menstrual products is included in the general description of the ‘pink tax,’ the term ‘pink tax’ is a border term, and not exclusive to menstrual products. The term ‘pink tax’ acknowledges there is a higher price for a variety of types of products and services marketed to women.

References


Additional reading

Polycystic Ovary Syndrome (PCOS)

A hormonal disorder among people who menstruate during their reproductive years. Women with Polycystic Ovary Syndrome (PCOS) produce slightly higher amounts of androgens, or the “male” hormone, like testosterone. This hormone imbalance causes an assortment of health problems, such as irregular menstrual periods, too much hair on the body and face (hirsutism), and a very large number of follicles (small fluid-filled sacs where eggs develop) on the ovaries. These many follicles look like cysts, which is where the term “polycystic” comes from.

Important considerations
It is very difficult to diagnose PCOS, because there is no single test that can detect it. Sometimes a blood test is needed to measure hormone levels, and doctors must rule out or exclude other conditions with similar symptoms. This is why they call PCOS “a diagnosis of exclusion.”

References


Additional reading

Premenstrual Syndrome (PMS)

A condition characterized by distressing physical, behavioral and psychological symptoms that may regularly recur during the luteal phase of the menstrual cycle, and disappear or significantly diminish by the end of menstruation. Common symptoms of PMS include: mood swings, feeling upset, anxious or irritable, tiredness or trouble sleeping, bloating or tummy pain, breast tenderness, headaches, spotty skin, greasy hair, changes in appetite and sex drive. Severe symptoms are classified as ‘premenstrual dysphoric disorder’ or PMDD.

References


Additional reading


Reproductive Justice

The human right for personal bodily autonomy and to have and rear children in safe and sustainable communities, or choose not to have children, without prejudice.

Important considerations
This is a frame and phrase coined by women of color, and intended to be a broader vision than that of the legal and policy movements that focus more singularly on the frames of freedom/rights/choice as it pertains to abortion. In contrast, the reproductive justice movement acknowledges intersecting factors, such as race, ethnicity and/or class can limit the freedom of marginalized women to make informed choices about their bodies. There is a tremendous amount of scholarship on the US usage of these frames. Menstrual equity is one of the key components of a reproductive justice agenda.

References

Additional reading


Reproductive Violence

Behaviors or practices that interfere with reproductive health decision-making. Reproductive violence violates reproductive autonomy and the freedom to choose whether, how, and under what circumstances to reproduce and is a type of gender-based violence.

Important considerations
Examples of reproductive violence include forced sterilization, birth control sabotage, pregnancy coercion, or controlling the outcome of a pregnancy. While not frequently used within conversations around reproductive violence, the intentional denial or limited dispersal of essential menstrual products, information or services to ensure menstrual wellbeing is a form of reproductive violence that may be experienced by women, and people who menstruate, who are incarcerated.

References


Additional reading

Reusable Products

Products which can be used multiple times to catch or absorb cervical fluid and menstrual flow, such as cloth menstrual pads, menstrual cups and period underwear. A reusable product is intended to be used more than once and can last anywhere between one menstrual cycle and 10 years, depending on the type of reusable product used.

Important considerations
The products menstruators chose to manage menstruation are highly personal, and are influenced by lifestyle, needs, culture, and socio-economic status. The use of reusable period products is usually a more environmentally sustainable option than single-use disposable period products, and is often mostly accessible to people who have access to clean water and sanitation.

References


Additional reading


Sexual and Reproductive Health and Rights (SRHR)

Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity.

Important considerations
The menstrual cycle is often the chronological entry point to a girl’s first experience of her body’s sexual and reproductive possibilities. The onset of menstruation is often accompanied by a variety of social practices in response to the onset of puberty which seek to deter sexual activity and autonomy. Therefore, a positive approach to sexuality and reproduction should recognize the part played by the menstrual cycle, body literacy, pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall well being.

References

Additional reading


Tampon Tax

A term used for the tax imposed on menstrual products by a government. These products are not subject to a unique or special tax but are often classified as luxury items along with other goods that are not exempted.

Important considerations
There are a multitude of state or national based movements to remove additional taxes from menstrual products, or to specifically create tax exemptions.

In the United States, some states do not have sales tax at all, while other states specifically have exempted menstrual products from the sales tax.

Internationally, countries such as Kenya, Canada, and Ireland exempt menstrual products from the value-added tax, while in other countries, movements to remove or reduce the menstrual product related taxes are still in motion or have been unsuccessful. There is increased momentum to address this issue in various countries around the world.

References


Additional reading


Toxic Shock Syndrome (TSS)

A rare, life-threatening complication of bacterial infections. Risk factors include skin wounds, surgery, the use of tampons and other devices, such as contraceptive sponges or diaphragms, left inside the body for an extended period of time. Symptoms include a sudden high fever, low blood pressure, vomiting or diarrhea, a rash resembling a sunburn, particularly on your palms or soles, confusion, muscle aches, redness of one’s eyes, mouth, and throat, seizures, and headaches. TSS can affect all genders across varying stages of their lives.

