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Exploring the Medicalization of Menstruation: Analyzing Menstrual Hygiene Initiatives by IGOs, Non-Profits and National Government in Switzerland

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Abstract

Menstrual health serves as a critical indicator of reproductive health. It is pivotal in achieving various Sustainable Development Goals (SDGs) related to women's and girls' comfort, agency, participation, safety, well-being, and dignity (Loughnan et al., 2020). This research investigates the medicalization of menstruation in Switzerland through a mixed-methods approach examining the strategies and roles of key stakeholders such as the WHO, local government initiatives, and NGOs in shaping the landscape of menstrual medicalization.

The findings reveal that while medicalization has brought about progressive changes, including the introduction of menstrual leave policies, it has resulted in a complex regulatory landscape, increased availability of menstrual products and treatments, and a significant influence of medical guidelines on diagnosing and treating menstruation-related conditions.

The research highlights an urgent need for collaborative efforts across various sectors to develop holistic and inclusive menstrual hygiene initiatives. This includes further research to explore the potential marginalization of alternative health narratives and healing practices concerning menstruation and refining the regulatory framework for menstrual products and treatments to ensure safety, efficacy, and proper labeling. Recognizing the complexities of menstrual medicalization and striving for a balanced and inclusive approach can guide stakeholders toward fostering more humane and effective menstrual healthcare for all individuals and communities, both locally and globally.

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I. Introduction

The medicalization of menstruation, which conceptualizes menstruating individuals as deficient, ill, and diseased, has long been a topic of critical concern in women's health discourse(Wood, 2020). This medicalization has significant ramifications for women's lives, not only in terms of their physical health but also their socio-cultural and political positioning. Menstruation, a natural and recurring biological process experienced by women and others who menstruate, becomes constructed as a “health” issue from a biomedical perspective, thereby assigning jurisdiction over its treatment and management to the medical system (Wood et al., 2007). Such a perspective has been critiqued for limiting women's participation in both their private and public lives, marking them as physically and emotionally impaired due to menstruation (Bobel, 2010; Ussher, 2006).

In the context of the Sustainable Development Goals (SDGs), assessing the adequacy of menstrual hygiene management (MHM) initiatives becomes crucial. Menstrual health is not only an indicator of good reproductive health but is also pivotal for achieving various SDGs related to women's and girls' comfort, agency, participation, safety, well-being, and dignity (Loughnan et al., 2020). MHM encompasses three integral components: tailored assets such as knowledge, confidence, and awareness; an adequate supply of hygienic absorbent materials; and access to water, soap, and safe sanitation facilities (WHO/UNICEF JMP 2015). However, in many contexts, including Switzerland, the lack of supportive environments for MHM due to the ongoing stigma around menstruation impedes the effective realization of these components in the lives of menstruating individuals.

Interestingly, a noticeable gap exists in the literature concerning MHM and empowerment initiatives, specifically in Switzerland. While UNICEF-supported Multiple Indicator Cluster Surveys (MICS) have been instrumental in collecting data on women's and children's health and well-being across more than 100 countries, including MHM-related questions since 2017 (UNICEF, 2022; WHO/UNICEF JMP 2017a), Switzerland remains under-researched in this area. Furthermore, the discourse on the medicalization of menstruation and its broader implications on women's health and lives calls for an exploration. Therefore, the central research question guiding this study is*: How do IGOs, non-profits, and the national government in Switzerland approach the medicalization of menstruation through their menstrual hygiene initiatives?*

By analyzing the policies, programs, and interventions implemented by these entities, this study seeks to understand the extent to which the medicalization of menstruation influences MHM practices and discourse in Switzerland and its implications for women's health, agency, and well-being. Through this exploration, the paper will contribute to filling the existing gap in the literature and offer insights into the intersection of menstrual health, medicalization, and public health policies in Switzerland. Although medicalization is applied in nuanced ways within Switzerland, it ultimately functions as a double-edged sword.

II. Research Methodology

This study adopts a mixed-methods research approach, integrating qualitative and quantitative methodologies. The qualitative facet of the study entails in-depth interviews with key stakeholders from relevant IGOs, non-profits, and government agencies. The insights gathered from these interviews shed light on the multi-dimensional approaches to

menstrual health and hygiene in Switzerland. Among the interviewees, Dr. Venkatraman Chandra-Mouli, a retired expert from the World Health Organization (WHO) with extensive experience in Adolescent Sexual and Reproductive Health (ASRH), provided a valuable IGO perspective. Héloïse Roman, in her role as director of equality projects for the city of Geneva, contributed insights on local menstrual hygiene initiatives in Geneva. Eléonore Arnaud, the founder of Rañute, the first boutique dedicated to menstrual sanitary products and the non-profit organization For Womxn, Period, offered a grassroots advocacy perspective. These interviews were complemented by a documentary analysis of official reports to contextualize Switzerland's menstrual hygiene initiatives.

To strengthen the research findings, a comprehensive review of peer-reviewed articles from reputable databases such as Google Scholar and JSTOR was conducted. The search was focused on keywords like “Medicalization” and “Menstruation.” These academic sources provided historical and theoretical frameworks, helping to shape the understanding of global perspectives on medicalization.

