THE PRICE OF IMPURE BLOOD

CULTURAL AND ECONOMIC ASPECTS OF MENSTRUATION IN BOSNIA AND HERZEGOVINA

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Sarajevo, January/February 2025.

Contents

Foreword

Research on menstruation and women's reproductive health has been scarce in Bosnia and Herzegovina, despite this being both a highly personal and socially significant topic. During the period 2023–2024, research on menstrual health was conducted among female teachers and female students from eight public universities in Bosnia and Herzegovina. The results were concerning, as they revealed that menstruation remains a taboo subject, that women feel ashamed to discuss it in front of men, and that they do not want others to know they are menstruating for fear of being labelled as unstable or hysterical.

Following these findings, we decided to conduct the same research on a selected sample of women from across Bosnia and Herzegovina. Our goal was to determine whether less-educated women, those outside the academic community, and women living in lower-income households uphold more or fewer taboos about menstruation and to understand their attitudes toward menstrual health.

It was also important for us to include respondents from different regions of the country in the qualitative part of the research. To achieve this, we engaged a team of collaborators and local activists, to whom we extend our gratitude for their cooperation. The interviews alongside Zilka Spahić Šiljak were conducted by Ivana Kulić, Bojana Jovanović, Saida Mustajbegović, Enisa Raković, Jasminka Borković, Ružica Ljubičić, Šejla Džanan, Žana Alpeza, Amela Hajvaz, Nikolija Škrivan Bjelica, and Refija Ražanica.

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activists who helped us reach respondents from different social backgrounds. Additionally, we extend our gratitude to the TPO Foundation team for their technical support.

This research was conducted as part of the UNIGEM (Universities and Gender Mainstreaming) project, which is being implemented from 2021 to 2025 across 19 universities in Bosnia and Herzegovina, Croatia, Serbia, and Montenegro, with the support of the Government of the United Kingdom. One of the project's key goals is the integration of gender equality into curricula, and this research serves as one of the educational resources available to universities and the wider public. We also hope that this study will contribute to the improvement of educational and health policies in Bosnia and Herzegovina.

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Introduction

Who determines what is pure and what is impure, what is natural and unnatural, and how unwritten societal rules about the acceptability or unacceptability of certain phenomena are encoded? What mechanisms sustain these rules throughout history, and why do both women and men accept them as unquestionable truths? These questions mark the beginning of this book, which is based on the research on the socio-cultural and economic aspects of menstruation in Bosnia and Herzegovina (BiH).

As a large number of respondents in both the quantitative and qualitative parts of the research repeatedly stated that menstruation is impure and should be hidden—and as such views were already established in the first research on menstruation conducted at eight public universities in Bosnia and Herzegovina (Spahić Šiljak et al., 2024)—it is crucial to discuss taboos, power discourses, and the misuse of power associated with menstrual blood. Feminist theorist Iris Marion Young summarized this issue as follows:

"from our earliest awareness of menstruation until the day we stop, we are mindful of the imperative to conceal our menstrual processes. We follow a multitude of practical rules. Do not discuss your menstruation … leave no bloodstains on the
floor, towels, sheets, or chairs. Make sure that your bloody flow does not visibly leak through your clothes, and do not let the outline of a sanitary pad show. Menstruation is dirty, disgusting, defiling, and thus must be hidden." (Young, 2005, 106–107)

After centuries of stigma, shame, and secrecy, most women still uncritically follow these social imperatives, fearing that one day their menstruation might leak while sitting in a classroom, at a meeting, or in another public setting. Why is shame so deeply encoded in women, and why are they subjected to stigma when it comes to a biological phenomenon essential for birth and life itself? Why is the female body generally perceived as other, as something that must be hidden and a source of shame? Should the capability to give birth be a cause for shame rather than joy and pride?

Why does the fear of menstrual blood exist, and why is it believed to have magical powers, granting women in patriarchal cultures at least an illusion of power over men?

Even in the 21st century, despite women knowing much more about menstruation, having better access to various menstrual products, and gynaecological care, taboos still persist.

Women still strive to hide every trace of menstruation out of fear of being perceived as unbalanced, less rational, and incapable of certain jobs and tasks.

If menstruation is still perceived in society as a psychological, rational, and physical deficiency, a woman will do everything to ensure that no one knows she is menstruating. Given that social norms and standards of acceptable appearance and beauty are inscribed onto the body (Foucault, 1990), and that a menstruating body disrupts these socially inscribed codes, women strive to conceal these deficiencies in order to meet societal expectations.
Each month, women allocate significant resources for hygiene products, pain relief medication, herbal teas, and personal hygiene.

Along with that, they are under constant pressure to hide it so they wouldn't be accused of being manipulative, irritable, and emotionally unstable.

Over 50% of the world's population are women, which is why the hygiene and menstrual product industry generates enormous profits. Regardless of their income and socio-economic status, women must spend at least 5–10 KM on menstrual products, around 30 KM on contraceptive pills, about 10–15 KM on medication and herbal teas, and around 10 KM on hygiene. Monthly costs can rise to 100 KM, depending on the heaviness of their menstruation and any additional services they need to pay for, such as gynaecologist visits or vitamin supplements, to properly care for their health.

Therefore, “menstruation is both a health and economic issue, as the costs of menstrual products burden personal and family budgets, and many women face serious health problems that cause them to miss school or work, requiring them to allocate time and financial resources for treatment” (Spahić Šiljak et al., 2024, p. 9).

On a global scale, over 500 million women and girls live in inadequate hygienic and health conditions, leading to severe complications affecting their reproductive and other organs (Maniar & Mehta, 2017). In countries with formal conditions, shame, stigma, and poverty are reasons why many women purchase the cheapest menstrual products and why they often cannot change their sanitary pads as needed, leading to infections.

In Croatia, 36.4% of women purchase cheaper products, while 10% cannot afford them at all (Močibob, 2020, p. 9). In Bosnia and Herzegovina, 30% of female students living in households with incomes below 1,500 or 1,000 KM, or with personal incomes below 500 KM, opt for cheaper products, while 18% do not change their

menstrual pad for more than six hours (Spahić Šiljak et al., 2024, p. 47).

This research was conducted as a continuation of research on menstrual poverty at universities in Bosnia and Herzegovina to provide a more comprehensive picture of the general female population, which is in a less favourable economic position than men. In Bosnia and Herzegovina, the employment rate for women aged 20 to 64 is 40%, while for men of the same age group is 65%, highlighting the gender gap in employment. Women (23.4%) are less active in the labour market compared to men (12.8%), leading to lower incomes, as they often work in lower-paid and socially undervalued professions. The feminization of professions—women's employment in education, healthcare, social care, and service sectors—continues to contribute to female poverty and their economic dependence on men.

In addition to all these challenges, women must allocate significant amounts of money each month for menstrual products and healthcare services, further exacerbating their disadvantaged economic position compared to men.

The research was conducted as part of the UNIGEM (Universities and Gender Mainstreaming) project with the aim of raising awareness among women, as well as the social and political public, to ensure that menstrual products become more accessible to girls and women and free of charge for students and individuals in socially vulnerable situations.

In the first chapter, the objective and methodological framework research design, and approach to collecting and analysing primary data are presented. Data was gathered through qualitative research (semi-structured interviews with 73 women from all cantons in the Federation of Bosnia and Herzegovina, as well as from the Republic of Srpska) and quantitative research (based on a

sample of 2,051 women from across Bosnia and Herzegovina). In interpreting the research findings, triangulation was applied as a method for comparing and combining interdisciplinary theoretical foundations and data collected using different techniques.

The second chapter elaborates on the ways in which menstruation has been socially encoded throughout history in various cultures and religions, shaping perceptions of (im)pure blood. On the one hand, it is considered inferior because it deviates from the male body standard, while on the other, it is seen as dirty and potentially dangerous.

The third chapter addresses the issue of menstrual poverty as a global and regional socio-economic challenge. It examines the lack of access to hygiene products, poor sanitary conditions, insufficient education on menstrual health, and the stigma associated with menstruation. The chapter focuses on the physical, psychological, and social consequences of menstrual poverty, including school absences and reduced economic opportunities for women and girls. The situation in the Western Balkans is analysed, highlighting high product costs, economic barriers, cultural stigma, and inadequate hygiene conditions in Serbia, Croatia, and Bosnia and Herzegovina.

The fourth chapter presents the results of an empirical study on the socio-cultural aspects of menstruation, focusing on the primary and secondary socialization of children and young people, as well as the internalization of shame and stigma. This is most commonly reflected in the use of euphemisms, feelings of embarrassment when purchasing and disposing of hygiene products, and the societal stereotype of women's imbalance during menstruation. The chapter analyses beliefs and superstitions about menstruation in society, as well as the lack of sensitivity among healthcare professionals, particularly in cases of potential menstrual disorders.

The fifth chapter elaborates on the research findings regarding the economic aspects of menstruation, illustrating the extent of menstrual poverty in Bosnia and Herzegovina and the factors influencing the choice of menstrual products, menstrual hygiene, and gynaecological conditions.

1. MENSTRUAL POVERTY AS AN ECONOMIC AND CULTURAL PHENOMENON: THEORETICAL AND METHODOLOGICAL FRAMEWORK

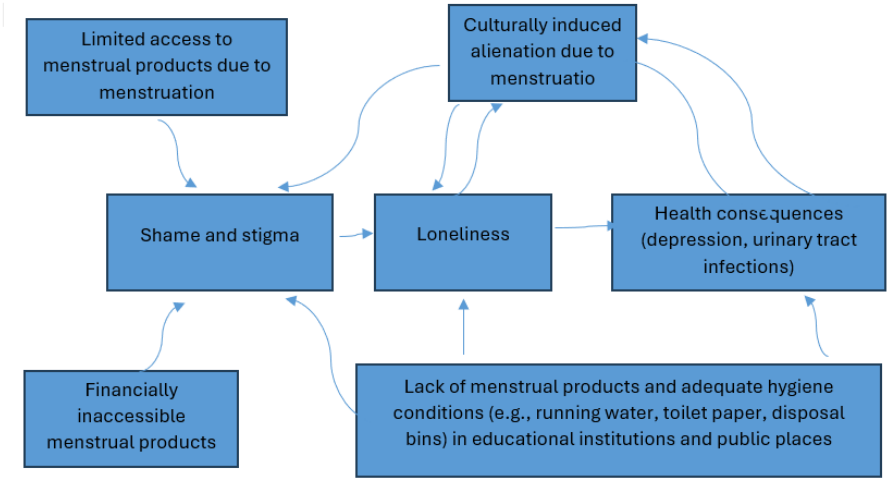
Menstrual poverty is a term that describes the multiple barriers faced by girls and women in accessing menstrual hygiene products, health education, and adequate sanitary conditions. Over the past few decades, menstrual poverty has emerged as a critical public health issue with significant implications for gender equality and health outcomes. This phenomenon is not solely a consequence of economic inequality but is deeply intertwined with social, cultural, and political factors that perpetuate disparities. Therefore, the theoretical framework for understanding menstrual poverty must adopt a multidisciplinary approach, drawing from sociology, public health, economics, and gender studies to provide comprehensive insights into its causes and consequences.

The given definition of menstrual poverty highlights its intersectionality with broader socio-economic challenges, particularly in low- and middle-income countries, where such barriers are exacerbated by systemic inequalities (Muhaidat, 2024; Babbar, 2023; Jaafar et al., 2023; Sommer & Mason, 2021). Research indicates that menstrual poverty significantly hinders women's and girls' ability to adequately manage their menstrual cycles, often leading to adverse health outcomes and social stigmatization (Cai, 2023; Hassan et al., 2022; Michel et al., 2022). Earlier studies have shown that inadequate access to menstrual products can result in the use of unhygienic

alternatives, which in turn increases the risk of reproductive health issues and psychological distress (Boyers et al., 2022; Michel et al., 2022; Thaver, 2023).

The stigma surrounding menstruation further complicates the challenges faced by women and girls affected by menstrual poverty. Cultural taboos and misconceptions about menstruation often prevent open discussions about menstrual health, limiting access to necessary information and resources (Sharma et al., 2022; Lee & Bairner, 2022; Holst et al., 2022). This stigma not only impacts individual experiences but also influences public policy and health education initiatives, which are often inadequate in addressing the needs of women and girls (Jaafar et al., 2023; Michel et al., 2022; Owen, 2022). The lack of comprehensive health education on the menstrual cycle further contributes to ignorance and shame, thereby exacerbating efforts to promote social justice in the context of public health, menstruation, reproductive health, and awareness of these issues (Noor, 2024; Batool, 2022; Hennegan et al., 2019).

Figure 1.The complexity of menstrual poverty



Michel et al. (2022) illustrate the various dimensions of menstrual poverty, emphasizing that it encompasses more than just the lack of access to menstrual products. Figure 1. categorizes the aspects of menstrual poverty as follows:

• ***Access to menstrual products****: Challenges in obtaining menstrual products due to availability issues.*
• ***Affordability of menstrual products****: Financial constraints that limit women and girls from purchasing essential menstrual hygiene products .*
• ***Shame and stigma****: Social stigma and personal discomfort associated with menstruation, leading to shame and avoidance of seeking information or discussing menstruation.*
• ***Cultural alienation****: Cultural practices that isolate or exclude women and girls due to menstruation, exacerbating feelings of alienation from society.*
• ***Inadequate hygiene conditions****: Limited access to clean water, sanitary facilities, and hygiene conditions necessary during menstruation.*
• ***Loneliness****: The culmination of the above factors, leading to isolation and a lack of support during menstruation.*

This theoretical framework for studying menstrual poverty highlights that it is a complex issue involving economic, social, cultural, and infrastructural challenges that collectively impact the well-being of girls and women. Accordingly, addressing menstrual poverty requires consideration of the role of public health policies and community interventions. It is imperative to develop effective strategies to improve access to menstrual hygiene products and adequate education on menstrual and reproductive health, particularly in communities lacking sufficient public and healthcare services (Cai, 2023; Hassan et al., 2022; Shomuyiwa, 2024; Munro et al., 2021).

Initiatives such as providing free menstrual products in schools and public institutions, accompanied by comprehensive

educational programs on menstrual and reproductive health, have proven effective in addressing and alleviating issues related to menstrual poverty (Babbar, 2023; Gruer et al., 2021; Kuhlmann et al., 2022). Moreover, advocating for policies that recognize menstrual products as essential goods accessible to all is crucial in eliminating barriers that exacerbate the problem of menstrual poverty (Jaafar et al., 2023; Sommer & Mason, 2021; Michel et al., 2023).

The theoretical framework for this research on menstrual poverty, following the example of Michel et al. (2022), integrates various dimensions, including the socio-cultural context of menstruation, economic barriers to accessing menstrual hygiene products, and the implications of public health policies. By employing a multidisciplinary approach, this research aims to contribute to a deeper understanding of menstrual poverty and inform stakeholders about effective interventions that promote gender equality, menstrual justice, and health for all women and girls.

The main objective of this research is to establish the perceptions of girls and women in Bosnia and Herzegovina regarding menstruation, analyze the power discourses that regulate what is socially acceptable in the context of menstruation, and determine whether menstrual products and healthcare services are accessible to women and girls in Bosnia and Herzegovina.

This research paper seeks to answer the following research questions:

- How do girls and women understand and experience the social coding of menstruation in Bosnian-Herzegovinian society (e.g., stigma, shame, discomfort)?
- Is menstruation and reproductive health discussed within families and schools?

- Do they avoid certain activities during menstruation and refrain from visiting religious ceremonies and places of worship?
- Do they have adequate conditions for menstrual hygiene at home, school, and the workplace?
- What menstrual products do they use and why?
- Do they believe menstrual products should be free of charge?
- To what extent are household income and personal earnings of girls and women linked to menstrual poverty?
- Is knowledge of a wide range of menstrual products associated with fewer prejudices and superstitions about menstruation?
- How sensitive and understanding are doctors and medical staff regarding painful menstrual symptoms?

Methods: This research implements a combined simultaneous research design, utilizing both quantitative and qualitative methods, namely an online survey and a semi-structured interview. The combined research design, also known in the literature as "mixed-methods," is a research approach that integrates qualitative and quantitative data analysis methods. This type of design enables researchers to examine the research problem from different perspectives, ensuring a more comprehensive insight into the subject of study. By combining various data sources, the validity of the research is enhanced, as qualitative and quantitative methods can mutually confirm the research findings.

Sample in the quantitative research: The survey was conducted on a sample of 2,051 women and girls from Bosnia and Herzegovina, as presented in Table 1.1. The largest number of respondents who participated in the survey came from Sarajevo

Canton (36.57% of the total sample) and Tuzla Canton (13.16%). The majority of respondents live in settlements with more than 100,000 inhabitants (26.82%), followed by those living in areas with between 10,000 and 49,999 inhabitants (24.77%), and between 1,000 and 4,999 inhabitants (15.85%). Respondents from smaller settlements (with up to 1,000 inhabitants) make up 10.39% of the total sample.

One-third of respondents (33.06%) are between 40 and 49 years old, 28.08% are between 30 and 39 years old, and 24.23% are between 20 and 29 years old. Women over the age of 50 are less represented in the sample (8.92%), as well as girls under 20 years old (5.70%).

The majority of respondents live with their spouse/partner (60.75%) or with their parents or relatives (24.87%). Regarding marital/relationship status, 57.78% of respondents are married, 12.58% are single, 11.36% are in a relationship, and 9.31% are not in a relationship. Additionally, 5.17% are divorced, while 3.80% live in a common-law partnership. In the total sample, 4.19% of respondents indicated that they have difficulties and/or a disability.

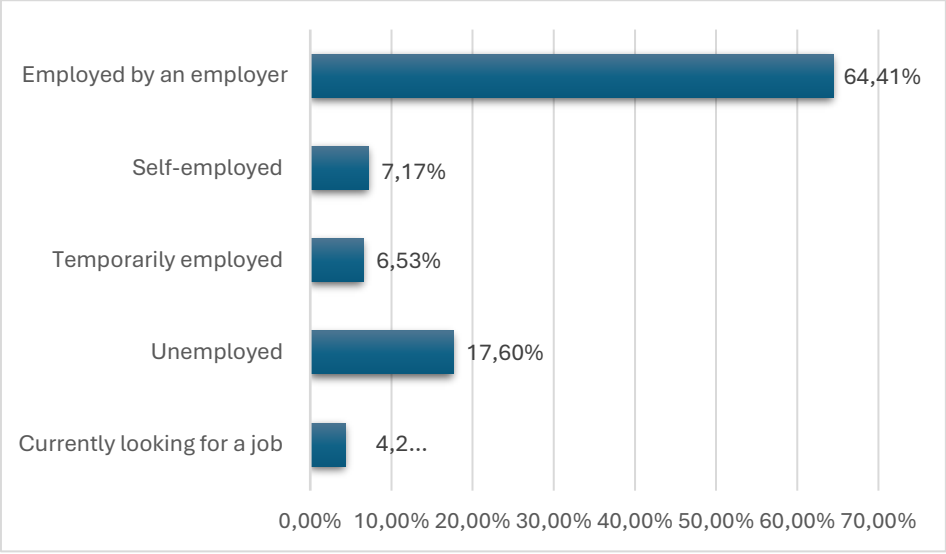
Table 1. Sample of women and girls by place of residence

	Number of respondents	% of respondents
Brčko District	117	5.70%
Una-Sana Canton	69	3.36%
Posavina Canton	42	2.05%
Tuzla Canton	270	13.16%
Zenica-Doboj Canton	122	5.95%
Bosnian-Podrinje Canton	106	5.17%

Central Bosnia Canton	180	8.78%
Herzegovina-Neretva Canton	78	3.80%
West Herzegovina Canton	25	1.22%
Sarajevo Canton	750	36.57%
Canton 10	105	5.12%
Republic of Srpska	187	9.12%

The respondents are mostly employed by an employer (64.41%). The unemployed make up 17.60%, while 7.17% are self-employed. Those who are temporary employed and those currently seeking a job account for 6.53% and 4.29% of the sample, respectively.

Figure 2. Structure of the sample by employment status

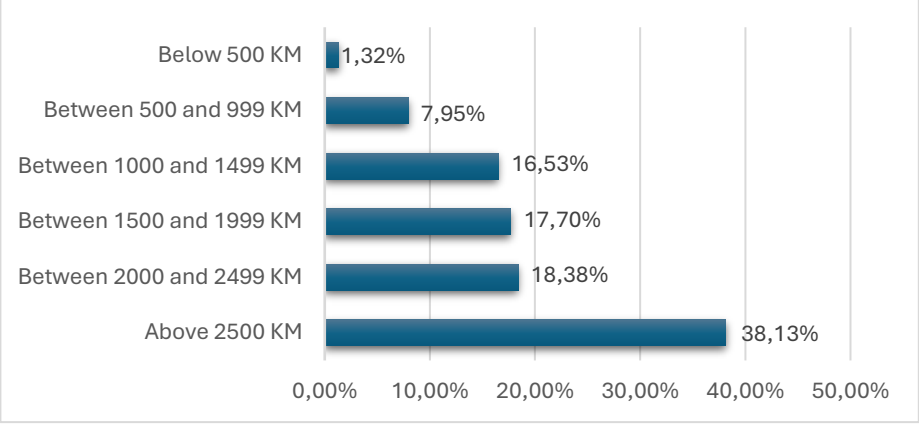


Over 70% of respondents identified as religious, while 17.80% consider themselves non-religious, and 11.75% are unsure about their religiosity. The majority of religious respondents identify with Islam (63.782%), followed by

Catholicism (9.12%) and Orthodoxy (8.78%). Religious respondents most commonly practice their faith on a daily basis (36.86%), several times a year (17.99%), several times a week (10.19%), or several times a month (9.95%). A total of 25.01% of respondents do not practice religion.

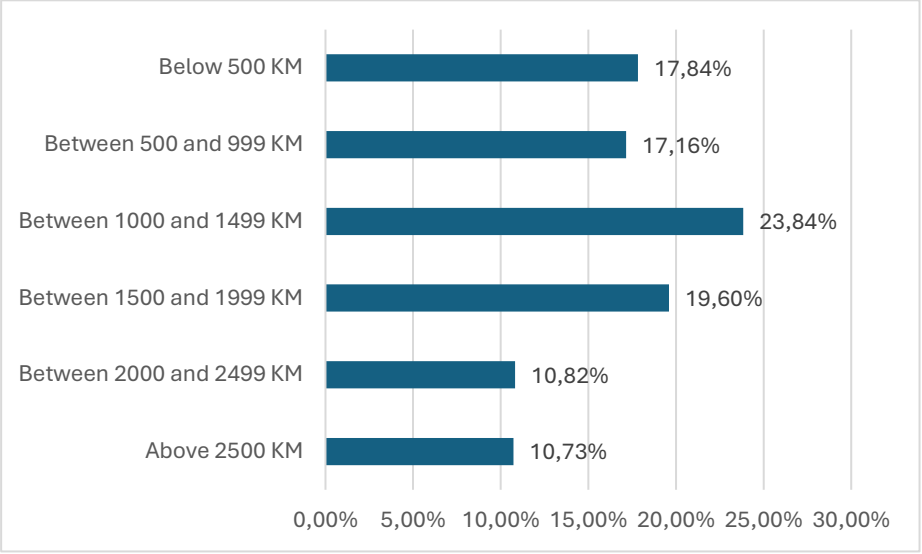
Slightly more than a third of respondents (38.13%) live in households with an average monthly income exceeding 2,500 KM. Almost 10% of respondents (9.27%) live in households with an income below 1,000 KM. Regarding personal income, as many as 17.84% of respondents earn less than 500 KM per month.

Figure 3. Structure of the sample by household income



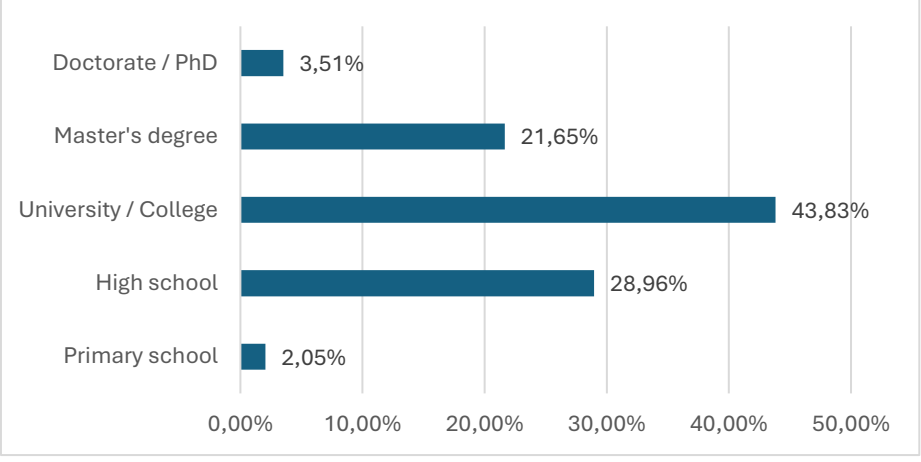
Slightly more than half live in households with three (24.77%) or four family members (31.34%). A total of 19.06% of respondents live in larger families, of which 13.55% live in households with five members, and 5.51% in households with six members.

Figure 4. Structure of the sample by personal income



More than half of the respondents (56.61%) have children, and 27.79% of them have female children over the age of 10. The respondents most commonly have completed the first cycle of university education (43.83%), followed by secondary school (28.96%) and the second cycle of university education (21.65%).

Figure 5. Structure of the sample by level of education



Sample in the qualitative research: In the qualitative phase of the research, using semi-structured interviews, a total of 73 women and girls from cities in Bosnia and Herzegovina were interviewed (Table 1.2). More than half of the interviewed women (54%) are between 30 and 49 years old, while 25% of respondents are up to 29 years old. Women over the age of 50 make up 21% of the interviewed participants.

The majority of interviewed women are married (64%), 19% are single or not in a relationship, and 11% are divorced. Women in a relationship (5%) and widows (2%) are less represented in the qualitative sample.

Table 2. Overview of the number of interviews by cities in Bosnia and Herzegovina

City	Number of interviews	City	Number of interviews
Zenica	6	Livno	1
Gradačac	3	Grahovo	2
Orašje	2	Trebinje	3
Konjic	1	Brčko	5
Cazin	1	Bijeljina	4
Bužim	1	Tomislav-grad	2
Bihać	2	Grude	1
Velika Kladuša	1	Posušje	1
Mostar	4	Široki Brijeg	2
Tuzla	9	Bileća	1
Sarajevo	6	Banja Luka	4
Bugojno	4	Stolac	1

Ustikolina	1	Ljubuški	1
Goražde	4		

Slightly more than half of the interviewed women and girls are employed (55%), while unemployed individuals make up a third of the sample (33%). Half of them identify with the Islamic faith (53%), 18% state that they are not religious, 16% identify as Catholic, and 13% as Orthodox Christian.

The interviewed women and girls most commonly reported coming from households with an average income between 1,000 and 1,499 KM (41%). About a third of respondents indicated that their household income is below 1,000 KM, while 22% reported an income above 2,000 KM.

A statistical analysis of the survey data was conducted using SPSS v. 22, while frequency analysis and thematic analysis of transcribed interviews were performed in QDA Miner v. 6. A triangulation of qualitative findings and quantitative analysis results was then carried out to determine potential convergence or divergence in respondents' views on menstruation.

Ethical standards: Each participant signed a consent form regarding anonymity and the proper storage of data in both audio and written form. All data is encoded and anonymized, and as such, it was used in both qualitative and quantitative analysis.

Potential Limitations of the Research

Representativeness of the sample: Although the study includes a large sample of 2,051 women and girls from Bosnia and Herzegovina, the sample is not evenly distributed across all regions. For example, more than one-third of the

respondents come from the Sarajevo Canton, which may result in bias based on the experiences of participants from urban areas, thus limiting the understanding of the experiences of women and girls from rural areas.

Overrepresentation of certain demographic groups: The sample includes a significantly higher number of women aged 30 to 49 years (61.14%), while relatively few participants are under 20 or over 50 years old. This imbalance in the sample may exclude important insights from the perspectives of younger and older age groups, whose experiences with stigma and menstrual poverty may vary significantly.

Potential bias: Online surveys may be more accessible to respondents with better digital literacy and access to technology, which potentially excludes marginalized groups, such as those from remote areas without internet access.

Cultural and religious sensitivities: Discussions about menstruation in conservative or religious communities may lead to underreporting of stigma or shame due to socially desirable responses, especially on topics such as menstrual taboos or access to healthcare services.

Lack of longitudinal data: This research provides a snapshot of experiences and attitudes but does not account for the temporal dimension. A longitudinal approach could offer insights into how social attitudes and access to menstrual products change over time, particularly in response to changes in policy or campaigns aimed at raising societal awareness of menstrual health and menstrual poverty.

Recommendations for Future Research: Future studies should ensure more even regional representation, include a broader range of demographic groups, and use a longitudinal design to track changes in attitudes over time. Additionally, a deeper

analysis of intersectional factors could provide a better understanding of the different experiences of menstrual poverty and stigma in Bosnia and Herzegovina.

2 SOCIAL CODING OF MENSTRUATION: (IM)PURE AND DANGEROUS

Menstruation is not only a natural biological phenomenon crucial for human reproduction, but also a social construct that positions women as the Other in relation to men. Such constructs are present in most cultures and continue to negatively impact the lives of many women today. As a universal female experience, menstruation "functions as a literal and symbolic marker of gender and sexuality, fertility, age, and health" (Deo and Chattargi, 2005). In addition, the first menstruation (menarche) and menstrual cycle "involve sexual and gender identity, desire, sense of self, voice, choices, womanhood, and rites of passage. They offer a powerful hook for the realization of multiple human rights" (Patkar, 2020, 502).

However, numerous studies worldwide show that girls and women know very little about menstruation, and in many countries, they lack access to clean water, soap, and the infrastructure necessary for maintaining hygiene. Additionally, poverty, fear, stigma, misinformation, and superstitions often pose barriers to adequately and safely managing the menstrual cycle (Deo and Chattargi, 2005; Sommer and Sahin, 2013).

2.1. Defining menstruation

Although most girls and women menstruate every month, there is a lack of sufficient knowledge on the subject and it is surrounded by a veil of shame, stigma, and numerous taboos. Menstruation is a physiological process that starts around the age of 12, though sometimes it starts earlier, and lasts on average for 35 years. Menstruation lasts from 3 to 7 days every month, and for some women, it can last longer. If a woman is healthy, menstruation occurs every 28 days, which adds up to five to seven years of life spent menstruating. Therefore, menstrual health and hygiene are crucial for every woman (Ibid.).

When menstruating, a woman's body sheds the monthly layer of the uterine lining (endometrium), which, along with blood, exits through the vagina. During the monthly menstrual cycle, the uterine lining accumulates to prepare for pregnancy. If pregnancy does not occur, estrogen and progesterone hormone levels start to decrease, signaling the body to begin menstruation (Bullough and Bullough, 2011). The first menstruation, known as menarche, which marks the beginning of a woman's reproductive period, is very important. Menstrual blood is bright red, but the color can vary to dark red and may contain smaller or larger clots. Menstruation can be heavy and very painful due to uterine contractions, but also due to certain disorders that can be caused by various factors. Additionally, symptoms that signal the onset of menstruation include bloating, increased and sometimes painful breasts, lower back pain, and mood swings caused by changes in hormone levels.

Menstruation can be irregular and/or heavy, leading some women to seek medical help due to abdominal and back pain, headaches, nausea, vomiting, and weakness. Many women take medications and/or herbal teas to relieve pain, and if

menstruation is heavy, they may also take vitamin supplements to replenish the iron lost in the blood (Northup, 2000).

