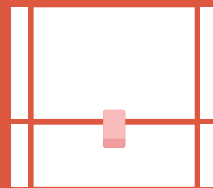
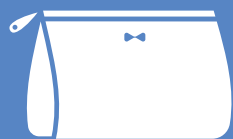


# MENSTRUAL HYGIENE MANAGEMENT AMONG LGBTI REFUGEES IN TÜRKİYE



DECEMBER 2022



Fully-funded by the  
United States Government.





# ACKNOWLEDGEMENT

The report on “Menstrual Hygiene Management among LGBTI Refugees in Türkiye” would not be possible if it was not for the input and commitments of various stakeholders within and outside the United Nations Population Fund (UNFPA). The study team would like to thank the UNFPA Türkiye Country Office team and the implementing partners, namely the Positive Living Association and the Red Umbrella Sexual Health and Human Rights Association staff who were involved in the surveys and/or focus group discussions and key informant interviews. We are grateful particularly to all the participants who frankly shared their views and experiences regarding the assessed topic.

Last but not least, we would like to extend our thanks to the United States Department of State’s Bureau of Population, Refugees, and Migration (PRM) for its financial support for this report.

# FOREWORD

Globally, over 800 million women and girls aged 15 to 49 menstruate every day. Menstruation is a natural and healthy process for women and girls of reproductive age. In addition, it is a natural process for anyone with a uterus. LGBTIs, too, can menstruate. However, they face negative feelings and disturbances about their menstruation. Menstrual hygiene management can be a source of stress, concern, and discontent for those with various sexual identities and orientations. Those who menstruate need healthy and hygienic menstrual products and safe and sanitary facilities with clean water and privacy during menstruation. Sex-disaggregated bathrooms cause stress and discomfort, preventing LGBTIs from managing menstruation in a dignified manner. Menstruation is regarded as a sign of femininity and a threat against the manhood of trans men, resulting in concerns and exclusion from social life. LGBTIs, who menstruate, may avoid talking to physicians and healthcare service providers about menstruation because of their concerns about being discriminated against on the grounds of their sexual orientation and/or gender identity. In a similar vein, menstruation may only be addressed in a brief conversation with their parents during their childhood and with their intimate partners in adulthood as it may cause discomfort and discontent. Most of the LGBTI refugees in Türkiye are not informed about menstruation before their first period. Additionally, accurate information about menstruation is limited as talking about it is considered to be shameful and a taboo. Furthermore, many LGBTIs cannot afford menstrual products. Gender inequality, extreme poverty, and humanitarian crises can turn menstruation into a process of deprivation and stigmatisation, and this can serve as a barrier to the access of those who menstruate to the exercise of fundamental human rights.

Recently developed by UNFPA, this assessment report on Menstrual Hygiene Management among LGBTI Refugees gives insight into menstrual products, access to them, their availability, and the hygiene practices of LGBTI refugees in Türkiye. The assessment is based on an analysis of qualitative and quantitative data, including a survey on menstruation involving a representative sample of the LGBTI population with experience of menstruation and a series of focus group discussions. The assessment underlines the fact that LGBTIs do not have full and accurate perception about menstruation and that they are afraid of talking about it with their parents, partners, or healthcare service providers. They also lack awareness about menstrual products and access to their preferred products when needed, and they face ridicule, marginalisation, and embarrassment because of menstruation. Almost all of the survey participants suffer from period poverty and inequality in a way that adversely affects their sexual and reproductive health and overall vulnerability and puts them at risk of gender-based violence. In its capacity as the United Nations Sexual and Reproductive Health Organization, UNFPA offers responses to improve the menstrual health of the most vulnerable refugees through its programs and provides opportunities for awareness-raising activities where information about adolescence and menstruation is provided and dignity kits are disseminated. This will be a guiding report for the UNFPA to establish prioritised areas of response to improve and promote the services provided in cooperation with our partners in an effort to meet the menstrual needs of LGBTI refugees in Türkiye and contribute to the mitigation of period poverty. I would like to extend my

thanks to Prof. Pinar Okyay for leading this study. I also would like to thank the Positive Living Association and the Red Umbrella Sexual Health and Human Rights Association in their capacity as the implementing partners of UNFPA and the staff members of the Key Refugee Groups Project and the UNFPA team based in Ankara for their tremendous support in conducting the survey and holding the focus group discussions. Last but not least, I would like to extend my thanks to the LGBTI refugees who agreed to share their views and experience about menstruation with us. I hope that this report will help improve information about menstrual hygiene management among LGBTI refugees and contribute to the development of effective services and strategies and to the elimination of period poverty.

Sincerely yours,  
Hassan Mohtashami  
UNFPA Country Representative

# TABLE of CONTENTS

ABBREVIATIONS	05
LIST OF TABLES	06
LIST OF FIGURES	07
A. INTRODUCTION	09
B. OBJECTIVE	13
C. METHODOLOGY	15
C.1. DATA COLLECTION METHODS	15
C.2. DATA COLLECTION TOOLS	18
C.3. LIMITATIONS AND STRENGTHS	19
D. RESULTS	21
D.1. ACCESS TO INFORMATION ON MENSTRUAL HEALTH AND SELF HYGIENE	21
D.2. ACCESS TO MENSTRUAL MATERIALS AND PREFERENCE IN MENSTRUAL HYGIENE MANAGEMENT	27
D.3. SANITARY FACILITIES AND HYGIENE PRACTICES IN MENSTRUAL HYGIENE	36
D.4. MENSTRUAL TABOOS AND STIGMATIZATION	44
D.5. MENSTRUAL EQUALITY AND MENSTRUAL HEALTH	46
E. CONCLUSION	51
F. RECOMMENDATIONS	55
ANNEXES	63
ANNEX 1. Socio-demographic Information of Survey Participants	63
ANNEX 2. References	64

# ABBREVIATIONS

KII	Key Informant Interview
UN	United Nations
SEA	Sexual exploitation and abuse
SRH	Sexual and reproductive health
KRG	Key refugee groups
LGBTI	Lesbian, gay, bisexual, trans, intersex
FGD	Focus group discussion
PRM	United States Department of State's Bureau of Population, Refugees, and Migration
NGO	Non-governmental organisation
GBV	Gender-based violence
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, sanitation, and hygiene

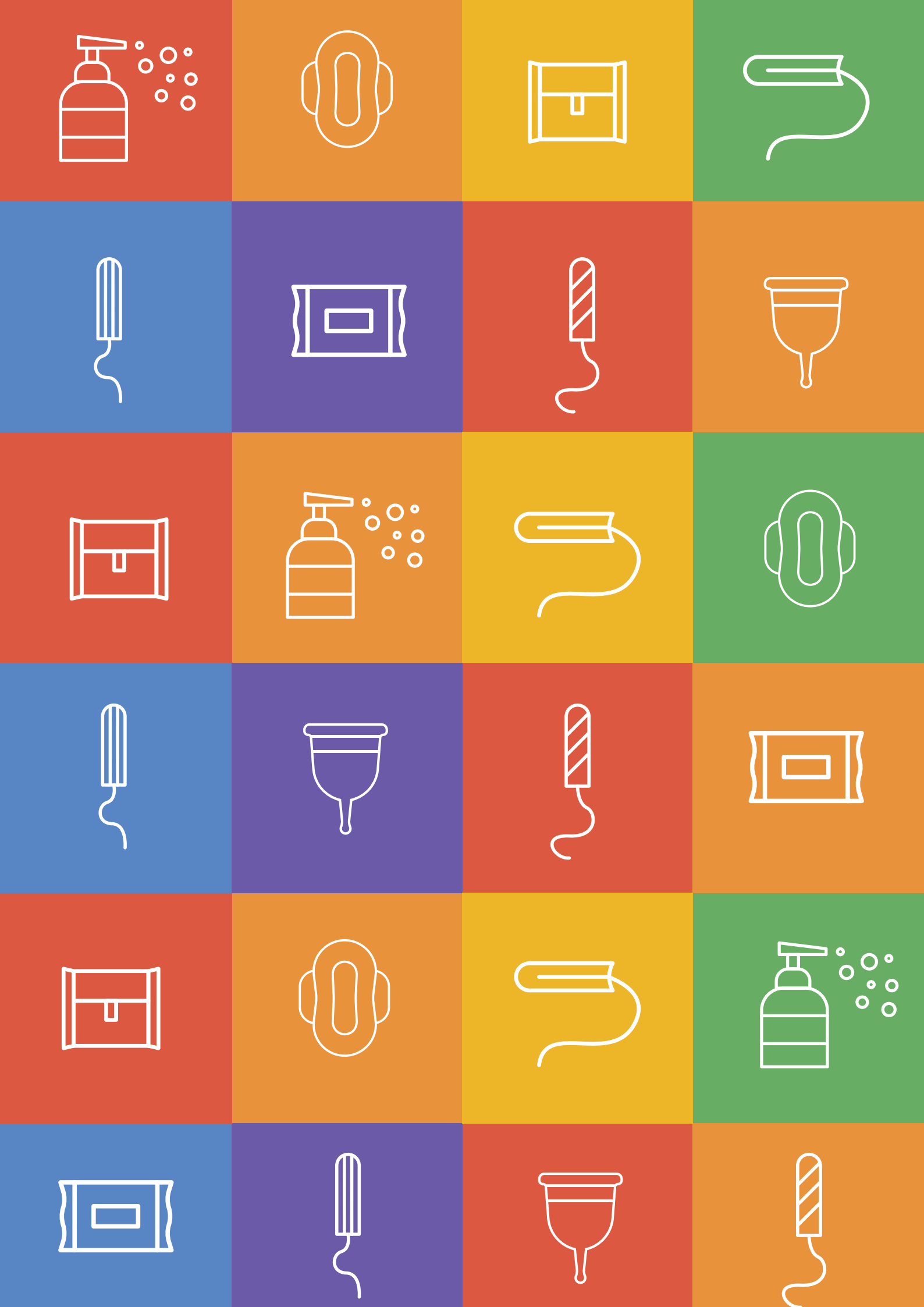
## LIST of TABLES

<b>Table 1.</b> Participants by age group	<b>15</b>
<b>Table 2.</b> Participants by nationality	<b>16</b>
<b>Table 3.</b> Participants by sexual orientation and gender identity	<b>17</b>
<b>Table 4.</b> Sources of information about menstruation	<b>23</b>
<b>Table 5.</b> Menstrual products used to catch/absorb menstruation while at home/place of living (during last menstrual period)	<b>28</b>
<b>Table 6.</b> Menstrual products used while away from home/place of living (at school/work) during the last menstrual period	<b>29</b>
<b>Table 7.</b> Preferred choice of menstrual products among participants	<b>31</b>
<b>Table 8.</b> Reason for not being able to use their preferred menstrual product	<b>33</b>
<b>Table 9.</b> Challenges in getting access to menstrual products	<b>35</b>
<b>Table 10.</b> Handwashing practices before and after changing the menstrual product during the last menstrual period	<b>37</b>
<b>Table 11.</b> Disposal of menstrual materials while at home/place of living during the last menstrual period	<b>37</b>
<b>Table 12.</b> Disposal of menstrual materials while away from home/place of living (school/work) during the last menstrual period	<b>38</b>
<b>Table 13.</b> Wrapping of menstrual materials when disposing	<b>39</b>
<b>Table 14.</b> Washing (whenever needed) and reusing the menstrual materials during the last menstrual period	<b>40</b>
<b>Table 15.</b> Characteristics of toilet/bathroom at home/place of living	<b>42</b>



## LIST of FIGURES

<b>Figure 1.</b> Age at first menstruation by participants' gender identity	<b>21</b>
<b>Figure 2.</b> Percentage of participants informed about menstruation before menarche	<b>22</b>
<b>Figure 3.</b> Sources of information by participants' gender identity	<b>24</b>
<b>Figure 4.</b> Percentage of participants who want to receive further information	<b>25</b>
<b>Figure 5.</b> Menstrual products used to catch/absorb menstruation while at home/ place of living and away from home (during the last menstrual period)	<b>29</b>
<b>Figure 6.</b> Percentage of preferred menstrual products by participants' gender identity	<b>31</b>
<b>Figure 7.</b> Menstrual products used and preferred by material type	<b>32</b>
<b>Figure 8.</b> Percentage of participants facing challenges in getting access to menstrual materials	<b>35</b>
<b>Figure 9.</b> Methods used to dispose of menstrual products by gender identity of participants	<b>38</b>
<b>Figure 10.</b> Percentage of participants who wrap their menstrual materials when disposing of	<b>39</b>
<b>Figure 11.</b> Availability of a bathroom/toilet used only by the household where participants live	<b>41</b>
<b>Figure 12.</b> Availability of period-friendly toilets/bathrooms at home/ place of living ("No" response)	<b>43</b>
<b>Figure 13.</b> Percentage of participants worrying about being teased/bullied while menstruating at school, at work, in public places	<b>45</b>
<b>Figure 14.</b> Percentage of LGBTI refugees facing period poverty by gender identity	<b>47</b>



## A. INTRODUCTION

As the number of people displaced as a consequence of conflicts, violence, and oppression keeps rising around the globe, Türkiye continues to be home to the world's largest refugee population. In response to mass migration, the government of Türkiye has provided Syrian refugees with temporary protection status and foreign nationals from other countries with international protection status. Türkiye is home to nearly 3.6 million Syrian refugees as well as 320,000 refugees from other countries.<sup>1</sup>

Refugees are one of the most disadvantaged groups within the population. Forced to leave their homeland to pursue the dream of having a better and safer future, refugees may face racism, xenophobia, and discrimination in the destination country. Among refugees, LGBTI people<sup>2</sup>, are one of the most vulnerable groups living in Türkiye due to stigmatisation, discrimination, and gender-based violence (GBV) because of their sexual orientation and gender identity.<sup>3</sup>

Poor awareness and prejudices among service providers regarding the specialised needs of LGBTI people cause them to face discrimination and stigmatisation based on their gender identity and orientation. In addition, extreme poverty adversely affects their capacity to lead a dignified life and cope with risks in their daily life.

While menstruation is a matter at the heart of discussions over civil engagement and gender equality, the number of studies about LGBTI people, particularly trans men, is highly limited. As menstruation is regarded merely as “a cisgender woman’s problem”, the access of LGBTI people to adequate healthcare services is put at risk and even left unaddressed.<sup>4</sup> Therefore, it is extremely important to use the term “menstruator” more often to cover trans people who were assigned female at birth and those who do not fit the binary gender system in the academic community, mass media, and grey literature.<sup>5</sup> This term was first used in a newspaper in an interview published by The New York Times in January 2022 and it is billed as a trailblazing case for change.<sup>6</sup>

Menstruators or “those who menstruate” are a more comprehensive concept, as it includes trans men who menstruate and persons who do not fit the binary gender system. These concepts take into account the experiences of women who do not menstruate due to hormonal or anatomic causes. Thus it also refers to various experiences of femininity which are disregarded because of conventional feminine roles. Considering women are menstruating as default puts menstruation at the heart of women’s identities. In addition, this disregards trans men and cisgender women who do not menstruate. Dissociation of

1 <https://www.unhcr.org/tr/turkiyedeki-multeciler-ve-siginmacilar>

2 LGBTI (lesbian, gay, bisexual, trans and intersex) is a term to describe people who exhibit non-binary gender identities. <https://www.unfe.org/definitions/>

3 Key Refugee Groups in Turkey General Overview UNFPA Protection Monitoring Report No.1 (2020)

4 Maria Kathryn Tomlinson (2021), Moody and monstrous menstruators: the Semiotics of the menstrual meme on social media, *Social Semiotics*, 31:3, 421-439

5 Benjamin Lane, Amaya Perez-Brumer, Richard Parker, Amelia Sprong & Marni Sommer (2022) Improving menstrual equity in the USA: perspectives from trans and non-binary people assigned female at birth and health care providers, *Culture, Health & Sexuality*, 24:10, 1408-1422.

6 <https://www.nytimes.com/2022/01/20/well/sustainable-period-products.html>

gender identity from menstruation causes it to be regarded simply as a biological process and removes sexist myths. The fact that this matter has been addressed only as a women's issue for many years has also created a barrier for researchers interested in gaining insight into it, and it has not been considered important by donors. That is why menstrual hygiene management for LGBTI people is a matter typically ignored as a part of healthcare services and not incorporated into public health strategies. However, addressing the matter this way is a major step towards menstrual equality. Menstrual equality includes systematic and preventable inequalities in access to healthcare services, education, and information as well as experiences of stigmatisation and discrimination.

Social taboos and lack of access to sanitary materials and means of infrastructure during menstruation adversely affect people's quality of life.<sup>7</sup> This is even more evident for LGBTI people. Lack of competence of healthcare service providers regarding the needs of LGBTI people, improper design of public toilets, namely unlockable cabin doors and lack of in-cabin disposal bins for menstrual products, and social dynamics of public toilets, namely workplace and school environments, have been identified as barriers in menstrual management.<sup>8</sup>

The studies on this matter are typically focused on addressing barriers faced by cisgender women and girls in low- and middle-income countries. The number of studies on the analysis of menstrual management needs of trans people who were assigned female at birth and those who do not fit the gender binary is highly limited. The gap in understanding the needs of LGBTI refugees regarding menstrual hygiene management is even larger. Little is known about the barriers faced by the members of this community regarding the start of menstruation and its management afterwards.