Before initiating the research process, a Human Subjects Review (HSR) was submitted and approved by a local review body to ensure ethical compliance. To safeguard vulnerable populations from potential harm, they were excluded from the interview pool. Informed consent was obtained from all interview participants, who were also given the option to withhold their names and identifying information. Participants were asked for consent to record the interviews and were allowed to review the paper before final submission.

One of the limitations of this study is the exclusion of young women and school-aged girls from the interview pool due to their classification as vulnerable populations.

This limitation restricts the diversity of perspectives represented in the study. Additionally, the small sample size of interviewees limits the generalizability of the findings. These methodological constraints should be considered when interpreting the results of this study.

This paper is structured to begin with an overview of the existing literature, discuss various theories of medicalization and biomedicalization, and offer a personalized definition of medicalization that frames the subsequent discussion. This is followed by the qualitative interview data from Switzerland, providing firsthand insights into the approaches taken by different stakeholders. The paper concludes with recommendations based on the research findings.

III. Literature review

The discourse surrounding menstruation is deeply influenced by the processes of medicalization and biomedicalization, both of which construct menstruation within frameworks that necessitate medical management and intervention. The concept of medicalization has been a central focus in sociological literature, particularly since the seminal work of sociologist Irving Zola in the 1970s. Zola (1972) posited that medicalization extends the scope of medicine, turning the labels 'healthy' and 'ill' into relevant aspects of human existence. He argued that medicalization is not an intentional act of oppression by medical practitioners but rather a 'situation' that must be critically examined to understand its conditions, effects, and beneficiaries (Zola, 1972, p. 502).

Furthermore, Zola emphasized the role of medicine as an agent of social control, not only in treating bodily symptoms but also in altering daily habits to prevent illness (Zola, 1972, p. 493). His discussion highlighted the moral implications attached to practices

approved by medical science and the attribution of responsibility to individuals for their illnesses (Zola, 1972, p. 492). He suggested that addressing medicalization should not be seen as a critique of medicine. Zola's perspective is valuable as it emphasizes the depoliticization of complex issues through the medicalization process and encourages critical examination of the politics surrounding the labeling of health and illness (Zola, 1972, p. 500).

Parallel to Zola, Ivan Illich's book Medical Nemesis: The Expropriation of Health (1975) presented a critique of medicalization within an 'over-industrialized society' (Illich, 1975, p. 61). His critique can be divided into three main aspects. Firstly, he argued that the medical establishment perpetuates itself by creating illness and disease through its practices (iatrogenesis). Secondly, he contended that the 'medicalization of life' masks the societal and political factors contributing to illness. Lastly, he conjectured that the medical industry shifts the responsibility for 'getting well' onto individuals and administers management and maintenance techniques, thus turning people into passive consumers dependent on the medical industry (Illich, 1995, pp. 63-65). Illich's analysis implies that there is a more 'natural' approach where dealing with pain and sickness is integrated into daily life and managed autonomously within communities. He advocated for a political challenge to the prevailing notion that better population health can be achieved through increased medical interventions, emphasizing the need for individuals to act autonomously in managing their health (Illich, 1995, pp. 168-169).

However, his perspective has been criticized for assuming a 'natural' state of bodies that has been lost and should be regained (Purdy, 2001, p. 252). The portrayal of

medicalization turning lay people into passive consumers has oversimplified the power dynamics inherent in medicalization (Riessman, 1983).

Additionally, Riessman (1983) presented a nuanced perspective on medicalization, arguing that it has resulted in both gains and losses for women. She contended that medicalization is a complex process influenced by the motives and interests of various stakeholders, including physicians, women, and the pharmaceutical industry (Riessman, 1983, pp. 3-10). Moreover, women have actively participated in the medicalization processes to address their individual needs and desires, along with other stakeholders who engage to fulfill their interests. This leads to a consensus that a specific human problem will be interpreted in clinical terms (Riessman 1983: 4). The menstrual cycle is a significant area identified by feminists as having been medicalized, especially concerning Pre-Menstrual Syndrome (Lee, 2002; Ripper, 1991).

Moreover, Els Bransen (1992) challenged the traditional understanding of medicalization by suggesting that it is not possible to separate women's 'authentic' knowledge of their menstruation from the medicalized perspective. She argued that women allow biomedicine to frame their menstruation in certain contexts. Her analysis of women's narratives identified three distinct 'genres' through which menstruation is discussed: 'emancipation,' 'objective,' and 'natural' (Bransen, 1992, p. 100). Bransen's conceptualization of medicalization as a 'top-down model' of power was further supported by Oinas (1998), who analyzed interactions between medical experts and young women about menstruation in magazine advice columns. Oinas recognizes that young women may have some control over their situations. Yet, she argues that the gender-specific experience of menstruation, combined with the cultural norms of 'shame,

anxiety, and taboo' in Western societies, establishes a power dynamic that allows medical interpretations of menstruation to take precedence. (Oinas 1998: 67). Oinas (1998: 65-67) suggested that medicalization is not a simple one-way flow of knowledge or power but depends on the specific power relations of where and how women engage with biomedicine.