Women with irregular and/or painful menstruation often face a lack of understanding; they are not believed to be experiencing severe pain, their problems are minimized, and young girls are often told, “It will pass after you have your first child” (Spahić Šiljak et al., 2024, 35). Not only do men, who still dominate gynecology, but also many women, are not sensitive in their approach during gynecological exams. They adopt a paternalistic approach and often dismiss women's reports of severe pain or the need for further testing to determine the root cause of the problem. (Ibid.).

Menstruation is much more than a physiological cycle of blood and uterine lining discharge, as recent discoveries by Australian experts have shown:
" menstrual effluent is not just blood and tissue. It also comprises all sorts of cells, hormones, and biomarkers that are involved with the processes of endometrial inflammation and repair…menstrual effluent contains mesenchymal stem cells, or MSCs… In addition to stem cells, menstrual effluent also contains proteins that aid inrepair processes.“ (Clancy, 2023, 61–62).

These discoveries about menstrual blood show that it is very rich in various materials crucial for reproduction, as well as for the regeneration of a woman's body. Menstruation, therefore, is a benefit for the female body, which has the ability to regenerate through the secretion of red fluid in which so much useful material and potential are stored.

If scientific facts show that menstruation is neither impure nor dangerous, why is it still socially coded as such, and why do

women continue to uncritically accept taboos and internalize shame?

To answer this question, it is necessary to start with the construction of gender roles—"that is, how one becomes and is male or female, and what traits and behaviors are inherent to each gender, and how they are passed on, learned, and adopted..." (Spahić Šiljak, 2019, 31). Social coding of menstruation begins in primary and secondary socialization but is intertwined with numerous social factors and norms of each society (Lipsitz Bem, 1993, 154), among which customs and religion play a very important role. Biological differences have been used to naturalize socially constructed differences between men, who are considered the norm and active principle, and women, who are passive and deviate from this norm. The hierarchical order has been established for centuries, and menstruation has been used as an argument to justify the superiority of men, i.e., to signal to women where their place is in the social order, which is a subordinate position (Northrup, 2000, 102). The female body and the processes that take place in it are "socially coded and saturated with meanings that do not stem from the physicality itself" (Zaharijević, 2020, 101). All bodies are normed, but female bodies, especially because of their reproductive capacity, are subject to specific norms. Zaharijević concludes that pre-established rigid social norms are what "qualify the body for life in the sphere of cultural intelligibility" (Ibid., 2020, 4).

The ways in which socially acceptable behavior is coded include taboos and stigma, which are full of gender stereotypes.

This chapter will elaborate on the issues of taboos, stigma, superstition, magic, and religious norms of the monotheistic traditions of Judaism, Christianity, and Islam, as well as magical practices present in the Balkans.

2.2. Taboos and stigma about menstruation

The rules of socially acceptable behavior are, among other things, established through taboos and stigma, and many taboos, shame, and stigma are associated with the female body and menstruation. What is a taboo, who creates it, maintains it, and why is it resilient to change? One of the more concise definitions says: "A taboo, the prohibition of an action based on the belief that such behaviour is either too sacred and consecrated or too dangerous and accursed for ordinary individuals to undertake." (Britannica Encyclopedia) There are various taboos, or prohibitions, that people follow because they believe not only that something bad will happen to them but also to protect themselves from potential misfortune.

Rituals and ceremonies are therefore designed to protect the individual or return them to a state of balance and/or ritual purity. An example of this is the ritual bath (mikveh) after menstruation and sexual relations in Jewish tradition, or the ritual washing (ghusl) after menstruation and sexual intercourse in Islamic tradition. Ritual purity is part of the cosmological system of these religious traditions and as such "requires the preservation of spatial and practical boundaries, and the taboo creates rules against crossing those boundaries" (Young, 2005, 112).

Anthropologist Mary Douglas, in her book *Purity and Danger*, says that dirt is "like a material that is in the wrong place… If dirt is a thing that is in the wrong place, we must approach it through the establishment of order" (1984, 36–41). In order to establish order, Douglas argues that this involves rejecting inappropriate elements and phenomena. In tribal cultures in Africa and Asia, there are different beliefs about the dangers of menstruating women, such as that it is harmful for a man to touch them, that

menstrual blood can be used for witchcraft to harm men, and that women should not milk cows and sheep, cook food, etc. (Chrisler, 2011).

Taboos are not just a thing of the past or practices of ancient tribes, but they continue to function today through various customary and religious practices in modern societies (Kramarae and Spender, 2000). In monotheistic religious traditions, especially in Judaism and Islam, menstruation remains a significant taboo, and women are still required to refrain from performing rituals, entering sacred places, temples, and mosques, visiting cemeteries, and engaging in sexual relations, which will be further discussed later.

Taboos are closely related to stigma because if something is believed to be too sacred or too dirty, it will be the reason for those who have the power to interpret laws and social norms to separate people who are marked by some deficiency or characteristic. “The word stigma refers to any mark or label that differentiates people from others; it conveys information that these individuals have a physical or character flaw that taints their appearance or identity.” (Johnston-Robledo and Chrisler, 2020, 182)

People can be stigmatized based on appearance, character, race, nationality, class, gender, religion, sexual orientation, or other social identifiers. Research (Crocker, Major, and Steele, 1998, 504–553) shows three key characteristics for why people are separated from one another, and these are:

the risks of infectious diseases, then facial and body deformities that are congenital or acquired through injury, obesity, neglected appearance, and sexual orientation.

The greater the belief that it is possible to control a certain condition or characteristic, the greater the stigma will be.

For example, if people believe that sexual orientation is something a person can influence by their will, the pressure on such individuals to change it will be greater.

Menstruation is one of the bodily characteristics that causes people to feel disgust and that separates women from men, but also from other women, and in some cultures, from animals, land cultivation, cooking, healing, and similar activities. In comparison to other bodily secretions, such as sperm and breast milk, menstruation is considered dirty and dangerous (Goldenberg & Roberts, 2004). As mentioned earlier, the male body is considered the norm, and menstruation serves as a marker that girls and women are not only biologically different from men, but are also depicted as sick, unstable, unbalanced, and incompetent, which is an additional reason why women hide it.

Tomi-Ann Roberts, a psychology professor, conducted an experiment involving two professional actresses who portrayed students. They, along with male and female students in two different groups, completed a set of tests in a classroom at the University of Colorado in the U.S. After they completed the first set of tests, the professor left the room to bring the second set of tests. In the first group, one actress deliberately dropped a tampon while searching for a lip balm, while in the second group, the other actress deliberately dropped a hair comb.

After the break, everyone returned to the classroom, and the actress who dropped the tampon sat at the end of the row, leaving enough space for others to sit next to her. However, 53% of the female and male students did not want to sit near her, considering her less competent, while 32% did not want to sit near the actress who dropped the comb (Clancy, 2023, 9–10).

Stigma and numerous taboos are still present today, both in everyday life and in the media, which, by promoting menstrual products, try to make menstruation invisible. „Allegorical images, such as fowers and hearts, and blue rather than reddish liquid, have been used euphemistically to promote secrecy and delicacy ” (Johnston-Robledo & Chrisler, 2020, 185)

The societal coding of menstruation is also maintained through silence, that is, the avoidance of discussing it in public. “ When teachers separate girls and boys to view films about puberty, and when mothers arrange one-to-one, private, “facts of life” talks with their daughters, they are conveying not only facts but guidelines for communication.” (Ibid., 186) Menstruation thus becomes a special topic that requires secrecy and separation. As soon as something is secretive and not spoken about in public, especially not in front of men, euphemisms will emerge in communication to cover up discomfort and shame.

“As a rhetorical device, euphemisms have the power to make taboos and sensitive topics more acceptable, to alleviate discomfort, and to neutralize the fear that such topics or phenomena provoke in people.” (Spahić Šiljak et al., 2024, 19) Research has confirmed that women in the West, as well as in the Balkans (Chrisler, 2011; Močibob, 2020; Spahić Šiljak et al., 2024), still use a large number of euphemisms, such as:

"cycle", menga, "I got it", "my aunt came", "my friend came", "that time of the month", "those days of the month", "that state", "that", "pain", "red shoes", "red moon" and others.

The feminist theorist Iris Marion Young uses the metaphor of the "closet" to show the correlation between stigma and shame related to menstruation, explaining the following: "Despite these important differences, the menstrual closet

shares with others the normative pressure that produces shame." (2005, 108)

Through primary and secondary socialization, menstruation is spoken of as something dirty, painful, and something that should be hidden, especially from men, so that a woman does not disgust them.

"Women as menstruators live through a split subjectivity insofar as we claim the pubic face of normalcy and a fear of exposure of the private fluidity of our flesh (Ibid., 109).

Although in democratic societies, there is an effort to acknowledge the specific needs of women, menstruation is still used as an argument to claim that women cannot perform certain jobs and tasks.

In this context, no one questions what happens with marginalized women who have to do the hardest physical work, how much they suffer because of menstruation, but the question of whether women are emotionally stable enough to, for example, make decisions in parliament or hold other leadership positions is still raised.

An interesting fact is that the more physically demanding a job is, the less the gender dimension of the person performing it is questioned. However, when it comes to jobs and positions of power, the ability of women to perform them is often questioned.

Double moral standards impose on women the obligation that “if a woman wants to walk among men while bleeding, if she wants to enjoy the rights and privileges of a firm identity that is prominent and achieved, then she should keep her private fluid secret” (Ibid., 11). In her book *Issues of Blood: The Politics of Menstruation*, Sophie Laws (1991) discusses the etiquette rules during menstruation, which regulate and control the way

communication occurs between women and men, as well as among women. The first thing girls learn when they start menstruating is to hide it and not speak about it loudly in front of men, and then they learn to feel ashamed of themselves, their bodies, and their reproductive capacity, feeling guilty if a sign of menstruation accidentally appears on their clothing. The self-discipline that women practice from the moment they begin menstruating creates a psychological burden of potentially being embarrassed one day for something they are not at fault for. This is why a woman is in the "menstrual closet" and carries the burden of stigma, which affects her self-confidence and satisfaction with herself. Although Sophie Laws distinguishes between taboos that persist due to fear of transcendent forces and the menstruation etiquette used to avoid social stigma, in many societies menstruation remains a significant taboo, as it is not only whispered about but also seen as dirty and dangerous due to its use in magic that most affects men (Golub, 1992), which is an additional reason for the stigmatization of women during menstruation.

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2.3. Menstruation and magic

Menstruation in ancient cultures was associated with supernatural powers that could control men, influence animals, and affect plant growth. Numerous myths explain that menstruation is a curse that befell the first woman (Eve), which is why she would suffer and bear children in pain. If the curse is inherent to the female being, then she must be ashamed of menstruation, which serves as a constant reminder of it (Hufnagel, 2012, 19). Such beliefs and attitudes have contributed to the internalization of disdain for their own bodies in women, who throughout history could more easily be disregarded and labelled as inappropriate, impure, or even dangerous.

The problem is that these beliefs were created or reinforced by prominent philosophers, such as Aristotle, whose works were an integral part of Western education until the 14th century.

As a phenomenologist, Aristotle, by observing the animal world, concluded that the female body (including women) is inferior to the male body (translated as man). He interpreted that females lack internal "heat," whereas males possess it (Aristotle, 1979, 373).

He also argued that although both females and males have the purpose of "reproduction," the male provides the "seed" of reproduction while the female merely provides the place where reproduction takes place (Ibid., 13).

The female does not produce reproductive "seed" like the male, and menstrual blood directly contributes to the birth of offspring (Ibid., 13–97). Therefore, Aristotle concluded that females are "deformed males," emphasizing the following.

> “we should look upon the female state as being as it were a deformity, though one which occurs in the ordinary course of nature” (Ibid., 461).

Menstruation is not an indicator of health but proof that a woman can have children. His teachings served other philosophers and doctors to position the female body as inferior to the male. There hasn’t been much written about menstruation, but what has been written served to make women secondary and to demonize them as dangerous beings" (Hufnagel, 2012, p. 20).

The dangers posed by menstruating women, according to Pliny the Elder, a Roman historian and physician, are significant for

men, pregnant women, animals, and crops. In his work *Natural History* (1963), he explains the various ways menstruation has an impact: women are weak, prone to different emotions, and unattractive due to menstruation. When they walk through fields, they kill plants and entire fields of crops; cause bees to leave their hives and make "caterpillars, worms, beetles, and other pests fall to the ground" due to their presence; young vineyards suffer irreparable damage from the touch of a menstruating woman; pregnant mares will miscarry if touched by a menstruating woman, and in some cases, even if they are merely looked at; a pregnant woman who comes into contact with menstrual blood, or even crosses over it, will also miscarry (Pliny the Elder 1963, p. 57–58).

Pliny the Elder also recorded examples of the magical power of menstruation if used in a particular way, stating that "its effect works on both sexes, because 'if a man takes a frog and pierces it with a rod entering its body at the sexual parts and coming out of the mouth, and then dips the rod into his wife’s menstrual fluid, she will certainly develop an aversion to all lovers'" (Ibid., p. 13).

James Fraser (1931, p. 251) gives examples of taboos and superstitions from various cultures about the harmful effects of menstrual blood on men. For instance, some tribes in Australia believe that a sip of a woman's biological blood would kill the strongest man, and boys are warned that if they see women's blood, they will go grey early and weaken prematurely. Old Estonian beliefs state that men who see female blood will suffer from skin rashes. The belief that blood is life, and in Africa, this means spirit, so menstrual blood is considered a liberated spirit that attacks people who do not wish it.

Menstrual blood was used for magical purposes to curse, bewitch, and gain a certain kind of, if symbolic, power over men when they lacked actual power. Menstrual blood and the female body were simultaneously conceptualized as both destructive

and healing, as powerful and powerless, which will be further elaborated later with the example from the Balkans.

If educated and wise people thought this way, it is no wonder that taboos have persisted throughout history and that today, the etiquette surrounding menstruation influences the lives of girls and women in many societies. Factors that are still key to coding menstruation as something impure, shameful, and something to be hidden include customs, culture, and religion. Therefore, the issue of menstruation will be briefly elaborated upon in the context of three monotheistic religions: Judaism, Christianity, and Islam, which play a very important role in identity and gender politics in the Balkans.

2.4. Menstruation in the Jewish tradition

Judaism, as the oldest monotheistic religion, has influenced Christianity and especially Islam in matters related to ritual purity. Judaism, like other religious traditions, is not monolithic, and it is important to consider the different interpretations of laws and norms, which can be either very strict or completely liberal, depending on the orientation of the individual within Judaism. However, here we refer to Orthodox Judaism.

Taharat Hamishpachah – the family law of purity mandates the separation of a woman who is menstruating from her husband in the marital bed, based on the holy book, the Torah. These issues are regulated through special norms – *niddah* (Hebrew for separation). The Levitical laws elaborate in detail on matters of impurity that "render a person unfit to approach the altar" and participate in rituals associated with the Temple (Collins, 2004, p. 145). If a person comes into contact with a corpse, discharges bodily fluids, such as menstruation and semen, or has skin diseases, they are considered impure (Meacham, 2009). While the Torah treats bodily discharges from both men and women

equally, in practice, there are certain differences. Menstrual blood, uterine bleeding, and non-seminal discharges cause transmitted impurity (which is transferred through physical contact or contact with something touched by the impure person), whereas seminal discharges do not have this effect. Impurity from menstruation lasts for seven days, while impurity from semen lasts only one day.

On the list of forbidden actions is the physical contact between a menstruating woman and her husband to prevent sexual relations, which would then result in the person being impure for seven days and unable to participate in rituals.

'Do not approach a woman to have sexual relations during the uncleanness of her monthly period (Leviticus 18:19)

If a man has sexual relations with her and her monthly flow touches him, he will be unclean for seven days (Leviticus 15:24)

When a woman has a discharge, and the discharge in her body is blood, she shall be in her menstrual impurity for seven days, and whoever touches her shall be unclean until the evening. (Leviticus 15:19)

Rachel Biale (153) states that in classical rabbinic tradition and responsa, the prevailing opinion is that women are considered impure for up to fourteen days, although the Torah mentions a period of seven days. She further explains that this can be interpreted as a restriction on female sexuality, but it can also be seen as a way of deepening the relationship between spouses. In addition to menstruation, a woman is also considered impure after childbirth, as mentioned in the Torah:

Then the woman must wait thirty-three days to be purified from her bleeding. She must not touch anything sacred or go to the sanctuary until the days of her purification are over. (Leviticus 12:4)

There is a law and rules for male impurity, *zavah* :

When a man is cleansed from his discharge, he is to count off seven days for his ceremonial cleansing; he must wash his clothes and bathe himself with fresh water, and he will be clean. (Lev. 15:13)

Jewish feminist authors ask why the laws of niddah, the rules concerning female impurity, have survived, while the laws of zavah, which concern male impurity, have not. The fact that ritual purity for men is not a significant practice in Orthodox Judaism compared to niddah suggests that menstrual blood is inherently impure and out of place, while semen is not (Hauptmann, 150). Because of this, as Biale (1984, 147) notes, women were excluded from rituals and the Temple, as the focus of purity shifted towards sexual taboos and restrictions. As Rachel Biale (1984) and Blu Greenberg (1981, 113) state, the law of niddah separation was intended to exclude the impure person from the Temple and rituals, and over time, after the destruction of the Temple and the exile of the Jews, the emphasis of the law shifted from the separation due to tum'at niddah (separation due to contamination, impurity, defilement, and taboo) to the issur niddah (restriction on sexual relations).

A section from the Mishnah Shabbat illustrates this development. The verse begins with a call to "come and see how purity has increased in Israel (in the rabbinic period). The scholars ask: *Can a niddah sleep in bed with her husband, both fully clothed, so they avoid physical contact*? Shammai responds that they can, because sleeping together during the daylight hours is not forbidden, only sexual intercourse is. (Ibid., 113). This quote suggests that the separation between a woman and her husband is no longer due to physical impurity and contamination, but rather symbolizes sexual restrictions.

Today, in liberal Jewish communities, women do not adhere to the rules of niddah, the separation due to menstruation, while in Orthodox communities, these rules are still observed.

2.5. Menstruation in the Christian tradition

Most Christian denominations do not follow specific rituals or regulations related to menstruation. However, Western culture and civilization, which is predominantly Christian, have a history of menstrual taboos, as it was believed that a menstruating woman posed a danger, was considered impure, and was dangerous. Feminist theologian Rosemary Radford Ruether (1990) points out that women were excluded from positions of power in Christianity because of menstruation and that the belief prevailed for a long time that menstruation was Eve's curse, passed on to all women who must suffer the consequences of the first sin. Such views have long been overcomed in most Christian churches, and issues of ritual purity are rarely discussed today.

Today, some Christian denominations, including Orthodox churches in Russia and the Balkans, do not allow women to receive communion during menstruation (Guterman, Mehta, Gibbs, 2007). In some parts of Russia, menstruating women are separated into huts and must live in isolation during menstruation. They do not attend church services, cannot have contact with men, and are prohibited from touching raw or fresh food. It is also believed that menstruating women offend and reject fish and game, and that the air around menstruating women particularly contaminates young hunters; if a hunter comes close enough to touch the woman, all animals will be able to see him, and he will not be able to hunt. It is even believed that seeing a menstruating woman negatively affects the weather, so for all these reasons, it is best for the woman to be separated (Morrow, 2002). These

are interpretations influenced by local customs and traditions, as there is no basis for such views in the New Testament.

The New Testament abrogated the strict rules of the Old Testament, so in most Christian churches, it is believed that a woman is not impure and can attend church and perform rituals. Ritual purity is no longer relevant (Acts 10), as the woman is cleansed through the Word spoken by Christ (John 15:3). When she confesses her sins to the Lord, she is cleansed from all unrighteousness (1 John 1:9). In Paul's letters, it is written: "you were washed, you were sanctified, you were justified in the name of the Lord Jesus Christ and by the Spirit of our God. " (1 Corinthians 6:11). We trust that God saved us *washing of rebirth and renewal by the Holy Spirit, ⁶ whom he poured out on us generously through Jesus Christ our Savior* (Titus 3:5b–6).

Among male and female Catholics, there are still taboos related to attending prayer in church and receiving communion. Although such rules are not found in canon law, customs have persisted in many cultures regarding the avoidance of sexual relations and the performance of rituals in church (Phipps, 1980, 298–304).

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2.6. Menstruation in Islamic tradition

In Islamic tradition, taboos regarding menstruation, like in Judaism, relate to ritual purity and sexual restrictions. Menstruation is not viewed as spiritual or physical impurity but as ritual impurity—specifically in terms of readiness to perform prayers, fasting, entering the mosque, and reciting the Qur'an. For all these rituals, Islamic tradition requires ritual washing (wudu) or ritual bathing (ghusl). What invalidates ritual washing for both men and women are: urine, feces, bodily gases, a wound that bleeds, semen, and menstruation. These bodily discharges, including menstruation, must be dealt with for a

person to be ritually pure and able to perform prayer. There are no restrictions or separation of women, nor is menstruation considered impure, according to a hadith (narration) of the Prophet Muhammad narrated by Aisha.

The Prophet Muhammad (peace be upon him) said to me: “Bring me the prayer mat from the mosque.” I said, “I am menstruating.” He said, “Your menstruation is not in your hand.”

Aisha also narrates that the Prophet would lie in her lap while she was menstruating and recite the Qur’an, which is considered evidence that a woman is neither spiritually nor physically impure during menstruation.

However, there are additional restrictions beyond ritual readiness for prayer, relating to sexual relations and the obligation of ritual bathing (ghusl):

They ask you ˹O Prophet˺ about menstruation. Say, “Beware of its harm! So keep away, and do not have intercourse with your wives during their monthly cycles until they are purified. When they purify themselves, then you may approach them in the manner specified by Allah. Surely Allah loves those who always turn to Him in repentance and those who purify themselves. (Qur’an 2:222)

O believers! Do not approach prayer while intoxicated until you are aware of what you say, nor in a state of ˹full˺ impurity—unless you merely pass through ˹the mosque˺—until you have bathed. But if you are ill, on a journey, or have relieved yourselves, or been intimate with your wives and cannot find water, then purify yourselves with clean earth, wiping your faces and hands. (Qur’an 4:43)

In addition to these two verses, there is another text: Indeed, it is a noble Qur’an, in a Preserved Tablet; touched by none except

the purified ⌜angels⌝(Qur'an 56:79), which is interpreted to mean that the Qur'an cannot be touched by those who are in a state of ritual impurity—women menstruating and both women and men after sexual relations.

However, the question remains whether this refers to the Qur'an in the printed book format or on a computer, iPad, phone, and similar devices, and what, in fact, does touching mean? Progressive interpretations of Islam interpret this text to mean that those who are arrogant and have corrupt hearts will not reach the meanings of the Hidden Book, and that it does not refer to the physical touch of the Qur'an text. Distorted interpretations of the Qur'an, claiming that women are impure due to menstruation and cannot touch it, are yet another attempt to maintain a monopoly over the mediation of the sacred text's meanings.

this is a part of a diabolic conspiracy to prevent the Qur'an from becoming a pocket book, a book of quick reference; they keep the Qur'an on high shelves or nail it on high walls far away from the reach of people.... The Qur'an has been transformed from being a guide, a reference book a map, a compass, into a dangerous object, a runaway train, a high-voltage transformer station! When the Qur'an becomes a book too-difficult-to-understand, impossible to ascertain its "high" meaninga and dangerous to touch, then rush in volumes of hadiths, loads of sunna, barrels of hearsay, (Yuksel, Al-Shaiban, Schulte-Nafeh, 2007, 475)

Explicit prohibitions on performing any ritual or entering the mosque are not found in the Qur'an text. A large number of hadiths provide contradictory instructions, from those where women sat directly next to the Prophet while he prayed, to those who entered the mosque while he spent the last ten days of Ramadan there. Imam Bukhari mentions an example where Aisha, during her Hajj rituals, got her menstruation, and the Prophet told her: "(This) is something that Allah has decreed for

the daughters of Adam, so perform all Hajj rituals except for the Tawaf (circumambulation) around the Kaaba."

Exemption from these rituals is often seen by Muslim women as a sign of God's mercy and care for women, as fasting and prayers are additional burdens on them (Sheikh, 2020).

However, progressive interpretations hold a different view on rituals for menstruating women. Since there is no explicit prohibition against a woman performing any rituals while menstruating, and the hadiths on these issues are unclear and even controversial, there is no valid reason for a woman to be excluded from performing rituals solely because of menstruation. Ibn Hazm (d. 1064) believed that a woman menstruating or experiencing postpartum bleeding could enter the mosque, referring to the Prophet's hadith that "a believer cannot be impure." He also cites the hadith about the Prophet encouraging Aisha to perform Hajj, and therefore, there is no reason why women should not enter the mosque (Baydar, 2022).

Moreover, the hygiene conditions in the 7th century must be considered, as women did not have adequate means to maintain hygiene, which made it difficult for them to move freely and perform usual activities while menstruating. A narration of the Prophet is cited, stating that the entire earth is a place of prostration during prayer, and menstruation is a natural biological occurrence in women, making the question of whether a woman should enter the mosque and perform prayer redundant.

In practice, the majority of Muslim women today consider themselves ritually impure during menstruation, which, in some communities, influenced by other customary and traditional values, has expanded into other areas of life, fostering

numerous taboos and stereotypes that describe women as dirty and dangerous.

2.7. Beliefs and superstitions

People have always been superstitious, and this is still the case today, only the forms are changing (Ankerberg and Weldon, 1999). If we take a quick look at the media, portals, and social networks, we can observe a trend of increasing superstitious content and gurus offering recipes and solutions.

To understand why people are superstitious, it is important to look at key theoretical insights about superstition in the fields of psychology, sociology, anthropology, and post-structuralism, and provide definitions, even though giving clear definitions is difficult. It is also challenging to precisely distinguish religion from superstition, although many believe they know the difference.

Is superstition a belief in something that cannot be confirmed by scientific facts? If so, then most religions would fall into this category, since a transcendent God cannot be proven with exact scientific facts. So, what differentiates superstition from faith, as belief in good spirits and evil forces cannot be scientifically determined either? What science can do is observe how religious and superstitious practices affect people's lives, what they mean to them, what boundaries they respect, what they consider acceptable and unacceptable, and how they organize their lives in relation to what they believe.

For sociologists and anthropologists, religion is the belief in spiritual beings (Burnet Tylor, 1903, 242), belief in the sacred (Durkheim, 1961, 48), and a system of symbols that help people organize their lives and understand existential life questions (Geertz, 1973, 89). Philosopher Friedrich Schleiermacher

criticized what he saw as the outward religiosity and said that the illusion of religion he observed among his contemporaries was, in fact, superstition and false stories and myths from culture (Beyers, 2021, 1–9). For him, religion was the search for truth, and to find the truth, knowledge and love were necessary, but people lacked both knowledge and love, instead cultivating fear of God.

In relation to these attempts to define what is or isn't religion, superstition, until the mid-17th century, was understood as false religion, magic, and witchcraft, linked with irrational fears that evil forces affect people's lives (Burke, 1994, 41).

Research in psychology and cognitive sciences shows that superstition provides a sense of control when a person is uncertain (Matute, 1994), and the greater the uncertainty and unpredictability, the greater the desire for control, leading to superstitious behaviour (Burger and Lynn, 2005).

It is well known that people are cognitively biased because, based on a first encounter and a small amount of information, most people make judgments about a person, object, or situation. Through socialization processes, people are "programmed" to understand the world by connecting causes and effects. For example, if a person wears a particular pair of socks or a t-shirt and wins a game, they may believe that the item brings them luck, even though the outcome was entirely accidental. Or the belief that if a black cat crosses one's path, the person will have bad luck that day; or that if someone knocks on wood, they will ward off bad luck and evil spirits; or that if they move from the spot when speaking about illness or evil, that misfortune will avoid them; or that when going for an exam at university, they will wear a lucky t-shirt or amulet, or go pray at a holy place, or give alms to someone in need, and so on. Engaging in small rituals or believing in "luck" can reduce anxiety and increase the sense of control over unpredictable situations (Matute, 1994).

Superstitions are further reinforced through popular culture content, and films often feature a motif of superstition that serves to psychologically calm a person in stressful and challenging situations. Films like *Chick Magnet* (2011), *Luck* (2022), and many others reinforce coded superstitions that certain objects bring good luck or protect from misfortune. Most people will dismiss the question of whether they truly believe in this, but will, just in case, knock on wood, move from the spot, and do other superstitious things.

In postmodern times, an inclination toward superstition can reflect cultural and societal anxieties in the modern world. Due to alienation, fragmentation, and displacement of identity, the breakdown of traditional religious systems, as well as the effects of rapid technological progress and social changes, people find comfort in religion and superstition, thus resisting the uncertainties in which they live.

2.8. Taboos and superstition about menstruation in the Balkans

Research on folk customs and beliefs related to the female body and menstrual blood in the Balkans (Bandić, 1980; Radenković, 1996; Radulović, 2009; Esmerović, 2012; Bauk, 2012) shows that taboos and superstitions were present in both Slavic mythology and Christian and Islamic beliefs, as well as in folk customs, and that they continue to persist and are promoted through digital platforms and networks.

The belief that women are impure because of menstruation or some physical deficiencies, and that they are thus connected to evil forces through magical actions, is present among all South Slavic peoples.

Magic is perceived as a female realm of action, as it is associated with matter, chaos, darkness, and death, while men

are linked with the positive principle of rationality, spirit, order, light, and life (Radulović, 2009, 237-238). In this way, femininity and masculinity are constructed, boundaries are established, gender roles, authority, and power are defined.

Research (Esmerović, 2012, 5) shows the extent to which dysphemism, or the association of evil and disease with women, is present, reflected in statements that women are "impure and dirty." Impurity and dirt are connected with menstruation, through which boundaries for women are established. Similar to ancient cultures and civilizations, women are excluded and declared dangerous to men and society in order to maintain power and control over them and their reproductive capacity. Due to the construction of discursive and symbolic boundaries, women found alternative ways to gain power and influence, primarily over men and male offspring.

The more power women acquire in real life situations, the more ideal culture insists on their subordination, incapacity, and unfitness to decide. They will thus accept the imagined order and strive to minimize its violation through their external behaviour. However, in many hidden ways, they will still hold the strings of very significant actions and activities. (Rihtman-Auguštin, 1984, 172)

Hidden ways of gaining power are connected to menstruation and tendencies toward magic, through witchcraft, spellcasting, and other actions, which has created social and religious ambivalence (Radulović, 2009, 189).

Table 3. Social vs. Religious Ambivalence

Social ambivalence		**Religious ambivalence**	
woman – sexual object	mother– asexual object	impure	pure
subordinate position	privileged position	dangerous	in danger
has no power	has informal power	powerful	powerless
		sinful	immaculate

The ambivalence is reflected in the fact that a woman during menstruation is seen as dangerous to others, but at the same time, she is vulnerable to negative influences and the actions of evil forces, devils, shaytans, demons, especially during marriage, pregnancy, and childbirth. To protect offspring and heirs, control over a woman's sexuality and reproductive capacities was established, leading to the development of various folk customs. On one hand, these customs protected the woman during pregnancy, childbirth, and the postpartum period, while on the other hand, there was a belief that the woman was impure after childbirth, and thus not allowed to leave the house, work, cook, or have sexual relations (Bauk, 2012, p. 112). It was also believed that a woman during this period was very sensitive and "as weak as a bird on a branch" (BiH, Esmerović, 2012), and that she was "vulnerable to the evil influences of jinn and shaytans that hang

on every strand of her hair, so her hair must be covered with a white scarf" (Bauk, 2012, p. 112).