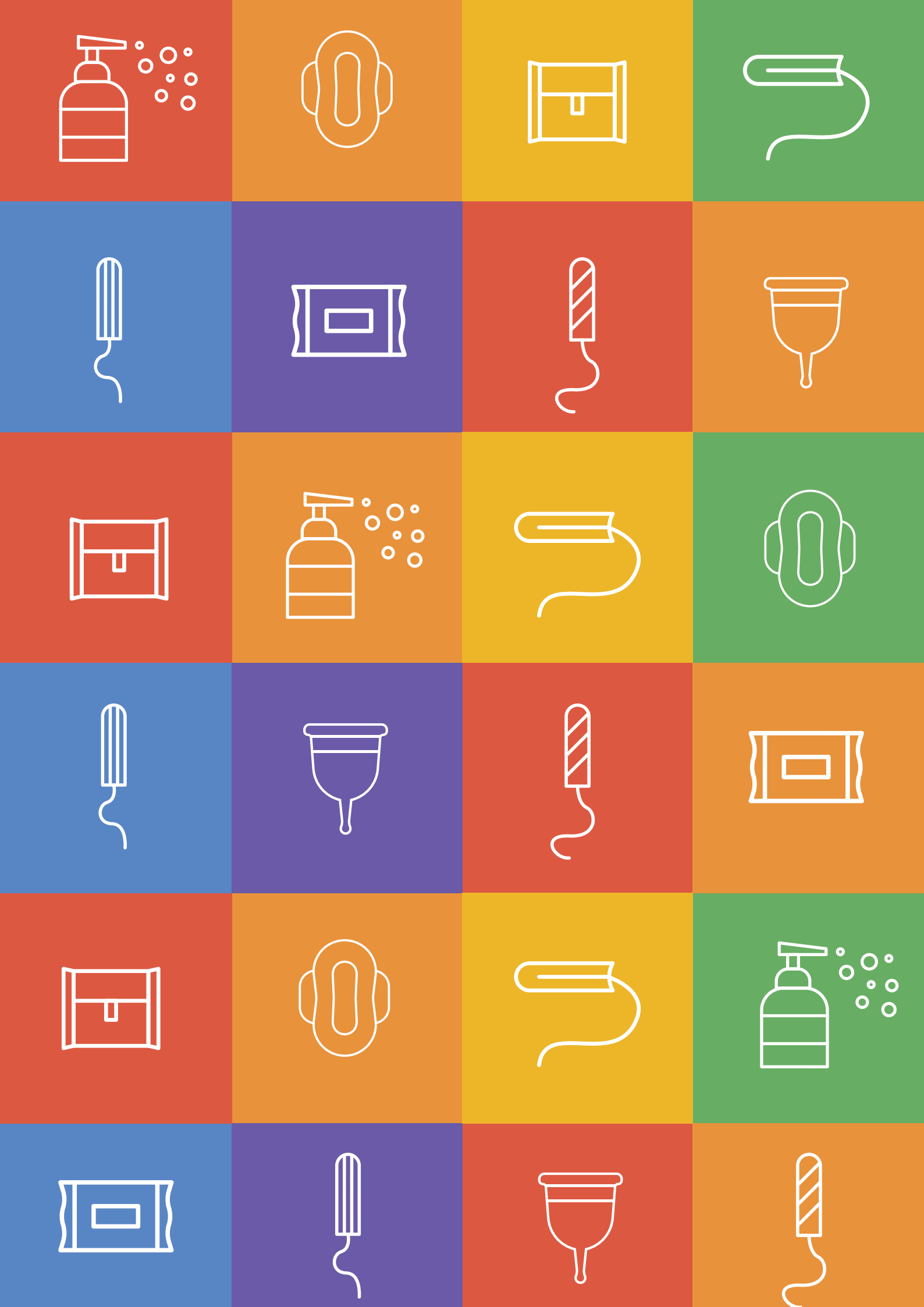
UNFPA continues to take actions for advocacy and capacity building in cooperation with various public agencies and organisations to mitigate such barriers to access to fundamental services. Key refugee groups (KRG) in Türkiye have been provided with dedicated services since January 2018 through seven service units operating in six provinces under the "Increasing the Access of the Most Vulnerable Groups to Protection Services in Türkiye Project" financed by the European Union Humanitarian Aid in partnership with the Positive Living Association and the Red Umbrella Sexual Health and Human Rights Association. The KRG service units provide individual services, including information counselling, legal counselling, psychosocial support, HIV counselling, gender-based violence (GBV) case management, and group services (such as awareness-raising and Share & Care activities). In addition, one-off and short-term cash support is provided to mitigate the protection risks for the target groups as part of the case interventions. Referrals and accompanying beneficiaries to institutions contribute to decrease key refugee groups' access to public services. Beneficiaries are able to contact the services via a support line that operates 24/7 in four languages (Arabic, Farsi, English, and Turkish).<sup>9</sup>

7 Holst, A.S., Jacques-Aviñó, C., Berenguera, A., Pinzón-Sanabria, D., Valls-Llobet, C., Munrós-Feliu, J., Martínez-Bueno, C., López-Jiménez, T., Vicente-Hernández, M.M., Medina-Perucha, L. Experiences of menstrual inequity and menstrual health among women and people who menstruate in the Barcelona area (Spain): a qualitative study. *Reprod Health*. 2022 Feb 19; 19(1):45.

8 Benjamin Lane, Amaya Perez-Brumer, Richard Parker, Amelia Sprong & Marni Sommer. Improving menstrual equity in the USA: perspectives from trans and non-binary people assigned female at birth and health care providers, *Culture, Health & Sexuality*, 2022 24:10, 1408-1422.

9 Trans Refugees in Turkey UNFPA Protection Monitoring Report No. 4 (2021)

In December 2021, in addition to protection services, the KRG service units started to provide sexual reproductive health (SRH) information and counselling services to KRGs. The SRH services are provided with the financial support from the USA Department of State's Bureau for Population, Refugees, and Migration (PRM). The findings of the report will allow UNFPA to amend and improve the SRH services provided in the context of KRG service units.



## B. OBJECTIVE

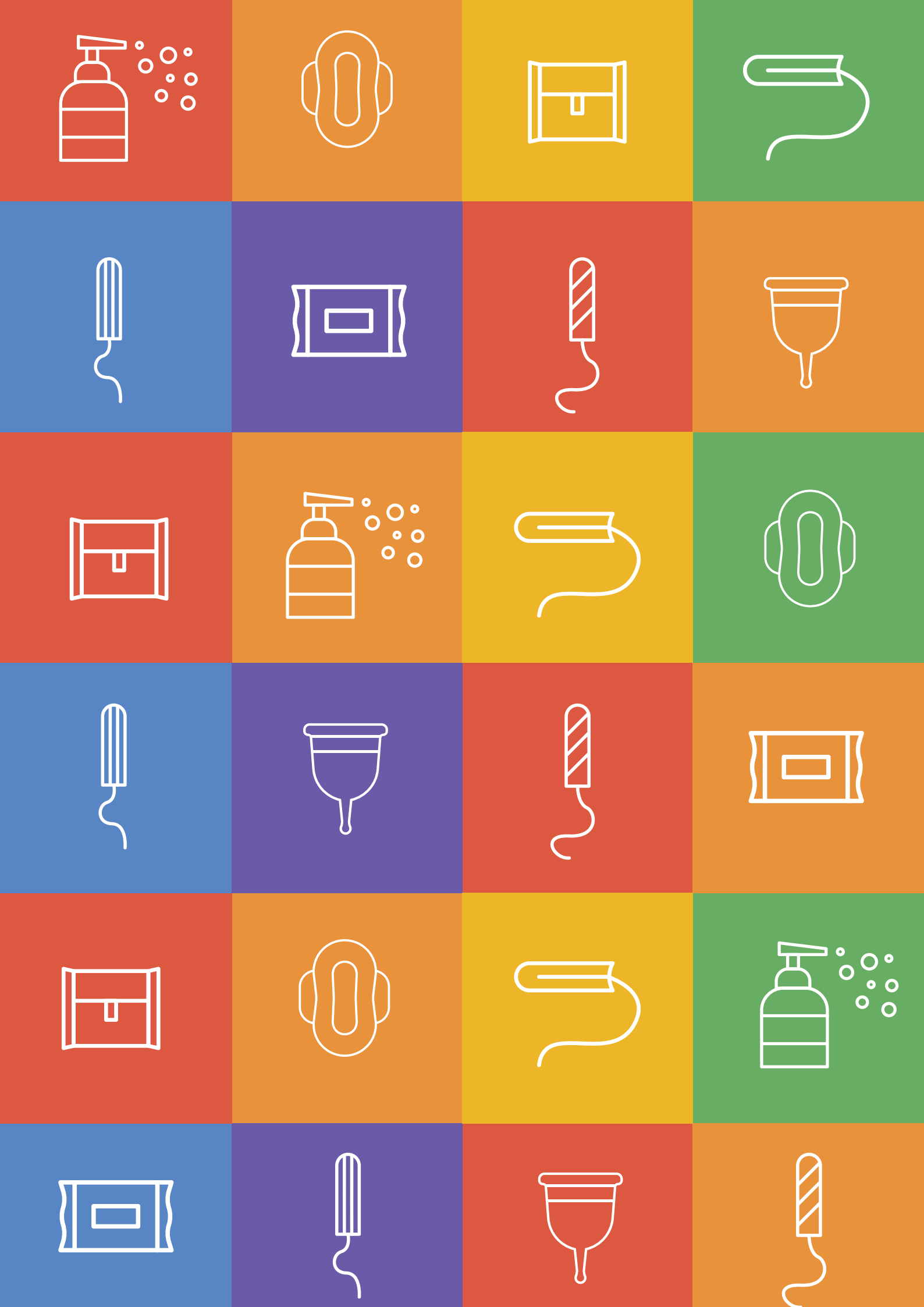
The objective of this study is to analyse the menstrual practices of LGBTI refugees in Türkiye and gain a better understanding about menstruation, including access to menstrual products and their acceptability, hygienic practices during menstruation, disposal and reuse of menstrual products, menstrual products that have been used, and places used by LGBTI people to change their menstrual products. The report offers an analysis on menstrual hygiene management needs of cisgender lesbian and bisexual women, intersex people, and trans men<sup>10</sup> who menstruate. In addition, it is intended to assess whether cultural, religious, and social norms have an impact on the way LGBTI people manage their current or past menstrual periods through questions raised during focus group discussions (FGDs) and key informant interviews (KIIs).

Results of this assessment are expected to provide better insight into the needs of LGBTI refugees in Türkiye regarding menstrual hygiene management, to identify gaps in service delivery, to inform actions taken by UNFPA Türkiye and its stakeholders, and to promote efforts to improve the quality and expand the scope of the actions so that no one is left behind.

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<sup>10</sup> Cisgender: A person whose gender identity corresponds with the sex the person has or was identified as having at birth (<https://www.merriam-webster.com/dictionary/cisgender>).

Trans: This is an umbrella term that points to a mismatch between a person's sex assigned by society at birth and the sex they feel to be. Some trans people identify as women, while others identify with their gender identity. Some trans people do not identify themselves with a binary gender. Some trans people may undergo medical operations to make their body align with their gender identity.





## C. METHODOLOGY

The study was conducted using mixed methods. A descriptive study was conducted based on a quantitative survey, and a qualitative study was undertaken using FGDs and KIs.

### C.1. Data Collection Methods

#### C.1.1. Survey

The survey was applied to LGBTI refugees who menstruate or had previous experience with menstruation and benefitted from services at KRG service units during January - December 2021. The sample size was calculated based on simple random sampling with a confidence level of 95% and a margin of error of 5.25%. In total, 204 beneficiaries took part in the survey.

However, during the results analysis phase, two participants were excluded from the study since it turned out that they had no experience of menstruation. The survey results were calculated based on the opinions provided by 199 (98%) participants.

The survey was conducted by the specialised service providers and outreach workers of KRG service units. The survey was applied in a digital manner between July 19 and August 10, 2022. The link to the survey was sent to the target group via social networks after the delivery of one-on-one counselling services or during follow-up interviews.

The survey was provided to the participants in English, Arabic, Farsi, and Turkish to ensure that each participant is able to fill out the survey in their first language. It was determined that 65% of participants (n=130) spoke Farsi, 19% (n=37) Turkish, 12% (n=24) Arabic and 4% (n=8) were English speaking participants.

The median age of the participants is 32, and their age ranges from 17 to 49. (see Table 1).<sup>11</sup>

**Table 1. Participants by age group**

Age Group	Number	Percent (%)
18 and below	2	1
19-24	34	17
25-29	52	26
30-34	50	25
35-39	25	12
40-44	21	11
45-49	15	8
Total	199	100

<sup>11</sup> Since some variables including age, household, and duration of stay in Türkiye are not fit for normal distribution, they are given as an average (minimum-maximum)

The majority of the participants (71%) were Iranian. Others were of 15 different nationalities.

**Table 2. Participants by nationality**

Nationality	Number	Percent (%)
Iran	142	71
Syria	17	9
Afghanistan	8	4
Republic of Türkiye	6	3
Jordan	5	3
Other*	21	11
Total	199	100

\*Among other category were included the participants from Algeria, Iraq, Lebanon, Libya, Morocco, Palestine, Qatar, Sudan, Uganda, USA, and Uzbekistan

According to registration status, 42% of participants had a conditional refugee status and 26% were registered under temporary protection.

They mostly live alone or with a relative. The average number of household members is two. 72% of the participants are single, and 17% of them are divorced or widowed while the rest are married or living with a partner (10%). 59% of participants rely on their earnings as the main source of income. (see Annex 1)

76% (n=151) of the participants described their gender as cisgender women, while 16% (n=31) as trans men, and 9% did not want to disclose their gender. The category “do not want to disclose” stands for beneficiaries whose sexual orientation and/or gender identity cannot be determined based on their statements. While the service units are one of the safest places for LGBTI people, some refugees choose not to disclose their sexual orientation and gender identity for fear of stigmatisation, discrimination, and further violence. The category “other” stands for beneficiaries with other sexual orientations including asexual, demisexual, pansexual, and queer.

The median age is 27 (22-45) for trans men, 31 (17-49) for cisgender women, and 36 (28-49) for those who did not wish to disclose their gender identity (28-49). Table 3 shows a comparison of sexual orientation based on the gender and gender identity of participants.

**Table 3. Participants by sexual orientation and gender identity**

Gender Identity	Trans Man		Cisgender Woman		Do not want to disclose		Total*	
	n	%	n	%	n	%	n	%
Bisexual	4	2	54	27	2	1	60	30
Heterosexual	10	5	-	-	-	-	10	5
Lesbian	-	-	64	32	9	5	73	37
Gay	2	1	-	-	-	-	2	1
Other	2	1	8	4	-	-	10	5
Do not want to disclose	13	7	25	13	6	3	44	22
Total	31	16	151	76	17	9	199	100

\*Column percentage

### C.1.2. Focus Group Discussion

It was planned to conduct four FGDs with cisgender lesbians and bisexual women, intersex people and trans men that had to be interviewed in separate groups. In addition, the participants were divided into Arabic and Farsi-speaking groups to help them feel comfortable and share their experiences. Between July 27 and August 19 two FGDs and 2 KIIs were conducted in Denizli, Eskişehir, Mersin, and Istanbul. The FGDs were held with 6 LGBTI participants in Eskişehir and Mersin. As the participants could not attend the FGDs in Denizli and Istanbul on the designated dates, two key informant interviews (KII) were conducted with two participants (a trans heterosexual man and a cisgender lesbian woman). FGDs and KIIs were assisted by a female facilitator, an interpreter, and a note-taker. UNFPA assigned the facilitator and the note-taker to conduct the FGDs and KIIs, while the implementing partner provided the interpreter. The implementing partners also selected the participants and the location for the FGDs and KIIs and made sure that the FGDs and KIIs were conducted in a safe space.

Through FGDs and KIIs were interviewed in total 8 participants, including two cisgender lesbian women, one cisgender bisexual woman and five trans heterosexual men. The participants were aged between 19 to 45 years old. According to nationality, the participants were from Iran, Jordan, Morocco, and Iraq. The participants were highly educated people, with 63% holding an undergraduate degree and 37% (n=3) had graduated from secondary school, high school, or an associate degree program. Most of them (75%) had never been married or were single. The average size of their households is two (1-3), and all the participants except for one is the main source of income for the household. The average time they have spent in Türkiye is 36 months (7-84).

## C.2. DATA COLLECTION TOOLS

The survey<sup>12, 13</sup> conducted as a part of the study and the semi-structured FGD<sup>14, 15</sup> forms were adapted by the UNFPA Türkiye team based on questions from similar studies in the literature.