Lastly, Peter Conrad conducted a comprehensive review of sociological literature on medicalization up until 1992, offering insightful observations about the concept's meanings (Conrad, 1992, pp. 209-220). He argued that while medicalization is often viewed negatively as a process that depoliticizes and decontextualizes social problems, it does not necessarily entail engaging in a debate with or against medicine about the cause or nature of a condition (Conrad, 1992, pp. 210-212). Conrad proposed that medicalization is a multi-dimensional process that can occur on conceptual, institutional, and interactional levels, highlighting the complexities of defining and redefining lifestyles, habits, and 'natural life processes' in medical terms (Conrad, 1992, pp. 211-220). His nuanced analysis acknowledges medicalization's potential benefits and drawbacks and emphasizes the need for a more intricate understanding of the process.

However, his analysis also indicates that certain limitations define the scope of what can be categorized as medicalization. This perspective is particularly pertinent to exploring how the discourse of medicalization influences perceptions of menstrual dignity initiatives. The concept of medicalization operates in complex ways, serving as a double-edged sword. On the one hand, it can be advantageous, as evidenced by introducing concepts such as menstrual leave; on the other hand, it can be detrimental by overshadowing and marginalizing traditional health narratives and healing practices

outside of biomedicine, stripping individuals of their bodily autonomy. While Conrad's differentiation is valuable for pinpointing fundamental ideas, I do not adopt his specific interpretation, which implies a unidirectional process of medicalization that transforms moral issues into medical ones. Instead, medicalization can be understood as a complex struggle for legitimacy involving various groups and individuals.

Biomedicalization extends and complicates the medicalization process, shaping menstrual discourse through the production of knowledge that portrays women as incapable of understanding their own bodies. Unlike medicalization, which controls bodies by defining and treating disease, biomedicalization encourages the transformation of bodies based on the construct of health. Biomedicalization is broader and more invasive, and it extends into lifestyle decisions around health, risk, illness, and wellness as a moral imperative. (Wood, 2020)

Moreover, menstrual products are marketed to women as hygiene products so they can manage (conceal) their menses as part of their individual responsibility for their health. In this way, (bio)medicalization contributes to menstrual discourse by establishing the amorphous healthcare industry as the experts on menstruation while assigning women to the perpetual role of patient (Wood, 2020). Together, the (bio)medicalization of menstruation and menstrual stigmas and taboos function to create a menstrual discourse that controls women's bodies and lives based on epistemologically flawed biomedical ideologies. Menstrual concealment is constituted in menstrual discourse as a woman's "choice" as part of her own pursuit of her health. (Wood, 2020)

The literature on medicalization presents a complex phenomenon that has been examined from various perspectives. While Zola, Illich, and Conrad provide foundational

insights into the process and implications of medicalization, more recent analyses by Riessman, Bransen, and Oinas offer nuanced understandings highlighting the power dynamics inherent in the medicalization process. The consequences of the medicalization of menstruation are twofold. Firstly, women are ideologically constructed as deficient, ill, and diseased, thereby legitimizing the need for constant medical treatment and surveillance. Secondly, medicalization functions as a form of social control by positioning medical practitioners as the experts on women's bodies, defining women's experiences through the lens of illness and pathology. This literature review sets the stage for the current research, which aims to explore how understandings of menstrual dignity initiatives are shaped through the discourse of medicalization, considering both the potential benefits and drawbacks of medicalization in this context.

IV. Analysis

4.1 Global Health Hygiene: A IGO Perspective

Before diving into the spotlight on Switzerland, it is important to grasp the global landscape of menstrual health initiatives. Dr. Venkatraman Chandra-Mouli, a former employee of the Department of Sexual and Reproductive Health and Research at the World Health Organization (WHO), provides valuable insights into these initiatives worldwide. His work has been instrumental in building the epidemiologic and evidence base on ASRH, guiding countries in translating data into actionable policies and programs.

When asked about the relationship between medicalization and menstrual hygiene initiatives, Dr. Chandra-Mouli emphasizes the need for an all-inclusive approach, stating, “Many sectors have complementary roles to play to contribute to menstrual health.

Promotive, preventive, and curative health should be an integral part of an overall approach, but by no means the only or the main focus of any approach."(Dr. Chandra-Mouli personal communication, April 2, 2024) This perspective explains the need to view menstrual health through a multifaceted lens beyond merely a medical issue.

He alluded to a definition of menstrual health in a seminal paper he helped publish by Hennegan et al. (2021) that defines menstrual health as: "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle." The definition expands upon the traditional medical understanding of health, acknowledging the psychological and social dimensions of menstrual experiences. It advocates for access to comprehensive information about menstrual health, supportive care during menstruation, including access to affordable menstrual materials and sanitary facilities, timely diagnosis and treatment of menstrual-related discomforts and disorders, a positive and stigma-free environment surrounding menstruation, and freedom to participate in all spheres of life without menstrual-related exclusion or discrimination. (Hennegan et al., 2021). Importantly, this definition is inclusive, recognizing that individuals experience menstruation differently based on various factors such as age, gender identity, disability, cultural background, and more.