At the same time, menstruation, which is a key biological characteristic of women and essential for childbirth, provokes disgust, fear, and the belief that it holds special powers if used in magic. Examples presented by Jasna Jojić Pavlovska testify to the use of menstrual blood in love spells and other practices:

> "Usually, the woman with whom they have an extraordinary sexual relationship has watched them while they were sleeping, through a ring soaked in menstrual blood. Or she might have mixed a few drops of that blood into a drink or tea. Similar rituals can also be performed with pieces of clothing, but then the man feels a constant need for a particular woman. The burning or tingling sensation below the plexus and around the groin area becomes frequent."(2009, 144)

Menstrual blood is, in fact, one of the most common props used in magical rituals, and especially, as Jasna Jojić Pavlovski points out, it is taboo when it comes to sexual relations. There is a belief that men will never be freed from women with whom they have had sexual relations during menstruation. In addition, menstrual blood is sometimes placed in coffee with certain incantations, causing the man who consumes it to lose his sanity and become bound to the woman who did this to him (Ibid.,151).

> The danger of menstruation is linked to the fact that the cycle between two menstruations lasts 28 days, which coincides with the lunar cycle. Because of this, women were attributed divine qualities. Women also subconsciously believe that menstrual blood is powerful and that in this way they can transcend established boundaries and exert informal power over men (Ibid.).

Menstruation, unfortunately, remains a taboo even today, and there are beliefs and superstitions about what a woman is allowed to do during menstruation, as well as how menstrual blood can be used or abused in magical practices. A woman experiencing menstruation is viewed ambivalently, as both powerless and powerful, vulnerable yet dangerous, which is one way of limiting and defining the space of power. Some denominations of monotheistic religions in the Balkans still present menstruation as taboo, leading to women being excluded from certain rituals and visits to sacred places. The stigma women face due to menstruation and the coded shame associated with revealing menstruation in public are linked to discursive practices of establishing order, boundaries, gender roles, authority, and power in society

3. ECONOMIC ASPECTS OF MENSTRUATION

3.1. Menstrual poverty – a global economic problem

Menstrual poverty represents a significant global economic issue that affects millions of people, regardless of their socio-economic background. It encompasses the lack of access to menstrual hygiene products, inadequate sanitation, and insufficient or inadequate education on menstrual health. This multifaceted problem has serious consequences for the physical, mental, and social well-being of affected women and girls. The COVID-19 pandemic has further exacerbated the challenges related to menstrual poverty, highlighting the urgent need for comprehensive solutions (Holst et al., 2023; Rohatgi & Dash, 2023; Hunter et al., 2022).

The definition of menstrual poverty goes beyond the inability to afford menstrual products. It includes a broader range of challenges, such as lack of access to clean water and hygiene facilities, improper menstrual waste management, and the absence of education on menstrual health (Jaafar et al., 2023; Michel et al., 2022; Sommer & Mason, 2021). In many low- and middle-income countries, these issues are further complicated by cultural stigmas that often prevent open discussions about menstrual health and hygiene (Delanerolle et al., 2023; Muhaidat, 2024; Thaver, 2023). For example, a study in refugee camps in Jordan found that many menstruating individuals face significant difficulties in obtaining basic hygiene products,

leading to negative health outcomes and psychological stress (Muhaidat, 2024).

Research shows that menstrual poverty is not limited to developing countries. It is also a significant issue in high-income countries. For example, studies in the United States have revealed that a significant percentage of female college students experience menstrual poverty, negatively impacting their mental health and academic performance (Cardoso et al., 2021; Hunter et al., 2022). A survey in the United Kingdom showed that 10% of girls were unable to purchase menstrual products due to financial difficulties, indicating that menstrual poverty is a widespread problem even in wealthier countries (Holst et al., 2023). This highlights the need for a global approach to menstrual health, recognizing that the challenges faced by menstruating individuals can vary significantly depending on geographic, economic, and cultural contexts (Cai, 2023; Gallo et al., 2023).

The consequences of menstrual poverty extend beyond individual health and have broader social implications. For example, the inability to manage menstruation adequately can lead to absenteeism from school and university for girls, which in turn affects their educational achievements and future economic opportunities (Michel et al., 2022; Sommer & Mason, 2021). A study in Spain found that young women experiencing menstrual poverty report higher levels of anxiety and depression, indicating the mental health implications of this issue (Marí-Klose et al., 2023; Rohatgi & Dash, 2023). Additionally, the stigma surrounding menstruation can lead to social exclusion and discrimination, further deepening the relationship between poverty and marginalization (Holst et al., 2023; Michel et al., 2022; Sommer & Mason, 2021).

Addressing menstrual poverty requires a multifaceted approach that includes policy reforms, educational initiatives, and

community engagement. Governments and organizations must prioritize the availability of affordable menstrual products, improve hygiene conditions, and implement comprehensive menstrual health education programs (Cai, 2023; Jaafar et al., 2023; Sommer & Mason, 2021). For example, initiatives at universities across the United States have successfully increased the availability of menstrual products on campuses, demonstrating the potential of institutional changes to alleviate menstrual poverty (Gruer et al., 2021; Hunter et al., 2022). Public health campaigns aimed at reducing the stigma surrounding menstruation can create a supportive environment for menstruating individuals, encouraging open discussions and reducing feelings of shame (Delanerolle et al., 2023; Michel et al., 2022).

The intersectionality of menstrual poverty with other forms of social inequality must also be taken into account. Factors such as race, class, and geographical location significantly impact access to menstrual products and education (Delanerolle et al., 2023; Muhaidat, 2024; Thaver, 2023). For example, marginalized communities often face additional barriers due to systemic inequalities, making it essential to tailor interventions to the specific needs of different social groups (Cai, 2023; Rohatgi & Dash, 2023). In many cases, the experiences of individuals with different socio-economic or other characteristics are neglected in discussions about menstrual health, leading to a lack of targeted support (Delanerolle et al., 2023; Thaver, 2023; Sommer & Mason, 2021).

Menstrual poverty is a critical public health issue that demands urgent attention and action. It is crucial to recognize that this problem is not just about access to products, but is deeply connected to broader socio-economic factors and cultural attitudes towards menstruation. Comprehensive strategies, including policy reforms, education, and community engagement, are key to reducing menstrual poverty and

promoting menstrual equity. By addressing the root causes of menstrual poverty, we can empower women to effectively manage their menstrual health, improving their overall quality of life and contributing to gender equality (Muhaidat, 2024; Devi, 2023; Thaver, 2023; Sommer & Mason, 2021).

3.2. Menstrual poverty in the Western Balkans

Although most existing literature on menstrual poverty focuses on low- and middle-income countries, there is growing recognition that this issue also affects women and girls in high-income countries, including those in the Western Balkans.

The prevalence of menstrual poverty in the Western Balkans is largely linked to broader economic circumstances, including poverty and unemployment rates. Poverty remains a significant challenge for the region's economic development, and many families struggle to meet basic needs, including menstrual hygiene products (Borgen Project, 2024). Economic instability, exacerbated by the COVID-19 pandemic, has further drained household financial resources, making menstrual products even less accessible. According to a UNICEF report, more than half of households in Bosnia and Herzegovina experienced financial deterioration during the pandemic, resulting in income loss and increased financial difficulties (UNICEF, 2022; World Bank, 2020).

In countries such as Albania, Bosnia and Herzegovina, and Kosovo, the cost of menstrual products can represent a significant portion of household budgets, particularly for low-income families (Together for Life, n/a; Bami, 2023). This financial burden often forces women and girls to use unhygienic alternatives, which can lead to serious health risks, including infections and reproductive health issues.

Cultural Stigma and Educational Deficiencies

Cultural attitudes toward menstruation in the Western Balkans also play a significant role in perpetuating period poverty. Menstrual stigma often prevents open discussions about menstrual health, leading to misinformation and inadequate menstrual hygiene management (Hajde, 2023). Many young girls and women report feelings of shame and discomfort related to menstruation, which can hinder their ability to seek help or access resources (Spahić Šiljak et al., 2024). Menstrual health education is often lacking in schools, contributing to a cycle of ignorance and stigmatization. An international study conducted by DM, which included Western Balkan countries (Bosnia and Herzegovina, Croatia, Slovenia, and Serbia), found that many young women were not adequately informed about menstruation. This lack of education further complicates proper menstrual health management and increases the challenges women and girls face.

Political Responses and Initiatives

Recognizing the significance of menstrual poverty, certain initiatives have emerged in the Western Balkans to address the issue. However, these efforts are often limited and vary significantly between countries. For example, while some local governments in Bosnia and Herzegovina have begun distributing free menstrual products in schools, these programs are not yet widespread. One such initiative took place in Sarajevo Canton, where high school girls were given access to free sanitary pads and menstrual health information. This campaign, titled *"For Our Days of the Month,"* was implemented in collaboration with the Sarajevo Canton Government and the United Nations Population Fund (UNFPA) (Klix, 2022). However, according to available information, similar initiatives have not been implemented in other parts of the country. Sarajevo Canton is the first in Bosnia and Herzegovina to take such

measures in combating menstruation poverty, stigma, and shame (Izmirlić, 2022). These findings indicate that, while positive progress has been made in certain local communities, free distribution programs for menstrual products in schools are still not widely available across Bosnia and Herzegovina.

Intersectionality and Vulnerable Populations

It is crucial to consider the intersectionality of menstrual poverty in the Western Balkans, as marginalized groups are disproportionately affected by this issue. Unfortunately, there are no specific studies on menstruation poverty among, for example, Roma women or women with disabilities in the region. However, global studies indicate that marginalized communities, including refugees (Intersos, 2024), migrants, and low-income families, often face additional barriers in accessing menstrual products and education (UN Women, 2024). In many cases, these individuals lack access to information about available resources or encounter discrimination when seeking assistance.

3.3. Financial aspects of menstrual poverty

The economic aspects of menstrual poverty are multifaceted and include the direct costs of menstrual products, the economic implications of inadequate menstrual hygiene management, and the broader socio-economic consequences stemming from these challenges. Understanding these financial dimensions is crucial for developing effective interventions and policies aimed at reducing menstrual poverty and promoting equality in menstrual health.

Direct Costs of Menstrual Products

The direct financial burden of menstrual products is one of the most immediate aspects of menstrual poverty. In many countries, women and girls face high costs for purchasing hygiene essentials such as pads, tampons, or menstrual cups. For example, in the United States, the average monthly cost of menstrual products ranges from $7 to $10, amounting to approximately $84 to $120 annually (Dave et al., 2022). This cost can represent a significant financial strain for low-income individuals, particularly those living below the poverty line. A study found that 20% of teenage girls in the U.S. live in poverty, making them especially vulnerable to challenges in menstrual management (Sommer & Mason, 2021).

In low- and middle-income countries, the situation is often even more severe. The cost of menstrual products can constitute a substantial portion of household budgets, especially for families struggling to survive (Singh, 2023). For instance, in some parts of India, the cost of sanitary pads can amount to as much as 10% of a woman's monthly income, making these essential products unaffordable for many (Babbar, 2023). These financial burdens frequently lead to the use of unhygienic alternatives such as cloth, leaves, or even old rags, which can pose serious health risks, including infections and reproductive health issues (Singh, 2023).

Economic Implications of Inadequate Menstrual Hygiene Management

The financial implications of menstrual poverty extend beyond the direct costs of products. Inadequate menstrual hygiene management can lead to increased healthcare costs due to infections and other health complications resulting from poor hygiene practices (Singh, 2023). For example, a study in Lucknow, India, found that a lack of access to safe menstrual

products can lead to severe health risks, including reproductive and urinary tract infections (Singh, 2023). These health issues not only affect the well-being of women and girls who have menstruation but also create additional economic strain on healthcare systems.

Moreover, the inability to manage menstruation properly can lead to school absenteeism and reduced workforce participation, with long-term economic consequences for individuals and communities (Ayieko et al., 2023). Research shows that menstruating women and girls who miss school due to menstrual challenges are less likely to complete their education, perpetuating the feminization of poverty and limiting future economic opportunities (Sharma et al., 2022). In Kenya, for example, girls who lack access to sanitary products are more likely to miss school, negatively impacting their educational attainment and future employment prospects (Ayieko et al., 2023).

Opportunity Costs and Lost Productivity Costs

The opportunity costs associated with menstrual poverty are also significant. Individuals who cannot afford menstrual products often miss work or school, leading to lost productivity and income. Previous studies have estimated that productivity losses related to menstruation can amount to thousands of dollars annually per individual (O'Shea et al., 2024). This economic impact is particularly pronounced in low-income settings, where missing work or school can be especially burdensome for families already struggling to make ends meet (Witte, 2021).

Additionally, stigma surrounding menstruation can further exacerbate the financial burden of menstrual poverty. Many individuals feel shame or discomfort discussing their needs, leading to a lack of support and resources (Michel et al., 2022).

This stigma can prevent individuals from seeking help or accessing free menstrual products, worsening their financial struggles (Michel et al., 2022).

Socio-Cultural Factors and Financial Inequality

The financial aspects of menstrual poverty are further complicated by socio-cultural factors that influence access to choices for women and girls. In many communities, cultural norms and menstrual stigma can limit access to information and resources, making it harder to make informed decisions about menstrual products (Carneiro, 2021). For example, women from socio-economically privileged backgrounds may have better access to information about menstrual health and hygiene, allowing them to make better choices regarding product usage (Durairaj, 2024). In contrast, women from lower socio-economic backgrounds often face barriers that prevent them from accessing the same level of information and resources, perpetuating cycles of menstrual poverty (Miiro et al., 2018).

Furthermore, the intersectionality of menstrual poverty with other forms of social inequality cannot be ignored. Factors such as race, class, and geographic location significantly influence access to menstrual products and education (Gruer et al., 2021). For example, research has shown that racialized women and those from marginalized communities disproportionately suffer from menstrual poverty, facing greater challenges in accessing affordable hygiene products (Gruer et al., 2021). This highlights the need for targeted interventions that address the specific needs of different populations and the barriers they face.

Policy Implications

Addressing the financial aspects of menstrual poverty requires a multi-faceted approach that includes policy reform, educational initiatives, and community engagement. Governments and organizations must prioritize eliminating taxes on menstrual products and implementing subsidies or free distribution programs to ensure that all menstruating women and girls have access to affordable and hygienic products (Cai, 2023). For example, Scotland has enacted legislation that makes menstrual products freely available to those in need, setting a precedent for other countries (Kuhlmann et al., 2022).

Additionally, public health campaigns aimed at raising awareness about menstrual health and hygiene can empower women and girls to make informed decisions and advocate for their needs (Haider, 2023). By addressing the root causes of menstrual poverty and implementing targeted interventions, it is possible to reduce its impact and improve the health and well-being of all menstruating individuals (Cai, 2023).

The financial aspects of menstrual poverty represent a crucial component of the broader issue of menstrual health equity. By understanding the economic barriers faced by women and girls and implementing targeted interventions, we can work towards reducing menstrual poverty and improving the overall health and well-being of women and girls. Addressing these financial challenges is not only a matter of public health but also a key step toward achieving gender equality and empowering women and girls worldwide (Michel et al., 2023).

3.4. Economic aspects of menstrual poverty in Serbia, Croatia and Bosnia and Herzegovina

Menstrual poverty is a serious issue in the Western Balkans, where many women and girls face financial barriers in obtaining basic hygiene necessities. The high costs of menstrual products, often taxed at standard VAT rates, further strain household budgets, especially in low-income families. This economic pressure frequently forces women to use cheaper but lower-quality or even improvised materials, which can pose health risks. The key economic challenges and consequences of menstrual poverty in Serbia, Croatia, and Bosnia and Herzegovina, with a focus on the specific conditions in each country will be further analysed.

Serbia

Marković et al. (2024) conducted research titled *"Behaviors and Attitudes of Female Medical Students Regarding Menstrual Products"*, which surveyed 277 students from the Faculty of Medicine in Belgrade. The primary goal of the study was to examine the challenges students face in accessing menstrual products, as well as their opinions on the availability and affordability of these products.

The results showed that a certain percentage of students experience significant difficulties in obtaining menstrual products. In the past year, 5.1% of respondents reported problems accessing these essential hygiene items. Older students reported these difficulties more frequently than younger ones, which may indicate differences in socio-economic status or spending habits.

When unable to obtain menstrual products, students employed various alternative strategies. Improvised materials such as cloth or toilet paper were used by 1.4% of respondents, while 1.8% borrowed products from friends or relatives. Additionally, 1.1% extended the use of existing products beyond the recommended duration, increasing the risk of health problems. Alarmingly, 4.7% of students purchased cheaper, often lower-quality products due to financial constraints, which could also negatively affect their health.

The financial aspect of the problem is further exacerbated by the high VAT on menstrual products, set at 20%, significantly increasing their final cost. This situation particularly impacts low-income families, who often have to choose between purchasing menstrual products and other essential needs, adding additional strain to household budgets.

Regarding attitudes toward free menstrual products, the results indicate near-unanimous support. As many as 97.8% of respondents expressed a desire for menstrual products to be free for all students in Serbia. This finding highlights the importance of improving access to these products to reduce financial burdens and promote equality.

The study emphasizes the need for concrete measures, including the free distribution of menstrual products in educational institutions and the reduction or elimination of VAT on these products. These initiatives could significantly improve students' quality of life, enable dignified menstrual health management, and contribute to reducing menstrual poverty in Serbia.

Croatia

A study conducted by the Association for Human Rights and Civic Participation PaRiter (Močibob, 2021) provided a detailed insight into the challenges faced by women and girls in Croatia regarding menstrual poverty. This was the first comprehensive study of its kind in Croatia, published in 2021, analysing spending, product availability, hygiene conditions, and the stigma surrounding menstruation. These findings created space for a deeper understanding of the issue and highlighted the need for systemic changes.

One of the main conclusions of the study relates to financial difficulties in purchasing menstrual products. More than a third of respondents (36.4%) were often forced to buy lower-quality products due to high prices, negatively affecting their comfort and health. Additionally, over 10% of women did not have enough products for regular replacement, compromising hygiene standards and increasing the risk of infections. Families with lower incomes are particularly affected, as menstrual products constitute a significant portion of monthly expenses, with the situation being even more challenging in rural areas due to poorer product availability.

Beyond financial challenges, the study highlighted inadequate hygiene conditions in schools, universities, and workplaces. The lack of soap, toilet paper, and sanitary facilities that ensure privacy makes it difficult for women to maintain proper hygiene during menstruation. More than 30% of respondents stated that they lacked access to hot water at work, while 20%

did not have soap. These problems further contribute to discomfort and social isolation.

Stigma and shame surrounding menstruation also present significant issues. Many respondents feel uncomfortable discussing menstruation, making it harder to access resources and contributing to misinformation. This stigma affects the quality of life of women and girls, limiting their freedom and participation in society.

To improve conditions, the study proposes several concrete measures. Key recommendations include reducing or eliminating taxes on menstrual products to increase affordability and providing free products in educational and work institutions. Improving hygiene conditions, including access to hot water, soap, and private restrooms, is crucial for enhancing menstrual health. Additionally, education and campaigns aimed at reducing the stigma surrounding menstruation are necessary to encourage more open societal discussions.

In conclusion, this study provides valuable contributions to understanding menstrual poverty in Croatia and serves as a strong foundation for future initiatives aimed at empowering women and girls and achieving gender equality.

Marta Keglević (2024), in her master's thesis *"Menstrual Poverty in the Context of Education and Environmental Sustainability,"* conducted research that offers insight into the experiences, attitudes, and perceptions related to menstrual poverty among young women. The study, conducted through an online survey, included 265 respondents, most of whom were students aged 18–25 from urban areas of Croatia and from various socio-economic backgrounds.

The study found that a significant number of respondents, especially younger ones, feel shame and discomfort regarding menstruation. These feelings often led to hiding menstrual products and avoiding discussions on the topic, further emphasizing societal taboos surrounding menstruation.

Most respondents believe that education on menstrual hygiene is essential for proper menstrual management. However, many stated that they primarily received information on this topic from informal sources such as the internet or friends, while formal education on menstruation remains insufficient.

Respondents had a neutral stance on the environmental sustainability of menstrual products. Although they were aware of more eco-friendly options such as menstrual cups or reusable pads, most still preferred disposable products, mainly due to convenience and a lack of information about alternatives. Despite the economic and ecological benefits of reusable menstrual products, their usage among respondents was low.

The main reasons cited were a lack of information, high initial costs, and societal norms favouring disposable products.

The findings of this research highlight the need for more comprehensive education on menstrual hygiene, including information on environmentally sustainable options. It is essential to work on reducing stigma and shame through open discussions and education. Additionally, promoting eco-friendly menstrual products could help reduce menstrual poverty and increase environmental awareness among young women. These measures are crucial for empowering women and achieving better menstrual health management in line with sustainability principles.

Bosnia and Herzegovina

The study *"How Much Does It Cost and How Much Does It Hurt? Social Decoding of Menstruation at Universities in Bosnia and Herzegovina,"* conducted by the TPO Foundation (Spahić Šiljak et al., 2024), provides a comprehensive overview of the socio-cultural, economic, and psychological aspects of menstruation among female students in Bosnia and Herzegovina. The study revealed deeply rooted challenges related to menstruation, including stigma, financial barriers, and inadequate hygiene conditions, and offers concrete recommendations for improvement.

One of the key issues is the financial burden that menstrual products impose on students, particularly those from low-income families. As many as 36% of respondents reported having to choose between purchasing menstrual products and other basic needs. This statistic clearly illustrates the economic pressure imposed by menstrual poverty. Even more alarmingly, one in ten students was forced to use improvised materials, such as cloth, due to an inability to afford sanitary pads, which can endanger their health and increase the risk of infections.

Similar to Serbia and Croatia, the study in Bosnia and Herzegovina also found concerning hygiene conditions in university restrooms. A third of respondents do not always have access to soap, while 37% report frequent shortages of toilet paper. The lack of sanitary bins for disposing of used products further complicates the situation, forcing students to carry used hygiene items with them, which is highly inconvenient.

Stigma and shame surrounding menstruation often lead to social isolation. Many students avoid attending classes or participating in social activities during menstruation due to fear of embarrassment or negative comments. Around 28% of respondents stated that menstruation negatively affects their

concentration during exams, highlighting additional educational challenges.

Table 4. A Comparative Review of Economic Challenges from Previous Studies in Bosnia and Herzegovina, Croatia, and Serbia

Aspect	Serbia (MFNBG)	Croatia (PaRiter)	Bosnia and Herzegovina (Spahic Šiljak et al., 2024)	Key insights (Keglević)
Financial obstacles	5.1% reported difficulties in obtaining menstrual products; 1.4% used cloth, and 1.1% extended the use of products.	36.4% buy lower-quality products; over 10% do not have enough products for regular use.	36% chose between menstrual products and other basic needs; 10% used improvised materials.	Shame related to menstruation is common among young women, making conversations more difficult.
Access to products	4.7% buy cheaper lower-quality products due to financial limitations.	High costs affect families with lower incomes, especially in rural areas.	Many face difficulties in accessing quality products at an affordable price.	Low usage of reusable products due to high initial costs and lack of information.
Hygiene conditions	Problems with basic sanitation in schools, lack of support in education.	Lack of soap, toilet paper, and private sanitary spaces in schools and workplaces.	33% have no soap; 37% have no toilet paper in university facilities.	Need for sustainable products with improved hygiene conditions.
Cultural perceptions	Social stigma towards menstruation is still present; many hide their products.	Menstruation is stigmatized, causing discomfort in discussions about it	Menstruation is considered a taboo topic; 45% feel uncomfortable talking about it.	Neutral stance towards eco-friendly products; practical barriers dominate.

Educational gaps	Limited formal education on menstrual hygiene; informal sources dominate.	Minimal education on menstrual health, mostly through informal sources.	Limited awareness of eco-friendly and sustainable options for menstrual health.	Formal education on menstrual health is insufficient; informal sources dominate.
Policy recommendations	Introduce free menstrual products in schools; reduce VAT on menstrual products.	Reduce or eliminate VAT on products; provide free products in educational institutions.	Provide free menstrual products at universities; improve sanitary infrastructure.	Promote eco-friendly products; educate about reducing stigma and sustainable practices.

A study proposes a series of measures to alleviate menstrual poverty. Key recommendations include reducing or eliminating taxes on menstrual products to improve their accessibility, particularly for economically disadvantaged groups. The study also highlights the need to install dispensers with free or subsidized menstrual products in educational institutions. Improving hygiene conditions by ensuring the availability of soap, toilet paper, and sanitary bins is considered a fundamental step. Education about menstruation and public campaigns aimed at reducing stigma are essential for creating a more open and supportive society.

The study's findings point to the complex challenges faced by female students in Bosnia and Herzegovina regarding menstrual poverty. Addressing these issues requires integrated policies and measures that will reduce economic barriers, improve hygiene conditions, and decrease stigma, ensuring dignified conditions for all women and girls.

Menstrual poverty in Serbia, Croatia, and Bosnia and Herzegovina represents a multidimensional issue that demands a holistic approach. Social and cultural stigmas surrounding menstruation, financial obstacles in acquiring menstrual products, and inadequate hygiene conditions in educational and

workplace institutions significantly impact the quality of life for menstruating individuals. Each of these countries faces unique challenges, but shared problems clearly indicate the need for urgent changes.

The economic aspects of menstrual poverty in Serbia, Croatia, and Bosnia and Herzegovina highlight the necessity of comprehensive and coordinated policies aimed at reducing financial barriers and improving hygiene conditions for women and girls. Current issues, including the high cost of menstrual products, the lack of basic hygiene facilities in educational and workplace institutions, and deeply rooted stigmas related to menstruation, require urgent and strategic interventions.

4. SOCIO CULTURAL ASPECTS OF MENSTRUATION: (IM)PURE -POWERFUL

In this chapter, we present an analysis of the quantitative and qualitative research results on the socio-cultural aspects of menstruation, which include: the social coding of shame and stigma during socialization processes, the influence of culture, religion, and folk beliefs regarding the dangers and powers that menstrual blood may have if used for magical purposes, as well as women's attitudes toward their reproductive health and the (lack of) sensitivity of healthcare personnel to menstrual issues.

The quantitative research covered 2,051 women, while the qualitative part included interviews with 73 women from Bosnia and Herzegovina, spanning ten cantons in the Federation of Bosnia and Herzegovina, Republika Srpska, and the Brčko District. More than half of the interviewed women (54%) are between the ages of 30 and 49, while 25% are under the age of 29. Women over the age of 50 make up 21% of the interviewees. The majority of the interviewed women are married (64%), 19% are single or not in a relationship, and 11% are divorced.

Although menstruation is more openly discussed today and initiatives for the availability of menstrual products in schools are being launched, women still feel shame and stigma, uncritically following socially coded norms, fearing that their menstruation might leak and embarrass them. This indicates that shame is still deeply ingrained in women, despite the fact that menstruation is a biological determinant that not only enables childbirth but also possesses immense regenerative

potential, as discussed in Chapter 2 of this book. As long as women grow up receiving messages that they must hide their menstruation, it will continue to be perceived as impure and potentially dangerous.

On one hand, women are stigmatized because of menstruation, while on the other, it is believed that menstruation can be dangerous if used as a tool in magic, which gives women at least the illusion of symbolic power within a patriarchal value system where real power belongs to men.

Women also pay very little attention to their reproductive health and seek medical assistance mainly when they feel the need and if they experience problems. One reason for this is the low awareness of the importance of prevention, while another is the lack of sensitivity among healthcare professionals, who often do not believe that menstruation can be painful, that it can cause difficulties for some women, and that it is frustrating to hear repeated statements that the pain will disappear once they give birth to their first child. The lack of education on menstrual and reproductive health is also due to resistance to introducing sex education, which should prepare young people to manage their sexual and reproductive health (Lakić, 2017).

Part of the results of this research will be compared with a similar study conducted a year earlier among female teachers and female students at public universities in Bosnia and Herzegovina (Spahić Šiljak et al., 2024) to determine whether there are significant differences in the coding of shame and stigma between more and less educated women.

4.1. Establishing boundaries through primary and secondary socialization

Primary socialization within the family and secondary socialization in school are crucial for establishing boundaries between what is permitted and forbidden, socially acceptable and unacceptable, dangerous and safe, powerful and powerless. Core values, social norms, and gender roles are primarily shaped within the family, including attitudes and perspectives on menstruation and menstrual health. If menstruation is treated as a taboo topic or not openly discussed within the family, children may develop feelings of shame, embarrassment, or discomfort regarding this natural occurrence. However, fostering a healthy approach to this topic and enabling open and supportive communication helps normalize menstruation as a natural process.

Secondary socialization, which occurs through both formal and informal education, also significantly influences girls' and boys' attitudes toward menstruation. Socially acceptable and unacceptable norms are reinforced within the educational system, not only through curricula but also through the hidden curriculum conveyed by teachers, depending on their level of sensitivity and openness to these topics. Even today, girls are often told from an early age that menstruation is something to be managed privately, while boys receive the message that it is “inappropriate” or “unpleasant” to talk about. As a result, they generally avoid discussing menstruation and feel uncomfortable when it is mentioned. If menstruation is not treated as a natural physiological process, an atmosphere is created in which girls feel it is something shameful or something to hide, while boys may develop attitudes that minimize or dismiss the significance of the topic. Considering this, it is essential that both girls and boys are socialized in a way that fosters a healthy perspective on menstruation, rather than treating it as something to be concealed or spoken about in whispers.

4.1.1. Talk about the first period

Who do girls talk to about *menarche*, their first menstruation, and do they talk about it at all before it happens, or only once they get it?

The results of this research show that the respondents had very little conversation about this topic with their mothers and mainly received basic hygiene instructions only when they got their first period.

Since most girls get their period quite early, between the ages of 10 and 12, it would be expected that they receive prior preparation and discuss it with their mothers and teachers at school. However, this generally does not happen. Girls typically have very little knowledge about menstruation, and when they first experience it, they rely on their own resourcefulness and seek help from friends, cousins, or older sisters.

> *But I think our children still haven't had that opportunity, and perhaps no one has properly introduced them to this period that is yet to come. I say this from experience. We are all shocked by our first menstruation—why? Because we usually know nothing about it. (T26_BUG_F_M)*

> *Well, I never really talked to my mom about it. I talked more with my friends. (T51_TOM_F_K)*

> *My mother was in a difficult financial situation, very ill, and a traditionally-minded woman who was ashamed to talk about menstruation. That's why I don't even remember when I got my first period… I mean, that parental guidance was missing—specifically from my mother—to give me direction. So, I felt ashamed. (T55_SBRI_FK)*

These are statements from women aged 30–45, so it was expected that younger generations under 30 had more conversations with their mothers and were better prepared. However, as one respondent, who is 27 years old, confirms, menstruation is still a taboo topic—not only in small local communities and rural areas but also in large urban centers.

> *"Honestly, I don't really remember, but I think it was with my friends. I don't recall having any real conversations about it with family members or at school. I think it was a taboo topic even back then." (T62_BL_F_P)*

Avoiding discussions about menstruation with their daughters and ignoring this topic may indicate that mothers themselves are not prepared for it. As seen from the statements of older generations, their mothers did not talk to them about it, so they never became aware of the importance of learning more about the menstrual cycle, its physiological and psychological manifestations, and the needs associated with it to help their confused and frightened daughters. Furthermore, if mothers, through their upbringing, express attitudes that imply menstruation is something to be hidden, not spoken about publicly, or considered unpleasant and shameful, it is a sign that they have not created an environment for a healthy and open discussion on the topic. The mere fact that sanitary pads and tampons are kept in separate drawers in bathrooms, hidden from male family members, may indicate that menstruation is perceived as something that should not be seen or discussed openly.

Also, if mothers avoid making the first purchase of hygiene products together with their daughters or if girls see that their mothers are ashamed to ask male family members to buy these products, it may indicate that menstruation is still a taboo topic. If the silence continues and mothers do not talk about menstruation and other issues important for the emotional and reproductive health of their daughters, it leads to stigmatizatiowithin families and in society.