The questions on the forms addressed various dimensions of menstrual hygiene management among LGBTI refugees in Türkiye. Access to information before and after menarche<sup>16</sup> the menstrual products used during the most recent menstrual period<sup>17</sup> in the place of residence and outside, the types of products preferred and the reasons why they cannot be used, their ability to access the products when and as often as they need them and whether they have concerns about this, and practices including handwashing and reuse of the products, infrastructure opportunities and concerns, if any, their community's perspective on menstruation, restrictions, taboos, and stigmatisation regarding menstruation have been assessed. Five main areas have been identified for the presentation of the results based on these assessments:

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

12 UNICEF, Guidance for Monitoring Menstrual Health and Hygiene, UNICEF, New York, 2020, p. 14.

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

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

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

16 Menarche is described as the beginning of the menstrual function. It is the first menstrual period of an individual. Merriam-Webster, <https://www.merriam-webster.com/dictionary/menarche>.

17 Throughout the report, the terms menstruation, period and menstrual period have been used interchangeably to denote the menstrual period. In addition, the term period poverty was used to describe the state of lacking access to adequate materials to experience a dignified menstrual period.

## C.3. LIMITATIONS AND STRENGTHS

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### Limitations

Since the sampling method used in this study was simple random sampling, a representative sample of LGBTI refugees was not obtained. However, it is thought that there was no other method to contact the target group and make sure that they agreed to be interviewed about such a delicate matter once contacted.

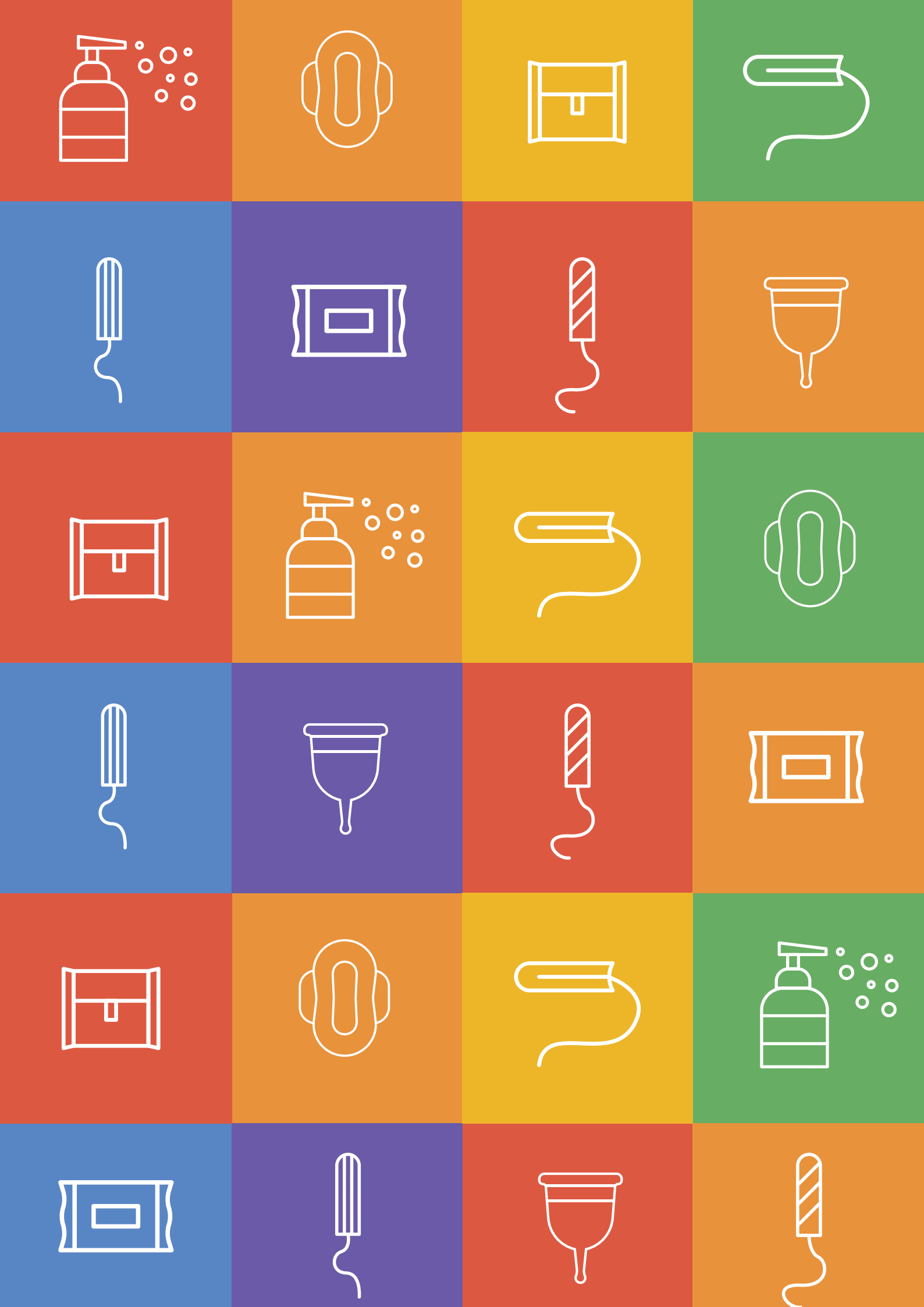
The inability to reach the planned number of participants in the FGDs/KIIs because of the target group's long working hours, especially of trans men, is another limitation of the study. The trans men who took part in the assessment had difficulties talking about the topic which is regarded as an experience specific to women and felt restricted in expressing their needs and concerns. It has been observed that trans men were reluctant to be part of an FGD along with their peers. They had concerns about the fact that menstruation, which is considered to be an experience specific to women, may cause their peers to question their masculinity. This is construed as a factor that limits the data collected.

Last but not least, this study was conducted with the participation of beneficiaries from KRG service units supported by UNFPA. Some may have used disposable sanitary pads during their most recent menstrual period, and this may affect their results (e.g., questions about access to menstrual products and their preferences for menstrual cycle health and self-care management).

### Strengths

The topicality of the subject, focus on a group at risk, and methodological diversity are the strengths of this study. This is one of the very first studies with a group of people who are very anxious about being part of an activity or a study and are difficult to contact, and the conditions for the FGDs/KIIs were provided in the best way possible.

The digital survey, developed by UNFPA Türkiye and conducted by the implementing partners, helped avoid a long data collection process and human entry errors. The target group with a higher education background had a great level of adaptation to the digital survey.



## D. RESULTS

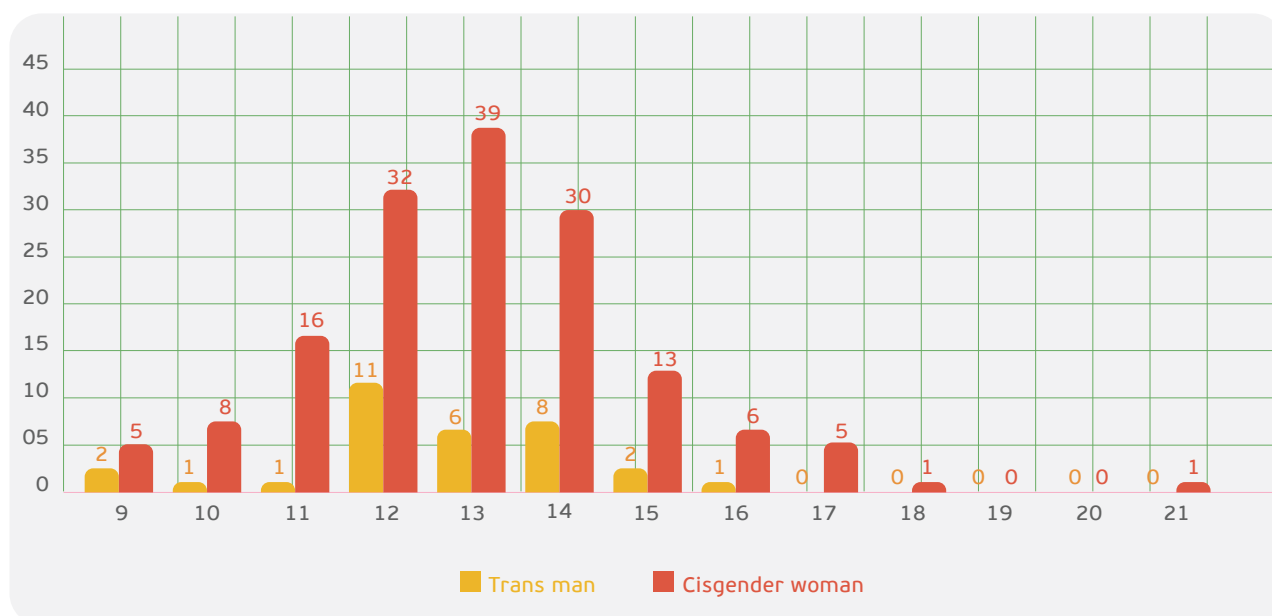
### D.1. ACCESS TO INFORMATION ON MENSTRUAL HEALTH AND SELF-HYGIENE



**FINDING 1.** Participants had their first period around age 13.

The median age of the first period among the participants is 13 (9 to 21). 24% of the participants had their first period at the age of 13, 21% at 12, and 21% at 14, which means 66% of them had their first period between the ages of 12 and 14.

**Figure 1. Age at first menstruation by participants' gender identity**



Similarly, the majority of participants in the FGDs reported that they had their first period around the same age.

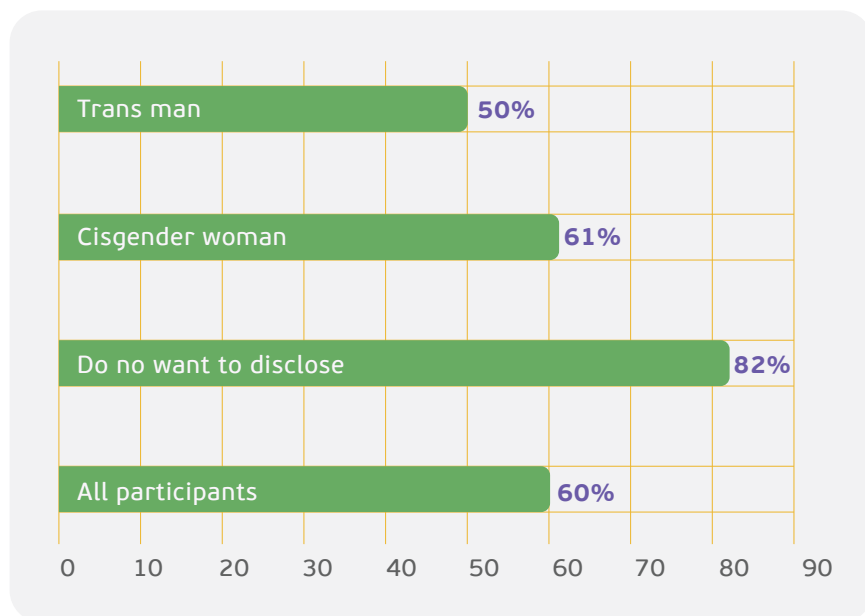


**FINDING 2.** 60% of the LGBTI refugees had been informed about menstruation before they had their first period. This rate is lower among trans men.

60% of the LGBTI refugees had been informed before they had their first period. The percentage of cisgender women that were knowledgeable about menstruation before they had their first period exceeded by nearly 10% the percentage of informed trans men. The LGBTI refugees are told that menstruation is normal and are provided some general information of what menstrual products to use. The information about menstruation is limited in most cases. They are not able to ask for further information about menstruation because they are either embarrassed or scared. The reluctance of trans men to talk about menstruation,

which is associated with femininity, along with the emergence of self-awareness about their gender identity shows that their awareness regarding this subject is poorer than that of the cisgender women.

**Figure 2. Percentage of participants informed about menstruation before menarche**



It is worth mentioning that menstruation is interpreted as a proof of femininity for cisgender bisexual women, who may display signs of various sexual identities at an early age. The parents put huge pressure on girls, inform them about menstruation starting from an early age, and provide them with sanitary pads before their first period.

While proper information about menstruation is already limited and insufficient, menstruation is unfortunately regarded as a sign of “womanhood”, a transition from being a young girl to becoming a “true woman”, physiological preparation of the body to become “a suitable mother and a wife,” and a traumatising expression of gender roles put on the shoulders of people who menstruate to be carried out for the rest of their lives.

When it comes to lesbian and bisexual adolescent girls whose sexual orientation is completely incompatible with traditional gender roles, social pressure starting in their family and social expectations may manifest themselves as a form of violence during their first experience of menstruation.

***“My parents gave me a sanitary pad when I was only a second grader. I was told that having a period means that I am a “woman”. I was in high school when I had my first period. My parents kept asking me: “Why don’t you have your period yet? Or are you a man?”*** Cisgender bisexual woman, (ages 27-45), Iran





**FINDING 3.** One out of three LGBTI refugees were informed about menstruation by their mothers. Parents, friends and other traditional sources of information are the main sources of information. Among trans men, teachers and psychological counsellors were listed among top 5 sources of information.

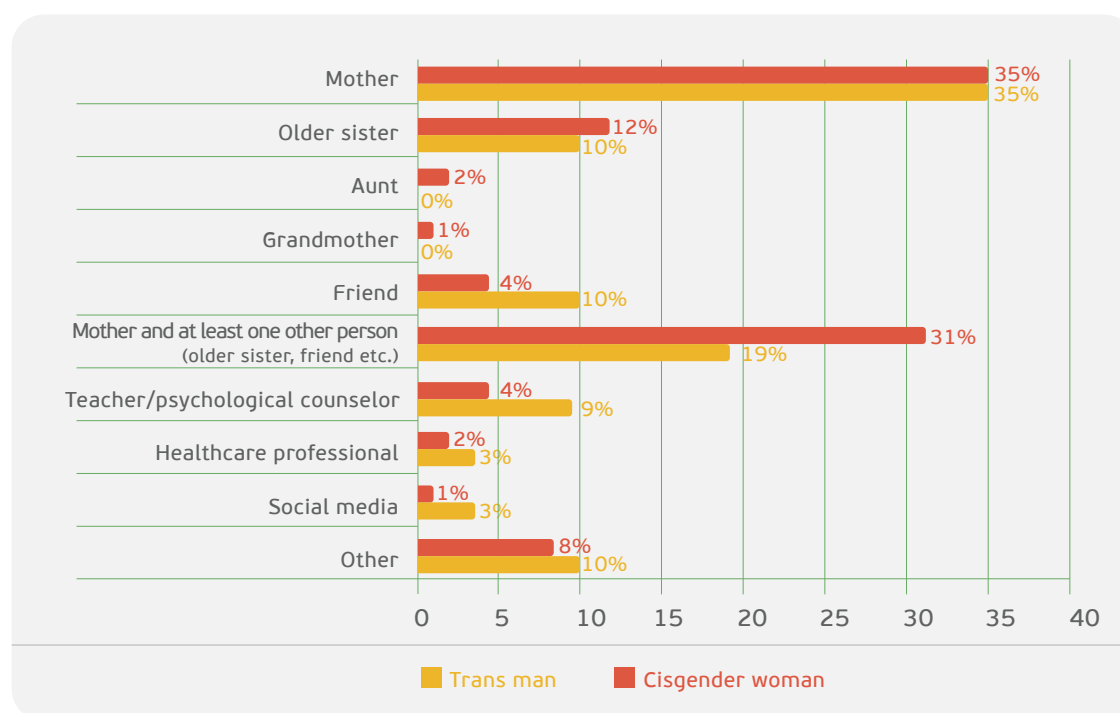
Mothers (35%) are the main source of information for most of the participants. This rate increases to 60% when coupled with family and friends and to 79% among those who reported multiple sources of information at the same time. Being informed by family or close friends still plays an important role. While the role of teachers/psychological counsellors or healthcare professionals and social media in education is highly limited, they play a larger role for trans men than cisgender women. Cisgender women receive information from multiple sources more often than trans men. The relationship between trans men and female members of their family can circle around less trust compared to cisgender women. The main sources of information about menstruation for trans men, who do not identify themselves as women and may tend to avoid any topic associated with femininity, can also include sources other than family members.

**Table 4. Sources of information about menstruation**

Source of Information	Number	Percent (%)
Mother	68	34
Older sister	21	11
Aunt	3	2
Grandmother	1	1
Friend	14	7
Mother and at least one other person (older sister, friend etc.)	59	30
Teacher/psychological counsellor	9	5
Healthcare professional	4	2
Social media	2	1
Other	16	8
Total	197*	100

\*Two participants did not respond.

**Figure 3. Sources of information by participants' gender identity**



**FINDING 4.** Mothers, other family members, and friends are providing limited information about menstruation. LGBTI refugees cannot ask for additional information on the subject, they cannot discuss on this subjects as it is considered a taboo.

The FGD and KII participants have said that they received information about menstruation from their mother or another woman in the family with menstruation experience (older sister, aunt, etc.), and they are unable to receive information at school as they cannot comfortably ask questions about it even though some trainings are conducted about it.

