



# Menstrual Rights Programs and Policies for Childbearing-aged women and girls: A Systematic Review

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## Abstract

**Objectives:** In order to increase the awareness of health service providers about the difficulties and consequences associated with the violation of menstrual rights, it is necessary to conduct a review study of existing programs in this area. This study aimed to review the menstrual rights programs and policies for reproductive-aged women and girls.

**Methods:** In this systematic review, we searched international databases, including PubMed, Google Scholar, Scopus, and Web of Science, as well as Iranian ones, such as IranMedex, Magiran, MEDLINE, and Embase, for relevant studies without considering publication year. Finally, of 832 results, including articles, reports, and governmental documents, 27 studies were included in this review study.

**Results:** “Menstrual rights” is not viewed as a major issue, even in the international vision programs. The results indicate that the programs in this field were mainly focused on four aspects: laws and policies, empowerment in menstruation management, normalization, and support for menstrual justice. Despite the increase in programs to achieve menstrual health, dealing with the legality of these programs has been completely marginalized.

**Conclusions:** Since instructions and plans can play a vital role in implementing health policies, our findings emphasize the need for an evidence-driven plan to improve women and girls’ menstruation and reproductive health and rights that is consistent with long-term developmental goals. Attracting partnerships from the private sector, charities, and activists in this field can be very beneficial to achieving these goals.

**Keywords:** Reproductive health, Menstrual health, Human rights, Menstrual rights, Policy

## Introduction

Menstruation is a major health condition that adolescent women experience as a sign of puberty (1). Nearly two-thirds of adult women periodically go through menstrual cycles of 21 to 35 days, a state that causes hormonal and physiological changes in women’s bodies and affects their capacities (2). Menstruation is associated with a wide range of physical symptoms (sore breasts, mastitis, headache, muscle aches, and weight gain), psycho-emotional symptoms (mood swings, hopelessness, anxiety, stress, emotional turmoil, anger, and arousal), and behavioral challenges (decreased interest in normal activities, concentration deficit, decreased energy, and early fatigue, changes in eating and sleeping habits) (3). Hence, it can be concluded that menstruation can adversely affect the personal, social, and occupational lives of women and their families and cause physical and psychological conditions and economic consequences (3-5).

It is noteworthy that menstruation is the only experience in women’s lives that can alter their existential structure. Since this unique quality of women’s lives can affect their

feminine identity and emotions, the way women deal with such fundamental changes can affect their reproductive and social health (6,7). From the perspective of human rights, the first and most important prerequisite to the realization of women’s rights is to recognize their menstrual rights. However, one of the major gaps in human rights is related to menstrual rights (8). As a matter of health, education, and gender equality, menstruation has caused the emergence of a great global movement (9). According to the motto of this movement, “menstrual justice” is the first step toward “gender equality” (10).

Numerous studies have been conducted globally on various aspects of menstrual health and hygiene (MHH) (11). However, a few studies have dealt with the legal aspects of menstruation (11). The marginalization of menstrual rights in international vision programs can be attributed to a lack of sufficient understanding and awareness regarding the concept and its various dimensions (11). Although numerous countries may not prioritize menstrual activities and issues, evaluating menstruation and MHH services can serve as an indicator of progress

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in meeting the needs of people in the future (9). There is a close relationship between MHH improvement and sexual and reproductive health and rights (SRHR). Nevertheless, it seems that menstrual rights have received insufficient emphasis in the ministerial guidelines and documents on SRHR (11). Moreover, menstruation has been discussed inadequately among the topics related to SRHR on the official website of the World Health Organization (WHO) (12) and also in programs and research projects aimed at supporting SRHR (13). Studies on MHH have also shown that the menstrual status of women and girls is really unfavorable in many parts of the world, especially in low- and middle-income countries, for menstruation is still viewed as a social stigma (14-17).

Menstrual rights should be part of the SRHR policies, as these two concepts have much in common biologically and socio-culturally (5). Inattention to menstrual health and rights, as a major part of reproductive health, can pose short- and long-term challenges and consequences for girls and women, such as reduced self-confidence, self-efficacy, and individual ability to engage in daily activities and various social areas, e.g., education, employment, welfare, and health (18-20). Women's awareness of the rights, programs, policies, and inferential obligations of countries can force governments to take better and more effective measures to support women and girls and remove the barriers to proper menstrual management (20). Nonetheless, a few studies have evaluated menstruation-related interventions and policies (21, 22). This study aims to review the menstrual rights programs and policies for women and girls of childbearing age in order to raise the awareness of readers and service providers with regard to the legal approach to menstrual health policies and programs, encourage the comprehensive coverage of menstrual health services, develop effective plans and policies, and maximize resource utilization.