Menstruation is not just a physiological process but also an emotional challenge. Mothers who do not talk about it may leave their daughters to face these challenges alone, leading to girls growing up with a sense of discomfort toward their own bodies, menstrual, and reproductive health. This process shapes socially acceptable and unacceptable behaviours, defining the boundaries of what should be hidden—what "disrupts identity, system, and order. What does not respect boundaries, positions, and rules" (Kristeva, 1982, 4). The boundaries and rules for the female body are set differently than for the male body, and any step beyond those limits creates discomfort because the topic is not openly discussed.

On a positive note, respondents mentioned examples of good practices in schools in recent years, implemented by UN agencies and DM markets, which distributed menstrual supplies from brands like Libresse, Always, and Violeta in the Sarajevo Canton (Istinomjer). Thanks to the sensitivity of teaching staff and school management, these topics have been addressed at least occasionally in some schools.

> *Well, it wasn't talked about to us like it is now. Nowadays, there are school visits where they come, bring materials, and show girls how to use and apply a pad or menstrual pad. That exists in schools now. Before the war, it didn't.*

When I was in school, there was nothing like that, and I think now, thank God, everything is better, and life works differently… It would be really beneficial for the youth to be involved as well. (Almina, Cazin)

It all depends on the environment. I don't know, I feel like in smaller communities, we had a couple of biology lessons about the human body, two or three, but I remember there was a lot of giggling, maybe out of embarrassment… However, I think today's youth, with all the internet access, can easily find that information. (T11_ORA_F_K)

In elementary school, I remember we had one session. A doctor came and talked to us about it, and we also received pads as a gift and were taught how to use them. In high school, we didn't have anything like that, but we mostly knew by then. We often had visitors talking about different topics, not just menstruation. (T19_TUZ_F_M)

When comparing the statements of older generations, it becomes clear that in the subject of biology, the topic of the human body was covered, but special attention was not given to menstruation. Instead, doctors would visit during class meetings to explain to the girls how to use menstrual products and maintain hygiene. However, such visits were only held once in smaller communities, as some respondents explained. In some schools in larger urban centers, they occurred more than once. Still, this is insufficient preparation for everything a girl might face during her cycle if it is regular. If it's irregular and the girl experiences problems, the situation becomes even more complicated, leaving the girls to figure things out on their own.

Although some respondents mentioned that there are now occasional informal educational programs for girls in schools,

primary school teachers emphasized that girls know very little about menstruation and reproductive health, especially in smaller local communities.

> *They don't really know themselves what's happening to them. I think there should be some classes for this, so that children at least know some basic things and behavior... I think that would be completely normal. (T38_BGRA_F_P)*

> *I don't know what to tell you, but children should be guided on what to expect, how it all looks, and that it's actually normal. Because some children get really scared when they see something like that and then don't take care of hygiene at all. (T47_BIJ_F_M)*

With all the shortcomings of the respondents, who work as teachers in schools, they emphasize the importance of discussing menstruation within the educational system. Proper hygiene directly affects girls' health and shapes how their environment perceives menstruation.

If girls do not learn how to maintain hygiene during their menstrual cycle, the taboo surrounding menstruation—as something dirty and meant to be hidden—will only deepen.

This concern was particularly highlighted by respondents working in smaller local communities and rural areas, where many families are impoverished and where these issues receive little attention.

As important as education is for girls, it is equally crucial for boys to be introduced to this topic rather than being excluded or whispered around. In research conducted at universities in Bosnia and Herzegovina, female students recalled secretly exchanging pads and tampons in classrooms to avoid boys

seeing them. This experience reinforced the idea that menstruation should remain hidden because it is considered a private matter (Spahić Šiljak et al., 2024, 18–19).

Although girls have menstruation, men should also be informed, as they form intimate relationships with women, raise children together, and share life in partnerships. It is logical for them to understand this significant biological aspect of the women they live with. Without this knowledge, stereotypes and taboos surrounding menstruation persist, further reinforcing societal boundaries of what is deemed acceptable. These are the unspoken rules of etiquette surrounding menstruation, which dictate how men and women communicate and how bodies are socially regulated (Laws, 1991).

From an early age, boys receive the message that menstruation does not concern them and are denied the opportunity to learn about it, “so they can engage in conversations with their sisters and future partners without discomfort” (Spahić Šiljak et al., 2024, 18).

Ultimately, boys in school learn that there is a topic discussed only between female teachers and girls, or they recognize menstruation through “exemptions” from physical education classes, as one respondent recalled.

> *I remember in high school when girls had their periods, during roll call they would say "excused." There was one boy who, when the teacher called his name, said "excused" himself. He thought that anyone who didn’t want to participate in physical education could just say that. Boys probably need to be informed about it just as much as girls. They should at least have some basic understanding of what happens and when it happens.* (T58_SAR_F_M)

Although physical education teachers seemingly show understanding and grant "exemptions" to girls, this term is actually a euphemism that masks the discomfort surrounding menstruation. In this way, teachers reinforce socially coded behaviour by keeping public records of menstruation days, which constitutes a form of social surveillance and control established through education (Spahić Šiljak et al., 2024, 19).

Thus, menstruation is rarely discussed within families or educational institutions. Apart from occasional lessons initiated primarily by non-governmental organizations, there is no systematic approach, as there are no mandatory sex education courses in schools. The topic is either silenced or outright rejected as morally unacceptable, leading to the belief that children will engage in sexual activity earlier and become promiscuous.

> *Absolute and sexual education… Even I, as a believer, as a woman who wears a hijab, do not believe—unlike some who think otherwise—that it would increase promiscuity. It might even reduce it… because if children knew the consequences of what they are engaging in, especially the emotional consequences, I think the physical consequences of sexual intercourse or any initial sexual contact are the least of the problems… Not to mention reproductive health… unwanted pregnancies… teenage abortions, which are extremely traumatic." (T12_KON_F_M)*

The health of girls, teenage pregnancies, and other issues girls face are often not considered when parents oppose sex education. However, sex education in schools can be a crucial element in understanding, normalizing, and reducing the stigma surrounding menstruation and sexuality in general. Through education, students can gain the necessary knowledge to understand the physiological changes in their bodies while also developing emotional and social awareness about these

processes. When young people are informed in time, they are more likely to take care of their health and manage it better, and girls will be better prepared to take control of their reproductive health.

Anita Hardon (2005) emphasizes that sex education is extremely important because it does not focus solely on the biological aspect but also on the broader social aspects of health, promoting an understanding of gender norms that can either limit or improve women's health, depending on how they are constructed. Additionally, sex education helps reduce prejudice and stigma while empowering girls to feel comfortable in their bodies.

4.1.2. Internalizing shame and stigma

When society, family, or culture impose certain negative values and expectations, and a person accepts and applies them to themselves, this is referred to as internalization of those norms. This is the case with menstruation because, as previously explained, it is rarely discussed during primary and secondary socialization. As a result, girls begin to believe that menstruation is something shameful, unclean, or inappropriate to talk about in public. Christiane Northrup (2000, 102) explains that menstruation has been used for centuries as an argument to show women their place in social stratification. Mary Douglas further elaborates that menstruation has been perceived “as matter out of place…” (1984, 36–41), which is why it needs to be confined to privacy and excluded from the public sphere as something inappropriate that disrupts the established order.

Internalization, therefore, arises due to the messages that girls receive, either in the form of clearly defined acceptable etiquette or in the form of silence that surrounds menstruation and women's reproductive health. When a girl internalizes these messages on both a conscious and unconscious level, she develops a negative image of herself and her body, feeling that menstruation is something to be ashamed of or something that should be hidden. This leads to a decrease in her self-confidence and self-acceptance.

A girl may feel less valuable and less capable, which can negatively impact her emotional well-being and her ability to cope with the changes that occur during menstruation. Along with this comes stress and anxiety due to the fear that someone might find out she has her menstruation or that she might experience leakage while sitting in a school desk, leading to mockery. This, in turn, results in insecurity, isolation, and a lack of self-acceptance regarding herself and her body.

This further leads to self-criticism and self-censorship, as internalized shame is powerful—it constantly reminds girls that they are not good enough, that they are weak, emotional, irritable, and inadequate because they cannot perform certain tasks during menstruation, such as more demanding exercises in physical education classes.

Ultimately, if a girl internalizes shame, she will avoid discussing it with her family and even with her partner. As a result, she will be less likely to seek medical help, which this study has also shown—women generally go for medical check-ups only when they experience problems. This means that women neglect their

health, which can lead to both physiological and mental difficulties, manifesting as anxiety and depression.

Some respondents mentioned the lack of gynaecological services, stating that they are available only in larger cities, where waiting times are long. Due to shame and financial reasons, many women tend to neglect their health needs.

Although the majority of women (62.94%) in the quantitative part of the study stated that they are not ashamed to talk about menstruation with men, 37.6% of women still feel embarrassed to ask a male family member to buy them sanitary pads. Younger respondents, under the age of 30, explained that conversations with men mostly involve their friends and partners, but not family members.

When comparing research results from universities in Bosnia and Herzegovina with this study, certain differences emerge. A previous study (Spahić Šiljak et al., 2024, 16) found that

62.20% of female teachers and 58.51% of female students reported that they do not like being seen disposing of sanitary pads in the trash.

This research shows that 65.36% of women in Bosnia and Herzegovina are ashamed to be seen throwing sanitary napkins in the trash.

Additionally, a significant percentage of women (57.34%) support the practice of wrapping pads in special bags to conceal what they are purchasing. This clearly indicates the extent to which menstrual products are stigmatized, making it necessary to hide them from public view. Below are the comparative

results of the university research in Bosnia and Herzegovina that preceded this study.

Table 5. Comparative results of research conducted at universities and the current study.

Question	Research at universities in BiH 2023/2024.	Research in BiH 2024/2025.
When I go to the bathroom to change my menstrual supplies, I hide them so no one can see them.	Female students 58.51% Female teachers 62.20%	65.36%
I'm worried that one day I won't notice that I'm bleeding.	Female teachers 31.80% Female students 54.36%	51.83
I support when the retailer/company packs the pads separately in a paper bag, sheath, etc.	Female teachers 25.98% Female students 33.33%	57.34%
During longer lectures or meetings, I do not go to the bathroom to change a pad, tampon, or other menstrual product so as not to disrupt the flow of the lecture or meeting.	Female teachers 33.07% Female students 39.06%	37.69%
When I feel physically unwell during my period, I don't tell men (colleagues, friends) that this is the reason.	Female teachers 41.73% Female students 32.19%	47.01%

Along with everything mentioned, a large number of respondents (70.84%) avoid doing physically demanding tasks during menstruation because they experience physical pain and believe it could harm their health. In such cases, they do not worry as much about whether others will find out they are menstruating.

Interestingly, women singled out physically demanding tasks as an exception where they do not feel ashamed to say they cannot perform them due to menstruation. However, they do not explicitly state that they are menstruating; instead, they say they have a stomach-ache or do not feel well. Internalized shame and stigma are most clearly reflected in the use of euphemisms, which serve to soften the discomfort they feel when discussing menstruation publicly.

4.2. Euphemisms and discomfort

Euphemisms play a significant role in communication, especially when it comes to taboo topics and sensitive issues. By using euphemisms, a difficult or potentially embarrassing subject can become easier to discuss, reducing emotional barriers and making the topic more accessible and socially acceptable.

As a rhetorical device, euphemisms allow certain phenomena, situations, or actions to be expressed in a softened or concealed manner, with the goal of reducing the intensity of negative emotions that a direct expression might provoke. They are commonly used for socially delicate matters such as death, illness, sexuality, menstruation, disability, and other potentially distressing conditions or events.

Menstruation is a typical example of a topic often surrounded by taboos in many cultures, and Bosnia and Herzegovina is no exception. Euphemisms are widely used in this context, serving not only to mitigate taboo topics but also to

- **to alleviate psychological barriers:** Topics that cause discomfort and stress become easier to discuss. This research has shown that women feel uncomfortable talking about menstruation publicly, especially in front of men.

- **Reduce shame and stigma:** Using lighter, more neutral language can minimize discomfort and enable stress-free discussions. However, this also has its downside, as euphemisms do not eliminate the taboo nature of the subject.

- **Adapt communication to social norms:** Euphemisms allow topics like menstruation and sexuality to be mentioned without causing social discomfort. In this way, euphemisms help convey information while maintaining societal norms.

Some of the most well-known euphemisms for menstruation include:

"Having those days" This phrase softens the discomfort and makes the topic easier to verbalize and understand, particularly in male-dominated or public settings.

"Being on vacation" – This euphemism implies that menstruation is experienced as a break or relief. However, it is misleading, as menstruation is far from a real vacation, given the pain, exhaustion, and accompanying symptoms like headaches and stomach issues.

"Women's problems" – This phrase is often used to draw attention to the specifics of menstruation while making it seem vague or unimportant, suggesting that it is something women experience but should not openly discuss.

Feminist theorists (Kristeva, 1982; Eisenstein, 1989; Bartley, 1990; Young, 2005) who critically examine body politics argue that euphemisms contribute to the perception of the female body as "other." Through internalized social norms regarding "decency" and "purity," bodily processes that are stigmatized or

tabooed are minimized. Language thus incorporates normative values about women into everyday life and communication. In this context, euphemisms serve as a tool for maintaining these norms, concealing or diminishing the visibility of bodily functions such as menstruation, sex, and childbirth.

Therefore, while euphemisms help to reduce discomfort, their negative consequences lie in perpetuating stigma, inequality, and the invisibility and significance of the female body, visibility and importance of the female body, sexuality and reproductive health.

Table 6. The most commonly used menstrual euphemisms from the research on menstruation at universities (Spahić Šiljak et al., 2024).

I got it	The kitty showed up
My aunt came	My aunt came from Sweden
My aunt from Crvenka came	An aunt from America came
I have it	I have mine
I am in those days	Those days of the month
It	That state
That mine	There is something
Women's problems	Technical problems
I am under repair.	In the red
Spare	Red flag
Menga	Red
Female monster	PMS
Cycle	Boss
Bingo	Headache

The large number of euphemisms is an indicator that menstruation is still socially coded as a taboo, causing women to feel discomfort and shame. Although some respondents emphasize that they previously used euphemisms out of embarrassment and now try to use the word menstruation, they point out that they are often warned through nonverbal cues from other women that this is still considered inappropriate.

> *Sometimes when I say it publicly, especially if men are present, other women signal to me with their eyes that it's not okay." (T16_VKLA_F_M)*

The boundaries of the patriarchal system are controlled by both men and women, as internalized euphemisms signal that some women have also internalized misogyny. They will always send warnings to other women to maintain order, in which, as Mary Douglas warns, there is no place for things that disrupt the established system (1984, 36–41).

Most women continue to use euphemisms, even when speaking only with other women, as evident from their statements:

> *When talking to friends, if I want to say I might not go somewhere, I say, 'I got it…' and it's understood what I mean." (T25_SAR_F_M)*

> *When talking woman to woman, I just say, 'I'm not feeling well today, my thing has come,' you know? (T13_CAZ_F_M)*

Some respondents emphasize that even today, schoolgirls and women, especially in front of men and religious authorities, avoid using the word menstruation because they feel ashamed

and find it easier to simply say they are sick. However, this depends on the environment they live in and the awareness of their parents, with whom they can speak openly without facing stigma.

> I don't know, girls are shy, they just don’t talk about it… In school, they’d rather say they threw up, had a headache, or something else, but they wouldn’t say it's menstruation." (T36_LIV_F_M)

> Yes, I used euphemisms when I was younger, it felt like a kind of shield." (T38_BGRA_F_P)

> God forgive me, if I had to go somewhere or if I was feeling unwell, I would say I had a cold—I always looked for an excuse. I couldn't say it to the imam, it just felt awkward… I simply couldn't. (T6_ZEN_F_M)

There is a generational difference, with younger women under 30 making efforts to change things by setting an example. However, they acknowledge that the shame is still present..

> *The other day, I heard someone say, ‘Did your aunt come?’ And honestly, my first thought was—has my actual aunt arrived? Since she wasn’t even in the country at the time. Then I realized that ‘aunt’ wasn’t my actual aunt but a euphemism for menstruation. For some reason, I really feel sorry for women who were taught to use these terms, who were forced into using such euphemisms." (T50_TOM_F_K)*)

When comparing the results of this study with previous research conducted at universities in Bosnia and Herzegovina (Spahić Šiljak et al., 2024), it is clear that there are no significant differences in the use of euphemisms. Female students are

more progressive, but they are still influenced by their environment and the socialization processes they have undergone. They have internalized the attitudes of their mothers and surroundings, and no matter how hard they try to overcome this, it is difficult to change entrenched practices when a disapproving look or nonverbal cue signals that they have overstepped boundaries and should watch their words.

Respondents highlight the lack of openness in society, particularly among men, when it comes to discussing menstruation, revealing the depth of social and cultural barriers surrounding this topic.

In more traditional societies, such as Bosnia and Herzegovina, both men and women grow up in environments that do not support open discussions about women's bodily functions. As a result, menstruation is often wrapped in euphemisms and unspoken etiquette rules, which younger generations are only beginning to challenge and change

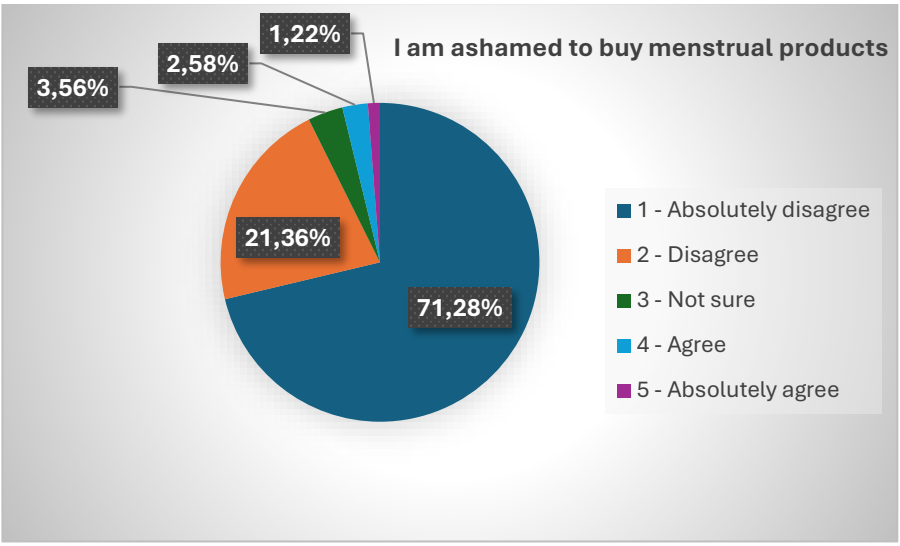
4.1.2.2. Purchase and disposal of hygiene items

> *For example, even today, if my mother heard me asking my husband to bring me pads, it would be shocking—like, how could he be the one to buy pads for me?" (T41_TRE_F_P*)

These are the words of a young woman under 30, which indicates that shame and stigma still persist, upheld by mothers—the guardians of patriarchy and the established order. When a woman dares to change the rules, she is shamed and then chooses the path of least resistance.

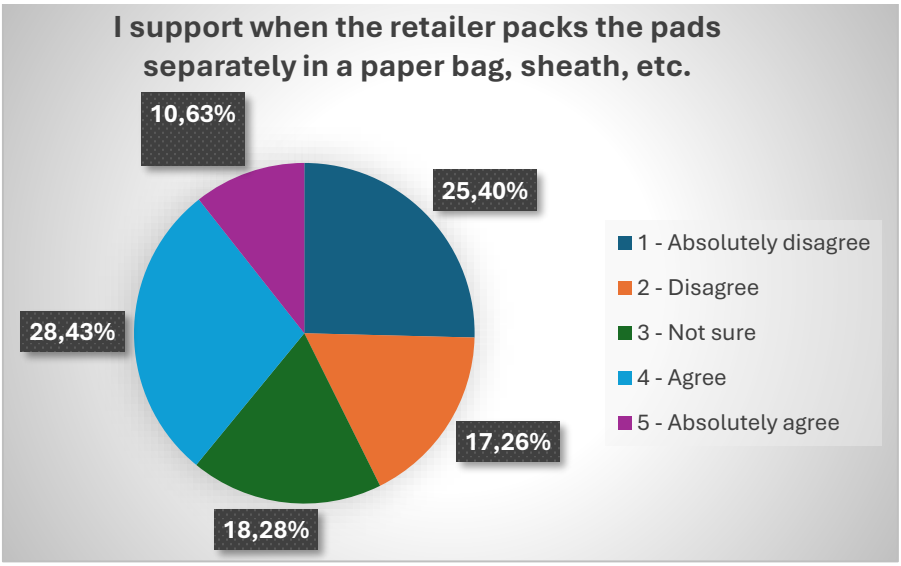
In the quantitative part of the research, the majority of respondents stated that they are not ashamed to buy hygiene products, which is a positive result. However, responses to other questions—especially in the qualitative part of the study—revealed that shame and stigma still exist. Women in smaller communities are reluctant to buy menstrual products in the presence of men and find it easier to shop in larger supermarkets where they don't know anyone and where cashiers are mostly women.

Figure 6. Attitudes towards shame when buying menstrual products.



In the quantitative part of the research, the respondents still confirmed that they support hiding menstrual products (52.3%) in special bags and wrapping them so that it is not visible what they are purchasing. This represents a significant difference compared to the previous question about whether they feel ashamed to buy them in the presence of men.

Figure 7. Attitudes toward shame when purchasing menstrual products – continuation



It is especially uncomfortable for women living in rural areas where everyone knows each other, and where there is only one store, where a man works.

> *For example, in my village, my uncle works in our store, and it feels a bit awkward because of him. (T19_TUZ_F_M)*

> *I'm not ashamed because I'm already used to it—I'm an older person—but my daughter is embarrassed. Or, for example, if a man has to go out to buy pads, it's very uncomfortable for him." (T21_TUZ_F_M)*

Respondents indicate that shame and stigma are associated not only with menstrual products but also with intimate clothing, which they prefer not to buy in the presence of men. Muslim women who wear hijabs express even greater discomfort,

emphasizing that everyone knows who they are, making the embarrassment even stronger. Their religious identity seems to amplify the feelings of shame and stigma, as they themselves link their faith with heightened discomfort regarding their bodies and bodily functions.

> *When I go to buy pads, when I'm at the checkout holding them in my hand, and there are men around me, I feel a bit uncomfortable because I'm aware that they know I'm on my period at that moment. The same feeling applies when I buy underwear at the checkout. (T28_UST_F_M)*

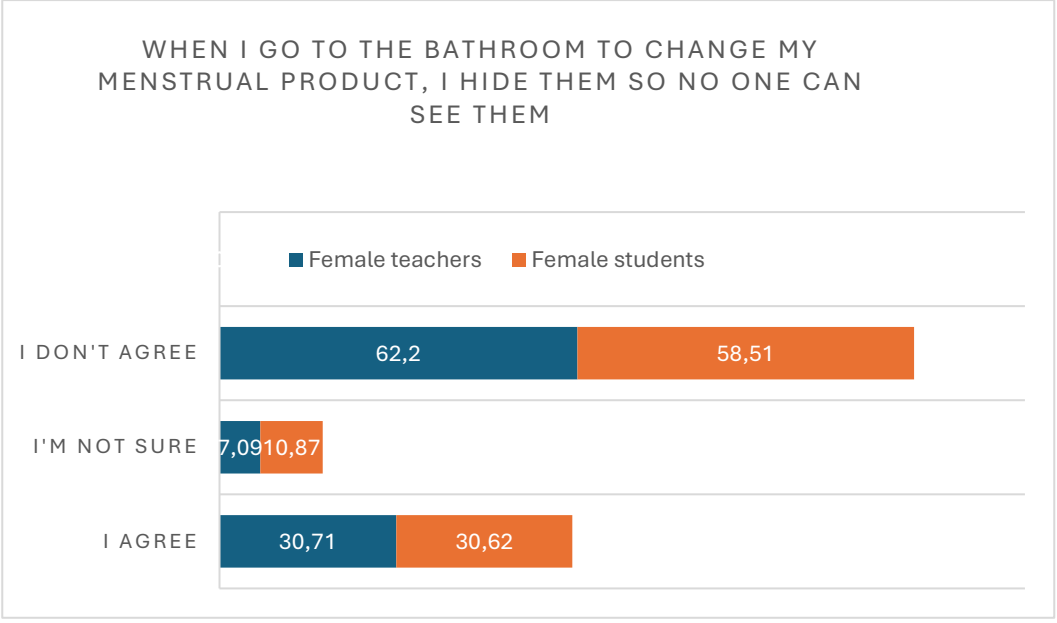
> *I am a Bosnian woman, and my religion is Islam. It is obvious who we are and what we represent, so it can be a bit uncomfortable, especially because some women bring their husbands or partners there. And then, you know, it feels awkward to take out and unfold underwear in your hands. That is something I find a bit uncomfortable, especially when standing next to someone's husband, partner, or—God forbid—son. (T44_BRC_F_M)*

> *You know, you try to step aside to make sure no one is around, and then you make your purchase. If a man is working at the counter, it really feels uncomfortable to bring the items in front of him and place them down. (T6_ZEN_F_M)*

Some respondents also mentioned feeling uncomfortable due to comments made by men. In small communities, stores are often places where local men gather to drink. When a woman, especially a younger one, buys menstrual products, she sometimes hears inappropriate remarks, which is another reason for trying to conceal such purchases.

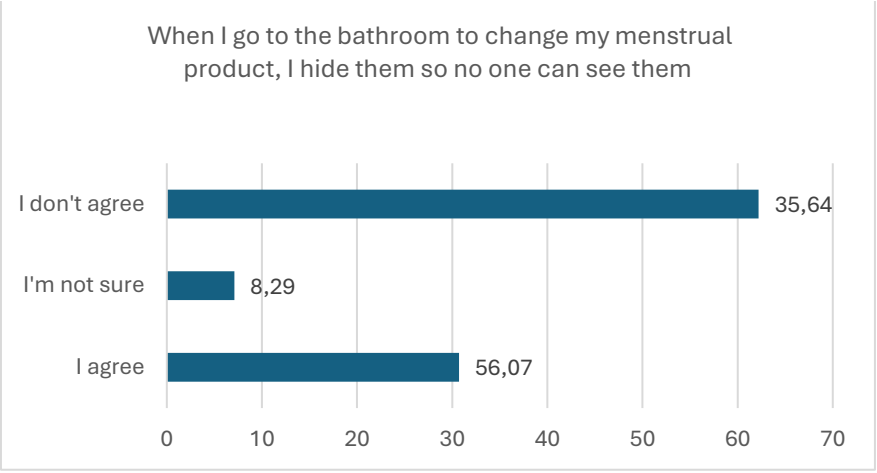
I'm not ashamed, but I have been in a few uncomfortable situations in small shops where men in line made comments… It doesn't really bother me, but it feels unpleasant to hear such remarks. I also noticed that female store employees usually put pads into paper bags rather than plastic ones, so they are less visible." (T34_GOR_F_M))

Figure 8. Attitudes of Female Students and Teachers Towards Shame in Changing Menstrual Products (Research at Universities – Spahić Šiljak et al., 2024)



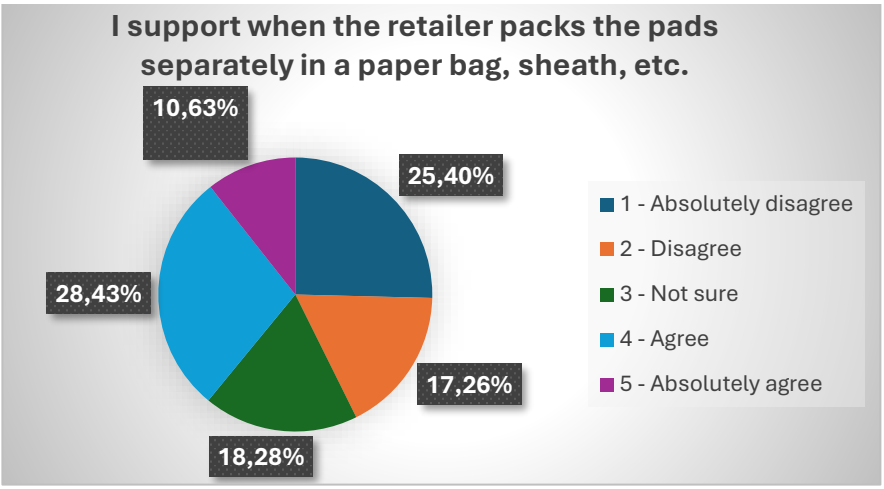
It is clear, then, that self-censorship exists as an expression of internalized shame, demonstrating how discomfort is still present in women, leading them to hide the fact that they have their period. As a result, they tend to buy menstrual products when men are not watching and feel uneasy asking men to purchase them for them.

Figure 9. The views of women from the general population on shame associated with changing menstrual products.



When you add the percentage of women who hide menstrual pads (65.36%) when going to the restroom, which is comparable to the results of research conducted at universities (58.51% of female students and 62.20% of female faculty members), it is clear that a significant majority still experience great discomfort and shame regarding menstruation.

Figure 10. Women's attitudes from the general population regarding shame when buying menstrual products – continuation.



Everything related to the female body, including menstruation, creates discomfort that persists due to the lack of willingness to openly discuss these topics, both within the family circle and in educational institutions and the public in general.

4.1.2.3 . Hormones and Imbalance

For centuries, women have been associated with nature (emotional and corporeal), while men have been linked to culture (rational and strong). This distinction has been used to control women's bodies and sexuality (Ortner, 1972). Today, with the rise of the anti-gender movement, biological determinism is being reintroduced, suggesting that biological differences, including hormones, are the foundation of gender differences in emotions, behaviour, and abilities. These views often reference the interpretations of psychologist Simon Baron-Cohen (2003, 4), who distinguishes between the empathizing-female and systemizing-male brain. According to his interpretation, different brain types result from high prenatal exposure to testosterone in men, a phenomenon not present in women.

The problems with this understanding arise from the criteria used to classify hormones as male or female and the assumption that their relationship is binary, dichotomous, and exclusive. Neuroscientist Gina Rippon (2019, 35) warns that populist authors advocating the dichotomy of male and female brains—developed under the influence of prenatal testosterone and estrogen—fail to mention that the behaviours they cite as evidence of sex-based brain differences are based on studies of animals, such as songbirds or prairie voles, rather than humans.

Researchers Rebecca M. Jordan-Young and Katrina Karkazis (2019, 6) have demonstrated that simplified dualistic interpretations of hormones cannot be scientifically substantiated. Numerous studies show that testosterone, often labeled as a male hormone, and estrogen, considered a female hormone, play crucial roles in the bodily processes of both women and men. For example, research has found that estrogen plays a key role in the development of certain male body characteristics, while testosterone is essential for the ovulation process in women (Oudshoorn, 1994, 48–60). Despite new research debunking the theory of antagonistic hormones, this theory has persisted as a "biological fact" and continues to provide the basis for the current, though unproven, view that sex hormones arise and function in separate domains (Fausto-Sterling, 2000). [1]

Since the 1970s, feminist scholars have sought to challenge biological determinism, which dictates gender roles and the destinies of women and men. In her work *Volatile Bodies:*

[1] For example, one of the first tests for male sex hormones involved observing the growth of the comb in castrated roosters. The first report on this test was published before 1849. However, it was later discovered that the rooster's comb is not regulated by male sex hormones but rather by female sex hormones. Traits such as rooster plumage have since been redefined as "negatively female" characteristics (see Oudshoorn, N. 1994. *Beyond the Natural Body: An Archaeology of Sex Hormones*, London – New York, Routledge, 48–60).