***“It was my mother who told me that I may have occasional bleeding. That it would bleed for a while. Some changes would occur in hormones. I would bleed when I become an adolescent, and it could be every month. Bleeding means that the person with bleeding is fit for pregnancy.”*** Cisgender lesbian woman (ages 27-45), Morocco

***“It is not talked about much anyway. I had my mother and older sister. They told me all about it. Very little is taught in school. I am not saying the school does not inform us at all, but it is very little, and one feels embarrassed. You cannot ask questions. You just sit and listen. People receive information mostly from their family (mother, older sister, and aunt).”*** Trans heterosexual man, (ages 27-45), Iran

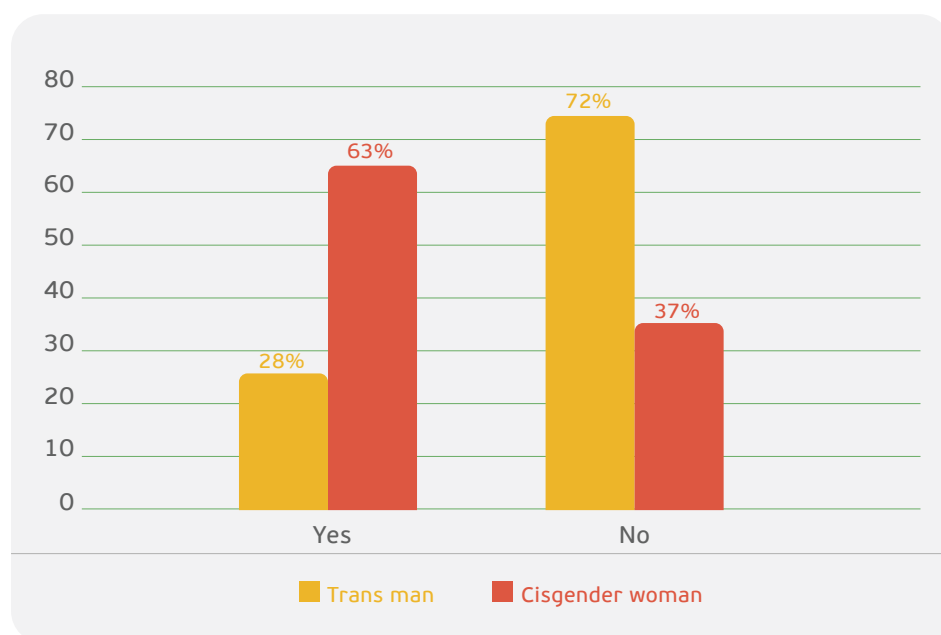


**FINDING 5.** LGBTI refugees need more information about menstruation. The need for comprehensive information on menstruation is higher for trans men compared to cisgender women.

Cisgender women have stated that they have observed trans men to be in a more difficult position than them and that this issue is more difficult for them to talk about. In a way to support this view, trans men have indicated that there are no instructions in products about how to use them and that they are unable to ask someone else to explain as they would feel embarrassed. Both groups think that this issue is not talked about enough in either schools or service units.

55% of the participants would like to receive further information about menstruation.

**Figure 4. Percentage of participants who want to receive further information by participants' gender identity**



As part of the FGDs and KIIs, most of the participants stated that their knowledge about menstruation is quite limited and that they need more information on this topic. Trans men in particular need more information about it. Based on their own experiences and observations cisgender women reported that trans men are facing more challenges in accepting and managing the process.

Some trans men do not feel comfortable talking about menstruation with anyone, including their mothers. They choose to keep it secret when they start menstruating and cope with the process in silence, by using painkillers they get from their mothers and sanitary pads they get from their older sisters. In other cases, they use old t-shirts for making home-made pads. As one can tell from the FGDs, trans men feel more comfortable talking about menstruation once they gather with other adult trans men with experiences of menstruation. This helps them feel that they are not alone and can ask questions more comfortably.

***“Menstruation has always been something secretive since we were kids. My body and stomach were aching, but I could not tell anybody. I was afraid of them finding out about my period.”*** Trans heterosexual man, (ages 27-45), Iran

***“I could not tell anybody. I used to cut out my t-shirts to use as a pad. Then I started buying disposable sanitary pads with my allowance.”*** Trans heterosexual man (ages 19-26), Morocco

***“I was embarrassed to tell my mother when I started having periods. I told her later on.”*** Trans heterosexual man (ages 19-26), Jordan

Most of the participants said young people talk to their peers or try to receive information online, whereas they may have problems even when it comes to how to use a sanitary pad.

***“Nobody has informed us about it. Including the service unit.”*** Trans heterosexual man, (ages 27-49), Jordan

***“This is the first time it is talked about. There is a certain way of using pads, and most people do not know about it.”*** Cisgender lesbian woman (ages 27-45), Iran

***“There must be an explanation about how and when to use menstrual products. Trans men do not ask questions since they feel embarrassed. So an explanation must be available about the products. I think trans men know very little about it. They ask nobody else. It is extremely difficult for them during that one-week period. Some even think of committing suicide.”*** Trans heterosexual man, (ages 27-45), Iran

Since menstruation is seen as a sign of womanhood, trans men feel extremely vulnerable during menstruation and suffer from mental health issues in a way that affects their behaviour and well-being. They avoid going out and spend most of their time at home during those days. Days of menstruation turn into days of fear and insecurity for them. Additionally, trans men may be faced with hormonal situations that cause bleeding in the uterus. Instead of seeing a physician, they associate bleeding with menstruation and lock themselves at home and put their health at risk.

***“I do not menstruate but I was bleeding 12 days ago. The bleeding was hormonal. Bleeding may occur from time to time unless the uterus is removed, but I cannot go out. Then I asked for psychosocial support from the KRG service unit, and I was referred to a hospital to see a physician.”*** Trans heterosexual man, (ages 19-26), Jordan

***“If someone menstruates, it is not something to diminish their masculinity. It is natural. You should tell them about it.”*** Trans heterosexual man, (ages 27-45), Jordan

**Box 1.** Similarities and differences between LGBTI refugees and refugee women and girls in Türkiye related to knowledge on menstruation before first period

The average age of first period among LGBTI refugees in Türkiye is 13 and this is in line with the literature. Similarly, the average age of the first period among refugee women and girls had turned out to be 13 in a study commissioned by UNFPA around the same time. However, LGBTI people have a larger age range than both women and girls. The earliest age of first period for LGBTI people is 9, and the oldest age of first period is 21. However, the age for women and girls is 9 to 18 and 10 to 17, respectively.

A significant number of LGBTI refugees (40%) were not informed about menstruation before their first period. The trans men receive the least information (50%). LGBTI refugees in general are more informed compared to refugee women and girls. The percentage of refugee women and girls in Türkiye who are informed about menstruation before their first period is 41% and 49% respectively.

Similar to LGBTI refugees, the main source of information among women and girls is family and friends with 94%. Information provided for both LGBTI refugees and refugee women and girls is limited.

**Source:** *Report on Menstrual Hygiene Management among Refugee Women and Girls in Türkiye, UNFPA, September 2022*

## D.2. ACCESS TO MENSTRUAL MATERIALS AND PREFERENCE IN MENSTRUAL HYGIENE MANAGEMENT



**FINDING 6.** Disposable sanitary pads are the most common menstrual products used by the participants at place of living/home and away from home during their last menstrual period. It increases to over 90% when coupled with menstrual cups and tampons. Trans men and cisgender women use pads more often at place of living/home compared to away from home. The rate of using menstrual cup or tampon along with sanitary pads is 3% higher outside for both groups. One out of 10 participant have used homemade cloths at least once during the last period. Half of the homemade cloths have previously been used for other purposes.

Disposable sanitary pads have been the most preferred menstrual products for the participants during their last menstrual periods at home/place of living and away from home. The use of menstrual cups or tampons on their own or along with other products such as sanitary pads have been limited. Non-hygiene items, such as cottons and toilet paper have also been used although rarely.

Some trans men seek ways that may pose a risk for their overall health and body adaptation processes to prevent menstruation. Some FGD participants reported that they had resorted to contraceptives to prevent menstruation before their body adaptation process had started.

***“I used contraceptives to stop the bleeding before the gender transition process.”***

Trans heterosexual man (ages 19-26), Morocco

Disposable sanitary pads have been the most common menstrual products used by the participants at home/place of living during their last menstrual periods (75%). The rate increases to 94% when disposable sanitary pads are coupled with tampons.<sup>18</sup>

**Table 5. Menstrual products used to catch/absorb menstruation while at home/place of living (during the last menstrual period)**

Menstrual products	Number	Percent (%)
<b>Single Choice</b>		
Disposable sanitary pad	149	75
Menstrual cup	3	1,5
Tampon	1	1
Napkin/cloth/towel	3	1,5
Other*	4	2
<b>Multiple choices</b>		
Disposable sanitary pad and tampon	39	19
*Including toilet paper and cotton.		

As highlighted in other studies, the most common menstrual products used by LGBTI people as well as women and girls<sup>19</sup> during their last menstrual periods have been disposable sanitary pads (71%) used away from home/place of living (school/workplace). The rate increases to 92% when disposable sanitary pads are coupled with tampons and menstrual cups.

18 Since these are answers of the beneficiaries of services provided by service units of UNFPA, some of them may have used disposable sanitary pads distributed to them during their last menstrual period

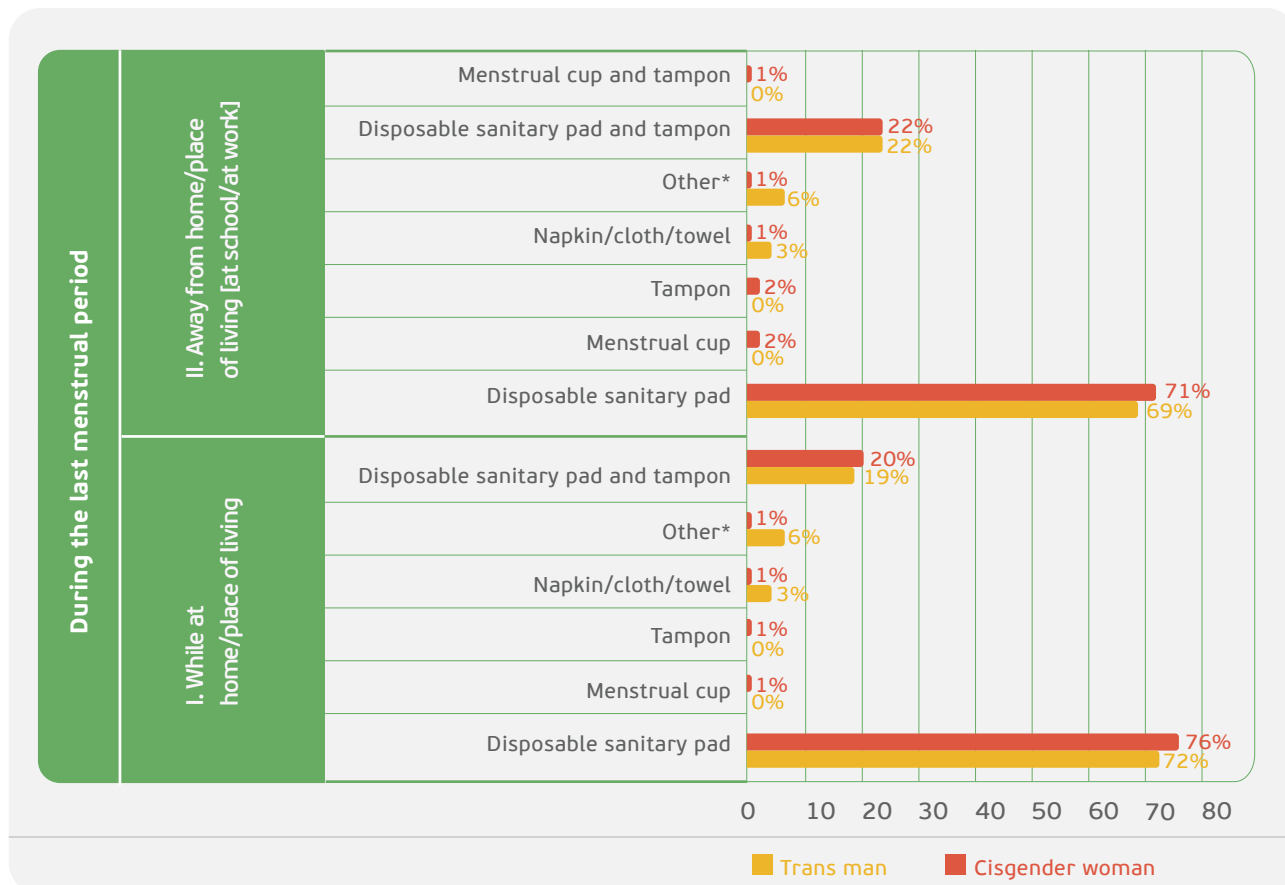
19 Report on Menstrual Hygiene Management of Refugee Women and Girls in Türkiye, September 2022, p. 21 [https://turkiye.unfpa.org/sites/default/files/pub-pdf/mestruel\\_hijyen\\_yonetimi\\_rapor\\_2022\\_0.pdf](https://turkiye.unfpa.org/sites/default/files/pub-pdf/mestruel_hijyen_yonetimi_rapor_2022_0.pdf)

**Table 6. Menstrual products used while away from home/place of living (at school/work) during the last menstrual period**

Menstrual Products	Number	Percent (%)
<b>Single Choice</b>		
Disposable sanitary pad	140	71
Menstrual cup	4	2
Tampon	3	1,5
Napkin/cloth/towel	4	2
Other	3	1,5
<b>Multiple choices</b>		
Menstrual cup or tampon*	2	1
Disposable sanitary pad and tampon/menstrual cup	43	21

\*One of these includes a napkin/cloth/towel.

**Figure 5. Menstrual products used to catch/absorb menstruation while at home/place of living and away from home (during the last menstrual period)**



All of the FGD and KII participants have stated that they mostly use sanitary pads. They reported that the reason why they use sanitary pads the most is that they are easy to change and hygienic. They added that they do not like washable materials due to feeling embarrassment when drying them, and struggling to hide them no matter how hard they try. They are also concerned that family members and/or other household members they live with might see them.

In addition, most LGBTI people had concerns about the use of a product penetrating the vagina. Although some cisgender women indicated that some trans men may use tampons, all of the FDG participant trans men stated that they use sanitary pads. Considering the dysphoria of trans men about their bodies and sexual organs in particular, it is understandable that they would not like to use a material that penetrates the vagina. In addition, their choice of only using sanitary pads rather than products such as tampons makes much more sense given the possibility that trans men may have experienced forced marriage, rape, and similar offences in their country of origin or in Türkiye. One of the cisgender women stated that pads distributed by the service unit are of single size, and their texture is a bit rough, and she uses them only at home if possible.

***“My usual choice is pads in most cases. I use sanitary cream to keep the genital area clean. I use pads during the whole period.”*** Cisgender lesbian woman (ages 27-45), Morocco

***“Lesbian and bisexual women do not feel embarrassed to talk about it, and they try something new. Trans men use pads the most. It is the simplest and the most comfortable one, I think.”*** Trans heterosexual man, (ages 27-45), Iran

***“I do not like washable pads or menstrual underwear. I do not prefer to use them. I use pads. They are easy to replace. No need to wash them. I also consider using tampons. I am a little afraid of using it. I do not want anything to penetrate my body. But everyone uses pads as far as I know. For example, I do not like using menstrual cups. I do not like them penetrating the vagina, and I do not like feeling it there.”*** Cisgender lesbian woman (ages 27-45), Iran

***“I do not feel comfortable using reusable pads. They are in plain sight even if I try to hang them to dry somewhere that people would not normally see.”*** Cisgender lesbian woman (ages 27-45), Morocco

21 participants (10%) stated that they have used cloths at least once during the last menstrual period. 10 of them (48%) stated the cloths they have used during menstruation had been previously used for other purposes (dress, sheet, underwear, cover, etc.). Five participants (24%) said that they buy it to be used during their periods, while five participants (24%) said they do not know. One respondent did not want to respond.





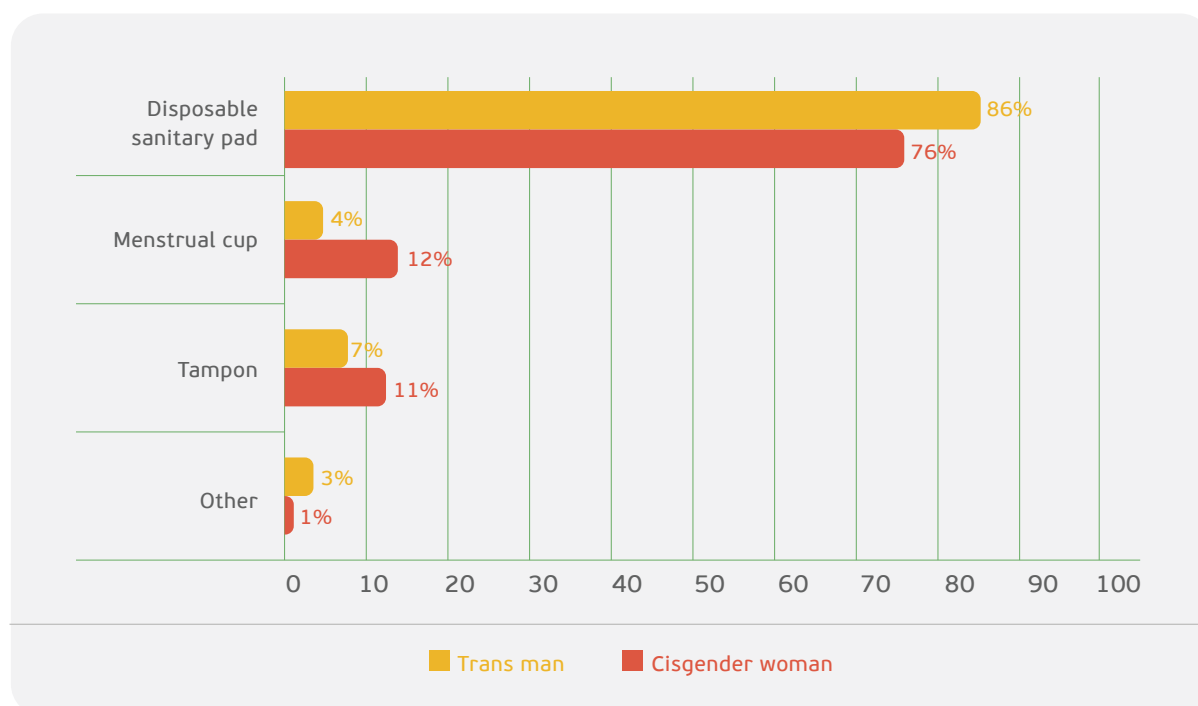
**FINDING 7.** Almost four out of five LGBTI refugees would prefer to use disposable sanitary pads. One out of 10 LGBTI refugees opts for menstrual cups or tampons. The use of homemade cloths is quite rare. While it is to a limited extent, some also use non-hygienic products such as cotton and toilet paper.