## Methods

This review study was conducted based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (23). After the goals were set (i.e., extraction of menstrual rights programs and policies), the articles that met the inclusion criteria were extracted for content review.

### Literature Search and Search Strategy

In this study, articles were reviewed from November 2021 to February 2022. Since the search approach can affect the search results, no time limits were considered in searching the papers. As a result, all papers related to existing international conventions and agreements, reports, official publications of international organizations and institutions working on reproductive and menstrual rights (e.g., WHO, the United Nations [UN], the International Planned Parenthood Federation, official publications of stakeholders, and official websites of health ministries of

some countries) were reviewed. Moreover, the keywords were searched in international databases (e.g., PubMed, Google Scholar, Scopus, Web of Science, MEDLINE, and Embase) as well as Iranian ones (e.g., IranMedex, Magiran, Scientific Information Database (SID), and the official website of Iran's Ministry of Health and Medical Education). Other documents related to other aspects of menstrual rights, e.g., the rights of people with disabilities, transgender people, and other similar cases, were also searched and reviewed.

The search strategy based on databases was finalized after eliciting the views of an experienced librarian about the comprehensiveness of developed search strategies, database searching, and review of resources. A sample of the search strategy on PubMed is as follows:

("Reproductive Rights" [Ti/Ab] OR "Reproductive Health" [Title/Abstract]) AND ("Menstrual Health" [Title/Abstract] OR "Menstrual Hygiene" [Title/Abstract] OR "Menstrual Rights" [Title/Abstract] AND ("Human Rights" [Title/Abstract] OR "Human Rights" [Mesh Terms]) AND ("Policy" [Title/Abstract] OR "Policymaking" [Title/Abstract] OR "program" [Title/Abstract] OR "programing" [Title/Abstract] OR Policy [Mesh Terms] OR Policymaking [Mesh Terms] OR program [Mesh Terms] programming [Mesh Terms])

The criteria for inclusion were studies in English or Persian, with relevant keywords in the titles or abstracts, full-text accessibility, and documents related to reproductive and menstrual rights in international databases. Articles that were not related to menstrual health or rights programs were excluded, including those with summaries or texts that did not meet these criteria.

All relevant articles, including quantitative studies (i.e., descriptive, observational, and interventional studies), meta-analyses, narrative and scoping reviews, systematic review studies, qualitative studies, mixed-methods studies, and instrumentation studies, were reviewed with no limitation. Most of the papers that could not be accessed through domestic databases were downloaded from ResearchGate or received directly from their authors after correspondence. EndNote 2020, which is a commercial reference management software package, was utilized to search for, identify, and eliminate duplicates. This systematic review followed the PRISMA guidelines (24) (for more information, see: <http://www.prismastatement.org/>). A total of 832 articles were extracted after all the relevant papers, documents, plans, and policies were reviewed. Finally, 27 relevant studies were selected for further review and analysis (Figure 1) (20,25-50).

## Results

This review of 27 articles, reports, and government documents revealed that there is insufficient familiarity with the concept of menstrual rights and its areas; consequently, these rights have been marginalized, even from an international perspective, and there are very

