Lund's University
Department of Political Science

STVK02, HT2021
Supervisor: Jonna Pettersson

LUNDS UNIVERSITET

The Politics of Periods

A qualitative study of the right to gender equality — through knowledge about menstrual health

Clara Reich Zackrisson

Abstract

This study examines periods as a question of politics, by highlighting experts' views on knowledge about menstrual health in Sweden, from a feminist and human rights perspective. Previous studies have indicated that knowledge regarding menstrual health is lacking, hindering women's from achieving fundamental human rights. This study's purpose is thus to create a greater understanding of menstrual health by highlighting different views from experts in the field, and arguing that periods should be approached as a political issue. The material is conducted through semi-structured interviews with five experts in women's health. The focus is on the experts' opinion on young women's knowledge about menstrual health, what obstacles prevent women from achieving the knowledge needed, and which policies should be imposed to strengthen women's right to autonomy. The results show a widespread lack of knowledge about menstrual health amongst young women in Sweden. The challenges hindering women from obtaining the correct information about their bodies were, for example, inequalities, stigmatization, and insufficient education. The interviewees suggest that improved education and increased investments in women's healthcare could strengthen women's menstrual health. The overall findings from the experts were coherent. Yet there was varying thought regarding what specific information and what policies should be imposed. The results are analyzed from liberal feminist theory and the Human-Rights-Based Framework, focusing on the value of autonomy. The main conclusion is that knowledge about menstrual health is critical to achieving gender equality and therefore should be approached as an essential part of sexual and reproductive health and rights.

Keywords: Menstrual Health, Women's Health, Menstrual Cycle, Menstruation, Gender Equality, Liberal Feminism, Human Rights, Sexual and Reproductive Rights, Autonomy

Word count: 9 996

Acknowledgment

First and foremost, I would like to express my gratitude to my primary supervisor, Jonna Pettersson, who guided me throughout this study. The assistance provided by essay mentor Elfva Barrio and the educational support offered by Johanna Estola, Ann Kull, and Henrik Mejborn was greatly appreciated. I would also like to thank my classmates for their valuable inputs and feedback during the process.

I want to express my genuine appreciation to the participants, Lena, Maria, Sanna, Elisabet, and Emilia, who made this research possible. I am incredibly grateful for their time, trust, and contribution by sharing their knowledge, experiences, and opinions. I also wish to show my appreciation for the insights gained from the participants in the pilot study; Mia, Jenny, Milena, Sanna, and Rebecka.

Finally, a big thanks to my partner, family, and friends, for offering love and support throughout this process and my years of studies. I am also incredibly grateful to all the teachers and classmates who have given me inspiration, learnings, and support during my years of studies in Politics and Economics at Lund's University.

Table of contents

List of Tables

Abbreviations

CEDAW:	Convention on the Elimination of All Forms of Discrimination against Women
ECHR:	The European Convention on Human Rights
HRBA:	Human Rights-Based Approach
MH:	Menstrual Health
MHH:	Menstrual Health and Hygiene
SDGs:	Sustainable Developments Goals
SIDA:	Swedish International Development Cooperation Agency
SRHR:	Sexual and Reproductive Rights
UHR:	Universal Declaration of Human Rights
UN:	United Nations
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children's Fund
UNSDG:	United Nations Sustainable Development Group
OHCHR:	The Office of the High Commissioner for Human Rights

1. Introduction

The introduction chapter of this essay will start with a background, followed by the research problem and the research questions. Then a literature review of previous research will be presented, leading up to the academic contribution of this study. Lastly, the scope and limitations will be discussed, and specific terms will be defined.

1.1. Background

There can be no gender equality without bodily autonomy and sexual and reproductive health and rights. - Phumzile Mlambo-Ngcuka, UN Women Executive Director.[1]

In 1948 the United Nations (UN) General Assembly adopted the Universal Declaration of Human Rights (UDHR), which addresses fundamental rights and freedoms that belong to every person in the world.[2] In Sweden, human rights are protected by the law (1994:1219), through the European Convention on Human Rights (ECHR).[3] Later in 1979, The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was adopted by the UN General Assembly. The Convention provides the basis for realizing gender equality.[4] Women's human rights include the rights to equality, dignity, autonomy, and health, including sexual and reproductive health (SRHR).[5] SRHR is a concept that relates to multiple human rights. SRHR entails physical, emotional, psychological, and social well-being related to all aspects of sexuality and reproduction. This means that everyone has the right to decide over their own body based on adequate information. SRHR has been critical in advancing women's rights in general.[6] The menstrual cycle is a significant predictor and indicator of health. Yet, according to UNFPA, menstrual health (MH) and menstrual hygiene management (MHR) has been largely overlooked by the international SRHR community.[7]

Menstrual health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity in relation to the menstrual cycle.[8]

Menstruation is a normal biological process experienced by half the world's population.[9] About 1,9 billion individuals menstruate from the beginning of puberty until menopause.[10] Factors such as; gender inequality, discriminatory social norms, and structural and systemic barriers prevent women and people who menstruate from accessing the necessary information and services related to their menstrual cycles.[11] This, in turn, impacts women's education, work opportunities, and participation in society. Addressing the challenges of menstrual health can thus positively impact society and global development.[12] Menstrual health is also critical to achieving the Sustainable Developments Goals (SDG) set by the United Nations (UN), especially (3) Good Health & Well-Being; (4) Quality Education; and (5) Gender Equality.[13] The global menstrual movement, which combat ongoing menstrual stigma, have become a growing trend and more publicly discussed in the last years. Some have even stated that Sweden has gone through a "menstrual revolution".[14] In 2017, the first population study was conducted on SRHR in Sweden. The result shows that just under a fifth of the population believes sex education has given them the knowledge needed. The Swedish Public Health Agency concluded that SRHR is crucial for freedom, control, and power over sexuality and reproduction. They also state that gender equality is an integral part of SRHR's work and that SRHR is central to meeting the SDG globally.[15] According to the UN, knowledge is crucial to ensuring women's autonomy and ability to decide about their bodies.[16] This study will thus focus on examining young women's knowledge about menstrual health and approach menstrual health as a matter of sexual and reproductive health and rights.

1.2. Research Problem

This essay is a qualitative study of young women's knowledge about menstrual health in Sweden. The study aims to increase the understanding of menstrual health by highlighting different views from experts in the field. Specific menstrual challenges differ depending on social norms, geography, and socio-economic factors. As this study is conducted in Sweden, knowledge about menstrual health was found relevant. In contrast, for a study conducted in a

developing country, other aspects such as adequate facilities for menstrual hygiene would be more appropriate.[17] A normative given-that method is used, and the empirical material is collected through semi-structured interviews. The participants consist of five health experts who could provide insights from their experiences meeting different women in Sweden. Furthermore, the material will be examined from a liberal feminist theory and supplemented with the human rights-based approach. Illuminating this issue from these perspectives makes it possible to argue that knowledge about menstrual health is related to the value of autonomy.

Research questions:

1. What are the experts' views on young women's knowledge about menstrual health in Sweden?

2. According to the experts, what obstacles prevent women from achieving adequate knowledge about menstrual health?

3. What policies should be imposed to strengthen menstrual health and the right to autonomy?

Qualitative research emphasizes general formulating questions as the focus should be on the interviewee's perceptions.[18] Therefore, question 1) aims to understand experts' views on menstrual health. Question 2) focuses on the obstacles preventing women from acquiring the necessary knowledge. These questions are analyzed from a liberal feminist perspective. Furthermore, from a human-rights-based approach, question 3) examine what policies the experts believe should be imposed, and all the questions will in turn be analysed in relation to the value of autonomy.

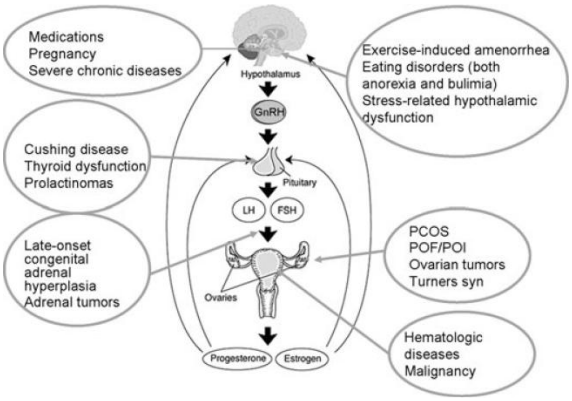
1.3. Previous Research

The following research overview presents previous literature from two main perspectives: the menstrual cycle concerning women's health and knowledge about menstrual health.

1.3.1 Menstrual Cycle and Women's health

Table 1: Health Conditions related to Menstrual Cycle

Several previous research has displayed that the menstrual cycle is central in women's health, as hormones affect most things in our bodies. One of these is "The Menstrual Cycle: A Biological Marker of General Health in Adolescents", which emphasizes that abnormal menstrual patterns throughout adolescence may permit early identification of health concerns for adulthood. By evaluating the menstrual cycle as a vital sign, clinicians could gain an additional tool to assess overall health status. The table from the study demonstrates conditions related to the menstrual cycle.[19]



There are various menstrual disorders related to the menstrual cycle lengths, flow, and pain. In Sweden, PCOS is the most common hormonal disorder in women of fertile age, with a prevalence of about 15 — 20%.[20] About 75% of women have some form of premenstrual symptom, PMS, and about 3 — 5% have the more severe form, PMDD.[21] Several previous studies have been conducted on different menstrual disorders. For example, women with irregular menstrual cycles and PCOS could have a higher risk for type 2 diabetes and glucose intolerance.[22] Other studies have shown correlations with asthma[23] and depression[24], where symptoms may worsen during the cycle. A study on adolescents with endometriosis in Sweden discussed that women experience detrimental effects on their social lives, wellbeing,

and quality of life.[25] Additionally, a survey from Sifo revealed that about 20% of women had been home from work due to menstrual cramps.[26]

1.3.2 Knowledge about Menstrual Health

Previous studies on menstrual health in Sweden have indicated a lack of education on SRHR matters from school. The study presented below displayed that only 57% experience enough knowledge about menstruation.[27]

Table 2: Study on Knowledge about Sexual Health

Young people aged 16-29 who experience that they have acquired sufficient knowledge about sex and cohabitation at school, divided into different issues, 2015			
(%)			
	Women	**Men**	**Do not want to categorize themselves**
The body	59,9	68,6	53,9
Menstruation	57,1	54,4	45,6
contraceptive	36,4	60,8	45,7
how to get pregnant	71,8	78,8	70,5
genital diseases	32,5	48,8	39,5
gender, relationships and gender equality	26,6	44,7	18,8
Source: Swedish Public Health Agency, UngKAB15			
The issue in UngKAB15 concerns gender identity and not legal gender. It reads "Are you male or female?" and has the answer options "Man", "Woman" and "I do not want to categorize myself".			

Several studies found similar results about insufficient sex education and that teacher should be better educated.[28] One of the studies asked questions about the menstrual cycle, such as menstrual bleeding, ovulation, hormones, contraceptives, and fertility, which showed low knowledge, and that misconceptions about the menstrual cycle were common. There was also a tendency to have less understanding of female anatomy among men and women than male anatomy. The authors mentioned that more taboos around female sex organs could be an explanation.[29] Another study confirms that women often refer to menstruation in negative terms. Obtaining knowledge through education was depicted as essential for developing body awareness.[30] Low levels of expertise might hinder communication, affect women's well-being, and lead to an incorrect medical diagnosis.[31] A study from the UK found that practitioners need to support women when seeking non-hormonal methods.[32]

As mentioned in the background, menstrual health has become more publicly discussed as a global public health issue and a matter of human rights. Menstruation is commonly expressed in arts, books, and media in Sweden.[33] Yet, it was somehow difficult to find relevant previous political science studies to a sufficient extent in Sweden. Reports highlight that millions of women and girls worldwide experience period poverty, miss education, and lack access to hygiene facilities.[34] However, research conducted on poverty,[35] hygiene[36], and education[37] has mainly been done in developing countries.[38] Yet, a study in 2017 from the United Kingdom (UK); reveals that women in the UK miss school every month because they cannot afford to buy menstrual products.[39] The sociologist Laura Fingerson states, “It is odd, that such an integral event in women’s lives generally has been ignored in social research”.[40] Research on women's health has also been challenging to find funding for.[41] Overall previous literature underlines that both knowledge and research on menstrual health are lacking,[42] which supports the reason for conducting this study.

1.4. Academic Contribution

This study aims to contribute to research by filling in a gap in the Political Science field. The previously identified study has mainly been done in Health Sciences. Menstrual health may not be known as a political question. Still, as the background indicates, menstruation encompasses systemic factors like health, equality, education, and rights, emphasizing the importance of the political science perspective. A previous study showed that health professionals play a central part in supporting the experience of people who menstruate and therefore of importance to bring in their voices.[43] As the scope of this thesis is limited, the study will not lead to general conclusions. Still, the research will hopefully contribute with insights and inspire future research from several perspectives. Furthermore, the long-term purpose is to form a basis for political measures. Hence, the study could be perceived as both interdisciplinary and relevant outside of science.[44]

1.5. Scope and Limitations

Since the scope of this study is limited, the study will focus on young women between 16 — 29, rather than across the lifecycle. Though this group is affected by different contextual factors, it can be problematic to generalize the “average woman” and those who suffer from menstrual disorders. Therefore, the reader must understand that this study does not refer to specific individuals. Secondly, the medical conditions mentioned will not be explained in detail as the focus is on the respondents' experience and not the menstrual disorders. Thirdly, there are several historical, cultural, and religious perspectives on menstruation, but this study delimits itself from these aspects. It is also essential to include men and gender diversities, and therefore more research has to complement this study.