Sanitary pads are the most preferred materials for the participants. However, they also would like to use menstrual cups and tampons.

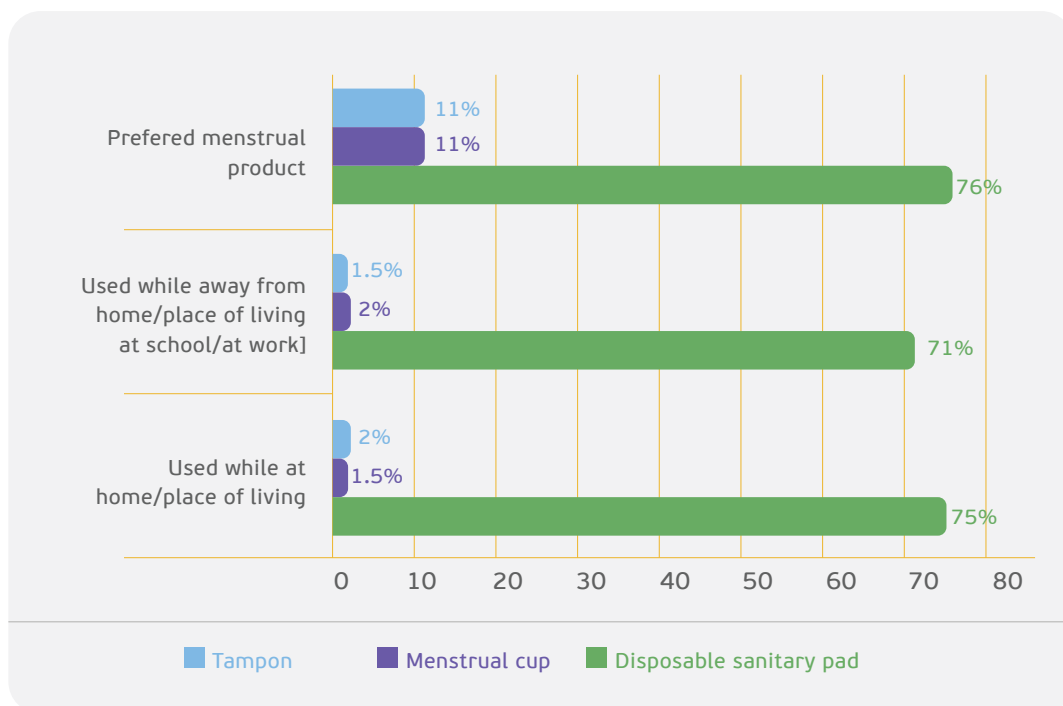
**Table 7. Preferred choice of menstrual products among participants**

Menstrual Products	Number	Percent (%)
Disposable sanitary pad	150	76
Menstrual cup	21	11
Tampon	21	11
Napkin/cloth/towel	1	1
Other	3	2
Total	196	100

**Figure 6. Percentage of preferred menstrual products by participants' gender identity**



**Figure 7. Menstrual products used and preferred by material type**



**FINDING 8.** One out of two participants does not use their preferred menstrual material because it is “too expensive”. Some participants reported to face multiple limitations/reasons, meaning that in addition to high prices, their preferred choice is culturally unacceptable or is not available at local vendors. The rate of those who cannot afford the materials is higher among cisgender women compared to trans men. The rate of the preferred material being culturally unacceptable is higher among trans men compared to cisgender women.

Only five participants (3%) have stated that their preferred material is the same as the one they actually use. 97% of participants (197) are not able to use their preferred material due to various reasons. At least one out of every two participants (54%) stated that the high costs are the reason behind it. One out of every three participants noted that they do not prefer to use the material because of other reasons.

**Table 8. Reason for not being able to use their preferred menstrual product**

	Gender identity						Total	
	Trans man		Cisgender woman		Not disclosed			
	n	%	n	%	n	%	n	%
Single reason								
Very expensive	12	38	71	47	5	46	88	45
Not available from reliable/local vendors	2	6	11	7	-	-	13	7
Not culturally accepted	4	13	6	4	-	-	10	5
Don't get a choice (parent provides materials)	3	9	2	1	2	18	7	4
Other	10	31	47	30	3	27	60	31
Multiple reasons								
Very expensive and not culturally accepted	1	3	9	6	1	9	11	6
Very expensive and not available from reliable/local vendors	-	-	5	3	-	-	5	2
Total	32	100	151	100	11	100	194	100

All of the FGD and KII participants said that they would like to use sanitary pads but are unable to do so due to high costs. They also cannot pick their preferred brand most of the time as pads are too expensive. They indicated that they place napkins, toilet paper or cheaper and thin sanitary pads on top of each other to last for longer.

***"I sometimes use the pads I get from the service unit, but the pads I received are old fashioned. They look like the ones I used when I was in Iran. When you use it, your underwear is deformed, and they come only in one size. I use them when I menstruate, and I do not want to go out. I used to be able to afford any pads I wanted because they were affordable. I used to buy two pads. One is longer and for early days while the other one is shorter and for later days. I feel more comfortable that way."*** Cisgender lesbian woman (ages 27-45), Iran

***"It is difficult for me to find a pad I want to use. It is much more expensive now. I have to pay TRY 50 every time I want to buy my preferred pads."*** Cisgender lesbian woman (ages 27-45), Iran



**FINDING 9.** Almost three fourths of the participants (73%) have no access to a sufficient number of menstrual products due to various reasons. 69% of the participants have no access to more menstrual products to replace when needed. 68% of the respondents do not have enough products to replace frequently enough. 67% of the respondents are concerned about how to find more menstrual products in case they run out.

The participants had unmet needs regarding menstrual products during their last menstrual period. One out of three participants had no access to more products when needed, could not replace them as often as they wished, and felt concerned about it. Nearly four-fifths of the participants have experienced one of the aforementioned situations about menstrual products, while one-fifth of them have experienced them all.

The participants were asked about their needs on menstrual materials through the following questions: “Were you able to access more menstrual materials when you needed them during your last menstrual period?” or “Were you able to buy more materials when you needed them?”. They were expected to answer the questions with “yes”, “no”, or “I did not use any materials during my last menstrual period”.

During their last period:

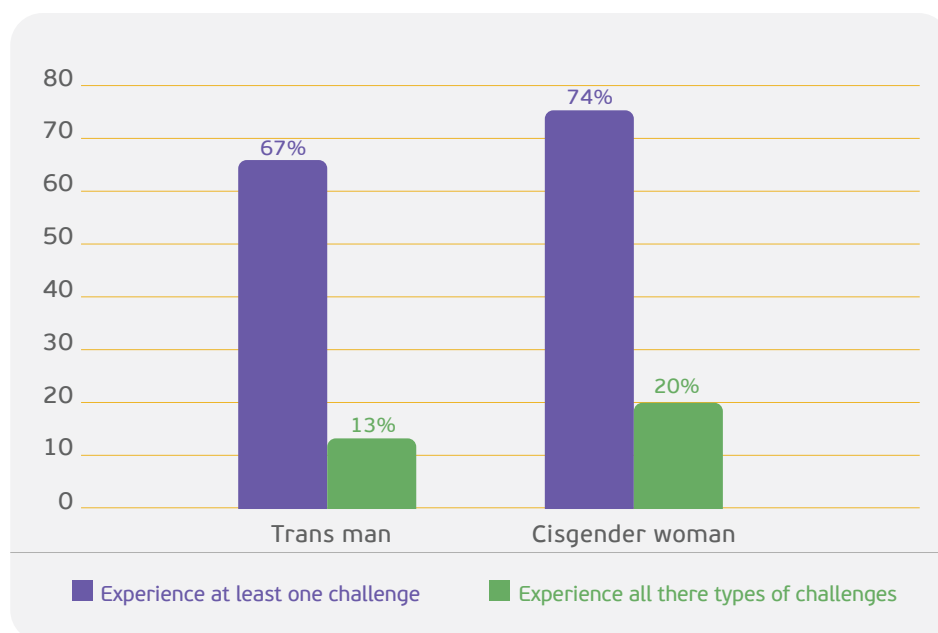
- 69% of the participants had access to more materials when they needed to. This was the case for 75% of the trans men and 68% of the cisgender women.
- The rate of participants with access to enough products to replace as often as they wanted during their last menstrual period was 68%. This was the case for 72% of the trans men and 67% of the cisgender women.
- 67% of the participants had concerns about having more materials during their last menstrual period if they ran out. This was the case for 60% of the trans men and 68% of the cisgender women. (Table 9)

**Table 9. Challenges in getting access to menstrual products**

	Gender identity						Total	
	Trans man		Cisgender woman		Not disclosed			
	n	%	n	%	n	%	n	%*
Could not get more menstrual materials when needed?								
Yes	18	75	104	69	8	73	130	70 <sup>1</sup>
No	6	25	47	31	3	27	56	30 <sup>1</sup>
Do not have enough materials to change them as often as needed?								
Yes	23	72	103	67	8	80	134	69 <sup>2</sup>
No	9	28	50	33	2	20	61	31 <sup>2</sup>
Worry about how to get more menstrual materials if they ran out?								
Yes	18	60	105	68	8	72	131	67 <sup>3</sup>
No	12	40	50	32	3	28	65	33 <sup>3</sup>
*The total number of those who said “yes” or “no” is described as a denominator. <sup>1</sup> n=186; <sup>2</sup> n=195, and <sup>3</sup> n=196								

Nearly three out of four participants (73%) had experienced at least one of the three problems regarding menstrual materials. One out of five participants (19%) had experienced all of the three problems.

**Figure 8. Percentage of participants facing challenges in getting access to menstrual materials**



The FGD and KII participants reported that they are more comfortable choosing and buying menstrual materials in Türkiye compared to their country of origin. They noted that they are imposed to use specific menstrual materials in their country; for instance, they had to use elastic menstrual panties in Iran, which would get dirty because they would not be able to replace them often, whereas they do not use them anymore in Türkiye. Most of the cisgender women said that they buy sanitary products when they go shopping for their other needs. Compared to their country of origin, they feel more comfortable in Türkiye when there is a male cashier. Trans men said that they prefer to use pads bought by their mothers or sisters.

***“You have to wait for every other customer to leave to buy a pad in Iran. You try to keep it out of sight as well in Türkiye while paying at a cash register.”*** Trans heterosexual man, (ages 27-45), Iran

***“I usually buy them at markets.”*** Cisgender lesbian woman (ages 27-45), Morocco

Additionally, some participants feel embarrassed when buying sanitary pads from local vendors.

***“I face challenges when buying disposable sanitary pads in both Iran and Türkiye. I feel uncomfortable when people see me buy menstrual materials. I am more comfortable in Iran. They put pads in black plastic bags.”*** Cisgender bisexual woman, (ages 26-45), Iran

### D.3. SANITARY FACILITIES AND HYGIENE PRACTICES IN MENSTRUAL HYGIENE MANAGEMENT

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**FINDING 10.** 83% of the participants wash their hands after they replace their menstrual material while 63% do it before replacing it. Although the habit of handwashing is decent enough, it is not sufficient.

A large number of people wash their hands before and after replacing a menstrual material. During their last menstrual periods, participants washed their hands more often after replacing menstrual materials compared to washing them before.

Almost one out of every three participants washes their hands before they replace their menstrual material, while four out of every five who do so after replacing it.

**Table 10. Handwashing practices before and after changing the menstrual product during the last menstrual period**

Handwashing when replacing menstrual materials	Number	Percent (%)
<b>Before</b>		
Never	12	6
Sometimes	63	31
Every time	124	63
<b>After</b>		
Never	6	3
Sometimes	29	15
Every time	164	82



**FINDING 11.** Most of the LGBTI refugees dispose of their menstrual materials by putting them in the bin. This rate is 86% at home/place of living and 83% when they are away from home. Secondly, this is followed by a bin away from home or a community rubbish outside their home/place of living. Disposing of used materials directly into the toilet is not a common practice among participants.

The waste bins in toilets/bathrooms rank first among places where they have disposed of menstrual materials during their last menstrual period. This is followed by waste bins in the household. In some cases participants prefer to take the used menstrual materials to the community rubbish, outside the place they live. Similarly, to a higher extent participants use this practice while at school or work.

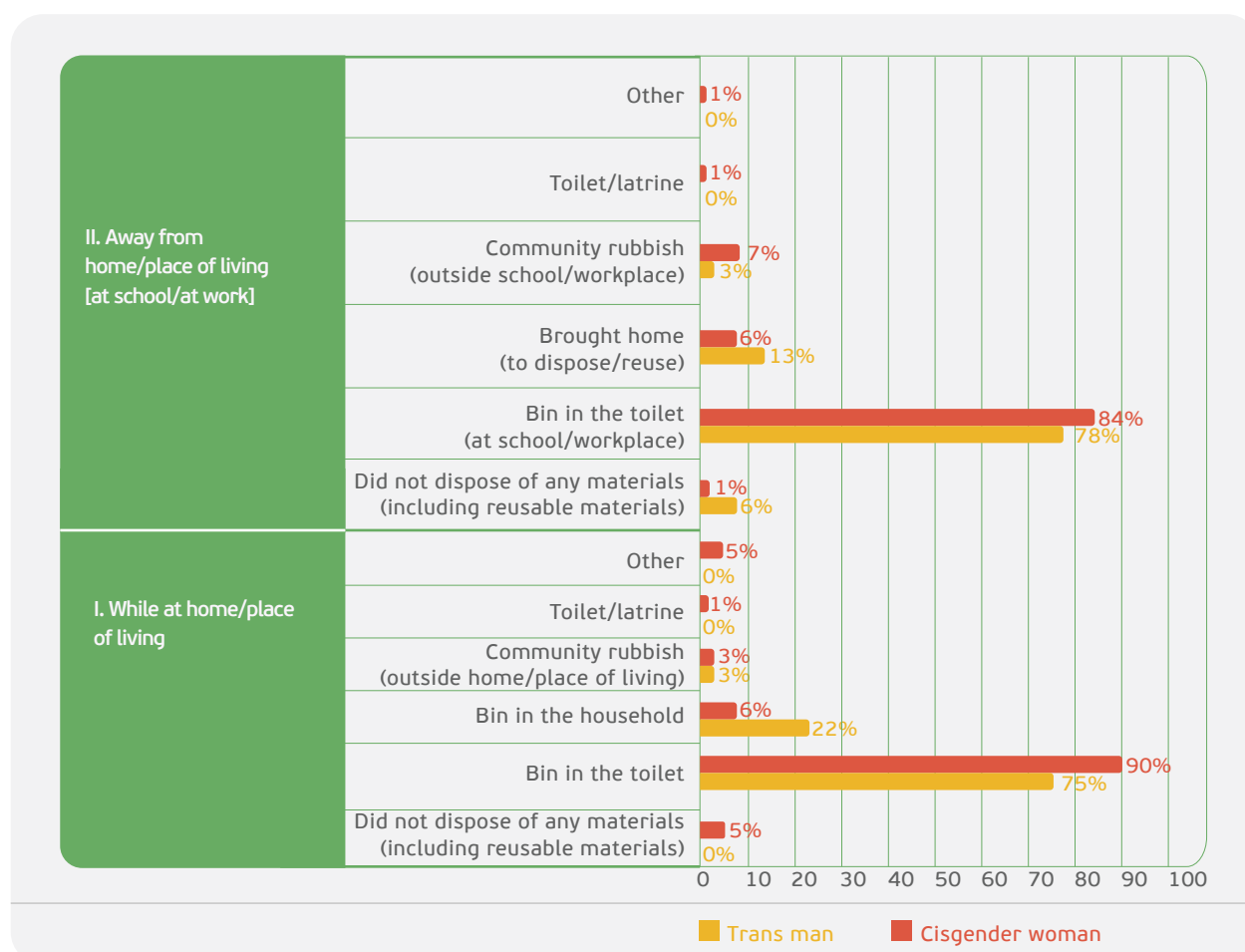
**Table 11. Disposal of menstrual materials while at home/place of living during the last menstrual period**

Disposal Modality	Number	Percent (%)
Bin in the toilet	172	86
Bin in the household	17	9
Community rubbish (outside the place of living)	5	3
Other	3	2
Toilet/latrine	1	0,5
Did not dispose of any materials (including reusable materials)	1	0,5
Total	199	100

**Table 12. Disposal of menstrual materials while away from home/place of living (school/work) during the last menstrual period**

Disposal Modality	Number	Percent (%)
Bin in the toilet (at school/workplace)	164	82,5
Brought home (to dispose/reuse)	16	8
Community rubbish (outside school/workplace)	12	6
Toilet/latrine	2	1
Other	1	0,5
Did not dispose of any materials (including reusable materials)	4	2
Total	199	100

**Figure 9. Methods used to dispose of menstrual products by gender identity of participants**



During the FGDs and KII, the participants said that they dispose of their used menstrual materials in community rubbish outside their home/place of living when they do not want their household members to know about their periods. This is highly common among young adolescents in months that follow their first period. In addition, the participants with



problems with ventilation in their bathrooms said that they take their menstrual material out immediately after they replace it.