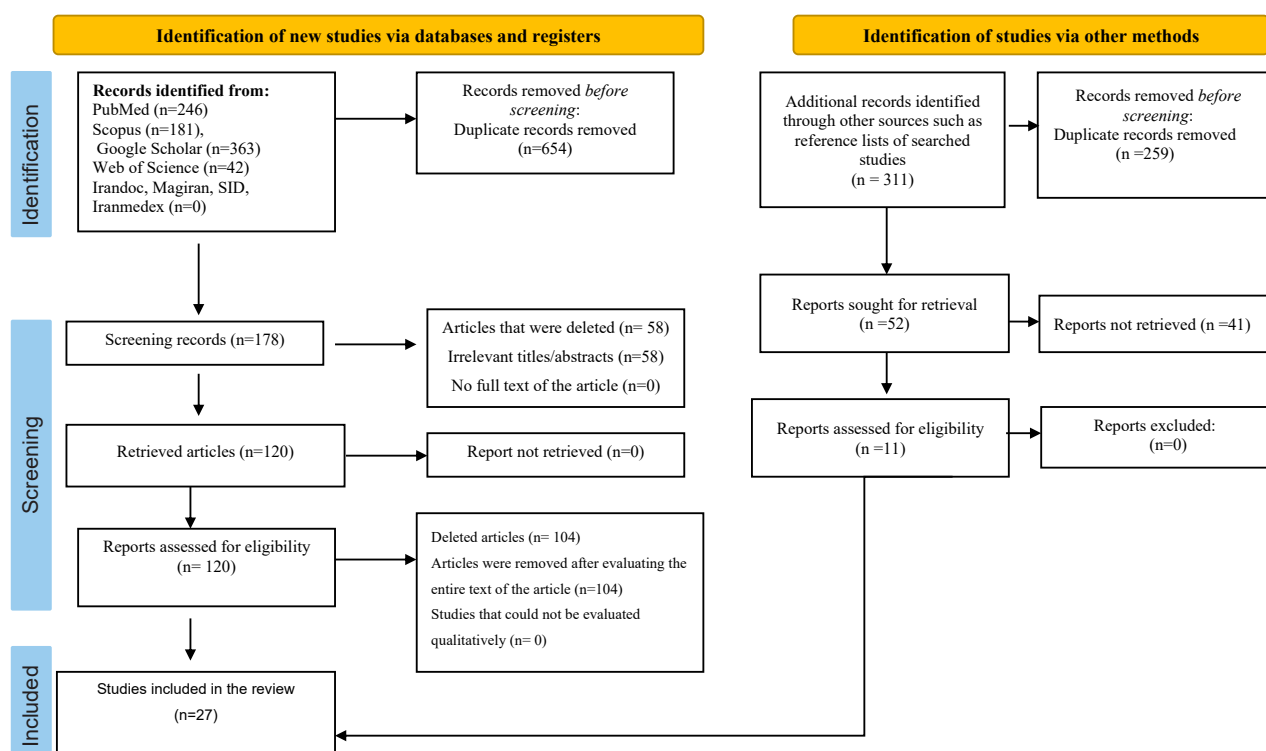


Figure 1. The PRISMA Diagram for the Search of Records and Study Selection.

few studies and documents available on the subject. In the existing reviewed materials, as can be seen, the plans of the results of the systematic review and review of the guidelines and policies in the field of menstrual rights can be explained in four main categories that are shown in Table 1:

#### 1. Policies and Rules

- ▶ Integration of menstrual health programs into macropolicies
- ▶ A National action plan with an intersectoral approach
- ▶ Allocation of budget and financing
- ▶ Monitoring and supervision

#### 2. Empowerment in menstrual health management

- ▶ Promotion of menstrual literacy
- ▶ Development of educational content

#### 3. Normalization

- ▶ Discourse without shame
- ▶ Media and cultural symbols

#### 4. Support the justice of menstruation

- ▶ Necessities, supplies, and facilities for menstruation
- ▶ Development of research and terms

### Discussion

The introduction of menstruation as a major public health issue in recent years (4) has encouraged investment as well as the implementation of programs and policies in this field (53). Such efforts have also turned menstruation into

an intriguing area of research (54). Although many studies worldwide have been conducted on various aspects of menstruation, a few of them have dealt with the legal aspect of menstruation and the policies for the realization of menstrual rights.

Considering the human rights aspects of this issue (55) and the emphasis placed on the realization of MHH management by 2030 in the Sustainable Development Goals (SDGs) (56), this study reviewed and summarized various articles and documents to introduce existing programs and policies aimed at realizing the menstrual rights of women and girls, an issue that has been given insufficient emphasis in SRHR.

Although there has been an upward trend in developing menstrual policies around the world in recent years, many steps should still be taken to go forward and achieve the goals in this regard (52). There is also a need for further studies on the MHH needs of female adolescents, immigrants, and refugees to form the basis for supportive policies (32). Guidelines and programs can play a key role in developing health policies (57). Public health and social practice programs have failed to develop an evidence-based MHH management plan, which could lead to unnecessary resource waste (21). Supportive initiatives and policies are needed to enhance MHH efforts for women and girls in low- and middle-income nations (58).