Furthermore, this scope creates some limitations to this study. The material consists of interviews with five people, which makes it difficult to draw general conclusions. Additional respondents could strengthen the findings and broaden the analysis. The scope is focused on young women, while the experts are another target group, leading to different conclusions compared with asking young women directly. Given the size of the study, it was more reasonable to use a few people and the respondents represent slightly different perspectives. In addition, the feminist and human rights-based approach could be criticized for providing a subjective view. I, therefore, recommend that future studies shed light on the issue from different political theories. Lastly, I am well aware that my role as a researcher could affect the result of this study. A researcher’s experiences, understanding, and values influence what questions we ask.[45] My background and interest have affected the choices made. I am a 24-year-old woman at Lund’s University who has experienced a lack of knowledge about menstrual health myself, which made me curious to investigate the political perspective of the topic. Against this background, I have strived to be critical to my interpretations to reduce the risk of describing my preconceived interpretations rather than the reality intended to be examined. This study, however, uses a normative method, which means that the result is based on values, enabling a more subjective interpretation of the material.

1.6. Definitions

Knowledge — is having information acquired either through studies or experience.[46] The term could be too broad, but having a specific definition would limit the respondents', answers, and therefore, they could define the term themselves.

Women — This research uses women to refer to the female reproductive system. Not all people who menstruate identify as women, and not all women menstruate.[47] I recognize the limitations of using this term, but it does include non-identifying and non-binary individuals.

The menstrual cycle — is the regular changes in the ovaries and endometrium that make reproduction possible. Most menstrual cycles are 21-35 days, creating an average 28-day. The menstrual cycle can be divided into different phases presented below in Table 3.[48]

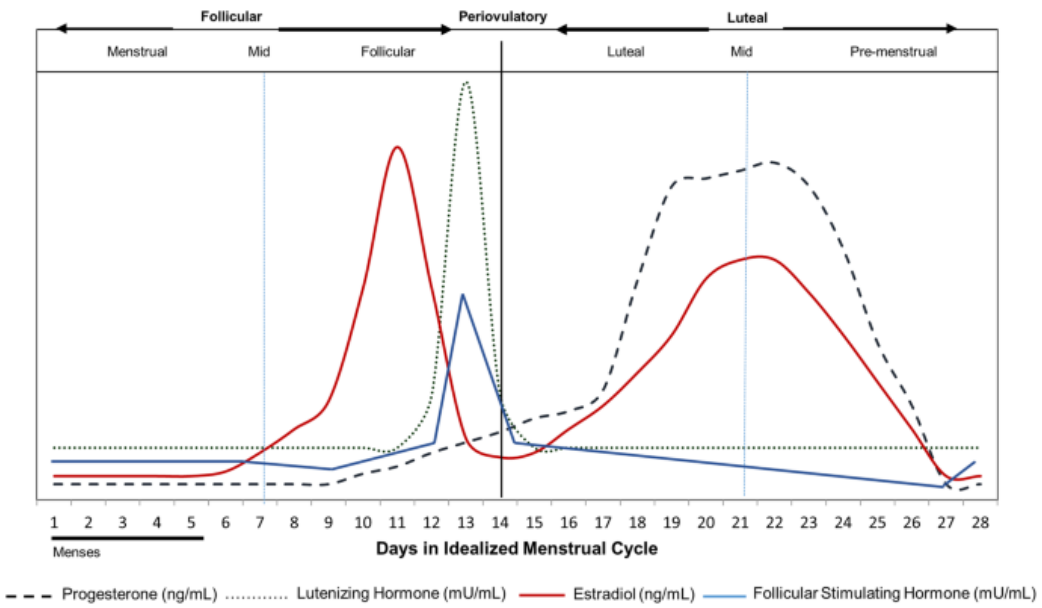
Menstruation — is part of the menstrual cycle in a woman's reproductive system. This cycle begins when reaching puberty (menarche) and continues until menopause when the menstrual cycles end.[49] The term *period* is used in this study as a synonym for menstruation.

The follicular phase — starts on the first day of menstruation and ends with ovulation.[50]

Ovulation Phase — The release of an egg from an ovary usually happens on the 14th day.[51]

Luteal Phase — The second half of your monthly cycle ends either in pregnancy or menstruation.[52]

Table 3: Menstrual Cycle Phases.[53]



2. Theoretical framework

This chapter will present the theories used to analyze the material. The first part will present the egalitarian liberal feminist view. The second part will discuss sexual and reproductive rights related to the human rights-based framework. Lastly, the value of autonomy will be discussed from both theories. The liberal feminist theory relates standpoints to an established idea about gender equality[54], while the human rights framework is relevant as the research is based on these principles.

2.1. Liberal Feminism

The term ‘feminist’ first came into use in the 1880s, indicating women’s equal rights with men. Feminism focuses on strengthening women's rights, in line with the aim of this study.[55] Nevertheless, the feminist perspective has a normative and critical dimension, indicating that the values are not necessarily objective. Harding and Norberg, however, state that value-free research is an unachievable ideal[56], and the thought in this study is to form well-grounded but normative arguments.[57] Liberal feminism, as the name suggests, is rooted in the ideas of liberalism and has been the starting point for other feminist theories.[58] The core of liberal feminism is that fundamental rights and freedoms should apply to women, such as individualism, equal opportunities, and freedom of choice. The liberal theory understands women's inferior position in society due to being excluded from political and legal rights. Women have historically been viewed as emotionally driven beings who are unfit to engage in public life as they are not as rational as men. The classic liberal feminist Mary Wollstonecraft argues that there are no reasonable grounds for excluding women from politics; women are not created to please men; women are independent human beings. Further, the theory underlines the importance of education to influence attitudes and eradicate women's subordinate positions.[59] Previous literature on feminism emphasizes knowledge as

the path to power, and that women must be given adequate education to make rational choices.[60] This study will thus assume that knowledge is an essential part of achieving equality.

2.1.1. Egalitarian Liberal Feminism

Within the liberal feminist theory, there are distinctions. The classical liberals understand freedom as “freedom from coercive interference”. In contrast, egalitarian liberals define freedom as personal and political autonomy, which means that women should live their lives of their choosing. Classical-liberal feminists hold that the law should not treat women and men differently. In contrast to egalitarian-liberal feminists, who believe much should be done to support women's autonomy.[61] In this research, the egalitarian-liberal feminist perspective will be used. This perspective entails that women can access options and freedom guided by self-interest, which often are restricted due to stereotyping and discrimination. Liberal feminism emphasizes the right of women’s sexual and reproductive matters. Laws or politics that control women’s lives are an unjust use of state power, such as restricting access to birth control. The state should instead be a tool to change inequalities in society. Egalitarian-liberal feminists, for example, hold that the state must promote sex education. The theory is justified in different ways, for example, by referring to the broad tradition concerning the gender system and the nature of gender hierarchy. Political liberal feminism holds that state power is used justly when supported by the values of the citizens. Several liberal feminist constructs arguments based on political matters. For example, McClain argues that equality is a constitutional value, which requires support in developing autonomy capacities in girls. The strength of this perspective is that it has been effective in giving women more equal rights. Yet, criticism has been that it must rely on a more robust ideal.[62]

2.1.2. Feminism and Menstruation

Menstrual health is a feminist issue in several ways, as body literacy helps women make informed decisions about their bodies.[63] Menstruation is a part of taboos surrounding

women's bodies that often prove women's inferiority.[64] Psychoanalysts Sigmund Freud claimed that menstrual taboos were an attempt to control women.[65] In turn, the taboo leads to silence, which makes people who menstruate even more powerless.[66] In 1986, Gloria Steinem wrote that if men got periods, they "would brag about how long and how much: that boys would talk about their menstruation as the beginning of their manhood".[67] Today, girls instead often experience negative feelings and embarrassment about menstruation.[68] The challenges for feminists are to acknowledge the realities of menstruation without capitulating the image of women as unfit for full participation in public life. Chris Bobel writes that blaming biology has been a classical anti-feminist position, but so has ignorance of women's experiences.[69] Carole Pateman state that legal equality could lead to the 'Wollstonecraft's dilemma', which enables women to be valued only to the extent that they behave like men, and any attempt to acknowledge things that restrict their ability to compete is seen as a sign of inferiority that justifies unequal outcomes.[70] Joan Scott has argued that it is paradoxical, as a claim to equal rights, simultaneously denies the relevance of sex difference. This has made it challenging to campaign for maternity rights, as it can seem like special treatment.[71] Anyhow, the Sweden government underlines that SRHR is crucial for women's power over their bodies.[72] Hence, women must access the information needed, which this research discusses further.

2.2. Human Rights-Based Framework

The Human Rights-Based Approach (HRBA) is a normative framework based on internationally recognized Human Rights. According to the UN Universal Declaration, the HRBA focuses on the obligation to realize Human Rights. The human rights-based approach is more of a policy than an academic theory.[73] However, it has been used in previous research and could benefit the analysis as the research problem is based on the idea of Human Rights.

2.2.1. Sexual and Reproductive Rights

Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing about all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity.[74]

The definition of sexual and reproductive health and rights (SRHR) is based on several international principles for human rights. SRHR is based on equal value for all and human rights, formulated by the UN in 1948[75], which Sweden is bound to follow.[76] In 2016, the Guttmacher-Lancet Commission report on SRHR was established. In the report, an evidence-based vision for SRHR based on human rights is formulated. It includes the right to make free and autonomous decisions and choices concerning one's body.[77] Furthermore, the importance of the ability to make well-informed decisions, bodily integrity, self-determination, and access to information is underlined in the agenda.[78] The Swedish Public Health Agency state that the report should support the SRHR work in Sweden. MacKinnon points out that women's rights must be based on the experiences that women themselves identify, which often concern reproductive health and rights. On the other hand, Brown means that the focus on strengthening women's rights could be a risk of recreating notions of women as a subordinate group. Another criticism is that rights are based on liberal and Western ideas and that it is not self-evident that human rights reflect the needs that exist locally in other parts of the world. Postcolonial feminist studies claim that Western feminism dominates the international agenda for women's rights.[79] This highlights that the discourse that human rights are based on also could be questioned.

2.2.2. Menstrual Health

Menstrual health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity in the menstrual cycle.[80]

Table 4: Menstrual Health Definition

The right to health, defined as "the right to the highest attainable standard of health", is a human right recognized in the Universal Declaration of Human Rights (art. 25).[81] This study is focused on the right to health and equality, but it is

Box 1. Definition of menstrual health

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

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

- access accurate, timely, age-appropriate information about the menstrual cycle, menstruation, and changes experienced throughout the life-course, as well as related self-care and hygiene practices.
- care for their bodies during menstruation such that their preferences, hygiene, comfort, privacy, and safety are supported. This includes accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation and hygiene services, for washing the body and hands, changing menstrual materials, and cleaning and/or disposing of used materials.
- access timely diagnosis, treatment and care for menstrual cycle-related discomforts and disorders, including access to appropriate health services and resources, pain relief, and strategies for self-care.
- experience a positive and respectful environment in relation to the menstrual cycle, free from stigma and psychological distress, including the resources and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle.
- decide whether and how to participate in all spheres of life, including civil, cultural, economic, social, and political, during all phases of the menstrual cycle, free from menstrual-related exclusion, restriction, discrimination, coercion, and/or violence.

connected to several other human rights.[82] The HRBA aims to realize the right of everyone's enjoyment of the highest attainable standard of health. The services should include accurate information on SRHR, containing the following elements; availability, accessibility, acceptability, and quality (AAAQ). Swedish International Development Cooperation Agency (SIDA) state that is crucial to recognize menstrual health within this framework, rather than as a separate sector, as menstrual health is a precondition for achieving a wide range of related human rights.[83] Insufficient conditions menstrual health impacts human rights.[84] At the same time, human rights are the solution, as ignoring menstruation leads to further discrimination against women.[85] Understanding menstrual health within this framework provides a compelling basis for assessing women's knowledge.

2.3. Autonomy

Defining specific values is essential to make a coherent normative analysis. The value, autonomy, relates to the liberal feminist theory and the human-rights-based approach. The term autonomy contains a wide range of meanings, such as self-governance, self-determination, freedom, dignity, integrity, independence, and self-knowledge.[86] Autonomy value could be defined by three conditions: independence (not controlled by something besides oneself), competency (able to rationally deliberate while understanding the options and consequences), and authenticity (evaluating one's priorities).[87] Autonomy could be seen as an intrinsic value (good in itself). In feminist theory, being autonomous is seen as acting on motives that are one's own. Further, egalitarian-liberal feminists hold that the exercise of personal autonomy depends on certain enabling conditions that are insufficiently present in women's lives. In this setting, autonomy will relate to SRHR, which is the right of a woman to make autonomous decisions about her body.[88] Autonomy is thus intrinsically connected with several fundamental human rights, such as liberty, dignity, privacy, information, and bodily integrity. According to Shalev, an expert member of CEDAW, women should have the right to be fully informed of their options in health services.[89] Sweden's SRHR agenda states that self-determination is about being involved in medical decisions.[90] The patient's right to self-determination is also a leading principle in Sweden health care, according to the Patient's

Status and Rights Act (785/1992).[91] The Swedish Public Health Agency has, on behalf of the Government developed a national strategy for equal SRHR, where they state that it must be based on consent, autonomy, and self-determination.[92]

3. Method and material

The method and material will be presented in this chapter, starting with the research design and followed by the data collection, which presents the pilot study and interviews. Lastly, the ethical considerations, as well as validity and reliability, will be discussed.