Dr. Chandra-Mouli recounts the incremental building of a comprehensive approach to menstrual health within WHO's agenda over the years. He states: "We began by learning about the knowledge and understanding of adolescents on menarche, menstrual hygiene, and health. Responding to adolescents' asks, we developed tools to build the competencies of health workers to provide adolescents with effective and sensitive care and support, fill their knowledge gaps, and correct their misconceptions.

We complemented this by contributing to the development of curricula on puberty education, including menstrual health education, within and outside school settings."(Dr. Chandra-Mouli personal communication, April 2, 2024). This early focus on adolescent needs has laid the groundwork for WHO's ongoing efforts. Dr. Chandra-Mouli further explains: "We charted out how the field of menstrual hygiene and health has evolved in the 25 years since the International Conference on Population and Development, set out where the field needs to be in 10 years and what it will take to get there. Finally, we made commitments on behalf of WHO for concerted advocacy and support to countries on placing menstrual health, including access to water and sanitation, within the context of Universal Health Coverage." (Dr. Chandra-Mouli personal communication, April 2, 2024). These commitments have manifested in tangible actions and collaborations, as seen in numerous global initiatives championed by the WHO.

Additionally, Dr. Chandra-Mouli directed attention to a recent collaboration last year where, in partnership with UNFPA, UNICEF, UNESCO, Global Menstrual Health Collective, and Columbia University, WHO and HRP made commitments on menstrual health to the Water Action Agenda at the UN-Water Summit in March 2023 (Simon, 2023). He further highlighted the call to use the term menstrual health rather than menstrual hygiene. He attributed the credit to the work with a broad range of partners committed to bringing menstrual health into the global health agenda through a consistent, self-contained definition developed by the Terminology Action Group of the Global Menstrual Collective, a definition we explored earlier in the conversation.

Reflecting on the broader impact of these efforts, Dr. Chandra-Mouli states: "All this work has contributed to framing menstrual health as a public health and human rights

agenda, and to anchoring it in the agenda of WHO." (Dr. Chandra-Mouli personal communication April 2, 2024). The narrative of WHO's approach to menstrual health explains a strategic and collaborative effort to shift perceptions, improve education, and enhance access to resources and services. As Dr. Chandra-Mouli's insights reveal, this work is deeply rooted in responding to the needs and requests of adolescents, and it spans across sectors to promote a holistic approach to menstrual health.

Near the end of our conversation, Dr. Chandra-Mouli discussed a paper by him and several colleagues, Plesons et al. (2021), that examines nine domains of menstrual health: awareness and understanding; stigma, norms, and socio-cultural practices; menstrual products; water and sanitation; disposal; empathy and support; clinical care; integration with other programs; and financing. In envisioning the future, Plesons et al. (2021) suggest a transformative change: "Girls and others who menstruate should know when, where, and how to seek clinical care for menstrual health when needed." It calls for the normalization of clinical care for menstrual health and its integration into broader sexual and reproductive health services. To achieve this vision, they emphasize the need for the development of standards and guidance for clinical care services, advocacy for the inclusion of menstrual health in essential sexual and reproductive health services, and training and support for health workers to provide competent care (Plesons et al., 2021). Additionally, they stress the importance of integrating clinical care for menstrual health into school health services and community-based programs.

However, the vision put forth by Plesons et al. (2021) has profound implications for the medicalization of menstruation. By advocating for the normalization of clinical care for menstrual health, there is a risk of further medicalizing a natural physiological

process. Menstruation, being a regular part of reproductive health, might be seen through a lens that pathologizes it, suggesting that medical intervention is required for something that is inherently a natural bodily function. While integrating menstrual health into broader sexual and reproductive health services can enhance comprehensive care, it could also lead to an overemphasis on medical solutions, potentially overshadowing holistic approaches that we previously discussed that consider the social, cultural, and psychological aspects of menstruation. Moreover, there is a danger of medicalizing menstruation in educational settings, where young people might be taught to view menstruation primarily through a medical lens, potentially leading to increased anxiety and stigma.

While the vision presented by Plesons et al. (2021) aims to improve access to quality menstrual health care and address the stigma associated with menstruation, it is essential to approach this change cautiously. There is a need to strike a balance between medical interventions and holistic approaches that respect and acknowledge the natural and diverse experiences of menstruation. Integrating clinical care for menstrual health into broader sexual and reproductive health services should be done in a way that empowers individuals, promotes informed choices, and respects the complexity and diversity of menstrual experiences.

Moreover, Dr. Chandra-Mouli's insights make it clear that the approach to menstrual health must encompass the physical, psychological, and social dimensions. This comprehensive approach requires collaboration across sectors and stakeholders, including IGOs, non-profits, and national governments. WHO's approach is an exemplary comprehensive and rights-based menstrual health initiative model. It highlights the

importance of amplifying the voices of adolescents, fostering cross-sectoral collaborations, and integrating menstrual health into broader health and development agendas.