Important considerations
Originally, toxic shock syndrome was linked to the use of super-absorbent tampons. Tampons can stick to the vaginal walls, especially when blood flow is light, causing tiny abrasions when they are removed.

Research has led to better tampons and better habits for using them, such as changing them often. Today about half of all TSS cases are related to menstruation.

References


Additional reading

Uterine fibroids

Muscular tumors that can grow in the wall of the uterus (womb), and within the uterine cavity. Fibroids are almost always benign (not cancerous). Not all people with fibroids have symptoms. Some people with fibroids may experience pain and heavy menstrual bleeding, and other debilitating symptoms. Treatment for uterine fibroids depends on your symptoms.

Fibroids range in size from seedlings, undetectable by the human eye, to bulky masses that can distort and enlarge the uterus. You can have a single fibroid or multiple ones. In extreme cases, multiple fibroids can expand the uterus so much that it reaches the rib cage.

Important considerations
While uterine fibroids are quite common, most women don’t know they have them until a provider finds them in a routine physical exam or are found on an imaging test. A large portion of menstruators will experience no symptoms due to fibroids, however some experience significant discomfort or pain as a result of their fibroids.

Certain biological, racial and socio-cultural factors may place an individual at higher risk or impact whether symptoms are shown. Black women are statistically more likely to have fibroids than other racial groups, although all ethnicities report fibroid diagnoses. It is important to discuss any symptoms or concerns with a healthcare provider as soon as they arise.

References

Additional reading
Uterus

Also known as a womb, the uterus is a hollow muscular organ located inside the pelvis of the female reproductive system, between the bladder and the rectum. The endometrium is the innermost layer of the uterus that responds to reproductive hormones, and when shed, results in menstrual blood. When conception takes place, the uterus nourishes and houses the fertilized egg until the fetus, or offspring, is ready to be birthed.

Important considerations
The uterus is an inverted pear-shaped muscular organ located inside the body, where the regular discharge of blood and mucosal tissue from the inner lining is shed as menstrual blood.

References


Additional reading

Vagina

A passageway beginning at the vaginal opening and ending inside the body at the cervix, the lowermost part of the uterus. The vagina is a muscular, elastic canal, allowing for menstruation, sexual intercourse, and childbirth.

Important considerations
The vagina is located inside of the body, yet often people use the word vagina when referring to the vulva, the outermost and visible part of the female genital area, which is what includes the labia, clitoris and pubic hair. Vagina is often used as a colloquial term to refer to the female genitalia.

References


Additional reading

Water, Sanitation and Hygiene (WASH)

A key public health issue within international development that focuses on universal, affordable and sustainable access to water, sanitation and hygiene.

Important considerations
Water, sanitation, and hygiene plays a vital role in menstrual hygiene management and universal, affordable and sustainable access to WASH is a key to attaining menstrual health. This relationship is interdependent. Menstrual hygiene management is essential to achieve Sustainable Development Goals 6: to ensure access to water and sanitation for all. The lack of adequate WASH facilities including running water, toilers, and waste management systems are considered a key barrier to achieving menstrual health outcomes.

References

Additional reading


Women, girls and people who menstruate

Terminology used to refer to all groups who experience menstruation. This includes people who are women, girls, non-binary, transgender men, or intersex, and others who may have a menstrual cycle and may not identify as women, but still menstruate.

Important considerations
A menstruator is a person who menstruates, regardless of their gender, and therefore has menstrual health needs. This term can help refer to the diverse experiences of all individuals who may experience menstruation. When we only use women and girls, the menstrual experiences of menstruators who do not identify as cis-women are often forgotten, ignored, and disregarded. Additionally, there are many cis-women who do not menstruate either as a result of menstrual suppressants or due to medical or reproductive health issues that cause them to not menstruate. Cis-women who have experienced menopause also do not menstruate.

This language is suitable for global contexts in which completely gender neutral language, such as “menstruator,” may be considered alienating or when used in conjunction with women’s rights focused activism.

References

Additional reading


About Madami

Madami is a social impact agency specializing in gender, female and menstrual health. We bridge the gap between public and private sector ambitions with our strategic services, impact projects, and learning and networking platform, the Menstrual Health Hub (MH Hub).

The MH Hub is a product of Madami and the world’s first digital networking and knowledge platform to unite and strengthen the global menstrual community. The platform provides an online space to connect with those working on menstrual and female health, and hosts free access to a database of relevant menstrual health resources around research, education, policy and innovation.

To learn more, visit madami.co & mhhub.org.

About PERIOD.

PERIOD. is a US-based non-profit that aims to eliminate period poverty and stigma through service, education and advocacy. By harnessing the power of youth through hundreds of PERIOD. chapters and partnerships, PERIOD. equips young people to eradicate period poverty within their communities in their lifetime. Additionally, PERIOD. provides direct service to organizations in need of products, creates educational materials accessible to all, and builds coalitions in the menstrual movement to destigmatize periods and advocate for menstrual equity policies at all levels of government.

To learn more, visit period.org.