3.1. Research Design

This study uses a qualitative method and a normative given-that approach. Qualitative research is characterized by limited material to gain a deeper understanding of a particular phenomenon.[93] This is suitable for understanding the respondents' reasoning and capturing their subjective values and experiences. Qualitative studies assume that reality can be perceived in different ways; the worldview in this study is ontological, meaning that individuals' opinions are essential.[94]

3.1.1. Normative Method

A normative approach is used in this research to problematize and justify value statements.[95] The normative analysis can be intrinsic (good in itself) or extrinsic (about others' values).[96] As mentioned in chapter 2, this study is based on human rights and feminist theory. To make the normative argumentation coherent, the focus will be on the value of autonomy, which is central in both theories. The limitation in the normative approach is the difficulties in drawing general conclusions, and normative studies still meet skepticism due to the notion that values only are subjective expressions. However, one could state that all observations of reality are made with pre-constructed ideas and thus contain elements of personal judgment. Moreover, normative analyses do not strive for truth but rather validity. Accordingly, criteria of systematics, clarity, relevance, and logical consistency are critical.[97]

3.1.2. Given-that Approach

There are different ways to conduct normative analysis. This study will focus on normative given-that analysis, which means you problematize other positions on the issue rather than taking a position as a researcher. The purpose is to make different ways of reasoning in normative questions visible. Furthermore, this shows that you could get different conclusions on the same issue.[98] For example, given that menstrual health is important, how should this be obtained? The answer will vary depending on who answers the question. This will be illustrated in the results from interviewing different people. Furthermore, this study will focus on the applicability analysis. This means that you, given particular values, problematize the applicability of normative principles by taking a specific context into account.[99] In this study, the focus is on young women's knowledge about menstrual health, given the liberal and human rights principles, in the context of Sweden. This normative analysis may not lead to the same conclusions within another group or context affected by other circumstances.[100]

3.2. Data Collection

To answer the research question, the data collection consists of primary material from five interviews with people working within women's health. The interviews are thus a part of the operationalization, which means going from theory to making something measurable. In the preparations, it was considered to use a combined method with interviews and surveys to increase credibility.[101] Yet, the survey would include students at Lund's University, resulting in a limited selection. Consequently, interviews with experts were found more relevant to create a deeper understanding. The purpose of a qualitative interview is to interpret the phenomena from the respondent's perspective, and semi-structured interviews were thus encountered most suitable. The semi-structured interview is a mixture of structured interviews, based on standardized questions, and unstructured interviews that develop over time. Predetermined questions make it easier to analyze the material and reduce the risk of getting into irrelevant topics, but the respondents still have freedom in their answers.[102] The advantage is thus the combination of structure and flexibility.[103] In collecting and interpreting

the material, source-critical requirements were considered: *authenticity, independence, simultaneity, and tendency.* The research-based statements are clarified to meet the authenticity and independence criteria. Simultaneity is fulfilled as the material has been collected during the thesis period. Tendency means questioning the underlying motives, and therefore, the ambition is to be transparent with my role as a researcher.[104] Regardless, the material becomes more reliable through repeated studies.

3.2.1. Pilot Study

Table 5: Overview of the Pilot Study

Name:	**Role:**	**Company**	**Date:**
Mia	Nurse Practitioner in Obstetrics and Gynecology	HerCare - A private gynecology clinic with a functional medicine approach, and help women with menstrual issues, PMS,, PCOS, and menopausal symptoms.	October 18th
Sanna and Rebecka	Business Developer and Project Manager	MENSEN - Forum for menstruation is an independent, democratic and feminist, non-profit association with an knowledge-based view of menstruation.	November 22th
Jenny	Co-Founder	Tilly - Empowers people to own their fertility journey by providing better access to diagnostic tests.	November 30th
Milena	Managing Partner	Madami - A social impact agency specializing in gender, female & menstrual health.	December 2th

As a part of this research, a pilot study was conducted to gain more background, leading to better-formulated interview questions and, in turn, more substantiated research. The pilot study consists of conversations with five experienced people who work within women's health. In October, I talked with Mia, a Nurse Practitioner in Obstetrics and Gynecology. We discussed the lack of knowledge among women, which contributed to my choice of reserach.

Later in November, I talked with Sanna and Rebecka and we discussed the challenges with spreading knowledge about menstruation, which inspired some of the interview questions. I also had conversations with Jenny, who gave several examples about the link between women's wellbeing and good hormonal health. Lastly, Milena is not based in Sweden but contributed with valuable insight and helped me to find relevant research on Menstrual Hub.

3.2.2. Interviews

Before the interviews:

The respondents were initially contacted via email (see Appendix 1). The information sheet was sent after the respondents had confirmed (see Appendix 2). It consists of information to make informed decisions, but not too much information to have prepared answers.

The interviews:

All the interviews were held digitally using Google Hangout. This could affect the relationship between the researcher and the respondent. However, the distance made it easier to be an objective interviewer as the purpose was to listen to *what* they said, rather than *how*. The interviews were between 30-45 minutes and began with a layout of the interview. The respondent got the opportunity to ask questions, and consent was confirmed at the beginning of the interviews. The recordings was done through Vimeo, which recorded video and audio.

The questions:

The questions were open, and some follow-up questions were asked, in line with the research questions (see Appendix 3, Appendix 4). The themes began more generally about menstrual health, and then women's knowledge (Research Question 1), moving on to obstacles (Question 2), and then policies (Question 3). The questions were prepared in advance, but not all questions were asked to all participants, it depended on how the conversation developed.

After the interviews:

All interviews were recorded and transcribed on the same day as the interviews were held. The transcripts included all words, but specific terms were excluded when it was impossible to hear. The interviews were held in Swedish and then translated into English, which may lead to incorrect interpretations. Hence, the respondents could read through the material and make changes before publication. The interviews were categorized in the Analytical Framework (Appendix 4), similar to the Interview Framework (Appendix 3).

3.2.3. Selection of Respondents and Timeframe

Table 6: Overview of the Interviewees

Name:	**Role:**	**Date**
Lena	Lena is professor of obstetrics and gynaecology who has worked for over 30 years in a hospital. She has been involved in various research, such as endometriosis, abortions, contraceptives, infections, and sexually transmitted diseases.	December 7th
Maria	Maria works in functional medicine, focusing on a holistic and long-time approach. She changed her path after experiencing menstrual issues herself. She has worked four years with women with various menstrual cycles and hormonal issues.	December 8th
Sanna	Sanna works as Business Developer at a forum for menstruation, who spread knowledge about menstruation based on human rights. In addition, she is involved in RFSU, where she talks with young people about sex and the body in schools.	December 9th
Elisabet	Elisabet has been a mid-wife for over twenty years and worked at a mid-wife clinic for ten years. She run her own midwife clinic where they work with women's health in a broad spectrum and meet women throughout the life cycle.	December 9th
Emilia	Emilia is a specialist gynaecology since ten years ago, focused on pelvic floor dysfunction, women with postpartum problems, prolapse, and sexual dysfunction. She meet women for the whole country during different parts of life. She is also a doctoral student and works at a university hospital and has previously worked at a youth clinic.	December 15th

Qualitative studies usually involve a small number of people (5-10) to investigate more in-depth.[105] It is favorable to choose different people to access the breadth. This study uses five interviews, with different backgrounds. A random selection increases the chance of representative variation but is not always applicable.[106] In this case, it would not fit, and thus a strategic selection is used. The choice of respondents is made from criteria such as; education, competence, and experience. The selection of participants allows future researchers to replicate the study by interviewing people with similar backgrounds. However, qualitative interviews could lead to different results, as the findings also reflect the respondent's subjective opinions.

3.3. Ethical Consideration

Since this paper is a qualitative study using interviews, ethical considerations are critical. It is essential to consider aspects such as information, consent, confidentiality, and *usage requirements*. The information requirement means that the respondent must receive information about the voluntariness to participate.[107] First, the respondents were contacted through email (Appendix 1). The ones who showed interest received written information (Appendix 2). The consent requirements and permission to record were assured at the beginning of each interview. The respondent's opportunity to be anonymized was also highlighted. Before the thesis was handed in, the respondents were asked to approve the quotes. The last requirement is the usage requirement, which means that all recordings and transcripts will be deleted after completing the thesis.

3.4. Validity and Reliability

To carry out a normative analysis, it is essential to achieve intersubjectivity, which means that the study is understood by many. Intersubjectivity means that concepts and arguments are logical and transparent.[108] This study strives to meet the requirements mainly through

reasoning. In the theory chapter, essential concepts were determined; in the method chapter, different steps are presented, and the analysis strives to be based on logical argumentation.

Table 7: Validity and Reliability Techniques. [109]

Data quality aspect	Technique to secure quality	Application in thesis
Validity	Increase traceability	Transcription of interviews
	External review of the data	Respondents, supervisor and classmate review
Reliability	Recording of data	Interviews recorded
	Clarify the generalizability	Compare results to previous literature

The reliability of interview data can be affected by various sources of error, both from the participant and the interviewer.[110] In this study, the reliability errors could depend on an incorrect interpretation of what the respondents expressed. The reliability is strengthened by recording the interview and relating conclusions to previous literature. The validity means that there has to be a clear correspondence between theoretical definitions and operational indications.[111] The normative method requires internal and external validity.[112] Internal validity is the definition of concepts and logical argumentation.[113] This requires transparency of the assumptions on which the analysis is based.[114] External validity consists of three different parts; that the value statement is justified, that the descriptions of reality are valid, and that the normative conclusions have practical applicability.[115] The applicability given-that analysis used in this study examines how these statements relate to the various values.[116] To strengthen the validity, the data was audio-recorded, and quotations used were sent to the respondent to examine the accuracy of the interpretation.

4. Empirical Analysis

In the following analysis, the findings from the interviews will be presented. The different parts will be directly linked to the research questions, starting with knowledge about menstrual health, followed by obstacles to receive adequate knowledge, and lastly, policies the experts believe should be imposed to strengthen women's health and right to autonomy.

4.1. Findings

4.1.1. Expert's view on Menstrual Health

> *A healthy menstrual cycle is when you feel good and when you have knowledge about why your mood can vary during the cycle, but it does not affect your quality of life.* — Elisabet.[117]

This part focuses on menstrual health and how the menstrual cycle affects different areas of young women in Sweden (see Appendix 3:1). The menstrual cycle is individual, which makes it difficult to generalize. Hence, the aim is to see if recurrent things were highlighted. All the respondents agreed that the menstrual cycle is essential for women's health. They also underlined that the menstrual cycle could affect women physically and mentally and thus impact education, work, relationships, and quality of life. Lena expressed that girls who experience menstrual pain might have to skip school, which might affect their grades and career in the long run. The most common challenges among young girls highlighted by the experts were; PMS, menstrual cramps, heavy bleeding, anemia, and PCOS. Emilia described that menstruation is linked to ovulation and that an irregular menstrual cycle often leads to irregular ovulation, which can cause fertility problems. Yet, she underlines that defining women's health based on menstruation could be problematic because *"*Today there are many ways to regulate menstruation so that it fits into your life*"*.[118] Sanna noted that anxiety and

uncertainty with menstruation are more common among teenagers while it can become an issue in relation to other people or circumstances later in life. Furthermore, Maria suggests that one could use the menstrual cycle to prevent health problems. This is because a regular period usually indicates that the hormones are in balance and that you are feeling well.

4.1.2. Knowledge about Menstrual Health

The following part focuses on the first research question; *What are the experts' views on young women's knowledge about menstrual health in Sweden?* (see Appendix 3:2). This research is not meant to indicate any decisions of one's body. Instead, challenges are addressed to highlight the importance of knowledge. The recurring theme that emerged in experts' views is that most people have some basic understanding. Yet, it is a widespread lack of knowledge in several menstrual areas, and many do not seek care because they do not know what is normal.

> *Knowledge is essential to know how the body works. Unfortunately, many do not have that knowledge, and more awareness would probably help people who experience negative effects.* — Lena.[119]

This statement highlights that knowledge is essential to know how the body works, aligned with liberal feminist values regarding personal autonomy. Many of the respondents believed that more information about menstrual health should be provided and gave examples about what it could lead to;

> *You should have the ability to make informed choices and decisions that suit your life situation. I believe that knowledge is power. Knowledge of one's sexual and reproductive health is power over one's own body.* — Elisabet.[120]

Here, Elisabet's statement aligns with the egalitarian view on freedom and autonomy. Both that knowledge is the path to power over one's body and the importance for women to live the lives of their choosing and the ability to make rational decisions based on information.

More knowledge would lead to significant emotional gain, decreasing worry, concerns, and anxiety for young people. It would also lead to economic, social, and medical benefits, as more people could seek help and get a diagnosis earlier. — Sanna.[121]

From this statement, a conclusion that could be drawn is that more knowledge would increase women's right to health. This can lead to positive economic and social benefits, supporting the view that women's health is a part of creating a more efficient society as a whole.

Regarding what type of knowledge is lacking, there were some things recurrent, such as knowledge about discharges, ovulation, infections, fertility, reproduction, and contraception methods. Nevertheless, the respondents highlighted different knowledge that they believed should be provided, and there were some varying thoughts about, for example, contraceptives. Elisabet thought that it is generally limited knowledge about how different contraceptive methods work. Lena, instead, thought there was too much focus on the side effects and that no country in the world has such a fear of hormones as Sweden. Emilia said that the "anti-hormonal" view could be explained by the studies that have proved harmful health effects, which made people afraid of contraceptives, even though it, in her opinion, could provide the best option in many cases. On the opposite, Maria means that more information is essential to make decisions that fit one's own life; "the pill should not be prescribed by default, without getting informed about the risks".[122] She also shared her experience of not receiving the information needed and that it could be problematic that contraceptives are prescribed for almost all menstrual health issues. On the one hand, learning about contraceptives could make it easier for women to make informed decisions. On the other hand, information about side effects could lead to the fear of hormones. Regardless, the liberal feminist perspective emphasizes freedom and self-determination as essential values. From this view, women should have the ability to make informed decisions and thus get the information needed about side effects and alternatives, which were highlighted in the previous study from the UK (see 1.3.2).