To advance menstrual health as a public health and human rights agenda, it is essential to translate and adapt the experiences and lessons from WHO's approach within the frameworks of other IGOs, non-profits, and national governments. While challenges exist in aligning diverse stakeholders towards a shared vision, opportunities also abound for fostering inclusivity and effectiveness in menstrual health initiatives. As the landscape of menstrual health continues to evolve, these considerations emphasize the need for ongoing conversation and exploration to ensure that initiatives are grounded in the realities and needs of those they aim to serve.

4.2 Stop Précarité Menstruelle: A Local Government Perspective

Since 2020, menstrual insecurity and the challenges of accessing menstrual products have garnered significant attention in French-speaking Switzerland, spurred by numerous motions presented in cantonal and municipal councils. While Switzerland lacks precise statistics on menstrual insecurity, a 2020 survey by RTS estimated that menstruation costs an individual roughly CHF 4,500 over their lifetime, which is nearly 5,000 USD (*Stop précarité menstruelle | Ville de Genève - Site officiel*, n.d.). Until recently, menstrual products in Switzerland were taxed at a higher rate, like general products, rather than being classified as essential items. This disparity sparked a national debate and contributed to raising public awareness about the financial burden of menstrual products and the accessibility issues faced by some individuals. This considerable financial burden compounds existing economic disparities that

disproportionately impact women. Switzerland is not exempt from menstrual insecurity, which significantly affects specific groups such as youth, economically disadvantaged individuals, people experiencing homelessness, and migrants, who often experience intersecting forms of discrimination.

To champion gender equality and address concerns surrounding the accessibility of menstrual products, the City of Geneva rolled out an innovative initiative in April of 2021 named “Stop Précarité Menstruelle” (Stop Period Poverty). This program particularly emphasizes aiding young individuals and those most vulnerable within the community. The program encompasses several initiatives, including installing menstrual product dispensers in municipal locations, establishing a mobile information unit to promote reusable menstrual products, and awareness campaigns to challenge persisting menstrual taboos.

Tackling menstrual insecurity is not just about improving access to products; it is also about education, awareness, and dismantling the stigmas associated with menstruation. As part of this initiative, Geneva supports actions and campaigns aimed at challenging stereotypical views about women's menstrual experiences and bodies.

Héloïse Roman, the driving force behind this program whom I interviewed, brings invaluable insights into Geneva's local menstrual hygiene initiatives. As the person responsible for gender equality within the public administration of Geneva, Héloïse's role is instrumental in shaping public policy responses to gender-related issues like period poverty. She explained, “When it[gender-related issues] arises, like poverty, it comes to us, and we have to explain what we can do and develop projects or programs.”(Héloïse Roman personal communication, March 18, 2024). This proactive stance led her team to

conduct a comprehensive diagnostic study in collaboration with local associations, grassroots organizations, and internal administrative partners. The findings of this diagnostic study cemented that period poverty was indeed an issue in Geneva. Although lacking specific statistical data, testimonies from various partners indicated that the problem predominantly affected young women, those in precarious situations, homeless individuals, specific groups like LGBTQ+ individuals, and those in correctional facilities.

One of the key projects focused on providing free menstrual product dispensers in specific locations frequented by young people and individuals facing poverty and precocity. While this initiative addresses immediate accessibility needs, Héloïse acknowledged its limitations from an environmental perspective, given the use of disposable products. To address this issue, the program also emphasizes promoting reusable menstrual products. Héloïse explained, “We developed a program that is a way of giving information on reusable products...helping people to try them if they want to try them.”(Héloïse Roman personal communication, March 18, 2024). This initiative includes a mobile unit that travels to different neighborhoods, engages with the community, provides information about reusable menstrual products, raises awareness, and breaks taboos surrounding menstruation.

However, debates within the program's development revolved around the approach to menstrual product accessibility. Héloïse alluded to this, noting the contrasting viewpoints, stating, “Some people were saying, we need to provide those products everywhere in every bathroom of the city and every toilet... and other people who are saying, yeah, but that is a different answer to a different problem.”(Héloïse Roman personal communication, March 18, 2024). The program ultimately sought a

balanced approach, recognizing the urgency of immediate menstrual product access while addressing the deeper-rooted issues of period poverty and menstrual health as part of gender equality.

Moreover, Héloïse mentioned two additional projects that she is particularly proud of. The first project focuses on training professionals in various fields, such as youth, sports, and social work, to help them feel comfortable discussing menstruation and breaking taboos. This project aims to raise awareness and equip professionals with the knowledge and skills to address menstrual health and hygiene in their respective fields. The second project highlighted by Héloïse is Gender Equality Week, which included various activities focused on challenging stereotypes and body stereotypes that affect gender equality. While not explicitly linked to menstruation, the week-long event provided a platform to discuss and deconstruct taboos surrounding menstruation. In addition to these projects, Héloïse mentioned smaller initiatives and collaborations with local and global organizations to support and promote menstrual health and hygiene. One such collaboration involves an active association in Tanzania and Geneva, which has produced a documentary on menstrual health projects in Tanzania. Héloïse stated, “We are collaborating to see how we can screen the documentary here and use it to have also discussions with different kinds of people about menstrual health.” (Héloïse Roman personal communication, March 18, 2024).