In the review conducted on the structure of laws and policies, there was no focused approach to the legality of the programs. One of the most important programs

**Table 1.** Category and Subcategory Guidelines and Policies in the Field of Menstrual Rights

Category/Subcategory	Definitions
<b>1. Policies and laws</b>	
	Integrating the menstrual health management program and defining the vision and mission in the 2019-2030 policy package by the Ministry of Health of Kenya (39)
	Integrating menstrual health programs into the health policies of the Ministry of Health in India since 2011 (39, 40)
	Recognition of MHM as a human rights issue in UK policy (41)
	Compilation of the "MHM in Ten" program by the Department of Education of the Philippines (2016) (41)
	Compilation of the "MHM in Ten" program by the government and the Ministry of Education of Kenya (2016) (41)
	"Adding an amendment to the Basic Education Act regarding the distribution of sanitary napkins in schools" by the Ministry of Education and Ministry of Health by the President of Kenya (41)
	Integrating MHM indicators into the education monitoring information system and regular reporting programs of schools (41)
	Introduction of menstrual leave policy as a right for women by Australian health organizations (under review) (42)
	Menstrual leave as a policy in employment is a weak measure and a better alternative to accessing good-quality reproductive health information and medical services if needed (43).
	Menstrual leave is a right for all women in Indonesia (29).
	Focus on more advocacy for policy changes, such as eliminating taxes on menstrual products and increasing coverage for menstrual hygiene products in safety net programs and charitable organizations (32).
	Obligation of menstrual product manufacturers to post-primary education labels and potential non-compliance issues on product packaging in the United States (36)
	Examining the ingredients of menstrual products and confirming them according to the FDA standard is the responsibility of the federal government of the United States (36)
	Definition of tampon as a Class II "medical device" by the FDA (36).
	Production and distribution of affordable, high-quality, and environmentally friendly sanitary napkins (a cooperation program of the Indian Ministry of Health and some private organizations) (39, 40).
	The program for making pads with environment-friendly and consumer-friendly features (34)
	Integrating ten MHM indicators into the school monitoring system in several schools on a pilot basis in Sri Lanka and India (41)
1.1. Integrating menstrual health programs into macropolicies	

Table 1. Continued

Category/Subcategory	Definitions
	<p>Menstrual health program in collaboration with some private organizations in India since 2011</p> <ul style="list-style-type: none"> <li>• National Health Mission (NHM) consists of two parts.</li> <li>• National Rural Health Mission (NRHM)</li> <li>• National Urban Health Mission (NUHM)</li> <li>• Menstrual Health Scheme (MHS) comprehensive programs for whole India</li> </ul> <p>Nirmal Bharat Abhiyan (NBA) program (a program with software components focusing on menstrual health education and management)</p> <p>Sarva Shiksha Abhiyan (SSA) program (program with hardware components focusing on sanitation construction) (39, 40)</p>
	<p>India's Rashtriya Kishor Swasthya Karyakram (RKSK) Comprehensive Adolescent Health Program in New Delhi, 2014 (Target group: teenagers between the ages of 10 and 19, in urban and rural areas, including boys and girls, married and single, poor and wealthy, whether in school or out of school (28)</p>
	<p>The global program "MHM in Ten" is a program with a 10-year vision from 2014 to 2024 to support the school environment for girls with the five priorities of MHM.</p> <p>Priority 1: Develop a strong interdisciplinary evidence base for MHM in schools to inform policy prioritization.</p> <p>Priority 2: Develop and disseminate global guidelines for MHM in schools with minimum standards and indicators.</p> <p>Priority 3: Review the progress of MHM in school activities through a comprehensive evidence-based platform</p> <p>Priority 4: Allocation of responsibility to designated government agencies for school-based MHM delivery</p> <p>Priority 5: Integration of MHM and capacity and resources to provide inclusive MHM in the education system (26)</p>
1.2. A national action plan with an intersectoral approach	<p>69<sup>th</sup> IFMSA International Medical Student Meeting in Denmark, 2020</p> <p>Presentation of the policy statement in the field of menstrual health and hygiene</p> <p>Explanation of the role and action plan of governments, departments, non-governmental organizations, universities of medical sciences, health care institutions, and medical students, including:</p> <ul style="list-style-type: none"> <li>• Teaching skills and knowledge related to menstrual health,</li> <li>• Familiarization of medical groups with menstrual health</li> <li>• Provision of special menstruation services and facilities,</li> <li>• Access to menstrual products,</li> <li>• Access to counseling</li> </ul> <p>Definition of menstrual health for the disabled, in humanitarian crises and natural disasters, in bisexual people, in the homeless and marginalized people, prisoners, and refugees (35)</p>
	<p>(the first digital network and knowledge platform of the global menstrual community) to connect people working in the field of menstrual health and women's health, enhance information, and host free access to a database of menstrual health-related resources on research, education, policy, and innovation (44)</p>
	<p>Adding the subject of health and menstrual hygiene to the programs of schools and health centers in line with human rights programs (20)</p> <p>Creating a network of social service organizations to distribute menstrual hygiene items (32)</p> <p>Integrating menstrual health programs with other health and education programs for destigmatization, empowerment, and improving infrastructure and access (45)</p>
	<p>Forming a Menstrual Poverty Working Group with a focus on tackling stigma, access to products, and data and evidence (39)</p>
	<ul style="list-style-type: none"> <li>• Set of stakeholders in the whole society: government bodies (Ministry of Education, Ministry of Health, Ministry of Labor, Ministry of Health, Ministry of Youth, Ministry of Economy, Social Development, and other strategic institutions),</li> <li>• United Nations agencies (UNFPA), UNICEF, UNESCO, UNHCR, UN Women, WHO, (WSSCC/UNOPS,</li> <li>• Non-governmental organizations (NGO) and local social movements,</li> <li>• Research institutes and university researchers,</li> <li>• International and national private sector producers,</li> <li>• Community leaders</li> <li>• Girls and women as the main beneficiaries (20, 48)</li> </ul>
	<p>Implementation of monitoring and evaluation of menstrual health programs in India (M&amp;E) by four ministries under the Government of India, directly or indirectly:</p> <ul style="list-style-type: none"> <li>• Ministry of Health and Family Welfare, Ministry of Women and Children Development, Ministry of Human Resources Development, and Ministry of Water and Sewage</li> <li>• Creation of a ministry at the national level to facilitate convergence</li> <li>• A government agency to monitor the implementation of interventions (in progress) (28)</li> </ul>