Another topic with varying opinions was about tracking your cycle. In Elisabet and Maria's view, following your period could create control, while Sanna thought there is no point in tracking if you have an irregular cycle. Lena and Emilia consider that a young and healthy person does not need to track the days, leading to worries about irregularities in the menstrual cycle. On the other hand, Maria shared that "Gynaecologists have said that I do not have enough knowledge to follow my cycle, and I think it is very demeaning to say to a woman that I cannot understand my own body, of course, you can if you get the right opportunities".[123] Accordingly, tracking your period could be seen as a way to understand your body. From a liberal feminist perspective, knowledge could lead to more awareness and autonomy. Maria expressed that she felt it was demeaning when a gynecologist said she could not understand her own body, which supports the view that information is essential. From liberal feminism, knowledge is seen as the power to decide over one's body. Therefore, women should receive information to make informed choices that fit one's own life.

4.1.3. Obstacles regarding knowledge about Menstrual Health

The obstacles to receiving the knowledge needed will be presented in this part, which is related to the second research question*; According to the experts, what obstacles prevent women from achieving necessary knowledge about menstrual health?* (see Appendix 3:3). This part is divided into the sub-themes; education, resources, disinformation, stigmatization, and inequalities I want to clarify that the focus on *obstacles* should not be interpreted that periods being "problematic", but rather on what obstacles exist to *gain* knowledge.

4.1.3.1 Education

> *The school is critical for the young ages to learn about sexual and reproductive health because if you have received information there, you have a basic level of knowledge.* — Elisabet.[124]

One result from the interviews was that gynecologists and midwives seem to have the clinical expertise needed, but there is more limited knowledge in primary care and schools. In line with what previous research has revealed, education on SRHR does not seams to be as

extensive as many would prefer (see 1.3.2). Thus, this could be one of the obstacles to achieving the knowledge needed. The respondents agreed that young women should receive research-based information about menstrual health from credible professionals. In the first place, education should come from school and youth clinics (UMO), midwives, and gynecologists. Sanna referred to a Sifo survey that showed that most girls wanted information from school, and her recommendation was from nine years old. Sanna also emphasizes that it is problematic that sex education is typical in high school after many girls already received their first period. It was also found that teachers did not have adequate expertise on the topic. From the liberal feminist perspective, education is essential for women's rights, as information creates opportunities to make informed decisions.

4.1.3.2 Resources

The obstacle to receiving the information needed is a lot about time, money, and resources. — Elisabet.[125]

Political and economic resources could be another explanation for the lack of information about menstrual health. As mentioned in the last part (4.1.2), many women do not seek care due to a lack of knowledge. However, several respondents said that it could be challenging to get hold of appointments when they seek care. When you get an appointment, there is usually minimal time to receive information fitted for one's own life. This indicates the challenges of availability of healthcare and information from credible professionals, which may lead to misinformation that will be discussed in the next part.

4.3.2 Misinformation

There is a tremendous amount of incorrect information, which can even be harmful. — Maria

Another obstacle to receiving the knowledge needed that was found is that misinformation circulates about women's bodies. The incorrect information makes it harder for women to understand their bodies. Lena emphasizes that this could lead to increased mistrust of professionals and Emilia mentioned that it sometimes exists a significant concern amongst people that are not medically justified. This could be explained by the fact that risks of

misinformation increase when people do not hold basic knowledge. The respondents thought that many young people get information from the internet today. On the one hand, the experts meant it could be good that it is available and that people could seek support. On the other hand, it could be challenging to browse misinformation, that does not correspond to reality. The conclusion that could be drawn is that more valid information earlier in life, from schools or experts, would lead to a basic understanding that could prevent disinformation. The egalitarian-liberal feminists believe that much should be done to support women's autonomy, which indicates that the issue should be lifted to the political level if it were to be seen as a matter of autonomy. There is also a history of myths regarding women's bodies, contributing to misinformation, which will be explained next.

4.3.3 Stigmatisation

> *Taboos are mainly expressed in that you can not talk openly about menstruation; it is something you need to take care of privately, hiding, protecting, and keeping as a secret. It is never discussed in society but ignored on all levels.* — Sanna.[126]

An additional finding was that the history of stigmatization around menstruation creates obstacles for obtaining the necessary knowledge. As mentioned in previous studies, menstruation has become more openly discussed in Sweden in the last few years (see 1.3.2). Sanna expresses that Sweden is more open on the commercial level, but the taboo is still widespread on the individual level. Many perceive menstruation as private, secretly, and shameful because, as Sanna states, ”We have not anchored it in the people's soul, that we should talk about menstruation”.[127] She expresses that having to keep menstruation a secret leads to barriers for women. Emilia said that she experiences taboos in her daily work as people often apologize for their periods. Likewise, Maria mentioned that people still joke about the woman's cycle in a condescending manner, which does not happen to the same extent with men. She highlights the need to create a more open culture where women do not feel uncomfortable. The taboo around menstruation could be understood from the liberal feminist theory as an attempt to portray women as inferior to men. As mentioned in the quote above, taboos lead to silence, making women even more powerless over their bodies.

4.3.3 Gender Inequalities

> *If people had died if they did not know how menstruation worked, it would probably have been a more significant priority. That girls are anxious do not seem enough to get a political opinion.* — Sanna.[128]

As discussed in the background (1.1) and theory chapter (2.1.2), menstrual health is closely related to gender equality. Many respondents were optimistic that equality is more on the political agenda today. Nevertheless, several statements indicate that inequalities could create barriers to menstrual health. The quote above could be analyzed in two ways; menstruation is seen as something 'private' and therefore not fit for the 'public sphere'. On the other hand, one could highlight that 'young girls feelings' are not enough to get political opinions because they are girls, which the later statement supports;

> *When half of the population are menstruating and need menstrual protection, we do nothing about it.* — Sanna.[129]

From a liberal feminist perspective, one could understand that menstruation is not prioritized in politics because "half of the school children" are also the same half of the population discriminated against because of their gender. Hence, inequalities can be understood as a cause of low political prioritization and consequently more injustices for women. Moreover, several menstrual disorders, without efficient treatment, could make it challenging for women to participate in society on equal terms. Previous research showed that 20% of women had been home from work due to menstrual cramps (1.3.2), and the respondent states that many young women miss school, work, and sports due to menstrual issues. Even though the respondents agreed on the correlation to gender inequalities, there were different views regarding how this should be handled.

> *It becomes a complicated feminist question to "take the menstrual cycle into account" to correct the problems that exist around it or whether to "push it away" for the woman to be "strong" and not acknowledge that one has different needs.* — Sanna.[130]

Sanna highlights the feminist challenge of acknowledging the realities of menstrual needs without capitulating the image of women as unfit for public life. As mentioned in the theory

chapter (2.1), blaming biology has been a classic antifeminist position, but so has the failure to validate women's experiences.

> *Women are expected to do a lot, despite the menstrual cycles. This should not be a responsibility on the individual but lift to the societal level. I think managers could help out; it is not about being weak but having different needs.* — Maria.[131]

On the one hand, it is possible to argue that menstrual issues should be lifted to the societal level and that managers could help out with menstrual needs. This standpoint aligns with the egalitarian liberal theory that supports different needs and should be protected to achieve autonomy. If society ignores women's needs, it could lead to unequal outcomes. On the other hand, Lena argues that men and women must compete on equal terms.

> *It has emerged discussions regarding menstrual leave. But life does not work that way; working life does not work that way, men and women must compete for work on equal terms. Otherwise, there is a risk that you would instead hire a guy.* — Lena.[132]

This view corresponds with the classic liberal feminist theory that does not believe men and women should be treated differently. These different standpoints relate to the so-called 'Wollstonecraft's dilemma', where women are valued to the extent that they can behave like men. This dilemma has previously made it challenging for feminists to campaign for maternity rights, as this can seem like special treatment for women. In my interpretation, egalitarian liberal feminism would argue for menstrual rights, similar to maternity rights. According to what is mentioned about menstruation and women's health, it is clear that menstrual issues can create barriers for women. Consequently, more support is needed from the political level, but in what particular way is a question outside this thesis framework.

4.1.4. Policies to strengthen Menstrual Health

> *"Raising the issue at all is of importance because it feels very unprioritized."* — Maria.[133]

Suggestions of political policies from the respondents related to menstrual health will be presented in this part, which relates to the third research question; *What policies should be*

imposed to strengthen menstrual health and the right to autonomy? (see Appendix 3:4). As mentioned in the previous part, one obstacle to receiving the information needed was education. Therefore it makes sense that one of the solutions would be to improve education. Lena states that "the school is fundamental to reaching people, as this is the only place where everyone goes".[134] Both Maria and Emilia propose the idea of bringing in midwives or gynecologists with expertise, as this would solve many public health problems. Emilia referred to a massive project in England where they have so-called "Well-visits", which means that health professionals come to educate high school students approximately once a semester. The political measure to improve education on menstrual health is thus a question about political resources and prioritization, which also were brought up as obstacles.

> *I would have liked more national control and requirements over the rights and opportunities for what young people should have access to, such as youth clinics and midwife clinics. Today there are massive shortages of gynecologists in some regions.* - Elisabet.[135]

Additionally, the respondents highlighted that it should be clear to women where and how to receive credible information. As Elisabet expressed above, access to professionals should be handled nationally, as it is challenging to get an appointment within a reasonable time in several places in Sweden today. On top of that, Lena suggested that politicians should invest more in youth clinics, similar to maternity care: "Maternity care is something that all regions are required to have, and it is clear what they have to offer; I think it should be the same with youth clinics.*"*.[136] Another suggestion was to have a gynecologist with whom one could build a relationship, like a "family doctor", as there is a problem with continuity and minimal time during appointments. Elisabet mentioned, "There is a massive difference if you compare it with countries, like France and Germany, where you have women's centers based on gynecology".[137] Policies, such as investments in professional education, improved accessibility to healthcare would thus strengthen the right to information about menstrual health. Additionally, it might reduce the obstacles related to misinformation and stigmatization.

Besides, several respondents brought up the question regarding available menstrual products. Lena states" It is essential that you do not have a luxury tax on menstrual protection; there is no one who abuses tampons."[138] Further, Sanna's opinion on more available menstrual protection was that; "This would lead to more conversation about menstruation. If we had available menstrual pads to a greater extent in public toilets, it would contribute to the view that menstruation is "allowed" to exist in our society and to improve the taboos."[139] Additionally, she states that available menstrual security is needed for an equal world where everyone can participate on similar terms. Available menstrual products could thus be a step towards equality. Lastly, the respondents expressed that several policies should be imposed around menstrual health to enable SRHR and human rights that Sweden has committed to.

4.2. Main Results

In this part, the main results of the findings will be presented. The main result from the first research question is in line with what previous studies have demonstrated, namely that knowledge about the menstrual cycle is essential for women's health. Yet experts have experienced overall low knowledge about the menstrual cycles amongst young women in Sweden. If women are not aware of central bodily functions, it hinders them from seeking care and receiving the support needed. In turn, this can negatively impact women's quality of life and ability to participate in society. According to UDHR, women have the right to sexual and reproductive health, which includes deciding over one's body based on adequate information. The normative standpoint in this research is based on human rights principles. Onwards, human rights and liberal principles are closely related to the value of autonomy and self-determination, which supports that information should be provided regarding anatomy. Nevertheless, what knowledge the experts believe should be provided depends on whom you ask. One example with opposing views was regarding contraceptives. One thought was that information could make it easier for women to make informed decisions, while the other idea was that information about side effects could increase worries. The liberal feminist perspective aligns with the statements that, the benefits of more knowledge and autonomy overrule the concern that comes with too much information. Therefore, women should access

the necessary information to make informed decisions. From the normative given-that approach, one could say that menstrual health is essential, but what knowledge should be provided will lead to different conclusions depending on values the statements are based on.

In the second research question, various obstacles were found; education, resources, misinformation, stigmatization, and gender inequality. In line with what previous research has explained, the respondents agreed that education on SRHR and menstruation has not been as adequate as many would prefer. The respondents highlighted the importance of education from credible professions. Regarding misinformation, the respondents agreed that information online could make it challenging to know what is correct. The solution comes back to education, which would make it easier to be source-critical. This aligns with the liberal perspective, which values education and believes that knowledge can strengthen women's power in society. Many respondents underlined that menstrual health had been under-prioritized in politics, which may be due to the history of stigmatization. Yet, some meant that taboos are not as occurring today. Others believed that taboos still create barriers for women to speak openly about menstruation and that the combination with misinformation, makes it challenging to gain correct information. Furthermore, several obstacles could be understood from a feminist perspective, as taboos have been used to control and discriminate against women. Nevertheless, this creates divided opinions. Should women be treated differently due to menstrual needs, or does that lead to unfair special treatment? Some argue that men and women must compete on equal terms, while others highlight that menstruation comes with a need to be supported. This shows the problems with lifting sex differences, as it could portray women as unfit for public life. To summarise, obstacles to receiving knowledge regarding menstrual health could be explained by the history of taboos and discrimination around women's bodies, which in turn leads to ignorance and misinformation. Resulting in a vicious spiral, hindering women from realizing human rights and achieving their full potential.

In the third research question, concerning policies to strengthen knowledge about menstrual health, the findings were coherent. The experts mainly recommended increased investments in professional education, improved access to healthcare, and available menstrual products.