One significant challenge Héloïse highlights is the variability in developing and implementing period poverty projects based on the institutional context. Projects may differ depending on the department responsible for their execution. For instance, a project initiated by a gender equality unit like Héloïse's would likely emphasize a gender equality

perspective. In contrast, a project led by an infrastructure department might focus more narrowly on providing menstrual products in public spaces. (Héloïse Roman personal communication, March 18, 2024). This observation reflects the importance of considering the institutional framework within which menstrual hygiene initiatives are developed and the potential implications for the scope and focus of these initiatives. The variability in project development based on institutional context suggests that standardized approaches may be needed to address period poverty across different sectors and organizations. While this diversity in approach may reflect the unique needs and priorities of different communities, it also highlights the potential for inconsistencies and gaps in the provision of menstrual hygiene support.

However, regardless of the department, Héloïse emphasized the collaborative nature of the diagnostic process, highlighting the importance of engaging with grassroots organizations, NGOs, and other stakeholders to gain insights into the challenges faced by individuals experiencing period poverty. In her case, due to her daily work on gender equality, she was able to mobilize existing networks and contacts to gather valuable information quickly. Héloïse's emphasis on collaboration and engagement with grassroots organizations and NGOs highlights the importance of community-driven approaches in addressing period poverty. This bottom-up approach, grounded in the lived experiences and insights of affected individuals and organizations, aligns with the principles advocated by many international governmental organizations like the one explored(WHO) and non-profits like Womxn, Period that we will soon explore, which emphasize the importance of participatory and inclusive approaches in developing effective menstrual hygiene initiatives.

Drawing from Héloïse's insights, Geneva's approach to addressing menstrual insecurity emerges as an initiative that prioritizes alleviating period poverty and tackling broader challenges related to menstrual health and gender equality. This aligns with an international trend among IGOs like WHO that aim to take a holistic approach to menstrual health. Switzerland's approach to menstrual health combines advocacy, public debate, and practical interventions, reflecting the country's commitment to fostering autonomy over one's body and providing choices for managing periods based on individual circumstances. As Héloïse aptly put it, “One side of the medicalization of our bodies is to reclaim the autonomy of our bodies,” emphasizing the importance of empowering individuals in their menstrual health choices.

Héloïse also raised concerns about the potential instrumentalization of menstrual issues, such as attributing blame to women for climate change due to their use of disposable menstrual products. This caution highlights the need for a balanced and informed approach to menstrual health initiatives, avoiding “prescriptive” solutions in favor of tailored, context-specific interventions.

While the impact of Switzerland's menstrual hygiene initiatives warrants further research, the city of Geneva's ongoing data collection efforts provide valuable insights into their effectiveness. These findings described by Héloïse emphasize the need for continuous evaluation, learning, and adaptation in shaping future menstrual health policies and programs.

4.3 Menstrual Leave: Positive or Negative?

The introduction of menstrual leave in Switzerland, exemplified by the progressive decision in Fribourg, marks a significant advancement in acknowledging the

medical challenges posed by menstruation in the workplace. This development reflects evolving societal attitudes toward menstrual health and challenges Switzerland's traditionally reserved stance on childcare and menstrual leave (Hoi, 2024).

Globally, the concept of menstrual leave has gained momentum, with Spain initiating parliamentary debates in 2022 and Zurich piloting a project to provide paid leave to municipal workers experiencing severe menstrual pain (Hoi, 2024). However, Switzerland's journey towards embracing and implementing menstrual leave reveals a complex struggle for legitimacy involving various stakeholders. This landscape highlights the dual nature of medicalization, which can empower and marginalize, depending on its application.

Briefly circling back to Héloïse, her insights into Geneva's approach to menstrual leave offer valuable perspectives on the cautious and deliberate way some governmental bodies navigate the complexities of medicalization. Despite Geneva's gender equality policy to foster professional gender equality, menstrual leave has yet to be officially discussed or integrated. Héloïse's comments shed light on the potential risks and challenges associated with introducing such policies, including concerns about stigmatization and the appropriateness of medicalizing a natural biological process. She notes, “Sometimes the reactions can be quite strong... it is difficult to say if it is [menstrual leave] appropriate in every case” (Héloïse Roman personal communication, March 18, 2024).

Héloïse's perspective emphasizes the intricate balance that must be struck when navigating medicalization. While the introduction of menstrual leave can be seen as a positive step towards legitimizing period-related absences and acknowledging the impact

of menstrual cramps on work performance, it also raises questions about the potential marginalization of alternative health narratives and healing practices concerning menstruation. Exploring this claim marks potential for future research; however, the nature of research would require possibly interviewing and surveying vulnerable populations like menstruating individuals of all ages.

Furthermore, Héloïse's emphasis on evaluating the effectiveness and impact of menstrual leave policies before broader implementation reflects a thoughtful and responsible approach to medicalization. This cautious stance suggests that medicalization should not be viewed as a unidirectional process but rather as a complex struggle for legitimacy that requires careful consideration of societal attitudes, potential risks, and the broader implications for gender equality and workplace policies.