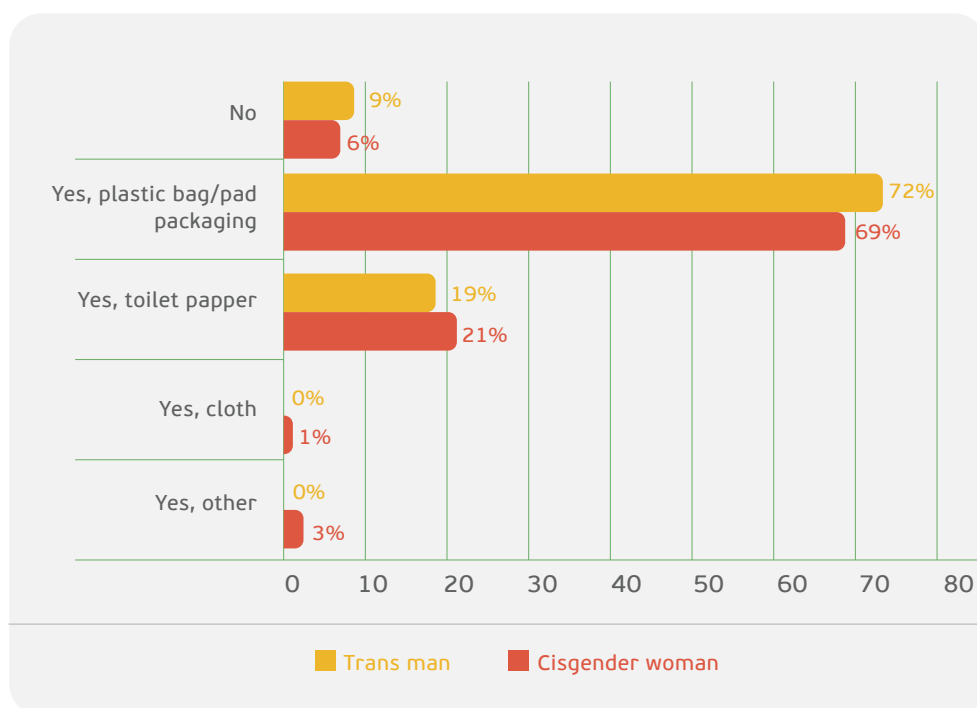
***“I hid myself in the bathroom to replace the reusable pad when I had my first period. I used homemade pieces of cloth cut from clothes that my family used to clean stuff. When I wanted to dispose of the cloth, I would put it in my pocket, go out, and tell my parents that I was going out to play.”*** Trans heterosexual man, (ages 27-45), Jordan.

7% of the participants do not wrap menstrual products in anything when they dispose of them, while others wrap them in various materials.

**Table 13. Wrapping of menstrual materials when disposing**

	Number	Percent (%)
No	14	7
Yes, plastic, pad package	135	68
Yes, toilet paper	45	23
Yes, a piece of cloth	2	1
Yes, other	3	2

**Figure 10. Percentage of participants who wrap their menstrual materials when disposing of**



FGD participants said that they wrap their used menstrual materials in a napkin or toilet paper or put them in a black plastic bag first before they throw them into a waste bin. They added that this is what they do at the place of living and away from home.

***“I wrap it in a napkin first and then dump it into a waste bin.”*** Cisgender lesbian woman (ages 27-45), Morocco

***“I used to wrap it and put it in a black plastic bag before throwing it into a waste bin.”*** Trans heterosexual man, (ages 27-45), Jordan

***“I do not like the next person to see blood and get irritated by it. Trans men throw it into the waste bin, but they also throw it around. As if a man menstruated. They complain: “Oh, again?” I had a trans male friend, and he was very unhappy when he was on his period. I told him: “This is about your health. Don’t be sad. Be happy.” But one needs to wrap it in a napkin before throwing it away”*** Cisgender lesbian woman (ages 27-45), Iran

***“If LGBTI do not leave alone, they wrap it in another napkin so that no one could see the blood and nobody could tell. Then the used materials are tucked into the waste bin.”*** Trans heterosexual man, (ages 27-45), Iran

22 participants provided an answer to the question about the reusable products. Two thirds of the participants wash the reusable products to reuse them or wash them when needed.

**Table 14. Washing (whenever needed) and reusing the menstrual materials during the last menstrual period**

Washing and Reusing Menstrual Materials (n=22)	Number	Percent (%)
Yes	16	73
No	6	27
Washing Whenever Needed (n=18)	Number	Percent (%)
Yes	15	83
No	3	17

Some of the cisgender participants in the FGDs and KIIs reported that they had never heard of washable products, while others have not seen them at all even though they have heard about them, and they would not like to use them. Some of the cisgender women wash the cloths and reuse them for a while. Some of the trans men used a piece of cloth during their first periods. However, all of the participants are currently using sanitary pads.

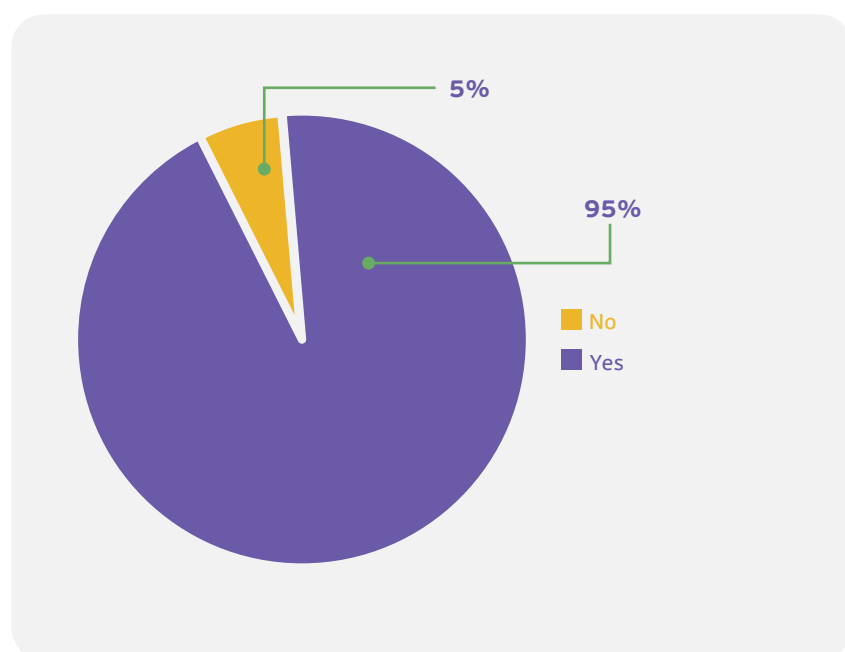
***“I used home-made cloth for three years. I washed it and then reused it. I would throw the home-made cloth after every menstrual period (that could last for up to seven days). Then I would replace it with a newly made one. I used to wash them in the bathroom. There was a hanger to dry them. I was trying to hang them somewhere in the back where they would not be in plain sight. I was unable to wash them comfortably. Even though I used to dry them somewhere hidden, it was a place where it could be seen anyway.”*** Cisgender lesbian woman (ages 27-45), Morocco



**FINDING 12.** 97% of trans men and 95% of cisgender women have access to a bathroom/toilet used only by household members.

95% of the participants have access to a bathroom/toilet used only by the household members. This rate is 97% among trans men and 95% among cisgender women.

**Figure 11. Availability of a bathroom/toilet used only by the household where participants live**



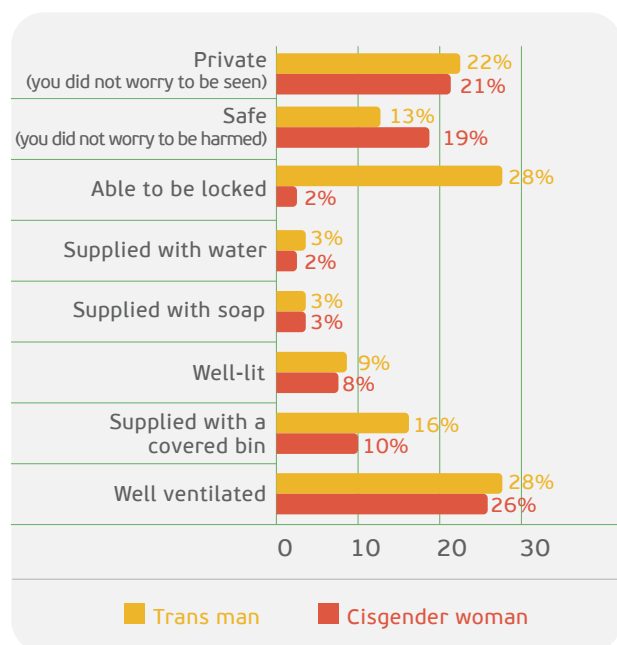
**FINDING 13.** One out of five trans men and cisgender women have no access to a private bathroom/toilet they can use without the concern of being followed or seen by others. One out of 10 trans men and one out of every five cisgender women feel concerned about being harmed in the bathroom/toilet and do not think it is safe there. At least one out of five bathrooms/toilets cannot be locked. One out of 10 has no waste bin. Nearly one out of 10 bathrooms/toilets is poorly lit while one third of them has poor ventilation.

Availability of a bathroom/toilet used only by the household members where participants live is shown in Table 15.

**Table 15. Characteristics of toilet/bathroom at home/place of living**

Is it private? (not concerned about being followed or seen) (n=199)	Number	Percent (%)
Yes	153	77
No	46	23
Is it safe? (not concerned about being harmed) (n=197)	Number	Percent (%)
Yes	160	81
No	37	18
Can it be locked? (n=198)	Number	Percent (%)
Yes	157	80
No	41	20
Is there access to water? (n=197)	Number	Percent (%)
Yes	193	98
No	4	2
Is there access to soap? (n=198)	Number	Percent (%)
Yes	192	97
No	6	3
Is it well-lit? (n=198)	Number	Percent (%)
Yes	179	90
No	19	10
Is there a waste bin with a lid to dispose of menstrual materials? (n=198)	Number	Percent (%)
Yes	175	88
No	23	12
Is it well-ventilated? (n=197)	Number	Percent (%)
Yes	146	74
No	51	25

**Figure 12. Availability of period-friendly toilets/bathrooms at home/ place of living (“No” response)**



The FGD and KII participants have complained about toilets, especially public ones. They added that some public toilets do not even have the basic requirements, such as water and soap, and they do not have locks on the doors. It was noted that toilets often do not have a waste bin or a plastic bag in the waste bin, and they have difficulty as they do not want to dispose of menstrual materials in waste bins without lids since it would make others uncomfortable. They said that it would be more convenient if the toilets would be supplied with menstrual materials, they could feel at ease when they start bleeding and they have no menstrual products with them. Trans men in particular seem to

be deprived of safe and accessible toilet facilities meeting their needs for menstruation. Sharing the bathrooms with cisgender men brings about concerns of stigmatisation and discrimination. Unfortunately, menstrual hygiene suffers from these cases.

Some participants complained about toilet/bathroom availability at their homes/place of living. They noted that they are concerned about the smells because their bathrooms are small and poorly ventilated.

***“Bathrooms could be better. We do not have ventilation at home, and I have to immediately take the garbage out.”*** Cisgender bisexual woman, (ages 27-45), Iran

***“Public bathrooms do not have cabins, for instance. I would like to tell you an experience I have had about menstruation. I went into the men’s bathroom in a park. There were urinals only. There was no place with a door and a lock.”*** Trans heterosexual man, (ages 27-45), Morocco

## D.4. MENSTRUAL TABOOS AND STIGMATISATION



**FINDING 14.** Menstrual taboos and discrimination are common among LGBTI refugees and are a part of every aspect of their lives. It is considered shameful and forbidden to talk about menstruation.

The FGD participants said that menstruation is considered by their community to be shameful to talk about and even something forbidden. They stated that those who menstruate are regarded as dirty, and that they face prohibitions and taboos in every aspect of their life, ranging from eating to daily chores, and that this is the first time they had been able to comfortably talk about it thanks to the study. This mentality, stigmatisation, and unhealthy menstrual practices make their lives more difficult, subjecting them to discrimination. Talking about a matter associated solely with femininity among themselves or with others can be impossible for trans men, in particular, because of the taboos and concerns about stigmatisation. This restricts trans men from accessing the information that they need.

***“When our school was taking us to the mosque, they were asking us whether anyone was menstruating because one is not allowed to go in if they were menstruating. As if something terrible had happened. I was being ostracised when I was on my period. These were the taboos. I was even unable to talk to the same-sex people about it.”***

Cisgender lesbian woman (ages 27-45), Iran

***“This is the first time we talk about it in front of others.”*** Trans heterosexual man, (ages 19-26), Morocco

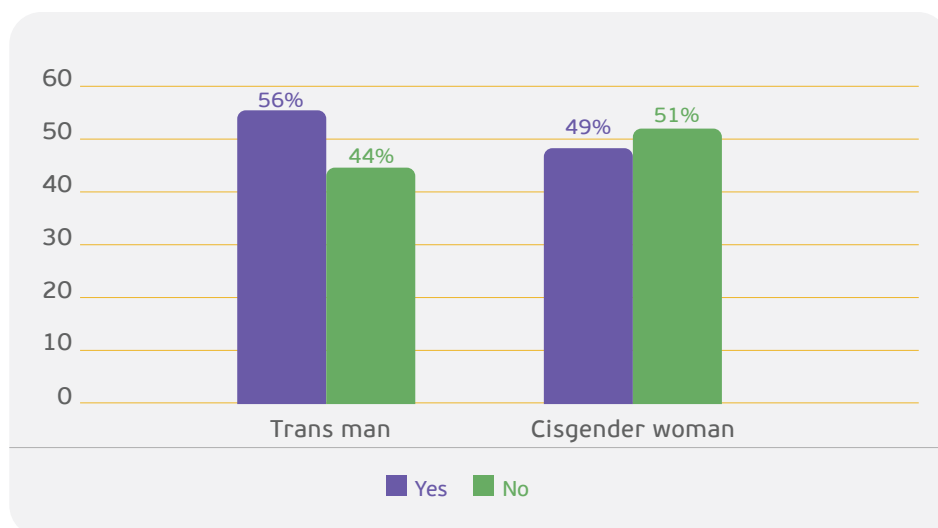
***“We were always told not to bring this up when our brothers and fathers were around because it was shameful. I would fast most of the time during Ramadan and my mother used to tell me: ‘Do not eat when your father and brother are around.’ In addition, my grandmother, before she passed away, told me: ‘You need to bury the used piece of cloth during your first period.’ It did not make sense to me.”*** Cisgender lesbian woman (ages 27-45), Morocco



**FINDING 15.** LGBTI refugees are concerned about being bullied due to menstruation at school, workplace or any other public space. One out of two participants faces this concern.

One out of two participants was concerned about being teased or bullied due to menstruation at school, in the workplace, or in any other public space. As other studies show, the situation is slightly better among women and girls, among whom one third was concerned about being teased or bullied.<sup>20</sup> This points to the presence of discrimination against LGBTI people and those who menstruate.

**Figure 13. Percentage of participants worrying about being teased/bullied while menstruating at school, at work, in public places**



Almost all of the FGD and KII participants said that they had faced restrictions, taboos, and discrimination since their first period.

Contact with male relatives in their household is restricted for almost all of them, while some people talk behind their backs, and this makes them very upset. Praying is completely forbidden for them during this time.

Their school experiences have also been similar. They stated that others should not be able to tell that they are menstruating and that they made great efforts to make sure that no one finds out. And that they could not replace their pads for hours at school because they felt embarrassed, and that they sometimes became ill because of that.

They experience something similar in the workplace environment as well. In addition, they indicated that their need to go to the bathroom more often or trouble with pain during this time may be regarded as a way of avoiding work.

LGBTI refugees face numerous barriers when they have to work in Türkiye. For example, even their legal status can significantly affect their chances to have a work permit required for employment. The limited employment opportunities in the province they are registered in make it difficult for them to be part of the labour market or drive them to move to major cities where there are more jobs but have to work informally.

<sup>20</sup> UNFPA, Report on Menstrual Hygiene Management of Refugee Women and Girls in Türkiye, September 2022, p. 27

Additionally, homophobia, biphobia, and transphobia in all aspects of daily life coupled with socio-economic and legal barriers they face makes it almost impossible for LGBTI refugees to hold decent jobs in a manner befitting human dignity.