Firstly, the education in school has to increase, improve and start earlier, for example by bringing in experts and educating before girls already got their first period. Secondly, the interviewees came up with different suggestions regarding how medical care could be improved by investing more in available youth clinics, midwives, and gynecologists. Some recommend extended and more frequent meetings to work more preventively and long-term, similar to maternity and primary care. Thirdly, a few experts believed that available menstrual products should be addressed politically by removing the luxury tax and encouraging available menstrual products in public toilets. The conclusion that could be drawn is that more valid and research-based information earlier in life would strengthen several of women's human rights such as; health, autonomy, education, work, and equality. Menstrual health could thus be understood from the feminist theory, as inequalities can explain some of the causes as well as effects. Moreover, political measurement should be focused on resources from a national level, using a human-rights-based approach. As mentioned in the background, Sweden is committed to the ECHR and is bound to comply with the SGD:s. This means that Sweden has good conditions for achieving SRHR based on the legislation.

5. Conclusion

This study aimed to increase the understanding of menstrual health in Sweden. Using experts who work with women's health and menstruation, the purpose was to understand different views on the topic and analyze their standpoints from a liberal feminist theory and the human rights-based framework. The main areas examined are the experts' view on young women's knowledge of menstrual health, obstacles that prevent the knowledge needed, and policies they believe should be imposed to strengthen women's menstrual health and autonomy. The result shows that experts have experienced a widespread lack of knowledge and several obstacles to achieving adequate information was found. This entails factors like inadequate education and low resources, in combination with taboos and misinformation which, from the liberal feminist, could be explained by gender inequalities. These findings indicate that several policies should be imposed to strengthen menstrual health and the right to autonomy. The experts for example suggest improved education, investing more in women's healthcare, and putting menstrual products on the political agenda. The conclusion drawn from liberal feminism is that menstrual issues create injustice outcomes for women in society. Therefore improved services, information, and education about menstrual health could be seen as a way to strengthen women's rights and a more equal society. In my opinion, menstrual health should thus be approached in the political agenda as a matter of sexual and reproductive rights, for example by using the Human Rights-Based Framework. The conclusions should be interpreted, from the given-that analysis. The given approach presupposes the support of the values expressed in the theories. The theories used are based on normative values, which are not objective or free from contextual aspects. And, given that one agrees on the principles, you could still come to different conclusions. Furthermore, it is essential to highlight that menstrual health is complex and individual. Moreover, the material consists of subjective opinions from the expert's experiences. This bias could lead to results that not all women identify with, as the expert mainly meet women in healthcare.All these factors make it difficult to draw general conclusions regarding the situation in Sweden. However, the results

in this study will hopefully inspire future studies, because regardless of one's standpoint, more research in the field of menstrual health is necessary.

6. Future Research

As mentioned in the introduction, this study focuses on young women. However, the importance of including men and increasing their knowledge was a recurring statement by all the respondents. Therefore, I recommend that future research include men. I also recommend conducting more studies on the whole menstrual lifecycle, from menarche up to menopause. Studies that include gender differences, trans-, non-binary, and people with disabilities who menstruate would also be interesting to research further. Menstrual health has mainly been studied from a medical perspective. Still, it is important to continue exploring how menstruation is portrayed in media, what economic benefits exist in investing in women's health, and how menstruation is related to global development and politics in different ways. For example, by comparing countries or examining correlations on mortality rates and investment in SRHR. From a global political perspective, it would also be interesting to analyze how menstrual health has been affected by the Cov19 pandemic and how menstrual products affect the environment as part of Global Sustainable Development.

7. Bibliography

7.1.1. Literature

Badersten, Björn. *Normativ metod: att studera det önskvärda*. (Lund: Studentlitteratur, 2006).

Beckman, Ludvig. *Grundbok i idéanalys: det kritiska studiet av politiska texter och idéer.* (Stockholm: Santérus, 2005).

Bobel, Chris. *New Blood : Third-Wave Feminism and the Politics of Menstruation*. (New Brunswick, Rutgers University Press, 2010).

Bryman, Alan, and Emma Bell E. *Business research methods.* (Edition: 2nd, Liber, 2013).

Bryman, Alan. *Social research methods*. (Stockholm: Liber, Edition 3, 2018).

Bryson, Valerie. *Feminist Political Theory : An Introduction.* (Edition: 2nd, Palgrave Macmillan, 2003).

Burnor; Richard, Yvonne Raley. *Ethical Choices An Introduction to Moral Philosophy with Cases.* (Edition: 2nd, Oxford University Press, 2010).

Dahlqvist, Anna. *Its Only Blood: Shattering the Taboo of Menstruation.* (Atlas, 2016).

Esaiasson, Peter, Mikael Gilljam, Henrik Oscarsson, Ann E. Towns, and Lena Wängnerud. *Metodpraktikan : Konsten Att Studera Samhälle, Individ Och Marknad*. (Edition: 5. Stockholm: Wolters Kluwer, 2017).

Freidenvall Lenita, and Maria Jansson. *Politik och kön, feministiska perspektiv på statsvetenskap, = Gender and Politics: Feminist perspective on Political Science.* (Lund: Studentlitteratur, 2017).

Gemzøe, Lena. *Feminism.* (Stockholm: Bilda, 2014).

Kvale, Steinar, Svend Brinkmann, and Sven-Erik Torhell. *Den Kvalitativa Forskningsintervjun*. (Lund: Studentlitteratur, 2009).

Laws, Sophie. *Issues of Blood: The Politics of Menstruation.* (London: Palgrave Macmillan 1990).

Malmberg, Denise. *Skammens röda blomma?: menstruationen och den menstruerande kvinnan i svensk tradition = The red flower of shame? : menstruation and the menstruating woman in Swedish tradition.* (Uppsala University, 1991).

Steinem. Gloria "If Men Could Menstruate". In Bobel C, Fahs B, Hasson KA, et al. editors. *The Palgrave handbook of critical menstruation studies*. (New York: Palgrave Macmillan; 2020).

Teorell, Jan, and Torsten Svensson. *Att Fråga Och Att Svara : Samhällsvetenskaplig Metod = Social Science Methodology*. (Edition 1:4. Stockholm: Liber, 2017).

7.1.2. Journal Articles

Agis J, George, "Key Concepts: Autonomy." *Philosophy, Psychiatry, & Psychology* 1, no. 4 (1994).

Babbar Karan, Martin Jennifer, Ruiz Josephine, Parray Ateeb Ahmad, and Sommer Marni. "Menstrual Health Is a Public Health and Human Rights Issue." *The Lancet. Public Health*, (2021). doi:10.1016/S2468-2667(21)00212-7.

Bodén, Emma , Carina Wendel, and Annsofie Adolfsson. "Adolescents with Endometriosis: Their Experience of the School Health Care System in Sweden." *Empiriska Studier i Skaraborg British Journal of School Nursing* 8, no. 2 (2013): 81–87.

Brantelid, Ida Emilie, Helena Nilvér, and Siw Alehagen. "Menstruation During a Lifespan: A Qualitative Study of Women's Experiences." *Health Care for Women International* 35, no. 6 (2014): 600–616. doi:10.1080/07399332.2013.868465.

Draper, C. F., Dusters K., Weger, B., Chakrabarti, A., Harms, A. C., Brennan, L., et al. "Menstrual cycle rhythmicity: metabolic patterns in healthy women." *Sci. Rep.* (2018). 8:14568. doDOI10.1038/s41598-018-32647-0.

Ekstrand, Maria, Camilla Engblom, Margareta Larsson, and Tanja Tydén. "Sex Education in Swedish Schools as Described by Young Women." *European Journal of Contraception & Reproductive Health Care* 16, no. 3 (2011): 210–24. doi:10.3109/13625187.2011.561937.

Freeman, E.W. *Treatment of depression associated with the menstrual cycle: premenstrual dysphoria, postpartum depression, and the perimenopause*. (2002).
Harding, Sandra and Kathryn Norberg. “New Feminist Approaches to Social Science Methodologies: An Introduction.” *Signs* 30, no. 4 (2005): 2009–15. doi:10.1086/428420.

Hedin, Anna, “En liten lathund om kvalitativ metod med tonvikt på intervju", (1996). <https://studentportalen.uu.se/uusp-filearea-tool/download.action?nodeId=459535&toolAttachmentId=108197>.

Hennegan, Julie et al. “Menstrual health: a definition for policy, practice, and research.” *Sexual and reproductive health matters* vol. 29,1 (2021): 1911618. doi:10.1080/26410397.2021.1911618.

Hennegan, Julie, and Paul Montgomery. “Do Menstrual Hygiene Management Interventions Improve Education and Psychosocial Outcomes for Women and Girls in Low and Middle-Income Countries? A Systematic Review.” *PLoS ONE* 11, no. 2 (2016): e0146985. doi:10.1371/journal.pone.0146985.

Hirschmann, J. Nancy, “The Sexual Contract Carole Pateman.” *Political Theory. Sage Publications,* 18(1);(1990).

Höök, Martina, Max Bergström, Stig Arve Sæther, and Kerry McGawley. “‘Do Elite Sport First, Get Your Period Back Later.’ Are Barriers to Communication Hindering Female Athletes?” *International Journal of Environmental Research and Public Health* 18, no. 22 (2021). doi:10.3390/ijerph182212075.

Leung, Lawrence, “Validity, Reliability, and Generalizability in Qualitative Research.” *Journal of Family Medicine and Primary Care* 4, no. 3 (2015): 324–27. doi:10.4103/2249-4863.161306.

Newton, Victoria Louise, Lesley Hoggart, “Hormonal Contraception and Regulation of Menstruation: A Study of Young Women’s Attitudes towards ‘Having a Period’”, *Journal of Family Planning and Reproductive Health Care*, [e-journal] (2015). vol. 41, no. 3.

Salley, K.E.S. E.P. Wickham, P.A. Essah, J.E. Nestler, K.I. Cheang, and N.W. Marjane. “Position Statement: Glucose Intolerance in Polycystic Ovary Syndrome - A Position Statement of the Androgen Excess Society.” *Journal of Clinical Endocrinology and Metabolism.* 92, no. 12 (2007). 4546–56. doi:10.1210/jc.2007-1549.

Shim, U., Oh, J.-Y., Lee, H.J., Hong, Y.S., Sung, Y.A. "Long Menstrual Cycle Is Associated with Type 2 Diabetes Mellitus in Korean Women”, *Diabetes and Metabolism Journal,* (2011), 35(4).

Shamsudeen Mohammed, and Roderick Emil Larsen-Reindorf. “Menstrual Knowledge, Sociocultural Restrictions, and Barriers to Menstrual Hygiene Management in Ghana: Evidence from a Multi-Method Survey among Adolescent Schoolgirls and Schoolboys.” *PLoS ONE* 15, no. 10 (2020): e0241106. doi:10.1371/journal.pone.0241106.

Sioban D. Harlow, Sara A. Ephross, "What we do and do not know about the menstrual cycle or, questions scientists could be asking," *Robert H. Ebert Program on Critical Issues in Reproductive Health Publication Series. New York: Population Council.* (1995). doDOI10.31899/rh5.1012.

Soeiro, Rachel E, Leila Rocha, Fernanda G Surita, Luis Bahamondes, and Maria L Costa. “Period Poverty: Menstrual Health Hygiene Issues among Adolescent and Young Venezuelan Migrant Women at the Northwestern Border of Brazil.” *Reproductive Health* 18, no. 1 (2021): 238. doi:10.1186/s12978-021-01285-7.

Spadaro, Giuliana, Elia, Sara R. G. d, and Cristina O. Mosso, “Menstrual Knowledge and Taboo TV Commercials: Effects on Self-Objectification among Italian and Swedish Women.” *Sex Roles.* (2018). 78 (9–10): 685–96. doi:10.1007/s11199-017-0825-0.

Starrs, Ann M, Alex C Ezeh, Gary Barker, Alaka Basu, Jane T Bertrand, Robert Blum, Awa M Coll-Seck, et al. “Accelerate Progress-Sexual and Reproductive Health and Rights for All: Report of the Guttmacher-Lancet Commission.” *Lancet (London, England)* 391, no. 10140 (2018): 2642–92. doi:10.1016/S0140-6736(18)30293-9.

Sydsjö, Gunilla, Katarina Ekholm Selling, Karin Nyström, Cecilia Oscarsson, and Svante Kjellberg. “Knowledge of Reproduction in Teenagers and Young Adults in Sweden.” *European Journal of Contraception & Reproductive Health Care* 11, no. 2 (2006): 117–25. doi:10.1080/13625180600557589.

Unjin Shim, Jee-Young Oh, Hye Jin Lee, Young Sun Hong, and Yeon-Ah Sung. “Long Menstrual Cycle Is Associated with Type 2 Diabetes Mellitus in Korean Women.” *Diabetes & Metabolism Journal* 35, no. 4 (2011): 384–89. doi:10.4093/dmj.2011.35.4.384.

Vaishali B, Popat, Tamara Prodanov, Karim A Calis, and Lawrence M Nelson, “The Menstrual Cycle: A Biological Marker of General Health in Adolescents.” *Annals of the New York Academy of Sciences,* (2008). 1135: 43–51. doi:10.1196/annals.1429.040.

Zein, J.G., and S.C., Erzurum. “Asthma Is Different in Women.” *Current Allergy and Asthma Reports* 15 (6): (2005). 10p. doi:10.1007/s11882-015-0528-y.

7.1.3. Webpages

Abdimaxmud Kadir Nagaad, “Free menstrual protection will get more girls to go to school," *Föreningen för Utvecklingsfrågor (FUF)*, <https://fuf.se/magasin/gratis-mensskydd-ska-fa-fler-flickor-att-ga-till-skolan/> Date of access: 2021-12-15.