The introduction of menstrual leave in Switzerland is a compelling case study that illustrates the complexities and challenges of medicalization. While it represents a significant step towards recognizing and addressing menstrual health in the workplace, it also explains the need for a balanced and inclusive approach that acknowledges individuals' diverse experiences and concerns while striving for broader societal change. As Héloïse's insights demonstrate, navigating the complexities of medicalization requires thoughtful consideration, careful evaluation, and a commitment to fostering inclusivity, autonomy, and equity in discussions about menstrual health and well-being, locally and globally.

4.4 Rañute & For Womxn, Period : A Local Non-Profit Perspective

Elenore Arnaud's journey into creating Rañute, the first boutique in Switzerland dedicated to menstruation, provides valuable insights into the evolving landscape of

menstrual hygiene initiatives and the medicalization of menstruation. While not a healthcare professional, Elenore's background in entrepreneurship and marketing equips her with a unique perspective on the subject. Elenore's entrepreneurial spirit, nurtured by witnessing her parents' business ventures, drives Rañute. She identified a significant gap in the Swiss, French, and English markets: the absence of a dedicated space for menstruation. This observation is indicative of the larger societal silence and stigma surrounding menstruation, which IGOs and national governments have also aimed to address through various initiatives.

According to Eléonore, “Rañute is not just a boutique; it is an embodiment of Eléonore's core values: ecology, feminism, and entrepreneurship.”(Eléonore personal communication, March 25, 2024). Eléonore’s association with For Womxn, Period, her non-profit, further amplifies Rañute's impact by raising awareness about menstruation's societal, economic, and environmental implications. The name “Rañute” itself serves as a powerful statement against the derogatory language often associated with menstruation. Reclaiming and redefining the term “ragnagna,” Eléonore challenges societal norms and fosters a sense of empowerment and pride (Eléonore personal communication, March 25, 2024),

Moreover, Eléonore’s insights into Rañute's sustainable menstrual products provide an understanding of the boutique's commitment to promoting individual and environmental well-being. Rañute's offerings of menstrual cups, washable pads, and reusable underwear emphasize the boutique's dedication to providing products that prioritize both the body and the planet. Eléonore highlights the superior quality and safety of these products, stating, “The sustainable menstrual products offered at the boutique are

made from body-safe materials, such as medical-grade silicone for menstrual cups or organic cotton for washable menstrual pads."(Eléonore personal communication March 25, 2024) This focus on body-safe materials addresses concerns about exposure to harmful chemicals in many disposable menstrual products. Reducing irritations and allergic reactions associated with conventional menstrual products further emphasizes the health benefits of sustainable options. Eléonore notes, "Tampons dry out the vaginal mucosa because the chemicals in the tampon absorb 1/3 of vaginal secretions, unlike the cup." (Eléonore personal communication, March 25, 2024) This observation reflects the broader global discourse on the potential health risks associated with the prolonged use of disposable menstrual products.

Additionally, from an environmental perspective, Elenore emphasizes the significant reduction in waste generated by reusable products, stating, "We avoid throwing away plastic every month, which is non-biodegradable; these products are found in landfills and oceans and are in the top 5 categories of objects most found on beaches (applicators)" (Eléonore personal communication, March 25, 2024). Despite the higher initial cost of sustainable menstrual products, Elenore highlights their long-term economic benefits.

Furthermore, Eléonore reveals that they could not implement the VAT initiative to lower taxes on menstrual products due to their essential status not being recognized in Switzerland. This reflects a broader policy challenge many countries face, where menstrual products are often taxed as luxury items rather than essential healthcare products. Eléonore explains that "Disposable products are not medical devices within the meaning of Swiss law and are not subject to any obligation to display their composition

(this has just changed for France); they fall under the Federal Ordinance on objects intended to come into contact with the human body.” Eléonore's point about classifying disposable menstrual products within Swiss law epitomizes the double-edged sword of medicalization. On one side, the absence of medical classification and transparency requirements can lead to a lack of awareness about these products' potentially harmful or irritating ingredients. Consumers may unknowingly expose themselves to chemicals or materials that could adversely affect their health.

Conversely, the products' inclusion under general human contact regulations suggests some quality and safety oversight, albeit potentially insufficient for menstrual health needs. For menstrual health initiatives, this regulatory ambiguity presents significant challenges. It raises questions about the adequacy of existing regulations in protecting women's health and ensuring product safety. It also highlights the need for comprehensive reforms that address the unique concerns of menstrual products, including ingredient transparency, safety testing, and consumer education. The medicalization of menstruation creates a complex and inadequate regulatory landscape.

Additionally, Eléonore’s initiatives around donations and collaborations highlight Rañute's commitment to social responsibility and partnership-driven approaches to menstrual hygiene. She states, “People who shop at our boutique can leave either a cash donation or a donation in kind, similar to 'suspended coffees,' and this allows those less fortunate to also benefit from quality products for their periods.” (Eléonore personal communication, March 25, 2024). By partnering with organizations like Swiss Don, Suspend'us, Caritas, and the City of Renens, Rañute amplifies its impact and reaches a broader audience. While Eléonore acknowledges that more can be done, her pride in the

association's accomplishments highlights the transformative potential of grassroots initiatives in addressing menstrual precarity and promoting menstrual equity.