Toward a Corporeal Feminism (1994), Elizabeth Grosz demonstrates how the female body and women's emotions are shaped by patriarchal norms and biological determinism. Assigning emotionality and instability to women places them in a subordinate position relative to men. She opposes concepts suggesting that emotionality is an inherent weakness of women rather than a natural part of human experience.

Feminist understandings of hormones in the context of differences between women and men focus on the social, cultural, and political norms that shape scientific perspectives on biological sex differences. Scholars (Orner 1971; Butler 1990; Grosz 1994) critically examine the pathologization of female biological functions in relation to the male body, highlighting how hormonal differences have often been used to justify socially constructed gender roles and the control of women. Scientific theories about hormones are frequently shaped by societal norms that favour male characteristics and roles. For example, testosterone is often described as the hormone that makes men more aggressive, dominant, and rational, while estrogen and progesterone are commonly linked to emotionality, instability, and a natural inclination toward motherhood in women. Throughout history, women have been pathologized due to their hormonal fluctuations.

Menstruation and premenstrual syndrome (PMS) were often associated with hysteria, nervousness, and emotional instability.

Feminist theorists, such as Judith Butler (1990) and Donna Haraway (2000), often emphasize that hormones are not merely biological substances with universal and static effects on behavior but rather constructs subject to social, cultural, and

historical changes. For example, estrogen has been perceived in different cultures and periods in various ways—either as a hormone that makes women gentler and more sensitive or as one that enables fertility and motherhood. Thus, hormones are not fixed or unchangeable, nor do they necessarily dictate gender identity or behaviour. Gender can be viewed as a spectrum rather than a biological destination. Therefore, while hormones are important, they do not have to be a deterministic factor in shaping gender characteristics.

Considering that women have been described for centuries as sickly, unstable, nervous, hysterical, and even irrational (Johnston-Robledo & Chrisler, 2020; Spahić Šiljak et al., 2024), and that the menstrual body is coded as ill—implying that during this period, a woman is less stable, capable, and rational—it is not surprising that women prefer men in their surroundings not to know they are menstruating. Comments such as "She must be on her period," "Her hormones are acting up," "She's not herself," or "Don't mess with her, she'll explode" illustrate the extent to which menstruation is perceived as a special state in which a woman is unbalanced. As a result, women strive to hide menstruation to avoid being labelled as nervous, hysterical, and unstable.

Table 7. Social characterization of a woman who is menstruating.

	I am reluctant to say that I am menstruating because I am afraid of being characterized as:	**Percentage**
1	Nervous	52.80%
2	Emotional	32.91%
3	Grumpy	25.06%

4	Other (dirty, incompetent, weak, feeble, sick, angry, petty)	23.84%
5	Hysterical	19.75%
7	Unstable	18.28%
8	Aggressive	13.70
9	Insane	9.80%

The statements of the respondents, in both the quantitative and qualitative parts of the research, indicate internalized shame and stigma regarding the influence of hormones on judgment and emotions. This also demonstrates that women are constantly aware of socially coded boundaries to avoid being perceived as potential emotional and hormonal ticking bombs that could unexpectedly explode, reinforcing the stereotype of women as unbalanced.

In interviews, most women spoke about the influence of hormones on their emotional state and judgment, arguments that have historically been used—and continue to be used—to exclude women from decision-making positions and leadership roles. (Spahić Šiljak, 2007, 267–271)

> *We don't think rationally, we are under the influence of hormones—at least the women I know—and we don't have a broad perspective on things that are happening." (T63_BL_F_P)*

> *The state changes, the state changes... There are four of us in the house, and that says enough. Or if our cycles*

align, then we're all irritable, or it happens in turns—one is irritable while the others are okay, then the next one is irritable—so it's a constant cycle. (T11_ORA_F_K)

Hormones have an effect before menstruation, I believe for every woman, and a lot—three to four, even five days. Maybe even a week for some. I think women in that period are completely unbalanced. At least I am. (T27_BUG_F_K

They become nervous and angry, they might get upset or cry over small things, so… In those days, I think they shouldn't be making any decisions. (T49_BIJ_F_M)

They are somehow more emotional, they can't really make a decision, they change their minds quickly, things like that… They don't really know what they want during those days, they're usually nervous and hysterical. (T37_BGR_F_P)

I always start with myself because we are our own best reflection. You can't experience others the way you experience yourself. As for me, I think when we're in that state, during the menstrual cycle, we are somehow less capable of doing things, I don't even have the will… and I'm in pain, and I'm nervous, at least that's how I feel. (T64_STOL_F_K

A smaller number of respondents in the interviews stated that menstruation does not have such an impact on emotions and that hormones do not control women; rather, women can control every state, including menstruation. They also emphasized that women are capable of performing all tasks, as they usually do, often including heavy physical labour, especially in rural areas.

Hormones are something that can absolutely be controlled. Reason is what can control hormones. So, I believe we are equally capable at all times—maybe a bit more sensitive sometimes, but not less intelligent." (T45_BRC_F_M)

It's normal for women to have menstruation; women are normal whether they have it or not. They are not nervous—they do everything just like men." (T15_BiH_F_M)

Given that scientific, cultural, and media discourses still promote a binary, simplistic, and one-dimensional view of hormones and their impact on the brain and gender roles, it is not surprising that most respondents have internalized such perceptions of themselves during menstruation.

If women accept the imposed image of themselves as beings ruled by hormones, making them incapable of making decisions during menstruation, then this is an indicator of internalized stereotypes about menstruation.

To deconstruct these images and beliefs, it is necessary to work on the destigmatization of menstruation through the education of women and raising societal awareness about it.

4.2. Beliefs and superstitions: Avoiding rituals, Sacred Places and Sexual Relations

For centuries, menstruation has been interpreted as Eve's curse for committing the "original sin" (Radford Reuther, 1990). However, thanks to the scientific research, it has been widely accepted for decades that menstruation is a natural biological process in female bodies, essential for procreation. Nevertheless, numerous beliefs and superstitions about menstruation persist, establishing clear boundaries for women's bodies and sexuality, as expressed by respondents in both the quantitative and qualitative parts of this research. Unfortunately, feelings of guilt and shame are deeply ingrained and encoded into women's consciousness. On a conscious, rational level, they accept menstruation as a biological category, yet on an irrational, subconscious level, discomfort and shame continue to resonate. This deeply impacts women's lives, compelling them to hide their menstruation as if it were something to be ashamed of or a burden they must bear in silence.

As elaborated in Chapter 2 of this book, menstruation has generally been defined ambivalently in ancient cultures and religious traditions. On the one hand, woman is seen as vulnerable and exposed to dangers, while on the other hand, menstrual blood is believed to possess symbolic power and magical properties (Radulovic, 2009). The majority of respondents (70.45%) identified as believers, making it important to examine the extent to which religious affiliation and practice influence superstitious beliefs and practices regarding menstruation. Additionally, it is necessary to consider the fact that in monotheistic traditions—particularly in mainstream Judaism and Islam—menstruation is interpreted as ritual impurity.

In Judaism and Islam, menstruation remains a significant taboo. Women are prohibited from entering mosques and

temples, performing prayers, and visiting cemeteries because they are considered impure. As a result, they are separated and excluded, and after centuries of being told that menstruation is impure, women have come to accept this exclusion—often even experiencing it as a relief. The reasoning behind this is the exemption from rituals and fasting. There is a whole set of rules regarding ritual purity, including the requirement of ritual bathing after menstruation (Spahić Šiljak, 2007, 250) to ensure that a woman is pure and physically prepared to perform religious rituals.

Each religious tradition has its own rules and norms regarding menstruation, and these largely reflect the local culture in which religious interpretations— mostly shaped by men —developed. As previously mentioned, prominent philosophers and historians have long engaged in defining the female body and its functions. In religious traditions, men have held—and continue to hold—the authority to define what is permissible and socially acceptable for women's bodies.

The results of this research, along with findings from previous studies conducted at eight public universities in Bosnia and Herzegovina, indicate that women—especially Muslim women—accept mainstream interpretations and consequently avoid performing religious rituals, entering mosques, and visiting cemeteries and other sacred places.

4.2.1. Avoiding rituals and entry to sacred places

In the quantitative part of the research, 80.20% of respondents stated that they avoid religious rituals and refrain from visiting mosques and churches during menstruation. Muslim women particularly emphasized restrictions regarding religious practices, including prohibitions on performing rituals, entering mosques, and visiting cemeteries.

A woman during menstruation does not pray, does not fast during the month of Ramadan, does not enter the mosque to pray, does not enter the mosque at all while menstruating, and, of course, refrains from sexual relations. I believe that pretty much covers everything. (T12_KON_F_M)

Women have thoroughly learned and internalized the restrictions imposed on them during menstruation, and these rules are deeply ingrained in their consciousness. Not only do they believe that they cannot enter mosques, but they have also internalized feelings of shame and guilt. They feel discomfort if they violate these restrictions and even hesitate to openly acknowledge their menstruation due to the stigma surrounding it. The following statement illustrates this best:

There was so much shame around menstruation in my high school that we were forced to attend lectures or events at the mosque, even though we were not allowed to enter because we were 'impure.' We had to go in anyway, so unfortunately, in some way, they forced us to feel uncomfortable about something natural. (T45_BR-C_F_M)

The additional reinforcement of shame and guilt is reflected in in the fact that women are taught not only to respect established restrictions for themselves but also to consider others whom they might endanger by entering a mosque while menstruating. Because of their 'impurity,' they are told they might spoil the prayers of others. This interpretation ensures that these restrictions remain unchallenged, as women do not want to bear the heavy responsibility and guilt of 'ruining' someone else's prayer. Such strategies are used as an additional measure to ensure compliance with the established order regarding acceptable and unacceptable policies on the women's body and sexuality.

A woman, during her menstrual cycle, cannot enter the mosque because she disrupts the ritual for everyone present, and we take this matter very seriously. According to Sharia, this state is called hayd, and during this period, we women do not pray, do not fast, do not enter the mosque, and should not touch the religious book, the Qur'an, with our hands. These are rules that are not subject to manipulation or interpretation—this is simply the way it is.(T16_VKLA_F_M)

A number of respondents attempted to justify these prohibitions as a form of relief for women and a way to spare them from mandatory prayers and fasting while they are in a sensitive state. This kind of rationalization is somewhat understandable, as some women who experience heavy and painful menstruation believe that fasting during the month of Ramadan (complete abstinence from food and drink from dawn to dusk) would be a challenge for them, as well as performing the five daily prayers. These prohibitions, or rather exemptions as they see them, are viewed as acts of care and consideration for women, offering them much-needed rest and relief, including a break from religious duties.

> *In Islam, there are rituals, and there are certain things a woman should not do while menstruating. However, this is not a prohibition in the sense that a woman is impure, as many interpret it. In reality, it is a relief granted to women by Allah, the Almighty and Glorified, because, during menstruation, she is in a state of grace before God. He did not exempt her from prayer and fasting without reason—rather, He granted her relief because menstruation is a time when her body undergoes changes, experiencing stress and pressure. This means she has been freed from these obligations... I don't know about other religions, but in Islam, women are exempt from certain duties during menstruation for the sake of their own health and peace of mind. (T18_TUZ_F_M)*

However, some respondents feel excluded and find these prohibitions difficult to bear. They believe that, in many cases, these restrictions prevent them from participating in important events involving their family members and friends. This is especially important during the funeral (janazah) when a special ritual of tevhid is performed, or when a person goes on a pilgrimage (Hajj) to Mecca, where a special farewell ritual, ikrar du'a, and other rites take place, during which relatives and

friends gather. These are important religious and social events in which women cannot participate, and as a result, they feel marginalized. Although Islamic tradition speaks of women entering mosques and performing Hajj, this is not mentioned in mainstream interpretations of Islam (Suleman, 2021).

Most respondents who identify as Catholic emphasize that they attend church while menstruating, but they are aware that many women in their community refrain from attending Mass or receiving communion during this time. They did not provide a detailed explanation of this, but simply confirmed that such a practice exists among Catholic women, even though they are not aware of any specific religious regulation regarding it.

> *They do not enter the church or other religious institutions during menstruation… They do not visit cemeteries when they are menstruating. (T53_GRU_F_K)*

> *Well, starting with myself, as I do not take communion at that moment, there are probably women who avoid entering religious places while menstruating. (T46_BRC_F_K)*

Respondents who identify as Orthodox Christians mentioned that some women do not go to church during menstruation, but that there are no clear stances on this issue, and theologians provide conflicting information. Most of them, however, pointed out that older women, in particular, believe it is inappropriate to go to church due to impurity. Additionally, younger respondents mentioned that their mothers, as well as priests during religious instruction, advised them not to attend church while menstruating.

> *...but the only thing related to the church is that there are some, and it's somewhat unclear matter for people, I mean for women, in general. (T57_BIL_F_P)*

However, younger female respondents believe that such prohibitions made sense in the past when there were no means for menstrual hygiene. Nowadays, these restrictions make no sense at all, and some of them continue to attend church despite knowing that certain Orthodox priests still advise women that it is not appropriate.

Yes, but that is based on those old beliefs when there were no pads and necessary materials, so they bled in the church, and it's according to that old belief. Some older women do this, but younger ones do not. (T60_BL_F_P)

Similar responses were given in the previous study on menstruation at universities in Bosnia and Herzegovina (Spahić Šiljak et al., 2024, 25–26), where women explained that they refrain from going to mosques, churches, and cemeteries during menstruation.

Although there are women who feel discriminated against because of the prohibitions, the majority still accept the prohibitions on performing rituals and entering mosques as a form of care and relief.

Therefore, there have been no significant deviations in the last two decades, and menstruation continues to be culturally constructed as something impure and shameful. Women still uncritically accept such prohibitions, and their "menstruation and sexuality remain a taboo; something that exists, but is not socially acceptable" (Spahić Šiljak, 2007, 250). The question of why women accept these prohibitions is one that should be further investigated to fully understand the background of such cultural and religious practices.

Above all, by accepting the prohibitions and restrictions, women may feel that they are aligning with the religious ideal they aspire to, which confirms their connection with the community to which they belong. It can also be a form of humility and

devotion to God, whose provisions and norms they accept as useful and good, although they do not always have to understand them. However, in patriarchal societies, women sometimes do not have access to alternative interpretations of religious norms and practices, and they do not have the possibility to participate in discussions about these topics, so they follow what is known to them and traditionally coded as valuable and correct praxis. If we add to that the social coding of menstruation as shameful, then it is no wonder that women internalize not only shame but also the prohibitions.

> Therefore, the attempt to explain the prohibition as an expression of care may be a sign that women are trying to reconcile the internalized feelings of shame or impurity with the desire to maintain a positive relationship with their religion.

4.2.2. Avoiding sexual relations.

In addition to the previously mentioned prohibitions on visiting mosques and churches, respondents of all religious affiliations spoke about avoiding sexual relations, because of the fact that it is unhygienic, painful, and unpleasant, and Muslim women additionally added a religious prohibition. The majority of respondents in the quantitative part of the study (62 out of 73 interviewed) believed that sexual relations should be avoided during menstruation.

Table 8. Attitudes towards sexual intercourse during menstruation

Sexual relations during menstruation is:	%
Unacceptable due to hygienic reasons	65.97%
Unacceptable due to health reasons (e.g. painful)	37.20%
Unacceptable due to religious reasons	37.98%
Acceptable	19.36%
Other	2.39%

The majority of respondents (65.97%) cite hygienic reasons, perceiving menstruation as something dirty that should be expelled from the body, creating discomfort for both women and men.

> *Well, for me personally, I can't even imagine being intimate during menstruation. To me, it's not hygienic, and I find it uncomfortable, especially for myself.(T28_UST_F_M)*

> *Well, I don't know… somehow I don't see any logic in having sexual relations if you're already bleeding or whatever, I don't know… I don't know what I would think if I did it… (T1_ZEN_F_M)*

> *Because it doesn't seem hygienic to me to such an extent, in the sense that it could create a mess after the relations. (T29_SAR_F_M)*

Over 37% of the respondents believe that sexual relations is unacceptable due to health and religious reasons, explaining that religious prohibitions aim to protect women who experience pain during this period. Although they suffer from pain and discomfort during menstruation, some respondents mention that even when they agree to relations, it becomes a physical and psychological difficulty for them.

> *Well, yeah, I can't handle myself on those days. I mean, everything hurts, so… It hurts, I mean, there's tension, the body is tense somehow, the whole body feels tight, swollen, bloated… (T61_BL_F_P)*

> *I mean, at that time, I'm not up for anything. Personally, I'd rather just lie down. I have a feeling that men like sexual relations during that time. However, for me, it's just terrible. (Danica, Tomislavgrad)*

> *The first reason is religious. I mean, I wouldn't want to sin. The second, I think, is that it's simply unclean—I mean, for me, it's not hygienic. And especially as you get older, the pain gets worse, so it's just… simple as that. (T2_ZEN_F_M)*

> *Well, yeah, the religious reason—I mean, it's considered impure blood, so mainly because of that, and also because of the pain women experience during their cycle. (T5_ZEN_F_M*)

One respondent compares the prohibition on sexual relations during menstruation to incest and further refers to a verse from the Qur'an, in which such a rule does not exist. She is convinced that it is forbidden, but to strengthen her argument, she claims that it is written in the holy text and that it is a great sin.

I don't know, don't take me the wrong way, but I'll stick to my beliefs because, when it comes to this, I am well-versed in my faith. I have followed our books, the Qur'an*, where it is stated that this is a very, very big sin. That it is, God forbid, like being with someone from your own family. And I absolutely do not accept that fact. To me, a person who would do something like that is sick. (T13_CAZ_F_M)*

Besides hygiene, health, and religious reasons, respondents also cited other reasons, such as avoiding sexual relations during menstruation as a contraceptive measure. Some believed that a woman could conceive during this period. Additionally, some respondents referenced concerns about the health of a child conceived during menstruation and the potential problems it might face.

I believe that most women avoid it; I think it's simply a taboo. It's a taboo even to talk about it at all because I believe that a large number of women simply don't want to have relations. I know of several cases where women are afraid that if they have relations during their menstruation, they will get pregnant, so they literally use that as a form of protection. (T42_BRC_F_P)

I am against sexual relations during menstruation much more from a medical standpoint than from a religious one. Although there are a few situations where it might be completely acceptable, there are certainly three to four times more negative consequences, one of which could even be the birth of a child who may not have good predispositions for any kind of normal life… (T45_BRC_F_M)

Beliefs and superstitions regarding the avoidance of rituals and sexual relations during menstruation are an integral part of the respondents' lives. They believe that these prohibitions are well-founded in religion, so they refer to the holy book of the Qur'an. By doing so, they seek to demonstrate their knowledge of their religious tradition, which is generally superficial, as they rely on

mainstream interpretations of Islam without citing any concrete texts or references. This religious (mis)knowledge, shaped by primary socialization and religious education, is largely superficial and based on oral tradition rather than reading and critical thinking. As a result, misconceptions arise, such as equating sexual relations during menstruation with incest. The attribution of sin, equating it to incest, is just another strategy to further encode menstruation as a source of shame and guilt, with repercussions for others in the community. In this way, the imposed boundaries are fully accepted.

4.3. Superstitions: avoiding bathing, washing hair, cooking and other activities

In the digital age of the 21st century, taboos and superstitions about menstruation continue to survive, albeit in evolving forms. In Chapter 2 of this book, we saw that until the mid-17th century, superstition was understood as false religion, magic, and witchcraft, linked to irrational fears that evil forces could influence people's lives (Burke, 1994, 41). Thus, anything outside the mainstream Christianity of that time in Europe was considered superstition or false belief. Today, the situation is different when it comes to religious traditions, particularly monotheistic ones. However, superstitions have not disappeared; they are still present and, through cyberspace, have become accessible to a larger audience.

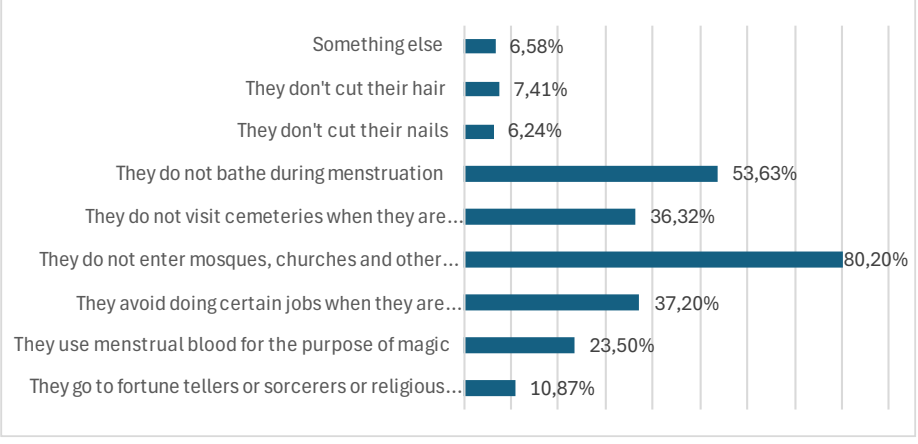
Given that superstitions help people when they are insecure, when they lack control, and when they want to alleviate fears of uncertainty, and considering that people today are more insecure and lonelier than ever, it is not surprising that superstitious practices appeal to them. It is easier to believe that a certain piece of clothing or an amulet will bring luck, victory, or protect them from evil forces than to engage in systematic daily self-improvement.

Small rituals, such as knocking on wood or shifting position, reduce anxiety and increase the feeling of control over unpredictable situations (Matute, 1994).

This research, as previously carried out on universities in Bosnia and Herzegovina, shows that superstition is present, especially regarding bathing during menstruation, cutting and dyeing hair, cooking food, and using menstrual blood for magical purposes.

More than half of the respondents (53.63%) reported that there are people in their surroundings who avoid bathing during menstruation— a belief that also poses a hygiene issue. The question was not asked directly about the respondents themselves, as most would likely give a socially desirable answer. However, some respondents admitted that they had previously avoided bathing but later learned that it does not harm health and instead improves hygiene.

Figure 11. Respondents' awareness about what is avoided during menstruation.



Attitudes toward menstruation-related superstitions are statistically dependent on age and level of education. Namely, non-parametric testing showed that respondents who have completed the second cycle of education (master's degree) are less inclined toward superstition than respondents with a completed first cycle of studies or high school. In addition to the

above-mentioned, age statistically significantly affects the perception of superstitions, in such a way that respondents younger than 20 years old are more inclined to believe in superstitions about menstruation compared to older respondents ($p<0.05$).

The Kruskal-Wallis non-parametric test shows that there is a statistically significant difference in attitudes toward superstition based on religiosity of the respondent ($p=0.000$).

Respondents who claim to be religious are more inclined toward superstition than those who are not religious. Additionally, there are statistically significant differences in attitudes toward superstition between respondents who are not religious and those who are unsure of their religiosity.

We tested whether there are statistically significant differences in attitudes toward superstition based on the religion with which respondents identify. The Kruskal-Wallis test showed a statistically significant difference in attitudes based on religiosity. Dunn's post hoc test showed that there is strong evidence of a statistically significant difference ($p<0.001$ adjusted with Bonferroni correction) in attitudes toward superstition between respondents who identify as Orthodox Christian, Catholic, or Muslim and those who are non-religious, in such a way that respondents from all three religious groups are more inclined to hold superstitious attitudes about menstruation compared to non-religious respondents. However, there was no statistically significant difference in attitudes among respondents of different religions.

After establishing that religiosity significantly affects superstitious attitudes we further examined whether the regularity of religious practice affects these beliefs. The results of the Kruskal-Wallis test showed a statistically significant

difference in attitudes toward menstrual superstitions between respondents who do not practice religion and those who practice it daily, weekly, monthly, or annually. In all these cases, religious respondents, regardless of the frequency of their religious practice, were more likely to believe in menstrual superstitions.

Table 9. Comparison of research results with previous research in the university context (Spahić Šiljak et al., 2024).

Factor	**Kovačević i Spahić Šiljak, 2025.**	**Spahić Šiljak et al., 2024..**
Education level	Respondents with a completed second cycle of education are less prone to superstition than those with finished first cycle and high school.	The MENGA report does not provide direct data on the impact of education level on the tendency toward superstition. However, the study included female students and university lecturers, which implies that the participants had a higher level of education. No significant difference in attitudes toward menstruation was recorded between these groups.
Age	Respondents younger than 20 years old are more prone to menstruation-related superstitions compared to older respondents.	The MENGA report does not provide detailed data on the impact of age on attitudes toward menstruation. The research included both students and university lecturers but did not conduct an in-depth analysis of differences in attitudes across age groups. However, it did reveal differences in attitudes between students and university lecturers.

Religiosity	Religious respondents from all three religions are more prone to superstition compared to non-religious ones. Additionally, there are significant differences between non-religious individuals and those uncertain about their religiosity.	Students who identify as Muslim are more inclined toward menstruation-related superstitions compared to Orthodox and Catholic respondents. Differences in attitudes toward superstition are also present between non-religious respondents and those of the Islamic faith, with the latter being more prone to menstruation-related superstitions

Practicing religious rituals	Respondents who regularly or occasionally practice religion (e.g., daily, weekly, monthly, or several times a year) are more inclined to believe in menstruation-related superstitions compared to those who do not practice religion.	University lecturers prone to superstition are more often religious and regularly practice their faith. The MENGA report highlights that certain religious practices, such as avoiding religious rituals and sexual relations during menstruation, influence the behavior of respondents, which is linked to religious teachings and personal beliefs.
Household income	Respondents from lower-income households (e.g., 500–999 KM; 1000–1499 KM; 1500–1999 KM) are more inclined toward superstition compared to those with incomes above 2500 KM. Additionally, respondents with incomes between 1000–1499 KM are more superstitious than those earning between 2000–2499 KM.	Students from households with lower incomes (less than 500 KM) are more inclined toward menstruation-related superstitions in comparison to those from households with an income above 2500 KM. Similarly, respondents with an income between 1000 and 1500 KM are more inclined toward superstition compared to those from households with higher income. For university lecturers, no significant differences in opinions about menstruation-related superstitions were observed based on household income.

Negative attitudes about menstruation	Respondents inclined toward superstition have a more negative attitude about menstruation compared to those who are not superstitious. Also, respondents unsure about superstition have a more negative attitude toward menstruation compared to non superstitious respondents.	The MENGA report suggests that stigma and shame associated with menstruation are present among respondents. Many respondents use euphemisms for menstruation, feel discomfort when purchasing hygiene products, and avoid certain activities during menstruation, indicating negative attitudes and internalized stigma connected with menstruation.

The results of the Kruskal-Wallis test showed that menstruation-related superstitions is more prevalent among respondents living in households with lower income (between 500 and 999 KM, p=0.04; between 1000 and 1499 KM, p=0.000; between 1500 and 1999 KM, p=0.003), compared to respondents living in households with an income above 2500 KM. Additionally, respondents living in households with income between 1000 and 1499 KM (p=0.002) are more inclined toward menstruation-related superstitions compared to respondents from households with income between 2000 KM and 2499 KM. Menstruation-related superstitions contribute to more negative attitudes toward menstruation in general. Statistically significant differences in negative attitudes toward menstruation exist depending on whether respondents are superstitious or not (p=0.000). Namely, respondents who are more inclined to menstruation-related superstitions (p=0.000) have more negative views on menstruation compared to respondents who are not superstitious. Similarly, respondents who are unsure about superstitions have more negative views

on menstruation than respondents who are not superstitious (p=0.000).

4.3.1. Bathing, washing and dyeing hair

It has been previously discussed how much women generally know about menstruation and that, as girls, they had very few conversations with their mothers about it. They mostly received basic hygiene information, while the rest was learned from peers, occasional school lectures, and media. The analysis of this research shows that menstrual blood is still associated with the concept of impurity, especially in a religious context, which further stigmatizes women and reinforces feelings of shame.

There is a correlation between religious affiliations and superstitions, and respondents who declare themselves as believers and practice religion more regularly are more inclined toward superstition. Taking into consideration the fact that it is difficult to clearly separate certain religious practices from superstitions, it is not surprising that this is the case.

Although most of the respondents do not agree with the belief that bathing is harmful during menstruation, they still state that during their upbringing, they received messages, both within the family and in the broader environment, that bathing is harmful to women's health. The belief that menstruation will stop, that a woman will have problems with her uterus and ovaries, that her hair will fall out, that her mouth will twist, and that she will face other health problems, shows how superstitious practices are still present. Respondents share their own examples, but also examples from their surroundings. They mostly explain that such beliefs are passed down from generation to generation and creating a deep-rooted fear of the consequences that might arise if the rules regarding the avoidance of bathing and washing hair are not strictly followed. Although there is no scientific evidence for this, the belief and

experiences based on these beliefs—that hair will fall out if it is cut or dyed, or that menstruation will stop or cause pain—are real to them. It is an indicator of the deep internalization of these cultural norms, which, on a subconscious level, cause the real states that the respondents describe.

My mom used to tell me, "When you get your period, don't bathe so your mouth doesn't twist." I used to follow that advice, but now as I get older, sometimes I have a wedding or something where I can't go with oily hair, but I try to avoid it because my head hurt a few times. But now it's been three days, so on the third day, I went to the beach. (T64_STO_F_K)

I usually avoid bathing and wetting my hair while I am menstruating …. but maybe it's all in my head, those advice from my mom, "Be careful, don't wash your hair when you are menstruating, don't bathe, dress warmly," and so on, and then it kind of stays in your subconscious. (T50_TOM_F_K)

Yes, when I was younger, I didn't really listen to my mom's advice. I always felt gross, dirty during my menstruation. And it wasn't a problem for me to take a bath, to shower... But later on, I started being more careful, meaning, I wouldn't wash my hair, not under any circumstances... on the third or fourth day, I'd already shower. That's what I was careful about. But I don't wash my hair, especially because of my migraines. (T51_TOM_F_K)

Yes, I think a very large number of women avoid bathing during this time because they are afraid of the flow, because it's literally part of tradition—if we have a heavy menstruation and we bathe, we'll have an even heavier menstruation and even worse pain, which could even lead to death. (T42_BRC_F_P)

Bathing, not under any circumstances, because that's what my aunts used to tell me, and we never bathed, not even by accident. (T4_ZEN_F_M)

Some respondents still admit that there is no difference whether they bathe or dye their hair, so they do not believe in what they hear from their own mothers and what is present in their surroundings as an unwritten social norm.

It's not good to dye your hair either. Apparently, those who dye, their hair will fail, it won't turn out right. Well, I've been dyeing my hair for years because I've been grey for a long time. I never paid attention to that, and it's the same for me whether it's during or after. It turns out the same. (T38_BGRA_F_P)

Avoiding hygiene during menstruation when it is most needed is justified for health reasons, which is a paradox because hygiene improves health. This kind of thinking is an indicator of low levels of consciousness and ignorance regarding menstrual health, as well as an inclination toward superstition. Respondents at least try to some have some control over their bodies, and since they lack sufficient knowledge and information, but they already have established and verified superstitious practices, they decide to follow these rules just to be sure and to reduce discomfort and anxiety (Matute, 1994).

4.3.2. Menstruation and magic

In Chapter 2. of this book the connections between menstrual blood and magic are explained, as well as the fact that such practices exist in different cultures and are still preserved in the Balkans. Extensive research on this topic has been conducted by Lydia Radulović, who in her book Sex, Gender, and Religion analyzes the concepts of impure and dangerous women with

menstruation. The term "washing" in some parts of the Balkans often connotes not only physiological cleansing but also a symbolic purification from evil and death (Radulović, 2009, 181). Her research, as well as the research of Jasne Jojić Pavlovski in Serbia, shows how much superstitions exist regarding menstrual blood, which is believed to give symbolic power to women.