Chau, Kathleen, “Technical Brief on the Integration of Menstrual Health into Sexual and Reproductive Health and Rights Policies and Programmes”, *United Nations Population Fund (UNFPA),* <https://esaro.unfpa.org/en/publications/technical-brief-integration-menstrual-health-sexual-and-reproductive-health-and-right-0> Date of access: 2021-12-23.

Essity, “Raising awareness of the menstrual cycle’s role for women’s health”, *Hygiene and Health Report 2018-2019,* (2018), <https://reports.essity.com/2018-19/hygiene-and-health-report/en/women-on-the-rise/raising-awareness-of-the-menstrual-cycles-role-for-womens-health.html> Date of access: 2021-11-25.

Falla Olofsson, Raquel “The menstrual cycle: how does it work?”, *Myperiodisawesome,* (2021). <https://www.myperiodisawesome.com/blog/the-menstrual-cycle-how-does-it-work> Date of access: 2021-10-29.

Janusinfo, "Riktlinjer för utredning och behandling av hirsutism och polycystiskt ovariesyndrom, PCOS”, = Guidelines for the investigation and treatment of hirsutism and polycystic ovary syndrome, PCOS.(2020). <https://janusinfo.se/behandling/expertgruppsutlatanden/kvinnosjukdomarochforlossning/kvinnosjukdomarochforlossning/riktlinjerforutredningochbehandlingavhirsutismochpolycystisktovariesyndrompcos.5.6081a39c160e9b387319a3.html.>. Date of access: 2021-11-29.

Janusinfo, “Riktlinjer vid premenstruell dysforisk störning, PMDS” = “Guidelines for Premenstrual Dysphoric Disorder, PMDS”. (2020). <https://janusinfo.se/behandling/expertgruppsutlatanden/kvinnosjukdomarochforlossning/kvinnosjukdomarochforlossning/riktlinjervidpremenstruelldysforiskstorningpmds.5.6081a39c160e9b387319f3.html>. Date of access: 2021-11-29.

Jessica Valenti, “The case for free tampons”. *The Guardian.* (2014). <https://www.theguardian.com/commentisfree/2014/aug/11/free-tampons-cost-feminine-hygiene-products>, Date of access: 2021-12-10.

Kissling, Elizabeth, “Sweden’s Year of Menstruation – Is it the Menstrual Decade? Maybe the Menstrual Millennium?” *Menstruation Research*, (2014). <http://www.menstruationresearch.org/2014/10/24/swedens-year-of-menstruation-is-it-the-menstrual.> Date of access: 2021-11-30.

Lund, Annika, “How menstruation affects women's health”*, Karolinska Institutet,* (2019). <https://ki.se/en/research/how-menstruation-affects-womens-health.> Date of access: 2021-11-30.

Madami, “Menstrual health & hygiene is a matter of human rights, not a human right", (2019) < https://madamithoughts.medium.com/menstrual-health-and-hygiene-is-a-matter-of-human-rights-not-a-human-right-747afd24ec11>, Date of access: 2021-12-03.

Mattias, Dahlgren, “Var femte har sjukskrivit sig för mens”, *Arbetet* (2018). <https://arbetet.se/2018/10/25/var-femte-har-sjukskrivit-sig-for-mens/> Date of access: 2021-11-23.

Menstrualhygieneday, “Menstruation matters to everyone, everywhere”, (2021).<https://menstrualhygieneday.org/resources-on%20mhm/menstruationmatters/.> Date of access: 2021-10-29.

Population Services International (PSI), *ADVANCING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS THROUGH SELF-CARE,* (2021). https://www.psi.org/project/self-care/advancing-sexual-and-reproductive-health-and-rights-through-self-care/. Date of access 2021-12-23.

Salas-Whalen, Rocio, Megan Hallet, Katerina Shkodzik, “How are my hormones connected to the three phases of my cycle?” (2021). <https://www.hormona.io/science/>. Date of access: 2021-11-04.

Shalev, Carmel, *“*Rights to Sexual and Reproductive Health - the ICPD and the Convention on the Elimination of All Forms of Discrimination Against Women"*, United Nations,* (1998). <https://www.un.org/womenwatch/daw/csw/shalev.htm.> Date of access: 2021-12-07.

Statistics Sweden (SCB), “Sexuell och reproduktiv hälsa och rättigheter (SRHR)”, *Folkhälsomyndigheten, UngKAB15*, Published in SCB Jämställdhet, (2019). <https://www.scb.se/hitta-statistik/temaomraden/jamstalldhet/jamstalld-halsa/sexuellochreproduktivhalsaochrattigheter/#129933.> Date of access: 2021-11-23.

Swedish Academy's dictionary, Knowledge, (2014). <https://svenska.se/tre/?sok=kunskap&pz=1.> Date of access: 2021-10-29.

The Case for Her Team, “Menstruation and the global goals”*, The Case For Her,* (2021), <https://thecaseforher.com/blog/menstruation-and-the-global-goals/>. Date of access: 2021-11-30.

The Office of the High Commissioner for Human Rights (OHCHR), “Women’s Autonomy, Equality and Reproductive Health”, (2017). <https://www.ohchr.org/EN/Issues/Women/WGWomen/Pages/WomensAutonomyEqualityReproductiveHealth.aspx>. Date of access: 2021-12-23.

The Public Health Agency of Sweden, “Sexual and reproductive health and rights”, (2021). <https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/living-conditions-and-lifestyle/sexual-health/> Date of access: 2021-11-29.

The Public Health Agency of Sweden, Sexual and reproductive health and rights in Sweden 2017, *Folkhälsomyndigheten,* (2019). <https://www.folkhalsomyndigheten.se/publicerat-material/publikationsarkiv/s/sexual-and-reproductive-health-and-rights-in-sweden-2017/> Date of access: 2021-11-30.

The Stanford Encyclopedia of Philosophy, Liberal Feminism, (last modified: 2020). https://plato.stanford.edu/entries/feminism-liberal/. Date of access: 2021-10-29.

The Swedish Association of Health Professionals, “Patientlagen”, (2019). <https://www.vardforbundet.se/rad-och-stod/regelverket-i-varden/patientlagen/> Date of access: 2021-12-15.

The Swedish Parliament, “Lag (1994:1219) om den europeiska konventionen angående skydd för de mänskliga rättigheterna och de grundläggande friheterna”, (Last modified: 2021). <https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/lag-19941219-om-den-europeiska-konventionen_sfs-1994-1219 > Date of access: 2021-12-23.

The World Bank, Menstrual Hygiene Management Enables Women and Girls to Reach Their Full Potential, (2018). <https://www.worldbank.org/en/news/feature/2018/05/25/menstrual-hygiene-management> Date of access: 2021-12-15.

United Nations Population Fund (UNFPA), “Menstruation and human rights - Frequently asked questions”, (2021). <https://www.unfpa.org/menstruationfaq> Date of access: 2021-10-29.

United Nations (UN), “The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).” <https://www.un.org/womenwatch/daw/cedaw/> Date of access: 2021-12-23.

United Nations (UN), "Universal Declaration of Human Rights”. (1948) <https://www.un.org/en/about-us/universal-declaration-of-human-rights> Date of access: 2021-12-23.

World Health Organisation Regional Office for Europe, ″Tackling the taboo of menstrual hygiene in the European Region”, (2018), <https://www.euro.who.int/en/health-topics/environment-and-health/

water-and-sanitation/news/news/2018/11/tackling-the-taboo-of-menstrual-hygiene-in-the-european-region>. Date of access: 2021-11-30.

7.1.4. Reports

Linde, Ann, and Lindhagen, Åsa, "Gender equality policy in Sweden", *Swedish Government*. <https://www.government.se/4a7738/contentassets/efcc5a15ef154522a872d8e46ad69148/gender-equality-policy-in-sweden>.

Poirier, Phil, "Guidance-menstrual-health-hygiene", *UNICEF*, (2019), < https://www.unicef.org/media/91341/file/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf.>.

Society for Menstrual Cycle Research," The Menstrual Cycle: A Feminist Lifespan Perspective" *Menstruation Research,* (2011). <https://www.menstruationresearch.org/wp-content/uploads/2016/11/fact_4-2011-menstruation.pdf.>.

Swedish International Development Cooperation Agency (SIDA), *A Human Rights-Based Approach to Health - summary*, (2014) p. 1. <https://cdn.sida.se/app/uploads/2021/05/06093019/human-rights-based-approach-health-summary.pdf>.

The Global Menstrual Collective, "Integrate menstrual health & hygiene to achieve the Acceleration Plan for Gender Equality", <https://www.globalmenstrualcollective.org/uploads/2021/06/GEF-Paris-GMC-statement.pdf>.

The Public Health Agency of Sweden, *Education in sex and cohabitation,* <https://www.folkhalsomyndigheten.se/contentassets/c4077a3c78ff45debbb2bac64f7dfe3c/undervisning-sex-samlevnad.pdf.>

The Public Health Agency of Sweden, "En god, jämlik och jämställd sexuell och reproduktiv hälsa i hela befolkningen" = A good, equal and equal sexual and reproductive health in the entire population (2020) <https://www.folkhalsomyndigheten.se/contentassets/ab1f5f4f1ef04a1996d621590d8779c3/god-jamlik-jamstalld-sexuell-reproduktiv-halsa-hela-befolkningen.pdf>

The Swedish the National Board of Health and Welfare, "Underlag till nationell strategi för sexuell och reproduktiv hälsa och rättigheter" = "Basis for national strategy for sexual and reproductive health and rights". (2014). <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2014-10-26.pdf>.

Appendix 1: Initial Email

Hi,

I hope all is well with you,

My name is Clara Reich Zackrisson. I am studying Politics and Economics at Lund University. I am currently writing my bachelor thesis about young women's knowledge about menstrual health. I plan to conduct my study through interviews with people working within women's health.

I know that you work as a gynecologist and therefore wanted to hear if you might want to contribute to my research in the area? In that case, it would imply an approximately 30-minute digital interview in the upcoming weeks.

If you do not have the opportunity to participate in an interview, I would also appreciate other recommendations to contribute to my research.

Thanks in advance,

Have a nice day!

Sincerely,
Clara

Appendix 2: Information Sheet

The Politics of Periods

A qualitative study about the right to gender equality - through knowledge about menstrual health.

You are invited to participate in a research study as a thesis on menstrual health. Before you decide if you want to participate, you need to understand why the research is being done and what it entails. Please take time to read the following information. Please ask if there is anything unclear or if you would like more information.

Who will conduct the research? Clara Reich Zackrisson, as a part of a Thesis in Politics and Economics. This project has been supported by the Political Science Department at Lund University, Sweden.

What is the study about, and how will it be conducted? This study aims to conduct a normative analysis of women's knowledge about menstrual health in Sweden. The empirical material is achieved through semi-structured interviews with people working in the field. The discussion will focus on menstrual health, knowledge, and potential obstacles or political policies related to menstrual health. Moreover, the empirical material will be analyzed from a feminist theory and human rights-based approach focusing on sexual and reproductive rights.

Why have I been chosen? You have been asked to participate in this research. You are a professor of obstetrics and gynecology who works at the Women's Clinic and could contribute valuable inputs for this specific study.

What happens to the data collected? With your permission, the data (recorded and transcribed interviews) will be used for the research and published in an academic paper by Lund University in Sweden. All data will remain confidential, and your participation could be completely anonymous if you want to.

What happens if I do not want to participate or change my mind? It is up to you to decide whether or not to take part. If you choose to take part, you will be asked to confirm consent at the beginning of the interview. If you decide to take part, you are still free to withdraw at any time without giving a reason and may choose not to answer specific questions.

If you are happy to participate, please confirm consent and be aware of this information during our interview. If you have further questions or concerns, contact me or my supervisor, Jonna Pettersson.

Appendix 3: Interview Framework

Part 1: Menstrual Health *In this part, I will focus on the respondent experience and, more generally, about the menstrual cycle concerning women's health*	**Follow up questions:**
1. Can you tell me a bit about yourself? (Role, background, education, etc.)	• What more specifically do you work with within women's health? • How come you started working within this area? • Did you learn about menstrual health in your education? • Have you done any research in the area? Can you tell me a bit about that?
2. What would be your definition of menstrual health / healthy menstrual cycle?	
3. How would you say menstruation and menstrual cycle affect different areas in women's life?	
4. What would you say are common challenges among young girls (16-29) associated with the menstrual cycle from a health perspective?	
Part 2: Knowledge: *In this part, I aim to understand the respondents' views on the menstrual cycle in women between 16 – 29 in Sweden?*	

5. What are your impression of young women's knowledge about the menstrual health/menstruation/menstrual cycle in Sweden?	• How well aware would you say that patients are about menstrual health? • What knowledge is common, and have you experienced any lack of knowledge from patients? • Would you say that patients require more knowledge about menstrual health and the menstrual cycle?
6. What would you say is essential knowledge? What knowledge do you believe is should be provided, and in what way?	• Do you consider that people generally have the information needed to make informed choices regarding their bodies? • Do you believe that it is of importance to "track" the cycle? Are women aware of the different phases/hormonal changes in their cycle? • Are people aware of the side effects of contraceptives or alternatives to hormonal contraceptives?
7. What is your experience? Does you, as a gynaecologist, have the information needed?	• What would you say about research about women's health/menstruation/menstrual cycle?
8. How do you believe knowledge about menstrual health could affect women's health and quality of life? Both positive/ negative?	• Could more knowledge/information about the menstrual cycle prevent health issues for women?
Part 3: Obsticales: *In this part, I aim to understand the respondents view on the reasons for lack of knowledge, obstacles and challenges in society related to menstruation and the menstrual cycle.*	
9. What do you believe are the main obstacles to receiving the correct information?	