Similarly, the collaboration between Eléonore and Héloïse from the Geneva City department's “Stop Period Poverty” program exemplifies the power of partnership in driving tangible change. Eléonore recounts, “Héloïse Roman and the Sustainable City Agenda 21 service wanted to develop a project around menstrual precarity that was very tangible. She contacted me, and together we co-created this project.” (Eléonore personal communication, March 25, 2024). Their joint initiative, which we explored previously, focuses on raising awareness, providing information, and allowing the public to try reusable menstrual products (RMPs) through mobile setups across Geneva. Eléonore notes, “According to our feedback, 75% of people change their habits of managing their periods. This initiative has allowed 4,000 people to try the products over the past three years.” These statistics demonstrate the program's significant impact in overcoming barriers to adopting sustainable menstrual products and promoting more environmentally friendly and cost-effective menstrual hygiene practices.

Moreover, Eléonore's vision for future menstrual hygiene initiatives in Switzerland emphasizes the need for “increased awareness and support for menstrual health initiatives from the national government.”(Eléonore personal communication, March 25, 2024) This includes policies to reduce the cost of menstrual products, promote menstrual education in schools and public spaces, and collaborate with NGOs to implement sustainable solutions, especially for marginalized communities.

However, as Eléonore explains, policy concerns are complicated because of the unique structure of Switzerland, which has three levels: confederation, canton, and

municipality. She said, “Each can act within its territory but not at the same level. The municipality can offer a subsidy voucher for menstrual products, particularly because the cost of incinerating products falls within their budget. The canton can promote actions in schools and on broader programs, especially concerning migrants and people in precarious situations. The Confederation can take action on taxation (this will be for 2025) or coordinated actions with other countries.” (Eléonore personal communication, March 25, 2024). She emphasizes the critical role of education in normalizing conversations about periods, combating stigma and misinformation, and fostering better understanding, acceptance, and support for menstrual health and dignity. She states, “This world, whether it is school or work, is not designed for menstruating individuals, simply because there is no sink in every bathroom” (Eléonore personal communication, March 25, 2024).

Eléonore’s entrepreneurial endeavors with Rañute provide a vital grassroots perspective on menstrual health initiatives in Switzerland and glimpses of the medicalization of menstruation, emphasizing the need for open, empowering discussions on menstrual health and hygiene. Eléonore’s initiatives challenge traditional clinical approaches by offering a more holistic, personal perspective and emphasizing the importance of diverse approaches, partnerships, policy advocacy, and education in advancing global menstrual equity, sustainability, and dignity. Eléonore's counsel to advocates for menstrual health is clear: “Trust your instincts, remain persistent and resilient. Anything is achievable; simply spread your project to as many individuals as possible and forge partnerships.”(Eléonore personal communication, March 25, 2024)

V. Conclusion

This research has explored the intricate background of the medicalization of menstruation in Switzerland, examining the roles and strategies of key stakeholders, including the WHO, local government initiatives, and NGOs. The study reveals how medicalization acts as a double-edged sword, bringing about progressive changes like menstrual leave policies while also transforming menstruation from a natural bodily process into a medical issue requiring intervention. This transformation has led to a complex regulatory landscape, an influx of menstrual products and treatments, and a significant influence of medical guidelines on diagnosing and treating menstruation-related conditions.

Given these insights, there is an urgent need for collaborative efforts across various sectors to develop holistic and inclusive menstrual hygiene initiatives. These initiatives should be informed by further research to explore the potential marginalization of alternative health narratives and healing practices concerning menstruation, involving surveying diverse menstruating populations to capture a comprehensive range of experiences and perspectives. Additionally, policymakers and regulators must refine the regulatory framework for menstrual products and treatments to ensure safety, efficacy, and proper labeling. This involves establishing clear and consistent standards, enhancing research and oversight, and addressing regulatory gaps to protect consumer health and well-being better.

In advocating for the clinical normalization of menstrual health, there is a risk of further medicalizing a natural physiological process. This study highlights the complex and often contradictory nature of menstrual medicalization in Switzerland, emphasizing

the need for a balanced and inclusive approach. Recognizing these complexities and striving for a more equitable understanding of menstrual health and well-being can guide stakeholders toward fostering more humane and effective menstrual healthcare. By addressing the challenges posed by medicalization and promoting inclusive initiatives and regulatory improvements, stakeholders can work towards improving the quality of menstrual healthcare for all individuals and communities, both locally and globally.

Abbreviation List

ASRH	Adolescent, Sexual, Reproductive Health
HSR	Human Subjects Review
IGOs	International-Governmental Organization
MHM	Menstrual Hygiene Management
MICS	Multiple Indicator Cluster Surveys
NGOs	Non-Governmental Organizations
SDGs	Sustainable Development Goals
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAT	Value-added tax
WHO	World Health Organization

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