Table 1. Continued

Category/Subcategory	Definitions
1.3. Budget allocation and financing	Dubai's financial support for the Sesame and World Vision workshop to increase WASH UP (39) Global Challenges Research Fund (GCRF) grant among researchers from Kenya, Uganda, Tanzania, and Zimbabwe to strengthen MHM research capacity with a special focus on schools (Sumer et al. 2018) (39)
1.4. Monitoring and supervision	Integrating MHM-related indicators on school absenteeism for girls and adolescents, women-friendly WASH facilities, and school awareness sessions in Ministry of Health and Education programs Monitoring incentives to meet standards, especially in schools in Nepal
<b>2. Empowerment of menstrual health management</b>	
2.1. Promotion of menstrual literacy	An educational program for empowering girls in Indian schools, UNICEF (34) Incorporation of MHM messages containing the contents of menstrual health management in curriculum education in line with "MHM in Ten" in the Philippines (41) "Menstrual Health Management Teacher's Manual" as a reference book for teaching primary school students in Kenya in line with "MHM in Ten". <ul style="list-style-type: none"> <li>• Provide national training guidelines for teachers and other key MHM agents in Kenyan schools in line with "MHM in Ten"</li> <li>• Integrating MHM into the sex education framework and lower secondary curriculum from 2018 in Kenyan schools in line with "MHM in Ten" (41)</li> <li>• Preparation of a booklet on puberty and menstruation education for boys in Nepal (34)</li> <li>• Development of programs to increase awareness and sensitivity about menstrual hygiene in India (39, 40)</li> </ul> <p>Education program of Pakistan Program trustee: Pakistan Rural Support Organization and water aid The purpose of the course is to familiarize students with the issue of menstrual health, to update students' information about the importance of menstrual health and hygiene, and to provide complete information on important issues related to menstrual health.(34)</p>
2.2. Development of educational content	Afghanistan educational program Program manager: Ministry of Education, Ministry of Public Health, Islamic Republic of Afghanistan, with the support of UNICEF Objectives: To guide teachers, coaches, or supervisors of girls in schools to help girls learn about menstrual hygiene (34)  A comprehensive guide to menstrual hygiene education in schools and social service organizations (32) Training of health personnel to identify needs, possible problems, and necessary interventions to promote menstrual health (51) Publication of "MHM guidebook in emergencies" (2017) with the cooperation of 27 international organizations in Colombia (31)
<b>3. Normalization</b>	
3.1. Media and cultural symbols	The annual celebration of World Menstruation Day on May 28 to raise awareness and normalization by the organization WASH United since 2014 (50) Focusing on mainstream media coverage—both qualitatively and quantitatively—to present a collection of personal stories of people to convince New York's passing law (36)  Distributing health message cards with a phone number in packages containing sanitary towels to girls to establish two-way communication and encourage discourse in Kenya in 2019 (39) Menstrual destigmatization policy initiatives based on interviewees from Kenya, Senegal, India, and the United States Rewriting educational programs with a destigmatization approach Involving men in menstrual management and education programs Creating Space for Discourse: Mobile campaigns for open conversations Direct dialogue with health policymakers about menstrual problems Compulsory educational programs in curricula instead of optional programs (50)
3.2. Discourse without shame	