The fortunate can mitigate those barriers through coping mechanisms that they have developed but have to assume the burden and responsibility throughout the time they work.

Menstruation is oftentimes more than a physiological and natural process for trans men who hide their gender identity to obtain a job and lead their life. If their co-workers, employers, or customers find out about their gender identity, this can be the beginning of a process that may result in being dismissed, facing bullying or sexual violence, and even working under the threat of being deported unless they agree with the conditions.

***“I used to work for a restaurant in Türkiye. When I was on my period, it was difficult for me to replace the disposable pad I used. I had to ask for permission from my supervisor to go to the restroom. When I took a pad out of my bag, male co-workers and the supervisor would look at my hands. Women should be left alone about these issues. They would tell me, ‘Come back quickly.’ This was not the case in Iran. One feels shy about it. Everyone can tell I menstruate. In fact, they would mock me saying, ‘You pretend to menstruate just to get more rest.’”*** Cisgender lesbian woman (ages 27-45), Iran

## D.5. MENSTRUAL EQUALITY AND MENSTRUAL HEALTH



**FINDING 16.** Majority LGBTI refugees face period poverty, that includes limited access to information, materials, and sanitary facilities. The rate of period poverty mounts to for 72% among trans men and 89% among cisgender women.

Menstrual hygiene management is the ability of a woman to use clean menstrual products that collect or absorb menstrual blood, replace the material as often as needed during menstruation, have water and soap to properly clean the body, and properly dispose of the used menstrual material.<sup>21</sup> Three main characteristics that facilitate menstrual hygiene management can be presented in addition to what was mentioned: “personal information”, “material environment” and “social environment”.<sup>22</sup>

21 UNICEF. Guidance on Menstrual Health and Hygiene New York (NY): UNICEF. 2019.

22 Van Eijk, A.M., Sivakami, M., Thakkar, M.B., et al. Menstrual hygiene management among adolescent girls in India: a systematic review and metaanalysis. BMJ Open 2016;6: e010290.



In this study, period poverty is addressed based on the definitions set out in the literature:

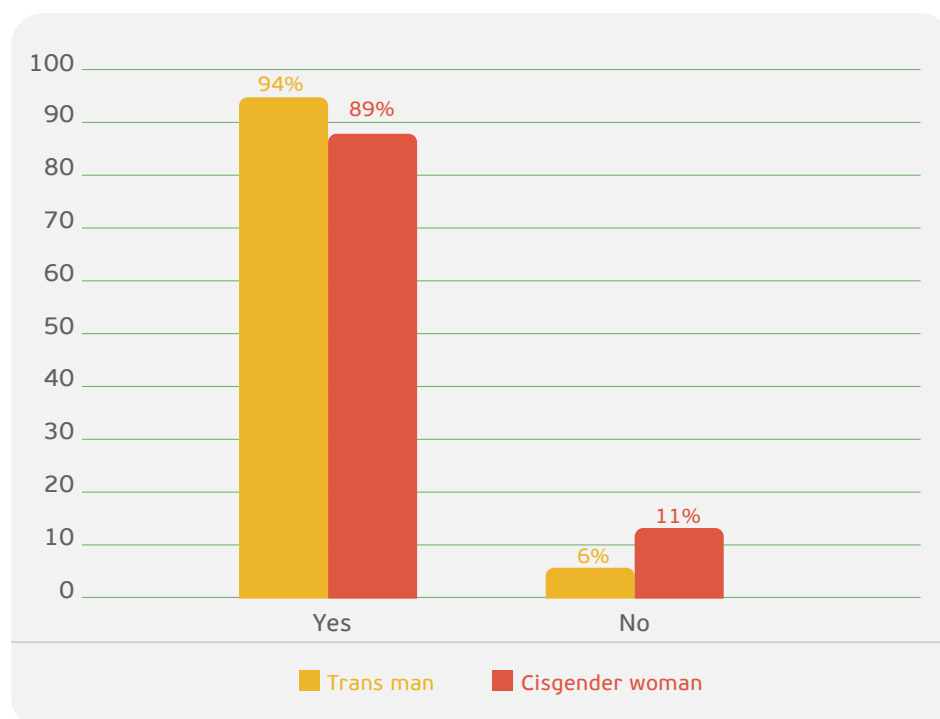
**“Presence of any limitation on access to information, materials, or sanitary facilities.”**

Those who suffer from the below deprivations can be considered under this category:

- Lack of information about menstruation before the first period;
- Needing more information about menstruation despite menstruating;
- Not being able to afford more menstrual products when needed during the last menstrual period;
- Not being able access enough materials to replace as often as desired during the last menstrual period;
- Feeling concerned about how to access more menstrual materials when they run out; and
- Lacking at home/place of living a private, safe, lockable, supplied with water and soap, well lit and ventilated toilet/bathroom that is used only by the household members.

One out of 10 participants suffers from period poverty in the form described above.

**Figure 14. Percentage of LGBTI refugees facing period poverty by gender identity**



Menstrual equality is a broader concept that also includes period poverty. Menstrual equality is the non-existence of menstrual inequality. Menstrual inequality can be considered as “systematic and preventable inequalities among all menstruators in access to healthcare services, education, and information, experiences of stigmatisation and discrimination, and lack of research”. From this point of view, menstrual inequality is one of the major barriers before the individuals regarding their social, societal, political, and economic participation. Describing menstrual equality based on menstrual inequality also involves period poverty, which refers to financial and material barriers in accessing menstrual materials, and menstrual hygiene management, which focuses on the need to provide safe means of menstrual management.<sup>23</sup>

Menstrual equality is about making the menstruation process free from gender as mentioned in the introduction of this report. This community faces taboos and discrimination during menstrual periods and tries to meet their fundamental needs within the boundaries of insufficient means. The community of LGBTI refugees are deprived of menstrual equality during menstruation, starting from their very first periods.

LGBTI people face a great deal of stigmatisation and discrimination in access to healthcare services and dignified menstruation management. Especially trans men who have yet to start their gender transition process feel insecure during menstruation and face bullying because of it or feel concerned about stigmatisation. They suffer from various medical issues that make their menstrual cycles irregular and refrain from seeking help from a healthcare professional in a hospital fearing exclusion or further discrimination.

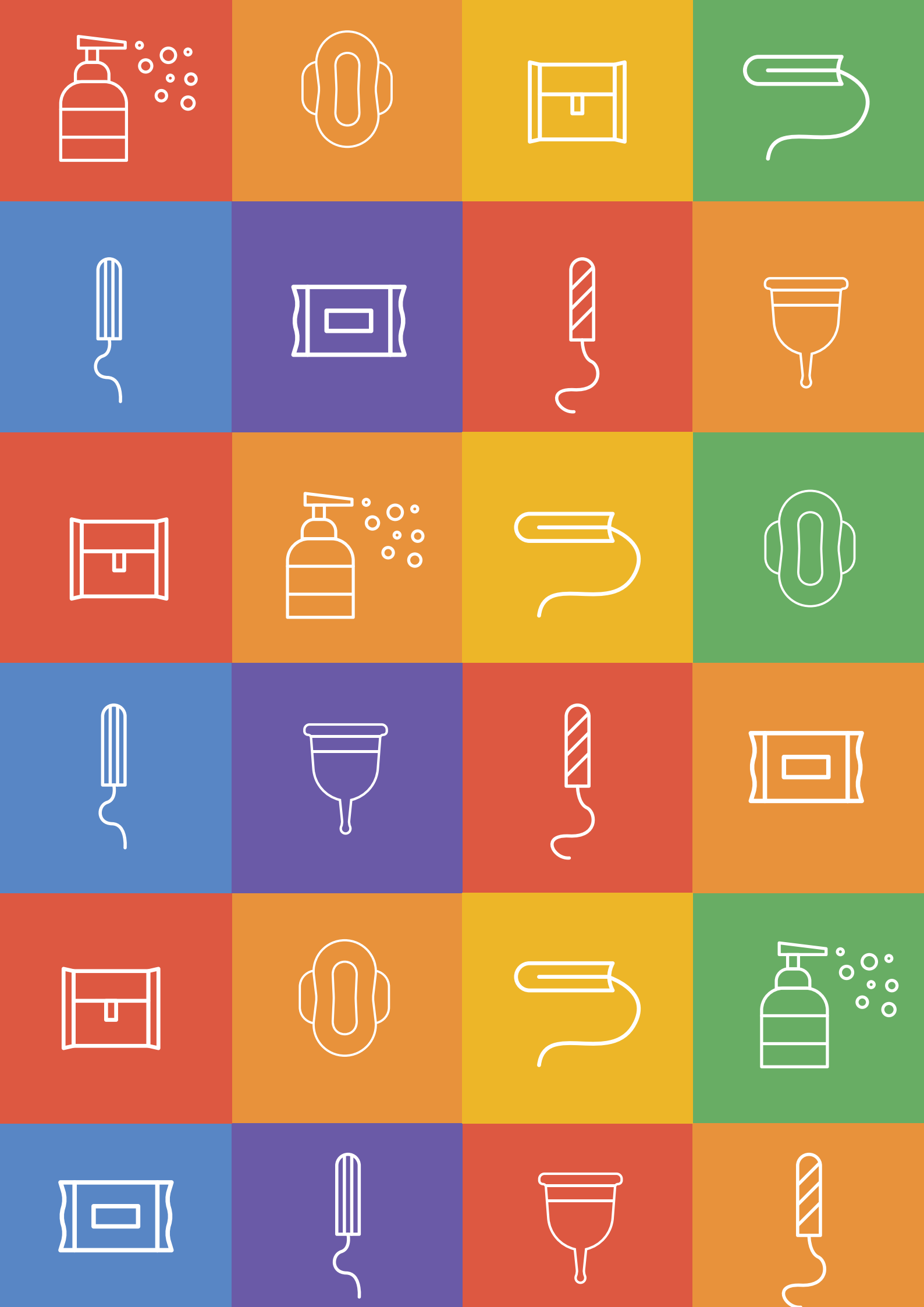
As emphasised in other studies, healthcare professionals are not adequately aware of the needs of LGBTI people who menstruate, and they are unable to offer healthcare services tailored for the needs of LGBTI people.

As menstrual equality is a concept that includes period poverty, with a recent holistic approach, menstrual health, which is “the complete state of physical, mental, and social well-being, not the lack of any disease or disability regarding the menstrual cycle”, covers both of the terms.<sup>24</sup> This definition points to recent evidences and practices. The multilateral nature of menstrual health is improving with the increasing number of studies. This report contributes to this conceptual framework based on data gathered from Türkiye.

23 Holst, A.S., Jacques-Aviñó, C., Berenguera, A., Pinzón-Sanabria, D., Valls-Llobet, C., Munrós-Feliu, J., Martínez-Bueno, C., López-Jiménez, T., Vicente-Hernández, M.M., Medina-Perucha, L. Experiences of menstrual inequity and menstrual health among women and people who menstruate in the Barcelona area (Spain): a qualitative study. *Reprod Health*. 2022 Feb 19;19(1):45.

24 Hennegan, J., Winkler, I.T., Bobel, C., Keiser, D., Hampton, J., Larsson, G., Chandra-Mouli, V., Plesons, M., Mahon, T. Menstrual health: a definition for policy, practice, and research. *Sex Reprod Health Matters*. 2021 Dec;29(1):1911618.





## E. CONCLUSION

This report presents 16 main findings about menstrual hygiene management. There are five findings on access to information, four findings on access to menstrual materials and preferences, four findings on sanitary facilities and hygiene practices, two findings on taboos and stigmatisation, and one finding on period poverty. The conclusions reached based on these main findings are as follows:

### **1. The access to information about menstruation is limited among LGBTI refugees.**

40% of LGBTI refugees in Türkiye had not received information about menstruation before their first period. This rate is higher among trans men compared to cisgender women.

The main source of information for LGBTI people is their mothers, close relatives, and friends. Information received from professionals such as healthcare professionals, teachers, and psychological counsellors is very limited and it is more common among trans men. Information received through these channels is not of high quality. Additionally, it is not possible to ask further questions when more information is needed due to taboos.

It can be concluded that talking about menstruation, including the use of menstrual products, can be more difficult for trans men. Both trans men and cisgender women think that the trainings provided at schools and UNFPA-supported service units are not sufficient; and one out of four trans men (28%) and two out of three cisgender women (63%) indicate that they would like to receive further information on menstruation. In addition, trans men need certain sets of information that would make menstruation gender-neutral and help them understand that menstruation is not taking anything away from their masculinity. For example, it is important to provide information that menstruation is a natural process that is caused by hormonal changes during adolescence and that “menstruators” also include trans men. Trans men require more information about the physical and psychological changes that their bodies experience during menstruation to help them come to terms with their bodies and regard menstruation as an ordinary physiological process. LGBTI refugees need mechanisms that offer uninterrupted, timely, and sufficient flow of information about menstruation.

### **2. Disposable sanitary pads are the most common and preferred menstrual material among LGBTI refugees. Tampons and menstrual cups may be preferred more often once they can be provided.**

Disposable sanitary pads are the most common menstrual materials used by LGBTI refugees during their last menstrual period at home/place of living or away from home. Disposable sanitary pads are also used along with tampons and menstrual cups. The combined use is 3% higher when the participants were away from home. It can be argued that it feels safer using multiple products away from home/place of living.

While the use of home-made cloth was rare during their last menstrual period, one out of

10 participants used a piece of cloth at least once during the last menstrual period. Half of the participants use home-made cloths made of materials that have been previously used for other purposes. 2% of the LGBTI refugees resorted to unsanitary methods, and used alternative materials such as cotton or toilet paper.

The majority of trans men (86%) and cisgender women (76%) would like to use disposable sanitary pads for all of their periods. One out of 10 trans men and cisgender women opted for a menstrual cup or tampon to the same extent. After receiving further information about the menstrual materials used by LGBTI people based on the survey results, it can be concluded that they are willing to change their routines and opt for methods, such as tampons or menstrual cups, that they had not known about before.

### **3. LGBTI refugees have difficulty accessing their preferred menstrual materials, are unable to use them, and feel concerned about the supply and continuity of menstrual materials.**

LGBTI refugees have access to menstrual materials in local markets, grocery stores, and pharmacies. However, LGBTI people typically live in small households, and they are the sole source of income for the household in most cases. Therefore, they lack support from family and are able to meet their monthly expenses through working long hours in most cases. These result in LGBTI refugees not being able to afford their preferred menstrual materials, as they are too expensive for them. This is the case for one out of two participants, especially for cisgender women. Menstrual materials being culturally unacceptable is a more common occurrence for trans men compared to cisgender women. This issue should be addressed in detail. One out of three participants does not use their preferred menstrual material, however they were not able to explain the reasons behind it. One third of LGBTI refugees have no access to more menstrual materials when needed, cannot afford to replace their menstrual materials as often as they want, and feel concerned about buying more of them when they run out. As a result, these deprivations affect the overall quality of life of LGBTI refugees.

### **4. The majority of LGBTI refugees think that the bathrooms/toilets at the places they live are not sufficient and are not gender responsive.**

Most of the LGBTI refugees share bathrooms/toilets with household members. This rate is 97% among trans men and 95% among cisgender women. However, the bathrooms/toilets are not sufficient in terms of privacy, safety, and physical conditions. One fifth of trans men and cisgender women have no private bathrooms/toilets that they can use without the fear of being followed or seen. At least one fifth of the bathrooms/toilet facilities cannot be locked. In fact, one out of 10 trans men and one out of five cisgender women feel concerned about being harmed in bathrooms/toilets and do not deem these places safe.