10. Who and where do people usually get their information? Who do people generally speak to about menstruation / menstrual cycles? How do you believe young women should receive the information needed?	• What is your impression about Sweden sexual education in school? • What are your thoughts about the information on social media? • Could there be anything problematic with "too much" information?
11. Have you experienced disinformation or myths about the menstrual cycle? Can you give examples?	• Why do you think disinformation spread is what could be the consequences?
12. What are your thoughts about taboo with menstruation and the menstrual cycle?	
13. How would you say that menstruation and menstrual cycles relate to gender equality?	
Part 4: Political Policies: *In this part, I want to hear more about their opinions and thoughts about political policies or other recommendations.*	
14. What do you believe could be improved regarding the knowledge about menstrual health/menstrual cycle?	• What's your thought about political resources in women's health in Sweden? • Does Sweden stand out in some way, or does Sweden differ from other continues?
15. What political policies do you think should be implemented to strengthen the right to sexual/reproductive health?	• Do you want to add anything to the interview? • Do you have any recommendations or tips for my research? • Any last questions about the research process?

Appendix 4: Analytical Framework

Part 1: Menstrual Health:

What would be your definition of menstrual health? How would you say menstruation affect different areas in women's life? What are common challenges among young girls with the menstrual cycle?

Part 2: Knowledge:

What is your impression of young women's knowledge about menstrual health in Sweden? What knowledge is common, and what knowledge is lacking? What do you believe more knowledge could lead to? What knowledge do you think should be provided, and in what way?

Research question 1: What are the experts' views on young women's knowledge about menstrual health in Sweden?

Part 3: Obstacles:

What do you believe are the main obstacles to receiving the correct information/knowledge needed?

- Education
- Resources
- Disinformation
- Stigma/Taboo
- Gender Inequalities

Research question 2: According to the experts, what obstacles prevent women from achieving the necessary knowledge about menstrual health?

Part 4: Policies:

What policies do you believe could be improved regarding the knowledge about menstrual health? Does Sweden stand out in some way?

Research question 3: What policies should be imposed to strengthen menstrual health and the right to autonomy?

8. Endnotes

[1] Population Services International (PSI), “ADVANCING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS THROUGH SELF-CARE”, (2021). <https://www.psi.org/project/self-care/advancing-sexual-and-reproductive-health-and-rights-through-self-care/> Date of access: 2021-12-23.

[2] United Nations (UN), "Universal Declaration of Human Rights”. (1948) <https://www.un.org/en/about-us/universal-declaration-of-human-rights> Date of access: 2021-12-23.

[3] The Swedish Parliament, “Lag (1994:1219) om den europeiska konventionen angående skydd för de mänskliga rättigheterna och de grundläggande friheterna”, (Last modified 2021). <https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/lag-19941219-om-den-europeiska-konventionen_sfs-1994-1219 > Date of access: 2021-12-23.

[4] United Nations (UN), “The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).” <https://www.un.org/womenwatch/daw/cedaw/> Date of access: 2021-12-23.

[5] The Office of the High Commissioner for Human Rights (OHCHR), “Women’s Autonomy, Equality and Reproductive Health”, (2017). <https://www.ohchr.org/EN/Issues/Women/WGWomen/Pages/WomensAutonomyEqualityReproductiveHealth.aspx>. Date of access: 2021-12-23.

[6] Carmel Shalev, “Rights to Sexual and Reproductive Health - the ICPD and the Convention on the Elimination of All Forms of Discrimination Against Women", *United Nations,* (1998). <https://www.un.org/womenwatch/daw/csw/shalev.htm>. Date of access: 2021-12-07.

[7] Kathleen Chau, “Technical Brief on the Integration of Menstrual Health into Sexual and Reproductive Health and Rights Policies and Programmes”, *United Nations Population Fund (UNFPA),* <https://esaro.unfpa.org/en/publications/technical-brief-integration-menstrual-health-sexual-and-reproductive-health-and-right-0.> Date of access: 2021-12-23.

[8] Julie Hennegan, “Menstrual health: a definition for policy, practice, and research.” *Sexual and reproductive health matters* vol. 29,1 (2021).

[9] The Global Menstrual Collective, “Integrate menstrual health & hygiene to achieve the Acceleration Plan for Gender Equality”, <https://www.globalmenstrualcollective.org/uploads/2021/06/GEF-Paris-GMC-statement.pdf> Date of access: 2021-11-30. p. 1.

[10] Karan Babbar, Jennifer Martin, Josephine Ruiz, Ateeb Ahmad Parray, and Marni Sommer, “Menstrual Health Is a Public Health and Human Rights Issue.” *The Lancet. Public Health*, (2021).

[11] The Global Menstrual Collective, “Integrate menstrual health & hygiene to achieve the Acceleration Plan for Gender Equality”, p. 1.

[12] Hennegan, “Menstrual health: a definition for policy, practice, and research.”, (2021).

[13] The Case for Her Team, “Menstruation and the global goals”*, The Case For Her,* (2021), <https://thecaseforher.com/blog/menstruation-and-the-global-goals/>. Date of access: 2021-11-30.

[14] Spadaro Giuliana, Elia, Sara R. G. d, and Cristina O. Mosso, “Menstrual Knowledge and Taboo TV Commercials: Effects on Self-Objectification among Italian and Swedish Women.” *Sex Roles.* (2018). 78 (9–10): 685–96. — Elizabeth, Kissling, “Sweden’s Year of Menstruation – Is it the Menstrual Decade? Maybe the Menstrual Millennium?” *Menstruation Research*, (2014). <http://www.menstruationresearch.org/2014/10/24/swedens-year-of-menstruation-is-it-the-menstrual> Date of access: 2021-11-30.

[15] The Public Health Agency of Sweden, Sexual and reproductive health and rights in Sweden 2017, *Folkhälsomyndigheten,* (2019). <https://www.folkhalsomyndigheten.se/publicerat-material/publikationsarkiv/s/sexual-and-reproductive-health-and-rights-in-sweden-2017/> Date of access: 2021-11-30.

[16] OHCHR, *Women’s Autonomy, Equality and Reproductive Health,* (2017).

[17] Phil Poirier, “Guidance-menstrual-health-hygiene", *UNICEF*, (2019), < https://www.unicef.org/media/91341/file/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf.>, p. 54.

[18] Bryman, Alan, *Social research methods*. 3rd ed. Oxford: Oxford university press, 2008 (Stockholm: Liber, Edition 3. 2018), p. 301.

[19] Vaishali B, Popat, Tamara Prodanov, Karim A Calis, and Lawrence M Nelson, “The Menstrual Cycle: A Biological Marker of General Health in Adolescents.” *Annals of the New York Academy of Sciences,* (2008). 1135: 43–51.

[20] Janusinfo, "Riktlinjer för utredning och behandling av hirsutism och polycystiskt ovariesyndrom, PCOS”, (2020). <https://janusinfo.se/behandling/expertgruppsutlatanden/kvinnosjukdomarochforlossning/kvinnosjukdomarochforlossning/riktlinjerforutredningochbehandlingavhirsutismochpolycystisktovariesyndrompcos.5.6081a39c160e9b387319a3.html.> Date of access: 2021-11-29.

[21] Janusinfo, “Riktlinjer vid premenstruell dysforisk störning, PMDS”, (2020). <https://janusinfo.se/behandling/expertgruppsutlatanden/kvinnosjukdomarochforlossning/kvinnosjukdomarochforlossning/riktlinjervidpremenstruelldysforiskstorningpmds.5.6081a39c160e9b387319f3.html> Date of access: 2021-11-29.

[22] Salley, K.E.S. E.P. Wickham, P.A. Essah, J.E. Nestler, K.I. Cheang, and N.W. Karjane. “Position Statement: Glucose Intolerance in Polycystic Ovary Syndrome - A Position Statement of the Androgen Excess Society.” *Journal of Clinical Endocrinology and Metabolism.* 92, no. 12 (2007). 4546–56.

[23] Zein, J.G., and S.C., Erzurum. “Asthma Is Different in Women.” *Current Allergy and Asthma Reports* 15 (6): (2005). 10p.

[24] Freeman, E.W. *Treatment of depression associated with the menstrual cycle: premenstrual dysphoria, postpartum depression, and the perimenopause*. (2002), p. 177–191.

[25] Emma Bodén, Carina Wendel, and Annsofie Adolfsson. “Adolescents with Endometriosis: Their Experience of the School Health Care System in Sweden.”*Empiriska Studier i Skaraborg British Journal of School Nursing* 8, no. 2 (2013): 81–87.

[26] Mattias Dahlgren, “Var femte har sjukskrivit sig för mens”, *Arbetet* (2018). <https://arbetet.se/2018/10/25/var-femte-har-sjukskrivit-sig-for-mens/>. Date of access: 2021-11-23.

[27] Statistics Sweden (SCB), “Sexuell och reproduktiv hälsa och rättigheter (SRHR)”, *Folkhälsomyndigheten, UngKAB15*, (2019). <https://www.scb.se/hitta-statistik/temaomraden/jamstalldhet/jamstalld-halsa/sexuellochreproduktivhalsaochrattigheter/> Date of access: 2021-11-23.

[28] Maria Ekstrand, Camilla Engblom, Margareta Larsson, and Tanja Tydén. “Sex Education in Swedish Schools as Described by Young Women.” *European Journal of Contraception & Reproductive Health Care* 16, no. 3 (2011): 210–24.

[29] Gunilla Sydsjö, Katarina Ekholm Selling, Karin Nyström, Cecilia Oscarsson, and Svante Kjellberg. “Knowledge of Reproduction in Teenagers and Young Adults in Sweden.” *European Journal of Contraception & Reproductive Health Care* 11, no. 2 (2006): 117–25.

[30] Ida Emilie, Brantelid, Helena Nilvér, and Siw Alehagen. “Menstruation During a Lifespan: A Qualitative Study of Women’s Experiences.” *Health Care for Women International* 35, no. 6 (2014): 600–616.

[31] Essity, “Raising awareness of the menstrual cycle’s role for women’s health”, *Hygiene and Health Report 2018-2019* (2018). <https://reports.essity.com/2018-19/hygiene-and-health-report/en/women-on-the-rise/raising-awareness-of-the-menstrual-cycles-role-for-womens-health.html> Date of access: 2021-11-25.

[32] Victoria Louise Newton, Lesley Hoggart, “Hormonal Contraception and Regulation of Menstruation: A Study of Young Women’s Attitudes towards ‘Having a Period’”, *Journal of Family Planning and Reproductive Health Care*, [e-journal] (2015). vol. 41, no. 3, p. 210.

[33] Liv Strömquist, Fruit of Knowledge: the vulva vs. the patriarchy (2018). — Clara Henry, *I've got my period, so what?* (Sweden, Bokförlaget Forum, 2015) — Kissling, “Sweden’s Year of Menstruation – Is it the Menstrual Decade? Maybe the Menstrual Millennium?”, (2014) — Denise Malmberg, *The red flower of shame? Menstruation and the menstruating woman in the Swedish tradition*. (1991).

[34] Babbar, “Menstrual Health Is a Public Health and Human Rights Issue.” (2021).

[35] Rachel E, Soeiro, Leila Rocha, Fernanda G Surita, Luis Bahamondes, and Maria L Costa. “Period Poverty: Menstrual Health Hygiene Issues among Adolescent and Young Venezuelan Migrant Women at the Northwestern Border of Brazil.” *Reproductive Health* 18, no. 1 (2021): 238.

[36] Mohammed, Shamsudeen , and Roderick Emil Larsen-Reindorf. “Menstrual Knowledge, Sociocultural Restrictions, and Barriers to Menstrual Hygiene Management in Ghana: Evidence from a Multi-Method Survey among Adolescent Schoolgirls and Schoolboys.” *PLoS ONE* 15, no. 10 (2020): e0241106. — The World Bank, Menstrual Hygiene Management Enables Women and Girls to Reach Their Full Potential, (2018). <https://www.worldbank.org/en/news/feature/2018/05/25/menstrual-hygiene-management> Date of access: 2021-12-15.

[37] Sommer, M. “Where the Education System and Women’s Bodies Collide: The Social and Health Impact of Girls’ Experiences of Menstruation and Schooling in Tanzania.” *Journal of Adolescence* 33, no. 4: 521–29. Accessed January 4, 2022. doi:10.1016/j.adolescence.2009.03.008.

[38] Julie Hennegan, and Paul Montgomery. “Do Menstrual Hygiene Management Interventions Improve Education and Psychosocial Outcomes for Women and Girls in Low and Middle-Income Countries? A Systematic Review.” *PLoS ONE* 11, no. 2 (2016): e0146985.

[39] World Health Organisation Regional Office for Europe*,* ″Tackling the taboo of menstrual hygiene in the European Region", (2018), <https://www.euro.who.int/en/health-topics/environment-and-health/water-and-sanitation/news/news/2018/11/tackling-the-taboo-of-menstrual-hygiene-in-the-european-region>. Date of access: 2021-11-30. — Abdimaxmud Kadir Nagaad, "Gratis mensskydd ska få fler flickor att gå till skolan," *Föreningen för Utvecklingsfrågor (FUF)*, <https://fuf.se/magasin/gratis-mensskydd-ska-fa-fler-flickor-att-ga-till-skolan/> Date of access: 2021-12-15.

[40] Chris Bobel, *New Blood : Third-Wave Feminism and the Politics of Menstruation*. (New Brunswick, Rutgers University Press, 2010.) p. 30.

[41] Annika Lund, "How menstruation affects women's health"*, Karolinska Institutet,* (2019). <https://ki.se/en/research/how-menstruation-affects-womens-health> Date of access: 2021-11-30.