Most often, the use—or rather misuse—of menstrual blood is mentioned in love magic, through which women try to win a man's affection. With certain spells, menstrual blood is placed in coffee or another drink, causing the man who consumes it to lose his mind and become attached to the woman who performed the ritual (2009, 151).

Table 10. Attitudes Towards the Magical Properties of Menstrual Blood

I believe that menstrual blood can be dangerous if used in magic (e.g., spells, sorcery, rituals, and similar practices).		
Answer	Total	Percentage
Yes	556	27.11%
No	769	37.49%
I do not know	726	35.40%

Compared to data from research conducted at universities (Spahić Šiljak et al., 2024, 25–26), in which 14.96% of university lecturers and 41.96% of students answered that they believe menstrual blood is dangerous if used for magical purposes, a lower percentage of respondents in this research of the general female population (27.11%) hold the same belief.

The surprising findings of this research on menstrual stigma—that a higher percentage of students (41.96%) compared to the general population of women (27.11%) believe that menstrual blood is dangerous if used for magical purposes—can be explained by analyzing several factors.

It includes the influence of cultural and educational factors, age, peer influence, and psychological factors.

As elaborated in Chapter 2 of this book, menstrual blood has long been connected with myths and taboos, often perceived as impure or even powerful in a magical sense. These beliefs are deep-rooted and have survived to this day, even among educated individuals (Douglas, 1966). If university lecturers have shown that they are less inclined toward superstition than students, it could mean that higher levels of education and experience still play an important role in the deconstruction and demystification of superstitions. However, lack of comprehensive education on menstrual and reproductive health in schools and universities may be one of the reasons why students are more inclined toward superstition. Recent research has discovered that a large number of Generation Z members (one in four surveyed) were not adequately informed about the use of hygienic products, which further contributes to misunderstanding menstruation and maintaining the taboo (Scottish Sun, 2024).

Studies show that formal education often does not address the deep-rooted cultural beliefs about menstruation, enabling these myths to survive (Critical Debates in Health and Social Justice, 2024).

What is especially important to keep in mind is that peer socialization during the teenage years has more influence than any other form of socialization.

Research on the dynamics of peer socialization indicates that shared cultural narratives can perpetuate misinformation and stigmatizing beliefs, regardless of primary socialization. (Teen Vogue, 2024). The role of the media in spreading misinformation about menstruation is also significant. Incorrect, sensationalist, or stereotypical displays of menstruation in the media also shape young people's perceptions, reinforcing stigmatizing beliefs (Stanford Digital Education, 2024).

When considering these factors that influence the maintenance of stigma, it is not surprising that in this research, respondents, who belong to different religious traditions, mentioned the same messages about menstruation’s magical powers. One of the most frequently mentioned practices involving the abuse of menstrual blood is for the purpose of seducing a partner or gaining their love through manipulation.

> A large number of respondents in the qualitative part of the research spoke about the use of menstrual blood for love spells, which shift the boundaries of the established order. When the boundaries and rules of patriarchal control and order are violated (Kristeva, 1982, 4), women try, at least symbolically, to achieve the power they do not have in reality.

This is most clearly and specifically discussed by Muslim women, while Catholic and Orthodox women say that they have heard of it and know it exists, but they mention very few examples. This also indicates how much influence a superstitious practice can have, to the point that it is not openly discussed.

I'll go to him and tell him, then he will whistle after me. You know, that's how it is in the village. I'll go and put it in his coffee and he'll go crazy." (T6_ZEN_F_M)

Yes, I am familiar with that and that it happens. I even have a neighbor who has a problem with it because it was done to her, that spell, and she was treated by religious figures, those who heal. Menstruation is often mentioned when it comes to making spells with it. (T44_BRC_F_M)

I simply hear this from women, they say for menstruation that they put a drop of blood in his coffee or something... I had this recently, when I was cleaning the house... as I was pulling a trail on the stairs... I said, 'Oh my God, what is this?' Paper and blood on the paper... I immediately felt like crying. M. says, 'That's a writing on the paper and blood, all blood on that paper.'" (T42_TUZ_F_M)

Well, I don't know, when I was younger, at least my grandmother… As for the experiences of those women, they would often say that it should be hidden. About the blood, because it was believed that spells were made with it, so the easiest way for women to protect themselves was to keep their blood safe so that no one could use it for that… (T2_ZEN_F_M)

For example, I know a colleague who had nightmares, and by coincidence, he's from Herzegovina, and his first neighbor is probably some, let's say, witch, and she really placed some of her dark magic on him and his whole family, and he wasn't doing well until he went to another woman who, I don't know, makes some ointments or something, and she told him... He started getting some rash, and she said that if he hadn't come to her, that rash would have suffocated him in some way. Now, how true that is... he tells and explains it that

way, but he says that after going to her, he got rid of the nightmares and everything, that it stopped happening, and the rash went away..." (T61_BL_F_P)

Some respondents mentioned that they follow magazines with such content, TV programs, and web pages which offer information about paranormal activities, witchcraft, treatments for witchcraft, and similar topics.

Well, I heard about it on TV, there was even that magazine Aura once, I think they just promote it. I hear it like that from people, but it's generally known, let's say, in the community that it exists, that some people go to those witches... (T25_SAR_F_M)

The respondents who were willing to share their personal experiences spoke about religiously allowed and forbidden methods of treating sihir (witchcraft). This means that, for example, in Islam, as well as in other religions, there are practices of exorcism, expelling the devil/shaitan, and during such rituals, prayers from the Qur'an and the Bible are recited. In addition, there is a whole range of alternative practices used to remove sihir (witchcraft), including various types of incantations, objects, amulets, and similar items. One such experience was detailed by one of the respondents:

First, we (she and her husband) went to something that is called exorcism in the West. Here in Bosnia and Herzegovina, we say, 'I'm going to the imam to have him perform rukya on me.' So, when they taught us rukya, for those who don't know, it's when you sit on a chair and the person who knows the Qur'an recites it (in Arabic) to you. They don't touch you or do anything to you, they just recite prayers, and after about an hour, when they finish, they ask you how you feel, what you've felt, what you

dream about, if you have any problems with your dreams, if any part of your body hurts, and they ask you some questions. After that, they give you, under quotation marks, the 'diagnosis.' They told me, you know, he (husband) has the symptoms of that sihir that is being put in his coffee. I didn't want to believe it… About four months after that, a woman came to work at my company, and it turned out that she had once, long ago, hung out with that woman who cast sihir on my husband, and she told me, 'I know them all.' She then explained everything, saying that she accidentally got involved with that group, where that woman, her first cousin, and her best friend were, and that they had been doing this since their puberty, and that their grandmother had taught them, and that their practice was to try to seduce men naturally into falling in love, but if that didn't work, they would put menstruation blood in the coffee. She said, 'They taught me, they explained to me how to do it…' And she told me that when they put menstruation blood in the coffee, the man sees no one but her, hears no one but her, he no longer has his friends, his circle, only her friends and her circle, and all his money goes to her." (T12_KON_F_M)

The data from this and previous research at universities show that superstitions have no boundaries and that formal education is not a guarantee that someone will be less superstitious. University lecturers are less superstitious, but students and women outside of universities show a significantly higher degree of superstition, which is an indicator of the process of re-traditionalization and re-patriarchalization that is appealing to young people.

For a more fundamental change to occur, it is necessary to work on deconstructing established social norms, practices, beliefs, and superstitions, as well as raising women's awareness of the importance of menstrual health and hygiene in general.

4.4. Insensitivity of the healthcare system

Menstrual health is connected to cultural and economic factors, and it is important to take this into consideration, as many women around the world do not have access to adequate healthcare services essential for reproductive health. State health institutions often do not have specialized professionals trained in issues such as endometriosis, polycystic ovary syndrome, dysmenorrhea (painful menstruation), or menorrhagia (abundant periods), as mentioned by the respondents, so they often turn to private clinics. If health-related staff are not sensitized to offer all necessary information, listen to women, and provide instructions for further searches and treatment, it is not surprising that many do not visit doctors regularly and have poor experiences in public healthcare institutions. In research on violence against pregnant women in Bosnia and Herzegovina, it has also been shown that health-related staff are not sensitized, and that obstetric violence exists (Hrnčić, 2021, 172).

Problems related to menstrual health are often insufficiently researched, which leads to limited treatment options and a lack of effective medical help. This can result in women suffering from menstrual problems for years without adequate support and from a doctor who minimizes or ignores problems or may even provide incorrect diagnoses for the issues women experience.

Gender norms related to menstruation can also lead to unequal access to healthcare, with certain groups being marginalized or ignored in research or medical treatment. In Bosnia and Herzegovina, these include Roma women, women with disabilities, transgender individuals, and other minorities. Physical manifestations of menstruation, such as PMS (premenstrual syndrome) or PMDD (premenstrual dysphoric disorder), can have s

erious psychological consequences. However, these conditions are often neglected or treated as secondary in relation to physical symptoms.

In the quantitative part of the research, the majority of respondents (55.76%) stated that they still prefer a gynecological examination with a female gynecologist, although most have no problem going to a male gynecologist if there is no other option, which is often the case in smaller local communities.

A similar percentage (55.91%) of women had the same stance on this issue in the previous study.

Table 11. Respondents' attitudes on sensitivity in the healthcare system

	1– Absolutely disagree	2 -Disagree	3 – Not sure	4 –Agree	5 – Absolutely agree
Female gynecologists have less understanding of menstrual symptoms than male gynecologists.	20.28%	23.16%	41.20%	11.17%	4.19%
Male/female gynecologists often do not believe women about painful menstruation	19.06%	28.13%	33.69%	14.29%	4.83%
Male /female gynecologists do not want to perform additional tests if a woman constantly complains of pain because they believe women exaggerate.	13.12%	20.28%	41.35%	18.77%	6.48%
Male/female gynecologists often tell girls that once they have their first child, the pain will stop.	6.92%	10.24%	37.98%	33.69%	11.17%

Male/female gynecologists often tell women that menstrual pain is reduced if they have regular sexual relations.	8.63%	14.24%	57.00%	15.41%	4.73%
Many women do not want to see a male gynecologist, but exclusively a female gynecologist.	5.22%	11.75%	26.77%	43.49%	12.77%
When admitted to the office due to menstrual pain/difficulties, medical staff (e.g., nurses, technicians) are often not sensitive during communication.	5.70%	12.04%	47.25%	27.35%	7.65%

In smaller places, it happens that, as the respondents said, women have only male gynecologists, and if they need a female gynecologist, they must go to another city and spend additional money and time. This is one of the reasons why women do not go for regular check-ups until they become ill.

That's right. So, the closest town to us is Livno, 75 kilometers in one direction. So, that's 150 kilometers to go. That's the cost of fuel, and then, of course, you can't get a referral for a gynecologist, so you go privately. You need to pay 100 marks

for the exam, and for women, first with the time and transportation costs, they postpone it, and sometimes even a few years pass before they encounter any problems. (T38_BGRA_F_P)

Another reason is shame, especially in smaller communities, because people know each other, and then it creates discomfort later in communication. Also, there is stigma and misunderstanding in the community, as explained by one respondent, which makes her feel pressured if she decides to go for regular check-ups:

Even though in my environment, everyone is kind of against going to the gynecologist, like it's immediately assumed that you're pregnant or have a serious problem, I still think that one should go to the gynecologist more often. Well, personally, I went once last year and haven't gone since. Although I should go. (T40_TRE_F_P)

Well, somehow, I feel a bit embarrassed if I see that gynecologist in the city afterward. I mean, he looked at me down there, and tomorrow, I might need to have coffee with him, so I prefer a woman. (T42_BRC_F_P)

Believe me, my relative works at the hospital, and I avoided him. I went to my doctor outside the city. I couldn't, he's my relative. (T10_ORA_F_M)

Although menstrual pain is severe, there is not enough understanding for women, and 25.25% of respondents consider that gynecologists do not want to do additional tests if a woman complains of menstrual pain because they consider that women are exaggerating. Women's pain is not taken seriously, and they are often told that the pain will be less and stop once they have their first child, as confirmed by 44.86% of the respondents.

Respondents explain the experiences they have had with gynecologists when complaining of severe pain:

> *When I told my gynecologist at the time that I had severe pain and that I would mention some superstitions—like after having two children, you won't have pain before menstruation—why do I have severe pain, I'm suffering from severe pain, is this normal, he told me I was exaggerating. When I asked the same question a female gynecologist, she explained to me from a scientific medical perspective why these pains last, why they last so long, and that maybe there's a genetic factor involved and everything. So, I kind of feel like there's more empathy when it's female gynecologists. (T63_GRU_F_M)*

> *We encounter misunderstandings from doctors. The pain has to be so severe that you're dying from it for anyone to maybe believe that you're in pain. (T43_BRC_F_P)*

> *It happened to me with a male gynecologist, again, I say, because we don't have female ones. It happened that they were rough and not exactly pleasant, they didn't speak to us nicely. (T47_BIJ_F_M)*

> *He was rough during the exam itself. This was my first time being examined by a doctor. I know what an exam looks like. He was rough. I had the feeling that he was taking out some of his frustration on me... Every woman has a different pain threshold, a different feeling, and a different experience during the exam, emotionally and everything. (T50_TOM_F_K)*

This type of behavior from gynecologists and medical staff discourages women from attending regular check-ups and from seeking a female gynecologist, although even female gynecologists are not always gender-sensitive, as mentioned by some respondents. Even in some statements, there is evidence

of internalized misogyny towards women, and everything that is criticized in male gynecologists for being insensitive is also exhibited by female gynecologists, who should have more empathy for women since they have direct experience with menstruation, unlike men.

There was one, she was really rude to me, shouting. If you can help, help, if you can't, I'll find someone else... (T14_BUZ_F_M)

Well, I don't know. The last thing I remember… it was during childbirth. Since childbirth is both hard and painful. The doctor told me: 'It didn't hurt when you were spreading your legs.' That's the problem with our doctors. (T47_BIJ_F_M)

For example, I haven't been going regularly, I'm not that regular, but the nurses weren't... they even used offensive names for women, or 'why did you come now, it's nine o'clock, you should have come at six to get a number and wait here until twelve for your check-up...'(T9_GRAD_F_M)

The data is shocking that women do not go for regular check-ups and that more than half of them go only when they have problems. 47.25% of respondents go for regular check-ups, while 9.75% never go, and 43% go only when necessary.

If 15.77% of women worldwide die from reproductive organ cancer every year (Zhu et al., 2024), and at least 150 women in Bosnia and Herzegovina die from cervical cancer annually (Matarugić, 2022), then this statistic is concerning.

Table 12.Frequency of Gynecological Check-ups

How often do you go for a gynecological check-up?		
	Total	Percentage

Regularly, I go every year	969	47.25%
Not so regularly, but I try to go	520	25.35%
I go only when necessary	362	17.65%
I do not go for check-ups	200	9.75%

Another reason for such a small percentage of women who go on regular gynaecological check-ups is the undercapacity and unavailability of gynaecological services. Women must wait at least a month, and for additional tests, even longer, which leads for most of them (55.83%) to choose private clinics.

Table 13.Preferences for Healthcare Facilities for Gynecological Examination

Where do you go for a gynaecological check-up?		
	Total	Percentage
To a public healthcare institution/clinic	705	34.37%
To a private healthcare institution/clinic	1145	55.83%
I do not go for a gynaecological check-up	201	9.80%

I don't go, I'm not really a fan. I had a traumatic experience with gynecologists, so since then, it seems like I avoid them. (T17_MO_F_K)

And you know how it is here, I mean, I've personally experienced that gynecologists who work in public institutions don't have, I think, that sensitivity, or they don't want to, or they simply don't understand. So, I'm the first to

choose—I mean, thank God I have the option to go privately, so I go privately for exams because I feel better and they dedicate more time to you somehow. (T3_ZEN_F_M)

Conclusion: The results of the research on socio-cultural dimensions of menstruation show that taboos, stigma, beliefs, and superstitions are deeply embedded through primary and secondary socialization, and are later reinforced through internalized euphemisms, misogyny, and further shape the relationship of a woman to her body and reproductive health. If women grow up with messages that they need to hide menstruation, that during menstruation they are not capable of properly reasoning and making decisions, and that menstruation can be dangerous if used for magical purposes, then it is not surprising that menstruation is still seen as impure and potentially dangerous.

Therefore, due to this, as well as the insensitivity of healthcare staff and the entire healthcare system towards menstrual symptoms – including the minimization of physical pain and psychological repercussions – women do not take enough care of themselves and their bodies. If they are not believed when they say they are in pain or if they are told it will all go away after having their first child, it sends them the message to stay silent and endure. However, women should not have to suffer; they should demand understanding, adequate medical services, and sensitive approaches that are holistic and gender-sensitive.

5. THE RESULTS OF THE RESEARCH ON THE ECONOMIC ASPECTS OF MENSTRUAL POVERTY IN BIH.

Menstrual poverty represents a significant economic and social issue that affects the quality of life of women and girls, particularly in countries with low and middle incomes. In Bosnia and Herzegovina, where economic inequality remains a challenge, many women struggle with limited access to basic hygiene items due to financial difficulties. This research, carried out on a sample of 2,051 respondents through a survey and 73 respondents through semi-structured interviews, aims to provide a deeper insight into the economic aspects of menstrual poverty in Bosnia and Herzegovina. The focus of the research is on monthly expenses for menstrual products, access to quality hygiene products, necessities, and medications for alleviating symptoms, as well as the influence of different income levels and working status on exposure to situations that imply menstrual poverty. Findings from this study provide a basis for a better understanding of this issue and for the creation of policies that would facilitate access to hygienic products and reduce the economic burden of menstrual poverty.

5.1. Types and use of hygiene products

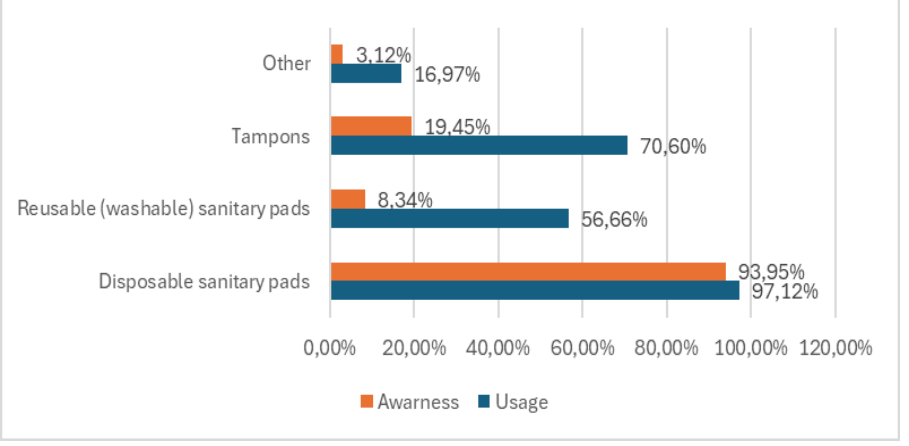
The results of the survey show that disposable sanitary pads are the most well-known form of menstrual products among

respondents (97.12%). Reusable (washable) sanitary pads are familiar to 56.66% of respondents, while tampons are known by 70.60%. The category “other” (which may include alternatives such as menstrual cups or other methods) is known to 16.97% of respondents.

These data indicate that disposable sanitary pads are the most recognizable menstrual product from the perspective of the surveyed women, while knowledge of alternative products, such as reusable pads and tampons, is somewhat lower (Figure 1). The least known options fall into the “other” category, which may suggest a need for better education on alternative menstrual products.

In addition to the most recognizable menstrual products, Figure 5.1.1 illustrates which menstrual products are most frequently used by the respondents. Disposable sanitary pads are the most commonly used product, with 93.95% of respondents preferring them. Tampons are in second place, with 19.45% of respondents regularly using them, while reusable (washable) pads are significantly less represented, with only 8.34%. Only 3.12% of respondents stated that they use other menstrual products, including menstrual cups, menstrual underwear, and similar alternatives.

Figure 12.Recognition of Menstrual Products and Product Usage



Results unequivocally indicate a strong preference for disposable hygiene pads. Although tampons are relatively well-known, their usage is significantly lower, likely due to personal preferences, price, availability, or cultural factors. Reusable pads and alternative products are rarely used, possibly due to insufficient information, inadequate promotion, or perceived impracticality of these options.

Data from Chart 12 highlights the dominant use of disposable hygiene pads, likely due to their availability, acceptance, and ease of use. However, the less frequent use of tampons and reusable pads —despite relatively high awareness—suggests a need for further research into the factors influencing menstrual product choices.

Chart 12 presents the factors influencing women's decisions to use specific menstrual products, with respondents having the option to select multiple answers. The responses highlight a variety of priorities and concerns that women consider when choosing products

Key Factors in Decisions on Purchasing Menstrual Products products are:

1. **Product quality** (60.17%): Represents the most important factor for the largest percentage of respondents. It shows that women primarily seek reliable and effective products that meet their needs.
2. **Menstrual flow** (49.49%): This is the second most common factor, indicating that women choose products suited to their individual physiological needs and the intensity of their menstruation.
3. **Product material** (51.63%): This is also an important factor, suggesting that women pay attention to the composition of the products, likely due to concerns about comfort, safety, and potential allergic reactions.

4. **Ease of Use** (40.52%): This is important for 40.52% of respondents, which indicates a need for products that are practical and easy to use in everyday life

5. **Price** (39.44%): Also plays a significant role in decision-making, confirming that economic factors influence the choice of menstrual products.

Secondary factors include:

- **Availability** (30.47%) and **habit** (31.16%): Factors that affect a significant number of respondents, highlighting the importance of ease of access and continued use of familiar products.

- **Eco-friendly and biodegradable products** are important for 28.47% respondents, indicating a growing awareness of sustainability and its impact on the environment.

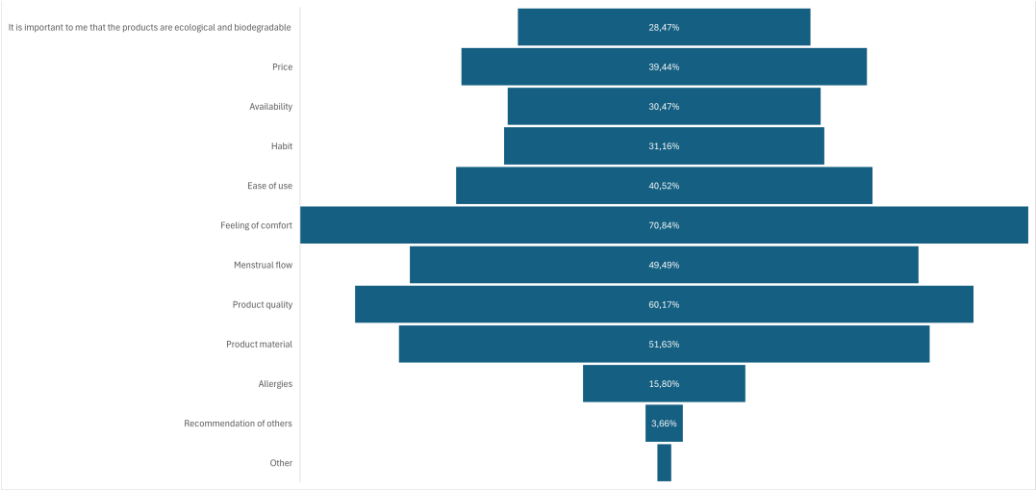
Less significant factors when purchasing include:

- **Feeling of comfort** (70.84%): Has a somewhat smaller influence, although it is crucial for some women.

- **Recommendation from others** (3.66%) and **allergies** (15.80%): Play a lesser role but are important for specific groups of women.

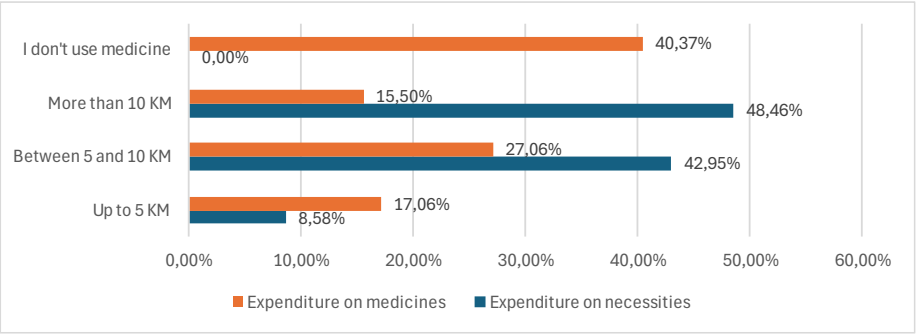
- Category **other** (1.37%) Indicates additional, less common factors that are not listed in the standard selection.

Figure 13.Factors in the Selection of Menstrual Products



It seems that the decision to use menstrual products is influenced by numerous factors, with product quality, suitability for menstruation flow, and material being the most important. Price and practicality also play a significant role, while ecological awareness is gaining importance. The results emphasize the need to expand the offering of high-quality, affordable, and sustainable products to meet the diverse needs of women. The largest percentage of women (48.46%) fall into the category of those spending more than 10 KM per month on menstrual products. This group represents almost half of the respondents, suggesting that for many women, access to these products is relatively affordable, but still requires allocating significant funds.

Figure 14.Allocation of Funds for Menstrual Products and Pain Relief Medication



Also, 42.95% of women spend between 5 and 10 KM monthly on these products, while a smaller percentage (8.58%) report minimum expenses of 5 KM or less. There are no respondents who did not provide an answer, which indicates a clearly defined consumption pattern in this segment. One of the interviewee in the interviews indicated a significant economic burden that purchasing menstrual products represents for women throughout their lives, especially when considering the cumulative expenses over the years. The interviewee used a metaphor, comparing these purchases to buying cars, highlighting the significant costs. She pointed out that four women in her household have been incurring these expenses from the start of menstruation to menopause. This comparison emphasizes the fact that, although monthly expenses on menstrual products may seem modest, they accumulate over time and can significantly impact the household budget.

> *So, considering that menstruation starts around the age of 13—on average at 13—and lasts until menopause at 50 or 55, that means a whole lot of necessary products. There are four of us in the household, and if I calculated how much money we have spent on this, I think we could have certainly bought a car with all that money. And on top of that, at this very moment while I'm being interviewed, one is 17, one is 18, and one is 24. So, by the time they reach 50, they will spend just as much again. (T11_ORA_F_K)*

Figure 14. also illustrates that a significant percentage of women (40.37%) do not use medications for menstrual pain relief. This may indicate that a certain number of women do not need these products or prefer alternative methods to alleviate discomfort. Among those who use medications, the highest percentage (27.06%) spends between 5 and 10 KM monthly, while 17.06% spend 5 KM or less.

A smaller percentage (15.50%) spends more than 10 KM monthly on medications, which suggests that a smaller group

of women are faced with more intense pain and require a larger budget for mitigating symptoms. Interviewee drew attention to situations where menstrual pains and related symptoms require continuous medical therapy, stressing that the costs often significantly exceed 10 KM, which additionally burdens the home budget.

Well, monthly it's 70 KM… One medication costs 45 KM, plus birth control pills. Even more, because this 45 KM medication contains 20 tablets, which isn't enough for a month. So, it's around 70–90 KM per month. (T59_SAR_F_M)

The second interviewee states that access to medications depends on her current financial situation. When it is within her means, she uses medication, while in financially unfavorable situations, she relies on herbal teas as a cheaper alternative. This narrative illustrates how economic uncertainty affects the ability to manage menstrual pain, often compelling women to resort to less efficient alternatives:

I rely more on medication because I have heavy menstruation. It depends—sometimes, when I can afford medication, I use it. If I can't, I try to use herbal teas instead. (T13_CAZ_F_M) (T13_CAZ_F_M)

It arises that menstrual necessities are a necessary monthly cost for most women, while the largest percentage of respondents fall in the middle or higher range of consumption. On the other hand, a significant percentage of women do not use medication for menstrual problems, while among those who do, most consume them moderately. These findings highlight differences in the needs and habits among women, as well as potential financial challenges for part of the populations that has to spend more on these products.

In the context of a larger family with three or more women who regularly use menstrual products, total expenses reach a level that many families cannot afford. The following narrative from interviews reveals one key dimension of these problems: a large number of women are forced to use inadequate hygienic products because they cannot cover expenses for basic hygienic products. This practice can negatively impact the health and dignity of women, further deepening the problem of menstrual poverty.

> *When calculated on a monthly basis, especially for a family with three or more women who are in the menstrual cycle phase, it amounts to a significant expense. I believe that most families cannot afford it, and a large number of women face inadequate use of hygiene products. (T16_VKLA_F_M)*

Respondents were asked whether they would rather use alternative menstrual products if they would more affordable. Connected with that, 21.60% of respondents declared that they would rather use something other than their current menstrual product if the alternative would be more affordable. This data suggests that there is a significant group of women who are open to change in favor of a cheaper option, which may indicate financial difficulties or dissatisfaction with current products. On the other hand, 42.42% of respondents stated that they would not change their currently used menstrual products regardless of price. This shows that for most women, the quality and reliability of current products are more important than potential savings. More than a third (35.98%) answered that they were unsure whether they would switch to other products, which possibly indicates indecisiveness or a lack of information regarding the quality, functionality, or health benefits of alternative products. Although a significant portion of women would not change their current products, a substantial group (21.60%) is open to alternative options, highlighting the need to increase accessibility and diversity of products on the market. At

the same time, the high percentage of undecided respondents suggests the need for additional information and education on alternatives, which could be more favorable while still maintaining quality and reliability.

The following narrative from an interview illustrates the challenges faced by women who suffer from heavy menstruation, especially in the context of the unavailability or inadequacy of standard menstrual products. Due to the intensity of bleeding, one interviwee was forced to use alternatives such as diapers (“Pampers”) or large rags, because standard pads were not efficient enough.

Since I had heavy menstruation, I mostly used either Pampers or large cloths. I couldn't use any kind of pad. (T24_TUZ_F_K)

This situation not only highlights the specific needs of women with heavy menstruation, but also the additional financial and logistical challenges they face when finding appropriate solutions. The use of alternatives, such as rags, is often associated with women who lack access to quality hygiene products, which can result in decreased personal comfort, increased risk of infections, and a violation of dignity.

5.2. Conditions for menstrual hygiene

Data from the research indicate various aspects of women's menstrual experience, including hygienic conditions at home and in the workplace, as well as the reasons and ways of regulating absences from work or school during menstruation.

When it comes to hygienic conditions at home, most women have satisfactory conditions for maintaining menstrual hygiene. Specifically, as many as 97.95% of respondents report that at home they have a toilet in which they can privately change

menstrual products, while 97.46% have access to soap, and 99.12% have access to running water. Toilet paper is available to 96.98% of respondents, while 94.88% have access to hot running water at home. These data clearly indicate that most households provide adequate hygienic conditions, which is crucial for the preservation of menstrual health.

However, the situation in the workplace shows significant shortcomings. Although 71.28% of women report that they have access to a private toilet at the workplace, soap availability falls to 57.63%, and access to current water is at 71.72%. Access to warm water is reported by only 38.23% of respondents, while a place for disposal of used hygiene products is available to 69.97% of women. These data indicate a need for improving hygienic standards in working and educational environments, because the lack of basic hygienic conditions can negatively affect a woman's sense of comfort and security during menstruation.

During the interviews, one of the respondents commented on the challenges women face regarding hygiene conditions in the workplace, particularly in the context of the proper disposal of menstrual products. Although basic hygiene materials such as liquid soap and napkins are provided, the lack of bags for disposing of used sanitary pads creates impractical and potentially uncomfortable situations for women.