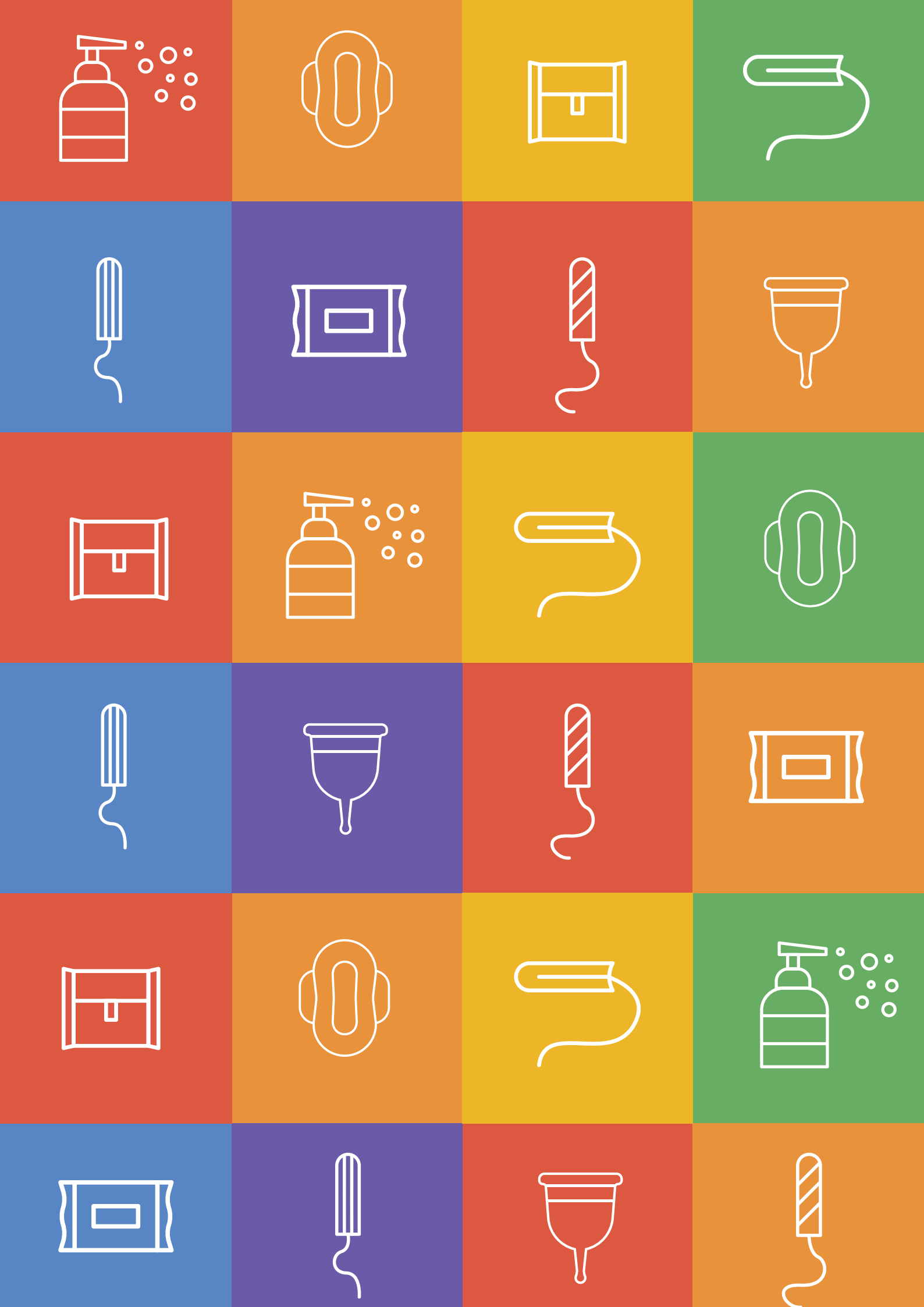
The physical conditions of the bathrooms/toilets are poor. Nearly one out of every 10 bathrooms/toilets is poorly lit while one third of them have poor ventilation. One tenth of them have no waste bins with lids in which to dispose of used menstrual materials. With this playing a role, trans men and cisgender women do not dispose of their used menstrual materials into the waste bins in the toilets but instead dispose of them into other waste

bins in home or a public waste bin outside of the place they live. 25% of the trans men and 10% of cisgender women do not use the waste bins in the bathrooms of their place of living and instead dispose of them into other waste bins in the household or community rubbish outside of the home. In public bathrooms/toilets this rate amounts to 22% among trans men and 16% among cisgender women. Trans men feel less comfortable using waste bins in the bathrooms both at home/place of living and outside, and the percentage of using a waste bin outside is higher for them compared to cisgender women.

## **5. Taboos and myths about menstruation are common and cause stigmatization, discrimination, and gender-based violence against LGBTI refugees.**

94% of trans men and 89% of cisgender women (almost all of the LGBTI refugees) suffer from a component of period poverty. The challenges they face are different and a product of socio-economic and cultural dynamics. The fact that it is presented as something dirty and shameful starting from their first period causes embarrassment and bullying. 56% of trans men and 44% of cisgender women are concerned about being teased/bullied at school, in the workplace, or in any other public space when they are menstruating. LGBTI refugees are faced with restrictions caused by this situation during every period and aspect of their lives. They are excluded from daily activities of life and are forbidden from practising their beliefs.

**These results show that considering menstruation as a process specific to the female gender it is a barrier in complying with the SDG principle of “leaving no one behind” for LGBTI refugees. And that a menstrual period approach free from gender in a way that grants all equal rights or, in other words, establishing menstrual equality, is the only solution.**





## F. RECOMMENDATIONS

Timely access to adequate information about menstruation that ranges from pre-menarche to postmenopause, access to preferred menstrual products during menstruation, and waste management of menstrual products, and guarantee of privacy and safety during this entire process in a dignified manner are essential for menstrual hygiene management. Meeting the aforementioned conditions can be achieved through a gender-responsive political and social mechanism. A gender-responsive approach is particularly important when it comes to LGBTI people's menstrual hygiene management. The fact that menstruation has been regarded for centuries as specific to the female gender exacerbates the inequality faced by LGBTI people.

The following recommendations include the main areas of response to achieve menstrual equality in line with the results of this report.

### Recommendations for UNFPA, other UN Agencies, and Non-Governmental Organisations (NGOs)

**Recommendation 1. Developing and implementing programs that consider the needs of the LGBTI population and provide them with access to services and information that are in line with their age, sexual orientation, gender identity, gender expression, and sex characteristics regarding menstruation and menstrual hygiene materials.**

Menstruation is not specific to women only. It is a physiological process that anyone with a uterus can experience. Healthcare service providers' lack of sufficient knowledge about the specific needs of LGBTI people can restrict their access to information and services. In addition, discrimination against LGBTI people tends to increase in times of crisis, and this makes them more vulnerable. To fill these gaps, UNFPA should tailor menstrual hygiene management activities based on the needs of LGBTI people. UNFPA should enhance the usage of social media to raise awareness about LGBTI people's menstrual hygiene management and the services provided. Accurate information and services, including psychosocial support, would empower the LGBTI population to overcome the myths and harmful practices that they face and help raise their awareness about their bodies and feel less afraid and stigmatised.

In addition, UNFPA should continue to distribute dignity kits (containing sanitary materials and menstrual products) to all beneficiaries who menstruate.

**Recommendation 2. Integrating cash and voucher assistance into GBV and sexual and reproductive health (SRH) programming to improve the access of LGBTI people to the menstrual hygiene materials they prefer and need.**

By incorporating cash and voucher assistance into the humanitarian SRH and GBV programming, UNFPA can promote the access of LGBTI refugees to hygienic and complementary (e.g. soap, towels, underwear, etc.) menstrual materials that they need during menstruation. Before adopting the cash and voucher assistance modality, UNFPA should evaluate the delivery modality and context-specific protection/GBV risks based on the preferences of the target group, establish risk mitigation measures for the use of cash and voucher assistance, and establish the safest procurement mechanism to prevent menstruating LGBTI refugees from facing undesirable negative consequences. UNFPA should establish dynamic monitoring systems to measure the

satisfaction of the beneficiaries with the cash and voucher assistance mechanism and evaluate the changes in menstrual hygiene needs of the LGBTI population.

**Recommendation 3. Increasing the involvement of LGBTI people in designing, planning, implementing, and monitoring the menstrual hygiene management activities.**

The involvement of LGBTI people in discussions and decisions regarding menstrual hygiene materials and other needs of menstrual hygiene management is extremely important. UNFPA should seek meaningful methods to integrate LGBTI people into the decision-making processes and feedback mechanisms to collect their views about the quality and efficacy of menstrual hygiene activities. In addition, UNFPA should strengthen the age, gender identity and sexual orientation aspects of the data collection and analysis processes and make sure that both adolescents and adults are equally represented in all community feedback and complaint mechanisms, including those for sexual exploitation and abuse (SEA). Feedback that will be collected would help UNFPA have a better understanding about the barriers faced by the participants in terms of their age, gender identity, sexual orientation, and access to services. The feedback can also guide the design and implementation of UNFPA's menstrual hygiene management programs that would offer a better response.

**Recommendation 4. Forming partnerships with other stakeholders and advocating for specialised leadership and commitment in menstrual hygiene management programming including the LGBTI population for cases of emergency in humanitarian response sectors and protracted crises.**

UNFPA Türkiye should continue to strengthen cooperation with other humanitarian partners (UN agencies, NGOs) and advocate for specialised actions for the LGBTI population's needs for menstrual hygiene management. The main actions should include the following:

- Ensure that the menstrual hygiene management is incorporated into the meeting agenda of the GBV Sub-Working Groups, National SRH Working Group, and the Regional Refugee and Resilience Plan (3RP) Inter-Agency Coordination Mechanisms such as the standard operating procedures (SOP), and ensure that it covers the needs of LGBTI people who menstruate.
- Raising the awareness of service providers (healthcare professionals and trainers in particular) about the menstrual hygiene needs of LGBTI people who menstruate.
- Ensure that there is a strategy of information, training, and communication (ITC) on menstrual hygiene management. ITC should offer accurate information about menstrual hygiene management, the impact of menstruation on the physical and mental well-being of trans men and cisgender women with various sexual orientations, the impact of hormone therapy on menstruation, and menstrual health within the context of SRH. ITC materials should be made available in various formats (including printed and non-printed versions to be disseminated on social networks or released on TV and/or radio stations) and in various languages.
- Providing group members with best practices and lessons learned about menstrual hygiene management programs already implemented specifically for the LGBTI population, and advocating for the implementation and integration of the menstrual hygiene management

programs in humanitarian actors' responses.

- Advocating for the presentation of formal and informal (out of school) comprehensive sexual health training programs with modules about the menstrual health of LGBTI people who menstruate and meeting the internationally recognized standards of service delivery.
- Making an assessment about the policies and bathrooms of public institutions and private companies (workplaces) to have a better understanding about whether their physical design is inclusive of the LGBTI population's needs for menstrual hygiene management.

**Recommendation 5. Strengthening the capacity of service providers (including healthcare professionals and school staff) to offer counselling for menstrual hygiene management based on the age, gender, gender identity, and sexual orientation of the LGBTI population.**

UNFPA should contribute in a way to make sure that healthcare professionals, who provide SRH services and psychosocial support, are equipped with fundamental menstrual knowledge, skills, and tools to communicate with vulnerable groups in a non-discriminatory way. Training modules developed based on the information needs of healthcare professionals can be provided and made available in person or online.

**Recommendation 6. Carrying out the actions of menstrual hygiene management for the LGBTI population by taking into account their work status (sex workers), medical status (people living with HIV, healthcare services tailored for trans people) and being subjected to GBV, all of which add various layers of vulnerability and require specific mitigation measures.**

Menstruation is a difficult process for LGBTI people who experience difficulty with menstruation due to various medical conditions in particular or trans men who have already started the gender transition process. LGBTI people worry about accessing healthcare professionals because of unjust treatment, stigmatisation, and discrimination. In addition, trans men, who have started the gender transition process, may experience physical pain during menstrual periods as well as a heavy psychological burden, as menstruation is deemed to be part of femininity. In most cases, bleeding disturbs trans men's sense of masculinity and causes them to isolate themselves at home and even commit suicide. Conducting more studies to review the menstrual experience of LGBTI people based on various vulnerabilities would raise awareness about the needs of various groups and promote tailoring the services based on specific needs.

## **Recommendations for Public Institutions and Organizations**

**Recommendation 7. Ensure that menstrual products are accessible and affordable for anyone who needs them.**

LGBTI people are unable to use their preferred menstrual materials during menstruation for various reasons. Among the main reasons are high prices and a lack of information about menstrual materials. If they cannot afford them, LGBTI people may resort to unhygienic and dangerous alternatives. The following strategies can be considered to make menstrual materials more affordable:

- Providing in-kind or cash assistance to distribute menstrual materials in healthcare institutions, schools, universities, dormitories, and any other public venues that interest young people.
- Removing taxes on menstrual materials.
- Taking actions to evaluate the socio-economic effects of donations/tax-cut regimes on menstrual materials.
- Drawing on the experience of other countries that adopt various strategies to improve access to menstrual materials.
- Allocating funds for research into sustainable and affordable menstrual materials and incorporating this action into the agenda of public institutions such as TUBITAK and TUSEB.

**Recommendation 8. Ensuring bathroom/toilet facilities in schools are equipped with all the essential characteristics (private space for replacing menstrual materials, adequate lighting, locked doors, bins, water and soap, etc.) in line with the needs of LGBTI people and to manage their menstruation in a dignified manner.**

The disaggregation of toilet facilities/bathrooms for men and women causes LGBTI people to feel uncomfortable using them. Therefore, bathroom/toilet facilities should be rearranged in a gender neutral way or a cabin should be placed in men's bathrooms to provide a private space to replace menstrual materials. This will help LGBTI people feel safe and comfortable.

To this end, the first course of action should be a policy analysis on water, sanitation, and hygiene (WASH) and menstrual hygiene management in public schools in consideration of the institutional policies in place and the way the guidelines are implemented. Menstrual hygiene management policies and guidelines of public institutions and their stakeholders should be clearly defined, and the way their actions are implemented should be closely monitored with a focus on sanitation.

**Recommendation 9. Launching a nationwide menstrual hygiene management campaign for the members of various communities to eliminate taboos, harmful practices, and myths, and to raise awareness about hygienic menstrual products, menstrual hygiene norms, and menstrual health.**

A nationwide campaign should be launched to eliminate harmful taboos about menstrual hygiene management and raise awareness about the fact that menstruation is a physiological process that is natural for anyone with a uterus and that has nothing to do with one's gender. This will raise the awareness both among LGBTI people who menstruate and various stakeholders who can contribute to the improvement of the infrastructure. In addition, this action can help reduce the psychological pressure faced by trans men during menstruation.

**Recommendation 10. Developing a comprehensive sex education curriculum as a part of formal (schools) and informal (non-school) education programs and making sure that it is inclusive towards LGBTI people.**

There is a limited number of studies on the menstrual hygiene management of LGBTI adolescents living in Türkiye. Additionally, LGBTI people are under risk of more vulnerabilities compared to women and girls in terms of menstrual management due to stigmatisation and discrimination. A comprehensive needs assessment should be conducted with a focus on menstrual hygiene management in order to have a better understanding about the challenges in accessing menstrual products and toilet/bathroom facilities and the impact of menstruation on LGBTI people's psychological well-being. The outcomes of the assessment can inform the development of sex education programs and policies, guidelines, and services tailored for specific needs of LGBTI adolescents.

**Recommendation 11. Capacity building for organisations and healthcare professionals to deliver sexual and reproductive health counselling and services tailored for specific needs of LGBTI people.**

Healthcare professionals lack awareness regarding the needs of LGBTI people. It would be important to ensure that they are equipped with tools and skills to help them act more responsively to the needs of LGBTI people and communicate empathetically.

It is also recommended to ensure that healthcare professionals offer alternative (accurate) sources of information. Some LGBTI people may feel uncomfortable talking to service providers in person about menstruation and menstrual management. Service providers can share social networks or websites that offer specialised information to help beneficiaries have access to sources they need to make informed decisions about their own health.

**Recommendations for Donors**

**Recommendation 12. Promoting the programs and humanitarian organisations working on period poverty and challenging negative social norms about menstruation and making them sustainable.**

Donors should consider the impact of SRH on the well-being of LGBTI people, including WASH, menstrual health, and human rights, and incorporate these actions into funding and humanitarian strategies. Donors should provide funds for programs and organisations that take actions against negative social norms about menstruation and support LGBTI people regarding menstrual hygiene management.

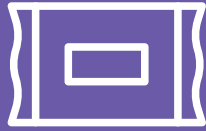
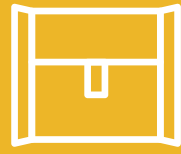
**Recommendation 13. Periodical and regular consultation with partners to have a better understanding about LGBTI people's key needs in menstrual hygiene management for better and more effective programming.**

Donors should try to have access to adequate information about LGBTI people's main needs and draw on the experience of the humanitarian organisations that carry out menstrual hygiene management programs. Organising workshops on menstrual hygiene management on a regular basis will help donors gain a better understanding about the best practices and allocate more funds for activities that can be replicated under different projects.

**Recommendation 14. Taking initiative in advocacy among donor groups regarding menstrual health, which is one of the most fundamental human rights regarding health, gender equality, and dignity.**

The awareness of international donor groups should be raised, and their active mobilisation should be improved to make sure that menstrual health stands out as one of the fundamental rights with regards to SRH, gender equality, and dignity. Donors should take advocacy actions around the world and at the national level in a way that emphasises increasing needs due to period poverty and promote the international agenda focused on menstrual hygiene management. LGBTI people should be involved in developing the main advocacy messages that point to menstrual hygiene management needs.







# ANNEXES

## Annex 1. Socio-demographics of Survey Participants

**Table 1.1. Marital status of survey participants**

Marital Status	Number	Percent (%)
Never married/single	144	72
Divorced	34	16
Married	15	8
Living together	3	2
Religious marriage	2	1
Widow	1	1

**Table 1.2. Legal status of survey participants**

Legal Status	Number	Percent (%)
Conditional refugee (applicant or status holder)	84	42
Temporary protection (applicant or status holder)	52	26
Subsidiary protection (applicant or status holder)	3	2
Republic of Türkiye	12	6
Residence permit holder	21	11
No registration/permission available	20	10
Other status	7	3

**Table 1.3. Household sources of income for survey participants**

Top Source of Income	Number	Percent (%)
Me	118	59
My partner	25	12
Parent	16	8
Sibling	8	4
Spouse	11	5
UN and TRC aids	8	4
Friend	6	3
My child	3	2
Other	4	3

## Annex 2. References

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