[42] Sioban D. Harlow, Sara A. Ephross, "What we do and do not know about the menstrual cycle or, questions scientists could be asking," *Robert H. Ebert Program on Critical Issues in Reproductive Health Publication Series. New York: Population Council.* (1995).

[43] Brantelid, *"Menstruation During a Lifespan: A Qualitative Study of Women's Experiences."* pp. 600–616.

[44] Jan Teorell and Torsten Svensson, *Att Fråga Och Att Svara : Samhällsvetenskaplig Metod*, (Edition 1:4. Stockholm: Liber, 2017), p. 18. — Peter Esaiasson,, Mikael Gilljam, Henrik Oscarsson, Ann E. Towns, and Lena Wängnerud. *Metodpraktikan : Konsten Att Studera Samhälle, Individ Och Marknad*, (Edition: 5. Stockholm: Wolters Kluwer, 2017), p. 20-21.

[45] Björn Badersten, *Normativ metod: att studera det önskvärda*. (Lund: Studentlitteratur. 2006). p. 41, 76.

[46] Swedish Academy's dictionary, Knowledge, (2014). <https://svenska.se/tre/?sok=kunskap&pz=1.> Date of access: 2021-10-29.

[47] Menstrualhygieneday, "Menstruation matters to everyone, everywhere", (2021).<https://menstrualhygieneday.org/resources-on%20mhm/menstruationmatters/.> Date of access: 2021-10-29.

[48] Raquel Olofsson, Falla, "The menstrual cycle: how does it work?", *Myperiodisawesome,* (2021). <https://www.myperiodisawesome.com/blog/the-menstrual-cycle-how-does-it-work> Date of access: 2021-10-29.

[49] United Nations Population Fund (UNFPA), "Menstruation and human rights - Frequently asked questions", (2021). <https://www.unfpa.org/menstruationfaq> Date of access: 2021-10-29.

[50] Rocio Salas-Whalen, Megan Hallet, Katerina Shkodzik, "How are my hormones connected to the three phases of my cycle?" (2021). <https://www.hormona.io/science/> Date of access: 2021-11-04.

[51] Salas-Whalen, "How are my hormones connected to the three phases of my cycle?" (2021).

[52] Salas-Whalen, "How are my hormones connected to the three phases of my cycle?" (2021).

[53] Draper, C. F., Duisters, K., Weger, B., Chakrabarti, A., Harms, A. C., Brennan, L., et al. "Menstrual cycle rhythmicity: metabolic patterns in healthy women." *Sci. Rep.* (2018). p. 2. 8:14568.

[54] Teorell, *Att Fråga Och Att Svara: Samhällsvetenskaplig Metod,* p. 44.

[55] Valerie, Bryson, *Feminist Political Theory : An Introduction*. (2. ed. Palgrave Macmillan, 2003), p.1.

[56] Sandra, Harding and Kathryn Norberg. "New Feminist Approaches to Social Science Methodologies: An Introduction." *Signs* 30, no. 4 (2005), p. 2.

[57] Badersten, *Normativ metod: att studera det önskvärda*, p. 40-41.

[58] Bryson, *Feminist political theory : an introduction*, p. 162.

[59] Lena Gemzøe, *Feminism*, (Stockholm: Bilda, 2014). p. 31-33 — Bryson, *Feminist political theory : an introduction*, p. 32.

[60] Gemzøe, *Feminism*, p. 128 — Harding "New Feminist Approaches to Social Science Methodologies: An Introduction." p. 1 — Bryson, *Feminist political theory : an introduction,* p. 17

[61] The Stanford Encyclopedia of Philosophy, Liberal Feminism (last modified 2020). <https://plato.stanford.edu/entries/feminism-liberal/> Date of access: 2021-12-14.

[62] The Stanford Encyclopedia of Philosophy, Liberal Feminism — Lena Gemzøe, *Feminism*, p. 31-43.

[63] Society for Menstrual Cycle Research, "The Menstrual Cycle: A Feminist Lifespan Perspective" *Menstruation Research,* (2011). <https://www.menstruationresearch.org/wp-content/uploads/2016/11/fact_4-2011-menstruation.pdf.> Date of access: 2021-11-30.

[64] Sophie Laws, *Issues of Blood: The Politics of Menstruation.* (London: Palgrave Macmillan 1990) .p. 36.

[65] Society for Menstrual Cycle Research, "The Menstrual Cycle: A Feminist Lifespan Perspective", p. 2.

[66] Anna Dahlqvist. *Its Only Blood: Shattering the Taboo of Menstruation*. (Atlas, 2016), p. 186.

[67] Gloria Steinem. "If Men Could Menstruate". In Bobel C, Fahs B, Hasson KA, et al. editors. The Palgrave handbook of critical menstruation studies. New York (NY): Palgrave Macmillan; 2020. p. 353 — 355. —- Jessica Valenti, "The case for free tampons". *The Guardian.* (2014). <https://www.theguardian.com/commentisfree/2014/aug/11/free-tampons-cost-feminine-hygiene-products>, Date of access: 2021-12-10.

[68] Laws, *Issues of Blood: The Politics of Menstruation.* p. 36.

[69] Bobel, *New Blood : Third-Wave Feminism and the Politics of Menstruation*. p. 37

[70] Bryson, *Feminist political theory : an introduction*, p. 148. Hirschmann, J. Nancy, *The Sexual Contract Carole Pateman.* 1990: 170-174.

[71] Bryson, *Feminist political theory : an introduction*, pp. 46, 51-52, 155.

[72] Ann Linde and Åsa Lindhagen, "Gender equality policy in Sweden", *Swedish Government,* p. 8. <https://www.government.se/4a7738/contentassets/efcc5a15ef154522a872d8e46ad69148/gender-equality-policy-in-sweden> Date of access: 2021-12-11.

[73] United Nations Sustainable Development Group (UNSDG), "Human Rights-Based Approach", <https://unsdg.un.org/2030-agenda/universal-values/human-rights-based-approach> Date of access: 2021-11-29.

[74] Ann M. Starrs, Alex C Ezeh, Gary Barker, Alaka Basu, Jane T Bertrand, Robert Blum, Awa M Coll-Seck, et al. "Accelerate Progress-Sexual and Reproductive Health and Rights for All: Report of the Guttmacher-Lancet Commission." *Lancet (London, England)* 391, no. 10140 (2018): 2642–92. p. 2646.

[75] Shalev, "Rights to Sexual and Reproductive Health - the ICPD and the Convention on the Elimination of All Forms of Discrimination Against Women", (1998).

[76] The Public Health Agency of Sweden, “Sexual and reproductive health and rights”, (2021). <https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/living-conditions-and-lifestyle/sexual-health/> Date of access: 2021-11-29.

[77] The Swedish the National Board of Health and Welfare, “Underlag till nationell strategi för sexuell och reproduktiv hälsa och rättigheter”, (2014), p. 59. <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2014-10-26.pdf> — OHCHR, *Women's Autonomy, Equality and Reproductive Health,* (2017) — Starrs, “Accelerate Progress-Sexual and Reproductive Health and Rights for All: Report of the Guttmacher-Lancet Commission.” p. 2642.

[78] The Public Health Agency of Sweden, “Sexual and reproductive health and rights”, (2021).

[79] Lenita Freidenvall and Maria Jansson, *Gender and Politics: Feminist perspective on Political Science* (Lund: Studentlitterature, 2017) pp. 216-218

[80] Hennegan, “Menstrual health: a definition for policy, practice, and research.”, (2021).

[81] United Nations. *Universal Declaration of Human Rights,* (1948).

[82] UNFPA, “Menstruation and human rights - Frequently asked questions”, (2021).

[83] Swedish International Development Cooperation Agency (SIDA), *A Human Rights-Based Approach to Health - summary*, (2014) p. 1. <https://cdn.sida.se/app/uploads/2021/05/06093019/human-rights-based-approach-health-summary.pdf> Date of access: 2021-12-03.

[84] Madami, “Menstrual health & hygiene is a matter of human rights, not a human right", (2019) < https://madamithoughts.medium.com/menstrual-health-and-hygiene-is-a-matter-of-human-rights-not-a-human-right-747afd24ec11>, Date of access: 2021-12-03.

[85] Dahlqvist, *Its Only Blood: Shattering the Taboo of Menstruation.* p. 53.

[86] George J. Agich, "Key Concepts: Autonomy." *Philosophy, Psychiatry, & Psychology* 1, no. 4 (1994): 267-269.

[87] Richard Burnor; Yvonne Raley, *Ethical Choices An Introduction to Moral Philosophy with Cases,* (Edition: 2nd, Oxford University Press, 2010). p. 48-49.

[88] Shalev, *“*Rights to Sexual and Reproductive Health - the ICPD and the Convention on the Elimination of All Forms of Discrimination Against Women,"(1998).

[89] Shalev, *“*Rights to Sexual and Reproductive Health - the ICPD and the Convention on the Elimination of All Forms of Discrimination Against Women", (1998).

[90] The Swedish the National Board of Health and Welfare, “Underlag till nationell strategi för sexuell och reproduktiv hälsa och rättigheter”, (2014).

[91] The Swedish Association of Health Professionals, “Patientlagen”, (2019). <https://www.vardforbundet.se/rad-och-stod/regelverket-i-varden/patientlagen/> Date of access: 2021-12-15.

[92] The Public Health Agency of Sweden, “En god, jämlik och jämställd sexuell och reproduktiv hälsa i hela befolkningen”, (2020)

[93] Bryman, *Social research methods*, p. 651.

[94] Alan Bryman and Emma Bell E. *Företagsekonomiska forskningsmetoder* (Edition: 2, Liber. p. 629-631, 2013), p. 38.

[95] Badersten, *Normativ metod: att studera det önskvärda,* pp. 22, 7.

[96] Badersten, *Normativ metod: att studera det önskvärda*, pp. 25 — 26.

[97] Teorell, *Att Fråga Och Att Svara: Samhällsvetenskaplig Metod,* p. 29.

[98] Badersten, *Normativ metod: att studera det önskvärda*, pp. 44, 165.

[99] Badersten, *Normativ metod: att studera det önskvärda*, pp. 46 — 47

[100] Badersten, *Normativ metod: att studera det önskvärda*, p. 119.

[101] Bryman, Bell, *Företagsekonomiska forskningsmetoder*, pp. 629-631.

[102] Bryman, *Social research methods*, pp. 415 — 416.

[103] Bryman, *Social research methods*, pp. 430 — 431.

[104] Esaiasson, *Metodpraktikan,* p. 282 — 285.

[105] Anna Hedin, "En liten lathund om kvalitativ metod med tonvikt på intervju", (1996), pp. 3 — 4.

[106] Teorell, *Att Fråga Och Att Svara: Samhällsvetenskaplig Metod,* p. 84.

[107] Teorell, *Att Fråga Och Att Svara: Samhällsvetenskaplig Metod,* pp. 19 – 21.

[108] Badersten, *Normativ metod: att studera det önskvärda*, p. 74 — 78.

[109] Lawrence Leung, "Validity, Reliability, and Generalizability in Qualitative Research." *Journal of Family Medicine and Primary Care* 4, no. 3 (2015): 324–27. doi:10.4103/2249-4863.161306. p. 325-326.

[110] Teorell, *Att Fråga Och Att Svara: Samhällsvetenskaplig Metod,* p. 89 — 91.

[111] Esaiasson, *Metodpraktikan,* pp. 58 — 63.

[112] Badersten, *Normativ metod: att studera det önskvärda*, pp. 192, 73 — 74.

[113] Badersten, *Normativ metod: att studera det önskvärda*. pp. 84; 93 — 94. Beckman, Ludvig *Grundbok i idéanalys: det kritiska studiet av politiska texter och idéer*. 2005, p. 32.

[114] Badersten, *Normativ metod: att studera det önskvärda*, pp. 103 — 104.

[115] Badersten, *Normativ metod: att studera det önskvärda*, pp. 133, 176.

[116] Badersten, *Normativ metod: att studera det önskvärda*, p. 180.

[117] Interview with Elisabet, mid-wife, (2021-12-09).

[118] Interview with Emilia, specialist gynaecology (2021-12-15).

[119] Interview with Lena, professor of obstetrics and gynaecology (2021-12-07).

[120] Interview with Elisabet, mid-wife, (2021-12-09).

[121] Interview with Sanna, Business Developer at a forum for menstruation (2021-12-09).

[122] Interview with Maria, functional medicine health coach (2021-12-08).

[123] Interview with Maria, functional medicine health coach (2021-12-08).

[124] Interview with Elisabet, mid-wife, (2021-12-09).

[125] Interview with Elisabet, mid-wife, (2021-12-09).

[126] Interview with Sanna, Business Developer at a forum for menstruation (2021-12-09).

[127] Interview with Sanna, Business Developer at a forum for menstruation (2021-12-09).

[128] Interview with Sanna, Business Developer at a forum for menstruation (2021-12-09).

[129] Interview with Sanna, Business Developer at a forum for menstruation (2021-12-09).

[130] Interview with Sanna, Business Developer at a forum for menstruation (2021-12-09).

[131] Interview with Maria, functional medicine health coach (2021-12-08).

[132] Interview with Lena, professor of obstetrics and gynaecology (2021-12-07).

[133] Interview with Maria, functional medicine health coach (2021-12-08).

[134] Interview with Lena, professor of obstetrics and gynaecology (2021-12-07).

[135] Interview with Elisabet, mid-wife, (2021-12-09).

[136] Interview with Lena, professor of obstetrics and gynaecology (2021-12-07).

[137] Interview with Elisabet, mid-wife, (2021-12-09)

[138] Interview with Lena, professor of obstetrics and gynaecology (2021-12-07).

[139] Interview with Sanna, Business Developer at a forum for menstruation (2021-12-09).