Liquid soap, yes, tissues, yes, but waste disposal bags, not so much. So, mostly, women, from what I've noticed when I enter the restroom, wrap their waste, so to speak, either in the part of a new pad or, if that's not the case, it ends up being wrapped in toilet paper, but it's noticeable." (T30_SAR_F_M)

Her remark that it " noticeable " when hygienic standards are not met, highlights the feelings of discomfort and stigmas that these situations can cause. Another respondent commented:

> *At home, I have adequate conditions, but at work, it literally happens that there is rarely any soap, while, for example, there is paper, but the trash cans are mostly overflowing, and you literally have nowhere to properly dispose of all the medical, let's say medical waste. (T42_BRC_F_P*)

Data analysis from the survey regarding absence from work or school - indicates that during menstruation, 59.09% of women do not miss work, while 12.14% report missing less than one day per month. 7.31% miss one day per month, while 2.93% are absent for two days, and 0.93% miss more than two days monthly. The main reasons for these absences are menstrual pains, reported by 33.93% of women, followed by fatigue and exhaustion at 24.09%, heavy bleeding at 19.41%, and migraines and headaches at 18.87%. Results indicate individual differences in menstrual experiences, with some women experiencing more intense symptoms that can affect their work or academic productivity. During interviews, the topic of painful menstruation was frequently cited:

> *My daughter had such (note: menstruation) that she couldn't attend lectures because, what happened to her was, she went to the bathroom and fainted from the pain, from the intense pain they carried her out of the bathroom. So, she definitely still, even today, I just spoke to her the other day, when she tells me, 'I don't know what's happening, I thought when I give birth it would stabilize, but for me, mom, it's even worse, even more intense.' (T10_ORA_F_M)*

> *There were situations when, because of really heavy bleeding or long-lasting bleeding, I had to either leave work or, in the worst case, I just couldn't go to work. (T16_VKLA_F_M).*

These narratives illustrate that intensive menstrual symptoms are not just a health problem, but also a significant social and economic challenge. They often require adjustments of working and educational environments that would allow women to maintain productivity and quality of life. The above examples highlight the need for greater societal awareness, better health policies, and ensuring support for women who suffer from severe menstrual discomfort and disorders.

Ways of regulating absences also vary. The survey showed that 10.82% of women use free days, while 8.43% use sick leave, and 3.41% use vacation days. The possibility of working from home is used by 9.31% of respondents, while 12.63% arranges with employers or professors, and 10.82% with colleagues. These data highlight the need for greater flexibility and understanding in working and academic environments that would allow women to manage their menstrual problems in a stress-free environment without stigma.

Survey results show that, while hygiene conditions at home are satisfactory, there is significant room for improvement in workplaces and educational institutions. Menstrual symptoms such as pain, fatigue, and heavy bleeding often disrupt the working and academic routines of women, indicating the need for greater support and better policies that will enable women to feel safe and cared for during menstruation. Menstrual health is not just a health issue, but also a broader socio-economic issue that requires comprehensive support and systemic change.

5.3. Employment status, income level, and exposure to menstrual poverty.

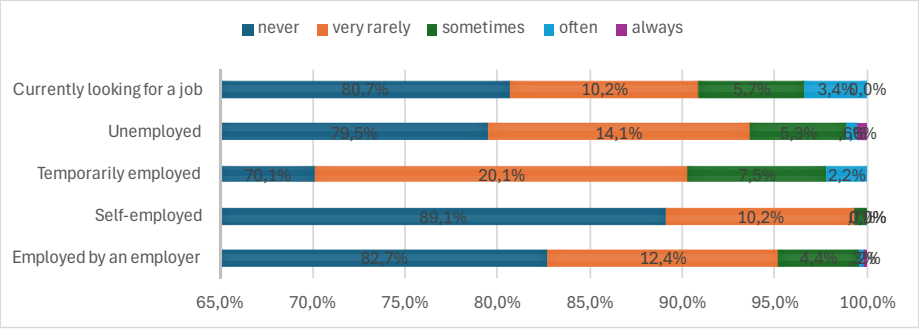
The survey questionnaire contained questions with statements that imply situations of menstrual poverty, such as borrowing menstrual products, improvising with rags and

other materials, the inability to purchase medication for menstrual pain and problems, prolonged use of products due to the inability to replace them, insufficient menstrual necessities for better menstrual hygiene, and buying lower-quality products due to cost. Below are the results with responses from respondents on these statements, focusing on employment status, household income, and personal income.

5.3.1.Borrowing menstrual supplies

Employment status and accessibility of menstrual products: The survey results showed that there is a **statistically significant difference in access to menstrual products depending on a woman's employment status**. Specifically, women who are employed by an employer, as well as those who are self-employed, report less difficulty in accessing menstrual products. Even 82.7% of employed women and 89.1% of self-employed women reported that they never had to borrow these products. This highlights the importance of regular and stable income that enables access to basic hygienic needs. Among these groups, only a smaller percentage (17.3% of employed women and 10.9% of self-employed women) occasionally report difficulties with access to products, which further confirms that economic stability plays a key role. Women with temporary employment face particularly conditions that directly influence their ability to afford basic hygienic products. Almost a third of women in this group (29.9%) reported that they occasionally have difficulty and borrow products, of which, 7.5% state that these are situations that occur occasionally, while 2.2% state that they often have to borrow menstrual products. This data indicates that irregular and unpredictable income represents a significant barrier to securing basic needs.

Figure 15.Borrowing menstrual products because they cannot afford them (based on employment status).



*p<0,000

Unemployed women are also in a vulnerable position. Twenty-point-five percent report occasional difficulties in accessing menstrual products, which additionally highlights the key role of stable income in the fight against menstrual poverty. The situation is even more complicated for women who are actively seeking employment. Although most of them (80.7%) declare that they don't have a problem with accessing hygiene products and that there is no need for them to borrow, the remaining 19.3% report difficulties, with 5.7% occasionally and 3.4% often lacking access to menstrual products and having to borrow them.

These data reflect the challenges women face during the transition between employment, which increases their vulnerability and the risk of menstrual poverty.

The survey data analysis shows that menstrual poverty is not just a healthcare issue, but already a serious economic problem. Women with temporary or unstable income, as well as

unemployed individuals, belong to the most vulnerable categories.

Stable incomes, on the other hand, allow women to secure basic hygiene needs without major obstacles, significantly reducing the risk of menstrual poverty.

Income level and access to menstrual products: The analysis of data on the relationship between average monthly household income and the frequency of situations where women need to borrow menstrual products points to a strong economic aspect of this problem.

Data shows that the frequency of menstruation poverty decreases with rising income, which confirms that economic stability plays a key role in overcoming it.

The situation in households with an income below 500 KM is particularly concerning. Almost 41% of women from these groups occasionally face the inability to afford menstrual products, while 3.7% regularly have this problem. These women often rely on help from friends or other people, which additionally exposes their economic vulnerability and dependence on others.

Similarly, but somewhat less severe, the situation is observed among women from households with an income between 500 and 999 KM. In this group, a third of women occasionally report difficulties in accessing menstrual products. Although the situation is better than for women with the lowest income, economic pressure remains significant, and these women often balance between basic needs and limited financial resources.

The trend of decreasing frequency of situations that imply menstrual poverty becomes visible with the increase in income.

In households with income between 1000 and 1499 KM, most women (73.7%) never had to borrow menstrual products. Still,

26.3% of women still occasionally experience difficulties, which indicates that even medium incomes do not guarantee complete economic security.

An even better situation is noticed in households with income between 1500 and 1999 KM, where 79.1% of women have no problem accessing menstrual products. However, even in this group, 20.9% of women occasionally report difficulties, which suggests that the problem of menstrual poverty cannot be completely eliminated without additional systemic support and economic stability.

This analysis clearly shows that the most vulnerable women are those from households with the lowest incomes, while an increase in income reduces, but does not completely eliminate, the problem of menstrual poverty.

Data analysis on menstrual poverty in households with income between 2000 and 2499 KM shows a significant reduction in this problem. Most women (85.4%) from these groups have never had to borrow menstrual products, while only 14.6% occasionally reported difficulties. An even more favorable situation was recorded for women from households with income above 2500 KM, where 88.6% had never experienced problems, and only a small percentage occasionally experiences difficulties.

Table 14. Borrowing menstrual products because they cannot afford them (depending on household income level)

	Average Monthly Household Income*						Total
	Below 500 KM	Between 500 and 999 KM	Between 1000 and 1499 KM	Between 1500 and 1999 KM	Between 2000 and 2499 KM	Above 2500 KM	
never	16	108	250	287	322	693	1676
	59.3%	66.3%	73.7%	79.1%	85.4%	88.6%	81.7%
very rarely	6	30	63	55	43	69	266
	22.2%	18.4%	18.6%	15.2%	11.4%	8.8%	13.0%
sometimes	4	21	20	19	11	18	93
	14.8%	12.9%	5.9%	5.2%	2.9%	2.3%	4.5%
often	0	3	5	1	1	2	12
	0.0%	1.8%	1.5%	.3%	.3%	.3%	.6%
always	1	1	1	1	0	0	4
	3.7%	.6%	.3%	.3%	0.0%	0.0%	.2%
	27	163	339	363	377	782	2051
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

*p<0.000

These data clearly highlight social inequality in access to basic hygienic products.

While women from wealthier households rarely report menstrual poverty, the situation is different for women from lower-income households. The greatest burden falls on women from households with incomes below 1000 KM, where a significant number of them have to seek assistance in order to meet basic hygiene needs.

The results point to an urgent need for concrete social policies and interventions that would directly reduce menstrual poverty. Measures such as subsidizing menstrual products or ensuring free access to these products for the most economically vulnerable groups could significantly improve the quality of life for women and provide them with dignified access to hygiene products. Additionally, it is essential to raise awareness about this issue in order to reduce stigma and enhance support for women facing menstrual poverty. Systemic solutions and public education are key steps towards creating a more just society.

Table 15. Borrowing menstrual products because they cannot afford them (depending on the respondent's income level)

	Personal monthly income *						Total
	Below 500 KM	Between 500 and 999 KM	Between 1000 and 1499 KM	Between 1500 and 1999 KM	Between 2000 and 2499 KM	Above 2500 KM	
never	279	268	398	353	193	185	1676
	76.2%	76.1%	81.4%	87.8%	86.9%	84.1%	81.7%
very rarely	60	58	61	37	24	26	266
	16.4%	16.5%	12.5%	9.2%	10.8%	11.8%	13.0%
sometimes	18	25	27	11	4	8	93
	4.9%	7.1%	5.5%	2.7%	1.8%	3.6%	4.5%
often	7	1	2	0	1	1	12
	1.9%	.3%	.4%	0.0%	.5%	.5%	.6%
always	2	0	1	1	0	0	4
	.5%	0.0%	.2%	.2%	0.0%	0.0%	.2%

	366	352	489	402	222	220	2051
	100.0 %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

*p<0.000

From both tables, it is clear that both household and personal incomes play a key role in how much women are affected by menstrual poverty.

A key similarity in the results is that with an increase in income – whether personal or total household income – the frequency of situations in which women have to borrow menstrual supplies significantly decreases.

In households with an income below 500 KM, as much as 40.7% of women report occasional or frequent difficulties obtaining menstrual products. Similarly, women with a personal income below 500 KM face almost the same level of problems – 23.8% of them have difficulties at least occasionally. Women living in low-income households often also have low personal incomes, which further reduces their ability to meet basic needs.

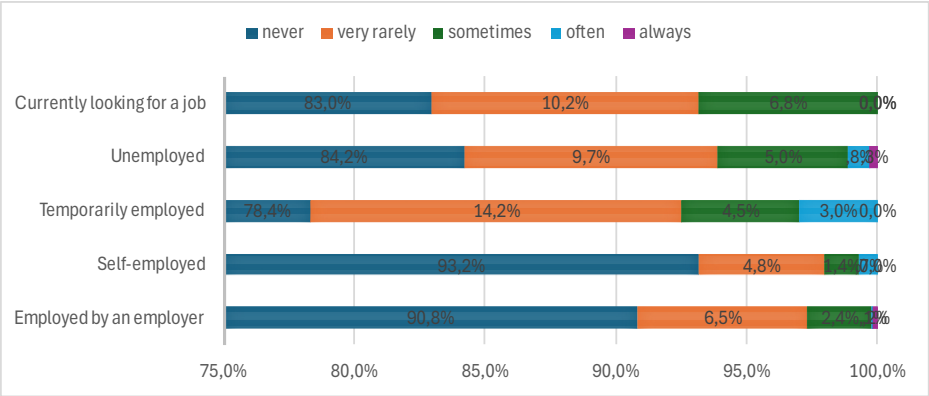
With an increase in household and personal income, there is a noticeable trend of decreasing menstrual poverty. For example, in households with incomes between 1000 and 1499 KM, 73.7% of women have no problems, while the percentage for women with personal incomes in the same range is even higher – 81.4%. Similarly, in households with incomes above 2000 KM, the problem nearly disappears: 89.9% of women in these households never had to borrow menstrual products, while 86.9% of women with personal incomes in this range report the same.

One interesting difference in this data is that women from households with higher incomes report problems less often than those with high personal incomes. This may suggest that the collective economic status of the household provides greater financial security, even if a woman's personal income is not high. For example, a woman with lower personal income may have a smaller risk of menstrual poverty if she lives in a household with higher total income.

5.3.2. Improvisation and alternatives to menstrual products

Employment status and improvisation: **Among women employed by an employer, 90.8% have never had to improvise menstrual products** which indicates a relatively stable approach to basic hygiene needs. The problem is reported very rarely by 6.5%, while 2.4% occasionally use alternative materials. Only 0.3% of women experience this issue often or always. Although the majority of women are protected from menstrual poverty, the fact that 9.2% occasionally face difficulties suggests that stable employment does not guarantee the complete elimination of the problem. These women may have additional financial obligations or high living costs that reduce their ability to regularly purchase menstrual products.

Figure 16.Frequency of improvisation and use of alternative solutions (e.g., toilet paper, piece of cloth) depending on employment status.



*p<0,000

For self-employed women, as many as 93.2% have never had to improvise, which is the best result among all groups. Very rarely do they face difficulties, with 4.8%, while 1.4% report occasional problems. No one from this group reports frequent or constant difficulties.

A higher degree of financial control and flexibility in self-employment likely contribute to the low frequency of menstrual poverty.

However, 6.8% of women occasionally report difficulties due to unpredictable income or prioritizing other expenses.

Women with temporary employment face greater challenges: 78.4% never improvise, while 14.2% do so very rarely. However, 4.5% sometimes use alternative materials, and what is worrying is that 3% often report problems. This group faces

the highest risk due to uncertain and irregular incomes. Their insecure economic situation directly affects their access to basic needs. The fact that even 7.5% of women in these groups are in risky situations indicates the need for targeted social policies.

Unemployed women are in a slightly better situation than those with temporary employment: 84.2% never improvise, while 9.7% do so very rarely. 5% sometimes experience difficulties, while 0.8% often improvise. One woman (0.3%) reports always using alternative materials. This group, although financially the most endangered, can rely on the social support or help from family. However, the fact that more than 15% of women periodically or often improvise highlights the necessity for direct help for unemployed women in providing free-of-charge hygienic products.

Women who are currently looking for a job face similar challenges: 83% never improvise, while 10.2% do so very rarely, and 6.8% sometimes. No woman in this group reports often or constant difficulties. Women in transition between employment face difficulties as well, with 17% reporting problems with some frequency. These women are often in financially uncertain situations, and it is necessary to ensure support during this transitional period.

Income level and improvisation: Comparing data about average household income and personal income for women provides deep insight into the complexity of menstrual poverty and its connection with the economic situation. In households with income below 500 KM, 74.1% of women never had to improvise menstrual products, while 25.9% occasionally reported difficulties (of whom 14.8% very rarely, and 11.1% sometimes). In parallel group according to personal income, results are somewhat more favorable: 81.1% of women never had difficulties, while 18.9% occasionally resorted to alternative solutions (10.9% very rarely, and 6.3% sometimes).These data discover a significant difference between the influence of

personal and total income on households. Although both groups are economically vulnerable, women from households with lower total income more often reported difficulties in accessing menstrual products than women with low personal income.

This difference suggests that the collective economic situation of a household may further burden access to basic hygiene needs, emphasizing the importance of targeted support for the most vulnerable households.

Table 16.Frequency of improvisation and use of alternative solutions (e.g., toilet paper, piece of cloth) depending on the average household income.

	Average monthly household income*						Total
	Below 500 KM	Between 500 and 999 KM	Between 1000 and 1499 KM	Between 1500 and 1999 KM	Between 2000 and 2499 KM	Above 2500 KM	
never	20	116	275	311	354	743	1819
	74.1%	71.2%	81.1%	85.7%	93.9%	95.0%	88.7%
very rarely	4	26	39	36	20	31	156
	14.8%	16.0%	11.5%	9.9%	5.3%	4.0%	7.6%
sometimes	3	16	20	15	2	8	64
	11.1%	9.8%	5.9%	4.1%	.5%	1.0%	3.1%
often	0	4	5	0	0	0	9
	0.0%	2.5%	1.5%	0.0%	0.0%	0.0%	.4%
always	0	1	0	1	1	0	3
	0.0%	.6%	0.0%	.3%	.3%	0.0%	.1%
	27	163	339	363	377	782	2051
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

*p<0.000

In households with income between 1000 and 1499 KM, 81.5% of women have never faced the need to improvise menstrual

products, while 18.5% occasionally report difficulties (of whom 9.8% very rarely, 5.9% sometimes, and 2.5% often). When analyzing women with personal income in the same range, the situation is more favorable: even 90% have never had the need for improvisation, while only 10% occasionally report difficulties (6.7% very rarely, and 3.1% sometimes).

These data clearly show that women with higher personal income rarely encounter problems related to menstrual products, in contrast to those who depend solely on the total household income.

This suggests that personal income has a more significant an immediate impact on access to hygiene products, providing greate economic autonomy and security in satisfaying basic needs

Table 17. Frequency of improvisation and use of alternative solutions (e.g., toilet paper, piece of cloth) depending on the average personal income of the respondents.

	Personal monthly income *						Total
	Below 500 KM	Between 500 and 999 KM	Between 1000 and 1499 KM	Between 1500 and 1999 KM	Between 2000 and 2499 KM	Above 2500 KM	
never	297	281	440	380	208	213	1819
	81.1%	79.8%	90.0%	94.5%	93.7%	96.8%	88.7%
very rarely	40	46	33	17	13	7	156
	10.9%	13.1%	6.7%	4.2%	5.9%	3.2%	7.6%
sometimes	23	22	15	4	0	0	64
	6.3%	6.3%	3.1%	1.0%	0.0%	0.0%	3.1%
often	5	3	1	0	0	0	9
	1.4%	.9%	.2%	0.0%	0.0%	0.0%	.4%
always	1	0	0	1	1	0	3
	.3%	0.0%	0.0%	.2%	.5%	0.0%	.1%
	366	352	489	402	222	220	2051
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

*p<0.000

In households with high income, above 2500 KM, even 95% of women never improvise menstrual products, while 5% occasionally report difficulties (of which 4% very rarely, and 1% sometimes). The situation is even more favorable for women with high personal income, where 96.8% never improvise, and only 3.2% occasionally encounter difficulties (2% very rarely, and 1.2% sometimes).

These results clearly show that menstrual poverty has been completely eliminated in groups with high income, whether due to household income or personal income. However, women

with high personal income enjoy greater security, which emphasizes the key role of economic autonomy in overcoming menstrual poverty

5.3.3. Accessibility of medication for menstrual pain and discomfort

Employment status and accessibility of medication: Among women employed by an employer, 88% have never had problems accessing medication for menstrual issues, which indicates stable access to basic medical needs. However, 7.5% report that they rarely encounter difficulties, while 3.8% sometimes have problems purchasing medication. A smaller percentage, 0.5%, often, and 0.2%, always report such difficulties. Although most employed women have ensured economic stability, sporadic problems point to the possibility of additional financial pressures or unexpected expenses.

Self-employed women are in a similar position – 89.1% have never had problems accessing medication, while 8.2% report experiencing this very rarely, and 2% sometimes face difficulties. Only 0.7% often report this issue, and no one stated that it happens always. This group enjoys a slightly more favorable position compared to those employed with an employer, likely due to greater control over their finances. However, occasional difficulties indicate possible income fluctuations. For women with temporary employment, the situation is significantly more difficult: 67.2% have never had problems, but as many as 18.7% report that difficulties arise very rarely, while 11.2% sometimes have problems. Additionally, 1.5% often, and another 1.5% always report the inability to acquire medication. This group of women faces the greatest risk of menstrual poverty, which is a direct consequence of irregular and uncertain income, significantly affecting their ability to meet basic health needs.

Table 18. Frequency of problems accessing medications for relieving menstrual pain depending on employment status.

	Employment status *					Total
	Employed by the employer	Self-employed	Temporarily employed	Unemployed	Currently looking for a job.	
never	1163	131	90	270	68	1722
	88.0%	89.1%	67.2%	74.8%	77.3%	84.0%
very rarely	99	12	25	47	11	194
	7.5%	8.2%	18.7%	13.0%	12.5%	9.5%
sometimes	50	3	15	31	7	106
	3.8%	2.0%	11.2%	8.6%	8.0%	5.2%
often	6	1	2	7	2	18
	.5%	.7%	1.5%	1.9%	2.3%	.9%
always	3	0	2	6	0	11
	.2%	0.0%	1.5%	1.7%	0.0%	.5%
	1321	147	134	361	88	2051
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

*p<0.000

Among unemployed women, 74.8% have never had problems purchasing medication for menstrual issues, while 13% state that they very rarely experience difficulties. Additionally, 8.6% occasionally report problems, while 1.9% often and 1.7% always have difficulties in obtaining necessary medication.

These data clearly indicate that unemployed women represent one of the most vulnerable groups, as more than a quarter face occasional or constant challenges in accessing basic medical needs.

Women who are currently looking for a job are in a somewhat better situation. 77.3% of them have never had any problems,

while 12.5% report difficulties very rarely, and 8% sometimes. Only 2.3% of women often have problems with acquiring medication, and none have reported that these difficulties are permanent.

Although women who are looking for a job are in a similar position to unemployed women, their situation is somewhat more favorable, likely due to the expectation of future financial stability through employment.

These data highlight the importance of economic empowerment in order to reduce the risk of menstrual poverty among these groups.

Income levels and medication accessibility: Women from households with income below 500 KM, only 55.6% have never had problems, while 44.4% report difficulties occasionally or often. On the other hand, 73.2% of women with personal income below 500 KM report no problems, which again confirms the earlier statement that personal income is an important factor in reducing risks of menstrual poverty. A similar pattern can be seen among households with income between 500 and 999 KM, where 53.4% of women have never had problems, while 46.6% report difficulties occasionally. Among women with personal income in this range, the situation is a little better, because 70.5% have never reported problems.

As income increases, the frequency of problems with access to menstrual pain relief medications significantly decreases.

In households with income between 1000 and 1499 KM, 73.7% of women report no difficulty, while 26.3% occasionally report problems. With woman with personal income in the same range,

the situation is more favorable: 83.8% of them never report difficulties, which indicates that personal income further reduces the risk of menstrual poverty. This positive trend continues in higher income categories.

Table 19. Frequency of problems accessing medication for relieving menstrual pain depending on the average household income.

	Average monthly household income*						Total
	Below 500 KM	Between 500 and 999 KM	Between 1000 and 1499 KM	Between 1500 and 1999 KM	Between 2000 and 2499 KM	Above 2500 KM	
never	15	87	250	294	339	737	1722
	55.6%	53.4%	73.7%	81.0%	89.9%	94.2%	84.0%
very rarely	6	40	44	44	26	34	194
	22.2%	24.5%	13.0%	12.1%	6.9%	4.3%	9.5%
sometimes	3	26	36	21	10	10	106
	11.1%	16.0%	10.6%	5.8%	2.7%	1.3%	5.2%
often	3	6	4	2	2	1	18
	11.1%	3.7%	1.2%	.6%	.5%	.1%	.9%
always	0	4	5	2	0	0	11
	0.0%	2.5%	1.5%	.6%	0.0%	0.0%	.5%
	27	163	339	363	377	782	2051
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

*p<0.000

In households with income between 1500 and 1999 KM, 81% of women have no problems with accessing medications, while among women with personal income in this same range, even 93.8% report no difficulty. The differences become most obvious in the highest income categories. In households with income above 2500 KM, 94.2% of women never have problems, while among women with personal income in the same range, that percentage rises to 96.8%. It seems that personal income plays a crucial role in reducing menstrual poverty, even in households that already have high total incomes.

The most vulnerable groups are women from households with income below 1000 KM and those with personal income below

500 KM, who report the largest frequency of difficulty, both occasional and frequent. Contrary to this, women with higher personal income, even if they are coming from households with lower total income, experience fewer problems.

It arises that personal economic independence plays a key role in the fight against menstrual poverty and in ensuring access to basic healthcare needs.

Table 20.Frequency of problems accessing medication for relieving menstrual pain depending on the average personal income of the respondents.

	Personal monthly income *						Total
	Below 500 KM	Between 500 and 999 KM	Between 1000 and 1499 KM	Between 1500 and 1999 KM	Between 2000 and 2499 KM	Above 2500 KM	
never	268	248	410	377	206	213	1722
	73.2%	70.5%	83.8%	93.8%	92.8%	96.8%	84.0%
very rarely	54	56	49	18	12	5	194
	14.8%	15.9%	10.0%	4.5%	5.4%	2.3%	9.5%
sometimes	30	37	28	6	3	2	106
	8.2%	10.5%	5.7%	1.5%	1.4%	.9%	5.2%
often	10	6	1	0	1	0	18
	2.7%	1.7%	.2%		.5%	0.0%	.9%
always	4	5	1	1	0	0	11
	1.1%	1.4%	.2%	.2%	0.0%	0.0%	.5%
	366	352	489	402	222	220	2051
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

*p<0.000

The data suggests that interventions are needed to increase women's personal incomes, as well as to subsidize basic hygiene products for women from households with lower incomes. Increasing economic stability on an individual level is crucial for the reduction of menstrual poverty and ensuring equal access to basic healthcare needs for all women.

5.3.4. Prolonged use of menstrual products

Employment status and prolonged usage: Among women employed by an employer, 86.7% have never had to use a menstrual product for more than 6 hours due to an inability to afford new products. Meanwhile, 9.8% state that this happens very rarely, while 2.8% sometimes face this problem. Only 0.6% report this issue often, and 0.2% always experience such

situations. Most women in this category have stable access to menstrual products, but a smaller number occasionally feel financial pressure that affects their hygienic habits. Among self-employed women, 88.4% never have issues with extending the use of menstrual products, while 8.2% state that they very rarely experience such difficulties. Occasional difficulties are reported by 3.4% of women, while none report frequent or permanent problems.

Table 21. Prolonged Use of Menstrual Products Depending on Employment Status

	Employment status *					Total
	Employed by the employer	Self-employed	Temporarily employed	Unemployed	Currently looking for a job.	
never	1145	130	88	282		1712
	86.7%	88.4%	65.7%	78.1%	76.1%	83.5%
very rarely	129	12	23	48	11	223
	9.8%	8.2%	17.2%	13.3%	12.5%	10.9%
sometimes	37	5	18	22	8	90
	2.8%	3.4%	13.4%	6.1%	9.1%	4.4%
often	8	0	4	7	1	20
	.6%	0.0%	3.0%	1.9%	1.1%	1.0%
always	2	0	1	2	1	6
	.2%	0.0%	.7%	.6%	1.1%	.3%
	1321	147	134	361	88	2051
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

*p<0.000

Self-employed women are in a slightly more favorable position compared to employed women, which can be attributed to their greater flexibility in managing their own finances. However, occasional issues indicate uncertainty in income for some respondents.

The situation among temporarily employed women is considerably more complex. Only 65.7% have never had issues, while 17.2% report very rarely having to extend the use of menstrual products. Occasional difficulties are reported by 13.4%, and 3% of women often have to extend product use. Additionally, 0.7% always face this issue. These data indicate a high risk of menstrual poverty among temporarily employed women, which is a direct consequence of their unstable and irregular income, significantly limiting their ability to make regular purchases of menstrual products.

Unemployed women also represent a highly vulnerable group. Although 78.1% have never had problems, 13.3% occasionally face difficulties, and 6.1% sometimes report having to extend product use. Another 1.9% of women often experience this issue, while 0.6% always do. In total, about 22% of unemployed women occasionally or often extend product use due to financial difficulties, further highlighting their economic insecurity. Similar situation is recorded with woman who are currently looking for work. 76.1% never use menstrual products, while 12.5% state that they very rarely experience difficulties. Occasional problems are reported by 9.1%, while 1.1% often face difficulties, and another 1.1% always experience serious difficulties. This group, in a transitional period between employment, shows a high frequency of difficulties, which confirms the financial insecurity they face.

These data clearly show that employment status has a significant influence on access to menstrual products. Women with stable employment, either as salaried employees or through self-employment, are less often affected by this issue. On the contrary, temporarily employed and unemployed women belong to the most vulnerable groups, with a significant percentage occasionally or often extend the use of menstrual products due to their inability to afford them.

Women seeking employment are in a similar situation, further confirming the key role of economic factors in maintaining menstrual health.

Income level and prolonged usage: In households with an income below 500 KM, 66.7% of women have never extended the use of menstrual products, while 33.3% occasionally or frequently face difficulties. Among them, 14.8% report such difficulties very rarely, while 18.5% experience occasional problems. In contrast, among women with personal incomes below 500 KM, 74.9% have never encountered this issue, while 25.1% occasionally or frequently report difficulties (of which 13.9% very rarely, 8.7% sometimes, and 1.9% often.

Women with low incomes, either at the household or individual level, are among the most vulnerable groups when it comes to menstrual poverty. However, women with higher personal incomes within the same categories experience a somewhat more favorable situation, highlighting the importance of personal economic stability in reducing the risk of these difficulties.

In households with an income between 500 and 999 KM, 61.3% of women never have to extend the use of menstrual products, while 38.7% occasionally face difficulties. Among them, 20.9% report experiencing problems very rarely, 11.7% sometimes, and 4.9% often.

Table 22. Prolonged Use of Menstrual Products Depending on the Average Household Income Level

	Average Monthly Household Income**						Total
	Below 500 KM	Between 500 and 999 KM	Between 1000 and 1499 KM	Between 1500 and 1999 KM	Between 2000 and 2499 KM	Above 2500 KM	
never	18	100	254	291	334	715	1712
	66.7%	61.3%	74.9%	80.2%	88.6%	91.4%	83.5%
very rarely	4	34	52	52	31	50	223
	14.8%	20.9%	15.3%	14.3%	8.2%	6.4%	10.9%
sometimes	5	19	26	15	11	14	90
	18.5%	11.7%	7.7%	4.1%	2.9%	1.8%	4.4%
often	0	8	6	3	1	2	20
	0.0%	4.9%	1.8%	.8%	.3%	.3%	1.0%
always	0	2	1	2	0	1	6
	0.0%	1.2%	.3%	.6%	0.0%	.1%	.3%
	27	163	339	363	377	782	2051
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

*p<0.000

A similar situation can be observed among women with personal income in this range, but with slightly better outcomes: 72.4% never experience difficulties, while 27.6% face problems occasionally (17% very rarely, 8.2% sometimes, and 1.7% often).

This category indicates that women with income within this range have an increased risk of occasional difficulties. However, women with higher personal income tend to experience greater security. As income rises, the frequency of problems becomes less common. Among households with an income between 1,000 and 1,499 KM, 74.9% of women report no problems, while 25.1% occasionally face difficulties (15.3% very rarely, 7.7% sometimes, and 1.8% often). Among women with personal income in the

same range, the situation is even more favorable: 84.3% report no problems, while 15.7% experience occasional difficulties.

This group clearly shows significant progress in reducing menstrual poverty with increased income, with personal income further contributing to a decrease in the frequency of issues Among households with an income between 1500 and 1999 KM, 80.2% of women report never experiencing difficulties, while 19.8% occasionally face challenges. Similarly, among women with personal incomes in this range, 89.6% report no issues, while 10.4% occasionally experience difficulties.

Table 23.Prolonged use of menstrual products depending on the level of personal income of the respondents

	Average monthly household income*						Total
	Below 500 KM	Between 500 and 999 KM	Between 1000 and 1499 KM	Between 1500 and 1999 KM	Between 2000 and 2499 KM	Above 2500 KM	
never	274	255	412	360	207	204	1712
	74.9%	72.4%	84.3%	89.6%	93.2%	92.7%	83.5%
very rarely	51	60	53	33	13	13	223
	13.9%	17.0%	10.8%	8.2%	5.9%	5.9%	10.9%
sometimes	32	29	19	7	1	2	90
	8.7%	8.2%	3.9%	1.7%	.5%	.9%	4.4%
often	7	6	5	1	1	0	20
	1.9%	1.7%	1.0%	.2%	.5%	0.0%	1.0%
always	2	2	0	1	0	1	6
	.5%	.6%	0.0%	.2%	0.0%	.5%	.3%
	366	352	489	402	222	220	2051
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

*p<0.000

In households with an income between 2,000 and 2,499 KM, 88.6% of women never experience difficulties using menstrual products, while 11.4% report occasional problems. On the other hand, among women with a personal income in this range, 93.2% do not face issues, while 6.8% occasionally encounter difficulties. These data clearly highlight the positive effect of personal income, with fewer and less frequent problems compared to total household income.

In households with an income above 2,500 KM, 91.4% of women never experience problems using menstrual products, while 8.6% report occasional difficulties. Among women with a personal income in the same range, 92.7% never faces difficulties, while only 7.3% occasionally have problems. Although this group is less affected, these findings reaffirm that personal income provides additional security and reduces the risk of menstrual poverty.

Women with higher incomes, whether at the household or individual level, are less likely to face difficulties accessing menstrual products. Still, personal income has a stronger influence, as it provides greater economic autonomy and security. The most vulnerable are women from households with low incomes, as well as those with limited personal income, highlighting the urgent need for social policies that ensure free or subsidized access to menstrual products for the most disadvantaged groups.

5.3.5. Lack of products for regular and quality hygiene

Employment status and insufficiency hygienic products

: Among women employed by an employer, 86.8% never had an issue with a lack of menstrual products, while 9.9% stated that they rarely encountered such difficulties. Occasional problems were reported by 2.2% of women, while 0.6% experienced them often, and 0.5% always faced this issue.

Employed women generally have stable access to menstrual products for regular and proper hygiene, with only occasional difficulties reported by a small number of respondents.

Table 24. Overview of responses to the statement: "I do not have enough menstrual products (because I cannot afford them) to change them whenever I want."

	Employment status " *					Total
	Employed by the employer	Self-employed	Temporarily employed	Unemployed	Currently looking for a job.	
never	1146	132	91	280	68	1717
	86.8%	89.8%	67.9%	77.6%	77.3%	83.7 %
very rarely	131	10	27	50	13	231
	9.9%	6.8%	20.1%	13.9%	14.8%	11.3 %
sometimes	29	4	12	26	5	76
	2.2%	2.7%	9.0%	7.2%	5.7%	3.7%
often	8	1	3	4	2	18
	.6%	.7%	2.2%	1.1%	2.3%	.9%
always	7	0	1	1	0	9
	.5%	0.0%	.7%	.3%	0.0%	.4%
	1321	147	134	361	88	2051
	100.0%	100.0%	100.0%	100.0%	100.0%	100. 0%

*p<0.000

Among self-employed women, 89.8% never report problems with the availability of menstrual products for regular and qualitative hygiene maintenance, while 6.8% state that they very rarely experience difficulties. Occasional problems are reported by 2.7% of women, while only 0.7% often lack these basic hygiene products. No woman in this group has reported facing this problem always. This suggests that self-employed women have better access to menstrual supplies, likely due to greater control over their finances and relative economic stability.

In contrast, temporarily employed women face more significant challenges. Only 67.9% of them report never experiencing problems, while 20.1% very rarely face difficulties. Occasional problems with a lack of menstrual products are reported by 9%, and 2.2% often struggle with this issue. Additionally, 0.7% of women in this group always experience a lack of products. These data indicate that temporarily employed women are at a higher risk of menstrual poverty, which is a direct consequence of their irregular and insecure income.

Among unemployed women, 77.6% never report any problems, while 13.9% very rarely experience a lack of menstrual products. Occasional difficulties are reported by 7.2%, while 1.1% often face challenges, and 0.3% always have trouble ensuring an adequate supply of products.

Unemployed women, as one of the most vulnerable groups, often face limited access to regular and quality menstrual hygiene, which further worsens their quality of life.

A similar situation applies to women seeking employment, where 77.3% never report a problem, 14.8% very rarely experience difficulties, and 5.7% occasionally face challenges. Additionally, 2.3% often lack menstrual products, while no woman in this group has reported always facing this issue. Women in transition between employment also face challenges similar to those of unemployed women, further highlighting their economic insecurity during this transitional period.

Economic status and employment status affect access to menstrual products. Women with stable jobs, such as the self-employed and those employed by an employer, are less likely to face these problems. On the other hand, temporarily employed, unemployed women and job seekers form the most vulnerable groups, frequently reporting a lack of products essential for maintaining basic hygiene.

Income level and insufficiency of menstrual products :

Households with an income below 500 KM, only 51.9% of women have never had a problem with accessing menstrual products, while 29.6% experience it very rarely and 18.5% sometimes face difficulties. In the personal income category, the situation is slightly better – 74.9% of women with a personal income below 500 KM have never had a problem, while 15.3% experience it very rarely, and 7.9% sometimes face difficulties. Women from households with low income are the most vulnerable, while personal income provides somewhat better protection, reducing the frequency of these issues.

Table 25.I don't have enough menstrual products (because I can't afford them) to change them whenever I want.

	Average monthly household income *						Total
	Below 500 KM	Between 500 and 999 KM	Between 1000 and 1499 KM	Between 1500 and 1999 KM	Between 2000 and 2499 KM	Above 2500 KM	
never	14	95	256	295	341	716	1717
	51.9%	58.3%	75.5%	81.3%	90.5%	91.6%	83.7%
very rarely	8	43	56	46	28	50	231
	29.6%	26.4%	16.5%	12.7%	7.4%	6.4%	11.3%
sometimes	5	17	21	17	6	10	76
	18.5%	10.4%	6.2%	4.7%	1.6%	1.3%	3.7%
often	0	6	4	3	2	3	18
	0.0%	3.7%	1.2%	.8%	.5%	.4%	.9%
always	0	2	2	2	0	3	9
	0.0%	1.2%	.6%	.6%	0.0%	.4%	.4%
	27	163	339	363	377	782	2051
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

*p<0.000

In households with income between 500 and 999 KM, 58.3% of women never report problems with menstrual products, while 26.4% declare that they very rarely experience such problems, and 10.4% sometimes have difficulties. On the other hand,

analysis of personal income shows a somewhat more favorable situation: 71.6% of women never face problems, while 18.2% experience them very rarely, and 8% occasionally report difficulties.

Although the problems in this category are less pronounced than for women in households with the lowest income, a significant number of them still face difficulties. Personal income provides better protection compared to total household income, confirming its key role in reducing menstrual poverty.

In households with income between 1000 and 1499 KM, 75.5% of women never report problems, while 16.5% experience them very rarely and 6.2% sometimes report difficulties. Among women with personal income in this range, the situation is even better: 83.6% never report problems, while 12.7% very rarely, and only 2.5% occasionally face difficulties. Thus, as income rises, the frequency of problems significantly decreases, and personal income continues to have a greater effect on reducing difficulties than total household income.

In households with income between 1500 and 1999 KM, 81.3% of women report that they never face any problems, while 12.7% experience difficulties very rarely, and 4.7% report occasional difficulties. In the same category, among women with personal income, 91.5% never face any problems, while 7.2% experience difficulties very rarely, and only 0.7% report difficulties sometimes. This category demonstrates significant progress in reducing menstrual poverty, with personal income further contributing to a decrease in the frequency of problems, providing women with greater economic security and stability.

Table 26. I do not have enough menstrual products (because I cannot afford them) to change them whenever I want (depending on personal income).

	Personal monthly income*						Total
	Below 500 KM	Between 500 and 999 KM	Between 1000 and 1499 KM	Between 1500 and 1999 KM	Between 2000 and 2499 KM	Above 2500 KM	
never	274	252	409	368	208	206	1717
	74.9%	71.6%	83.6%	91.5%	93.7%	93.6%	83.7%
very rarely	56	64	62	29	10	10	231
	15.3%	18.2%	12.7%	7.2%	4.5%	4.5%	11.3%
sometimes	29	28	12	3	2	2	76
	7.9%	8.0%	2.5%	.7%	.9%	.9%	3.7%
often	6	5	5	0	1	1	18
	1.6%	1.4%	1.0%	0.0%	.5%	.5%	.9%
always	1	3	1	2	1	1	9
	.3%	.9%	.2%	.5%	.5%	.5%	.4%
	366	352	489	402	222	220	2051
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

*p<0.000

In households with income between 2000 and 2499 KM, even 90.5% of women never report difficulties with accessing menstrual products, while 7.4% state that they experience problems very rarely, and only 1.6% occasionally have difficulties. For women with personal income in the same range, the situation is more favorable: 93.7% never experience problems, while 4.5% report difficulties very rarely, and only 0.9% occasionally have difficulties.

The differences between household income and personal income in these categories are less pronounced, but women with higher personal income generally experience fewer issues affording menstrual products, which highlights the importance of individual economic stability.

In households with income above 2500 KM, 91.6% of women report no problems, while 6.4% experience difficulties very rarely, and only 1.3% sometimes have problems. Among women with personal income above 2500 KM, 93.6% never experience difficulties, while 4.5% report problems very rarely, and only 0.9% occasionally face difficulties.

The highest incomes, both household and personal, almost completely eliminate period poverty.

Women with higher personal income report the lowest frequency of problems, which further emphasizes the importance of their economic autonomy.

5.3.6. Purchasing Lower-Quality Products Due to Price

Employment status and lower-quality products: women employed by an employer, 64.6% never buy lower-quality menstrual products due to price, while 20.1% report doing so very rarely. Occasional difficulties are reported by 11.8%, 2.6% often, and 0.8% always have to resort to lower-quality products. Although most employed women have stable access to high-quality menstrual products, a significant number occasionally experience financial pressure, which indicates that the high price of these products remains a challenge, even for women with regular incomes.

For self-employed women, the situation is somewhat more favorable: 68% never choose lower-quality products, while 19% do so very rarely. Occasional difficulties are reported by 6.8%, 4.1% often, and 2% always buy lower-quality menstrual products because of the price. Although self-employed women generally have better access to high-quality hygienic products than other groups, they often face financial issues and tend to opt for cheaper, lower-quality options when necessary.

Among temporarily employed women, only 47% never buy lower-quality products, while 21.6% rarely face this issue. Occasional difficulties are reported by 17.9%, while 9% experience it often, and 4.5% always choose lower-quality products. This group is among the most vulnerable, as more than half of the women in this category either occasionally or frequently opt for lower-quality products.

Unemployed women are also a highly vulnerable group. Among them, 54.6% never choose lower-quality products, while 17.5% rarely do so, and 16.3% occasionally face this issue. Even 8% choose lower-quality products often, and 3.6% always buy cheaper, lower-quality menstrual products.

Almost half of unemployed women occasionally or frequently resort to lower-quality menstrual products, which highlights deep economic inequality and insufficient access to quality hygiene products for this group.

Table 27. Frequency of purchasing lower-quality products due to price, based on employment status

	Employment status					Total
	Employed by the employer	Self-employed	Temporarily employed	Unemployed	Currently looking for a job.	
Never	854	100	63	197	46	1260
	64.6%	68.0%	47.0%	54.6%	52.3%	61.4%
very rarely	266	28	29	63	23	409
	20.1%	19.0%	21.6%	17.5%	26.1%	19.9%
sometimes	156	10	24	59	11	260
	11.8%	6.8%	17.9%	16.3%	12.5%	12.7%
Often	35	6	12	29	4	86
	2.6%	4.1%	9.0%	8.0%	4.5%	4.2%
Always	10	3	6	13	4	36
	.8%	2.0%	4.5%	3.6%	4.5%	1.8%
	1321	147	134	361	88	2051
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

*p<0.000

Among women who are currently looking for a job, 52.3% never buy lower-quality menstrual products, while 26.1% do so rarely. 12.5% of women report occasional difficulties, while 4.5% experience them often, and another 4.5% always turn to lower-quality products due to their lower prices. This group faces significant financial pressure, which forces them to make compromises when choosing hygiene products.

Women with stable employment, such as those employed by an employer or self-employed, are less affected by the issue of purchasing lower-quality menstrual products.

On contrast, temporarily employed women, unemployed women, and women seeking employment face the most difficult challenges, with a considerable percentage occasionally or frequently choosing lower-quality products due to financial constraints.

income level and product quality : In households with an income below 500 KM, 33.3% of women never had difficulty when buying quality menstrual products. Very rarely do problems occur, reported by 18.5% of women, while even 25.9% sometimes resort to less high-quality options. More alarming is the data that 14.8% of women often, and 7.4% always choose less quality products because of financial constraints.

A similar observation can be made for women with personal income below 500 KM. In this group, 49.2% never had problems with access to high-quality products, while 19.9% reported difficulties very rarely. 17.2% of women sometimes face difficulties, while an additional 9% often and 4.6% always use lower-quality products

Women from households with the lowest income, as well as those with low personal income, are most affected by problems accessing quality hygienic necessities.

Their economic insecurity directly impacts their choices, forcing them to often rely on lower-quality options that can negatively affect their health and dignity.

Table 28. Frequency of purchasing lower-quality products due to price based on household average income.

	Average monthly household income.						Total
	Below 500 KM	Between 500 and 999 KM	Between 1000 and 1499 KM	Between 1500 and 1999 KM	Between 2000 and 2499 KM	Above 2500 KM	
never	9	60	163	202	233	593	1260
	33.3%	36.8%	48.1%	55.6%	61.8%	75.8%	61.4%
very rarely	5	31	82	85	87	119	409
	18.5%	19.0%	24.2%	23.4%	23.1%	15.2%	19.9%
sometimes	7	42	58	51	48	54	260
	25.9%	25.8%	17.1%	14.0%	12.7%	6.9%	12.7%
often	4	15	28	21	7	11	86
	14.8%	9.2%	8.3%	5.8%	1.9%	1.4%	4.2%
always	2	15	8	4	2	5	36
	7.4%	9.2%	2.4%	1.1%	.5%	.6%	1.8%
	27	163	339	363	377	782	2051
	100.0 %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0 %

*p<0.000

In households with an income between 500 and 999 KM, only 36.8% of women never report issues with purchasing quality menstrual products. Very rarely do difficulties arise for 19% of women, while 25.8% sometimes face lower-quality options. More concerning is the fact that 9.2% of women often experience difficulties, and the same percentage always chooses lower-quality products due to financial constraints. For women with personal income in the same range, the situation is somewhat more favorable: 48% of them never report problems, while 23.3% very rarely, and 18.2% sometimes experience difficulties. Often, problems are reported by 7.7% of women, while 2.8% always choose lower-quality products. Although occasional and frequent problems are less pronounced than in the lowest-income category, they remain significantly present.

In households with an income between 1000 and 1499 KM, 48.1% of women never experience problems, while 24.2% very rarely, and 17.1% sometimes encounter difficulties. Often, difficulties are reported by 8.3% of women, while 2.4% always choose lower-quality products. In contrast, for women with personal income in this range, the situation is more favorable: 57.1% never experience problems, while 24.7% report very rarely, and 14.3% say they encounter difficulties sometimes. Only 3.1% of women report problems often, and 0.8% experience problems always when they choose lower-quality products.

It is clear that women with higher incomes, both at the household level and personally, face these issues less frequently

Personal income in these categories proves to be a key factor in ensuring better access to quality products, providing greater security and reducing the frequency of more serious difficulties.

Table 29.Frequency of purchasing lower-quality products due to price depending on the respondents' personal income.

	Personal monthly income *						Total
	Below 500 KM	Between 500 and 999 KM	Between 1000 and 1499 KM	Between 1500 and 1999 KM	Between 2000 and 2499 KM	Above 2500 KM	
never	180	169	279	284	162	186	1260
	49.2%	48.0%	57.1%	70.6%	73.0%	84.5%	61.4%
very rarely	73	82	121	73	40	20	409
	19.9%	23.3%	24.7%	18.2%	18.0%	9.1%	19.9%
sometimes	63	64	70	35	16	12	260
	17.2%	18.2%	14.3%	8.7%	7.2%	5.5%	12.7%
often	33	27	15	7	2	2	86
	9.0%	7.7%	3.1%	1.7%	.9%	.9%	4.2%
always	17	10	4	3	2	0	36
	4.6%	2.8%	.8%	.7%	.9%	0.0%	1.8%
	366	352	489	402	222	220	2051
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

*p<0.000

In households with an income between 1500 and 1999 KM: 56.6% of women have never had any problems purchasing quality menstrual products, while 23.4% state that they very rarely face problems. Occasional difficulties are reported by 14% of women, 5.8% often report problems, and 1.1% always choose less quality products. On the other hand, women with personal income in the same range: 70.6% never experience problems, while 18.2% very rarely, and 8.7% sometimes report difficulties. Frequent

difficulties are experienced by 1.7% of women, while 0.7% always choose less quality products.

In households with an income between 2000 and 2499 KM, 61.8% of women never face problems, while 23.1% very rarely, and 12.7% sometimes have difficulties. Frequent problems are reported by 1.9% of women, while 0.5% always choose less quality products. Among women with personal incomes in this range, the situation is even better:, the situation is more favorable: 73% never face problems, while 18% very rarely, and 7.2% sometimes report difficulties. Only 0.9% of women report frequent problems, while 0.9% always choose less quality products.

In households with an income above 2500 KM, 75.8% of women never face problems, while 15.2% very rarely, and 6.9% sometimes report difficulties. Frequent problems are experienced by 1.4% of women, while 0.6% always choose less quality products. In total, 84.5% of women never face problems, while 9.1% very rarely, and 5.5% sometimes report difficulties. Only 0.9% of women experience frequent problems, while none reported always choosing less quality products

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Conclusion: A comprehensive analysis of all findings from this research clearly indicates deep-rooted social and economic inequalities that shape the experience of menstrual poverty among women in Bosnia and Herzegovina. The data on employment status, household income, personal income, and the

frequency of situations—including lack of hygiene supplies and prolonged use of lower-quality products—reveals the complexity of the problem. This issue goes beyond individual experiences and highlights the structural challenges women face. Key findings can therefore be observed in a broader context:

1. **Employment status and economic stability**:
   Stable employment significantly reduces the frequency of menstrual poverty. Employed and self-employed women, who have stable and predictable incomes, rarely face problems accessing menstrual necessities. In contrast, temporarily employed and unemployed women, as well as those who are actively seeking jobs, experience higher levels of economic pressure, making them the most vulnerable group. For these women, the lack of a stable income source often leads to improvisation, extended use of products, or reliance on help from friends and family

2. **Household income level and personal income:**

   Analysis shows a clear trend: as income increases, whether household or personal, the frequency of problems significantly decreases. In households with an income below 500 KM, half of the women report difficulties occasional or often. However, in households with an income above 2000 KM, the problem is almost eliminated. A similar pattern is visible with personal income, where women with higher personal incomes are in a better position to meet basic hygienic needs, even in households with lower total income

3. **Lack of basic hygienic products**: In the most

vulnerable categories, a large percentage of women report that they cannot regularly change menstrual products or often resort to lower-quality options due to financial limitations. These practices not only endanger women's hygienic health but also further emphasize the economic and social divide.

4. **Social stigma and marginalization**: Menstrual poverty is

often connected with social stigma, which makes it difficult for women to openly speak about this issue or ask for help. This stigma additionally deepens feelings of shame and isolation for women who are confronted with financial difficulties, while at the same time making it difficult to carry out necessary social interventions.

Based on all findings, it is clear that menstrual poverty represents a systemic issue that requires multisectoral access and specific interventions, which may include the following

Subsidization and free distribution of Product: Menstrual products should be available free of charge or at subsidized prices for most vulnerable groups, including the unemployed, temporarily employed women and women with incomes below the poverty line

Empowerment through increase of personal income : Increasing economic opportunities for women, through supporting self-employment, training, and job creation, is key to reducing their economic dependence and the risk of menstrual poverty

Raising awareness and reducing stigma: Public programs and campaigns need to focus on raising awareness about menstrual poverty as a significant health and economic issue, while reducing the stigma surrounding this topic.

Introducting social politics: It is necessary to develop and implement social policies that target the most vulnerable groups, including support programs for women in transitional phases between employment and those who belong to low-income categories

Menstrual poverty in Bosnia and Herzegovina is not just an individual problem but also a reflection of wider socio-economic injustice. The results of this research indicate the need for a holistic approach that will ensure equal access to basic hygiene products for all women, regardless of their employment status or income level. Solving this problem is not just a health issue or a matter of a woman's dignity, but also a key step toward

reducing gender and social inequalities in society. Systemic changes, which include economic empowerment, reduction of stigma, and institutional support, can significantly contribute to overcoming menstrual poverty and ensuring a safe and dignified life for all women.

Abstract

The book The Price of Impure Blood: Cultural and Economic Aspects of Menstruation in Bosnia and Herzegovina provides a comprehensive analysis of one of the most important yet often overlooked issues faced by women and girls worldwide. The research focuses on the socio-cultural, economic, and health aspects of menstruation, with a particular emphasis on the situation in Bosnia and Herzegovina. Through an analysis of social norms, economic and health challenges, and their implications, the book uncovers deep-rooted stigmas, gender inequalities, and structural barriers which make it difficult for women to manage menstruation with dignity. The aim of the book is to raise awareness of this complex issue, creating space for discussion and the development of solutions that would enable more economically, socially, and health-conscious conditions for women and girls.

The introductory chapter addresses the social coding of menstruation, exploring questions of purity and impurity, the natural and unnatural, how rules regarding menstrual (un)acceptability have been established and maintained throughout history. The authors examine the reasons why both women and men have internalized these norms as unquestionable and analyze the mechanisms of taboo and power that contribute to the stigmatization of menstruation.

Research conducted in Bosnia and Herzegovina reveals that a significant number of women perceive menstruation as something impure that must be hidden. Despite advances in the availability of hygiene products and information, stigma and shame still force women to conceal menstruation due to fear of social judgment and discrimination. Menstruation is both a health and an economic issue, as women must allocate substantial financial resources for menstrual products and medication. At the same time, socio-economic conditions and gender inequalities place an additional burden on women, while the stigmatization of menstruation prevents open discussion and education. The methodological section of the introductory chapter details the design of the research, which includes both quantitative and qualitative methods, aimed at collecting comprehensive data on perceptions of menstruation in Bosnia and Herzegovina.

The second chapter of the book analyzes how menstruation, although a natural biological process, becomes a social construct burdened with taboos, stigma, and superstitions. It explores how menstruation has been historically encoded as a symbol of impurity and danger, simultaneously positioning the female body as "other" in relation to men, who are considered the norm. Such constructs are present in different cultures and religions, serving to uphold gender hierarchies and social norms that marginalize women.

The chapter begins with an explanation of the biological aspects of menstruation and the importance of menstrual health. Although menstruation is a universal female experience, it is often associated with feelings of shame and discomfort. Many women and girls have limited access to information, hygienic products,

and basic sanitary conditions, which contributes to their stigmatization and marginalization. Menstrual symptoms, such as pain and mood changes, are often minimized or ignored, further complicating women's position in society. This chapter explains how primary and secondary socialization encode menstruation as a taboo. Socialization, which involves learning socially acceptable behaviors and norms, shapes perceptions of women and menstruation. Special attention is given to religious discourses in Judaism, Christianity, and Islam, where menstruation is often linked to ritual impurity and restrictions on participation in religious practices. For example, the rules of separating women during menstruation in Judaism and the prohibition of certain rituals in Islam illustrate how religious traditions contribute to perpetuating stigmas. Although Christianity does not have explicit rules regarding menstrual impurity, some denominations maintain customs that reflect patriarchal values. The chapter also examines superstitions and magical practices in the Balkans, where menstrual blood is often considered both dangerous and powerful. Historical examples show how women used menstrual blood in magical practices, which granted them symbolic power within a context that suppressed them. However, such practices also reinforced negative stereotypes of women as impure and dangerous. The authors conclude that social taboos and stigmas associated with menstruation have deep roots in patriarchal structures that seek to limit female autonomy. Discursive practices that associate menstruation with impurity serve as mechanisms for preserving gender hierarchies. The chapter ends with a call for deconstructing these narratives and raising social awareness about the importance of menstrual health and gender equality.

The third chapter explores the economic dimensions of menstrual poverty as a global problem with deep implications for physical

health, mental well-being, and the social welfare of women and girls. The authors analyze multiple challenges associated with menstrual poverty, including the lack of access to hygienic products, poor sanitation conditions, insufficient education on menstrual health, and cultural stigmas that further exacerbate the situation. Special emphasis is placed on the intersectionality of menstrual poverty with other forms of social inequality, such as economic hardship, racial discrimination, and geographic marginalization. The chapter provides a detailed discussion of the situation in Serbia, Croatia, and Bosnia and Herzegovina. In all three countries, the high cost of menstrual products—often taxed at the standard VAT rate—places an additional burden on household budgets. Furthermore, the lack of sanitary conditions in schools and workplaces, including the absence of soap, toilet paper, and hygiene bins, makes the situation even more challenging.

The fourth chapter examines the socio-cultural aspects of menstruation, focusing on shame, stigma, superstitions, and gender-coded norms that shape perceptions of menstruation in Bosnia and Herzegovina. The research is based on a combination of quantitative and qualitative methods, covering a total of 2,051 women, with 73 women from different regions participating in interviews. The findings indicate that social norms and cultural practices play a crucial role in shaping menstrual experiences, often turning menstruation into a source of stigma and shame.

Family and school environments play a significant role in this issue; girls often receive limited information on menstrual hygiene, and menstruation is frequently perceived as something that must be hidden. Secondary socialization, particularly in schools, rarely includes education about reproductive health, further reinforcing stigma. This internalized stigma is reflected in everyday practices—most women hide their menstrual products, and many prefer to carry them in opaque bags. Menstruation is often described using euphemisms such as "those days," contributing to its invisibility in public discourse. Religious

practices and superstitions further reinforce these attitudes. A large number of women avoid religious rituals during menstruation, considering themselves ritually impure, while beliefs in the magical properties of menstrual blood persist, especially in rural areas. Instead of providing support, the healthcare system often lacks sensitivity toward menstrual issues. Gynecologists frequently minimize menstrual pain, offering stereotypical explanations such as, "The pain will disappear after the first childbirth," which discourages women from seeking medical help. While most women prefer to visit a female gynecologist, many avoid examinations due to discomfort, stigma, and financial barriers. The research findings reveal that menstruation remains deeply stigmatized, with taboos and cultural norms perpetuating gender inequalities. The lack of education and sensitivity within the healthcare system further complicates the situation, making menstruation a source of discomfort and inequality rather than a natural part of female health.

The fifth chapter explores the economic aspects of menstrual poverty in Bosnia and Herzegovina, relying on data collected through surveys and interviews. The focus is on monthly expenses for menstrual products, accessibility of medications for symptom relief, and the connection between income and employment status with a woman's ability to meet basic hygienic needs during menstruation.

The research results indicate that most women primarily use disposable sanitary pads, while tampons and reusable pads are less common. The main factors influencing product choice are quality, the intensity of bleeding, and price, which is why women often select products that best suit their physiological needs and budget.

The financial burden of menstruation represents a significant challenge for many women. Additional expenses for pain relief medications and herbal teas further increase the total monthly

cost, especially for women experiencing more intense symptoms. Employment status has proven to be a key factor in experiencing menstrual poverty. Employed and self-employed women are less likely to report difficulties in accessing menstrual necessities, whereas unemployed and temporarily employed women often resort to improvising with toilet paper or rags and prolonging the use of menstrual products. Stable income clearly reduces the risk of menstrual poverty, while economic uncertainty deepens this issue.

The impact of income is particularly evident. Women from low-income households are often forced to choose lower-quality products or borrow necessities. As personal and household income increases, the frequency of these issues significantly decreases, although economic pressure remains a challenge for certain groups of women. Additionally, the research has shown that hygienic conditions in workplaces are often inadequate. A lack of soap, hot water, and proper disposal facilities for used supplies creates further difficulties for women during menstruation, complicating their overall experience.

Recommendations for Interventions: Based on the conducted research on menstrual poverty, the recommendations for interventions are focused on addressing socio-cultural, economic, and health challenges affecting women and girls in Bosnia and Herzegovina. The interventions should be comprehensive, multisectoral, and coordinated, including the following aspects:

Intervention	Actions to be taken	Stakeholders
Subsidization and free distribution of menstrual products	Introduce free menstrual products in schools, faculties, healthcare institution, workplaces, especially for women from economically vulnerable groups.	Governments, local authorities, nongovernmental organizations, donors, hygiene product manufacturers
Menstrual Health Education	Organize educational workshops and lectures for students, parents and teachers.	Schools, faculties, health institutions, non-governmental organizations, religious communities health experts.
Removing stigma through public campaign	Launch media campaigns to normalize discussions about menstruation and break societal taboos.	Media, nongovernmental organizations, influencers , healthcare institutions.
Adapting Workplaces to Women's Needs	Ensure working conditions that include access to hygiene products, rest areas, and free days for painful menstrual cycles.	Employers, labor unions, non-governmental organizations, governments.
Providing Hygiene Facilities	Adapt public restrooms, schools, and workplaces to include disposal bins and dispensers for menstrual products.	Schools, local authorities, employers, construction companies.
Support research on menstrual poverty	Conduct research on menstrual product accessibility and their impact on education, work, and quality of life	Research institutes, non-governmental organizations, universities, government.
Developing Policies to Reduce Menstrual Poverty	Form public policies addressing menstrual poverty and implement support measures for marginalized women.	Ministries, parliaments, nongovernmental organizations,

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Through a theoretical-empirical analysis of stereotypes and harmful patriarchal representations of menstruation, which women and girls in Bosnia and Herzegovina often internalize and/or because of which they are excluded, marginalized, and stigmatized in a crucial aspect of their lives and self-perception, as well as the impact of menstrual poverty on various spheres of life, this book sheds light on the broader social context of gender inequality. It highlights how economic, cultural, and social factors perpetuate marginalization and discrimination based on gender and other grounds.

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This book makes a significant contribution to feminist theory, gender studies, and empirical analyses in social sciences, ranging from sociology, economics, and psychology to a wide array of interdisciplinary fields. It also opens space for future research on menstrual poverty and gender equality, with results that can serve policymakers, educators, and activists in developing more inclusive educational and healthcare strategies.

Assoc. Prof. Dr. Anita Dremel
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The key scientific contribution lies in raising awareness of the prevalence of this issue, emphasizing that its resolution is not only a matter of women's health and dignity but also a crucial step toward reducing gender and social inequalities.

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The authors explore how menstruation and the female body have been coded as "impure" and "dangerous" in various religious and social contexts, shaping discourses of power and gender subordination. A particularly valuable aspect of the book is its analysis of menstrual poverty, which, through empirical data, examines the lack of access to hygiene products, economic barriers, inadequate sanitary conditions, and the stigma surrounding menstruation.

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