Table 1. Continued

Category/Subcategory	Definitions
<b>4. Support for menstrual justice</b>	
4.1. Provision of necessities, supplies, and facilities for menstruation	<p>Providing free menstrual products to girls and women in Scotland since 2016 (49)</p> <p>Provision of free menstrual products in all schools in New Zealand from 2018 (39)</p> <p>Distribution of sanitary napkins to 13,000 adolescent girls and young women in and out of school by the Kenyan government in 2019 (39)</p> <p>Increasing public transportation hours to access stores to buy menstrual hygiene supplies (32)</p> <p>Improving access to clean and safe public bathrooms at all hours (32)</p> <p>Provision of emergency menstrual products in Philippine schools 2016 MHM program in 10 (41)</p> <p>Adoption of laws on the distribution of free menstrual hygiene products in all public schools in British Columbia and Toronto, Ontario (Canada) (41)</p> <p>Adoption of the most comprehensive judicial laws by the New York City Council (2016)</p> <p>The requirement to install sanitary pads for free access to feminine hygiene products in schools, including tampons and sanitary pads in the bathrooms of eight hundred public schools (for about 300,000 students) and the allocation of free menstrual supplies in the bathrooms of school buildings for students by the Department of Education (46)</p> <p>Requirement of distribution of free menstrual hygiene products in all public schools by some US state and city legislatures" (47)</p> <p>Removal of all taxes on the sale of menstrual products and services in the US states as "medical needs" (47)</p> <p>Department of Sexual Affairs in the Ministry of Public Services and Youth: Providing free sanitary napkins for target girls in public elementary schools (47)</p> <p>Incorporation of WASH guidelines in schools (creating private, safe, functional, gender-segregated toilets, regular supply of water and soap in school toilets) 2016 Philippines MHM program in 10 (41)</p>
4.1.1. Schools	<p>Ministry of Water and Sewerage: providing architectural plan booklets for water and sewage systems and toilets in schools</p> <p>Provision of WASH guidelines with integrated MHM components for schools published and continuously updated (41)</p> <p>Creating space for resting during menstruation in Philippine schools (41)</p> <p>Removal of all taxes on the sale of menstrual products and services in the US states as "medical needs" (47)</p> <p>Department of Sexual Affairs in the Ministry of Public Services and Youth: Providing free sanitary napkins for target girls in public elementary schools (41)</p> <p>Incorporation of WASH guidelines in schools (creating private, safe, functional, gender-segregated toilets, regular supply of water and soap in school toilets) in the 2016 Philippines MHM program in 10 (41)</p> <p>Ministry of Water and Sewerage: providing architectural plan booklets for water and sewage systems and toilets in schools</p> <p>Provision of WASH guidelines with integrated MHM components for schools published and continuously updated (41)</p> <p>Creating space for resting during menstruation in Philippine schools (41)</p>
4.1.2. Vulnerable groups	<p>Providing free and subsidized pads along with menstrual hygiene education in rural areas of India (39, 50)</p> <p>Helping to make sanitary pads with local tools in Myanmar UNFPA (37)</p> <p>Providing "menstrual dignity kits" to women in low-income countries by (37)</p> <p>Presentation of the "menstrual dignity kit" to women in war (Yemen) by UNFPA (37)</p> <p>Adoption of the most comprehensive judicial laws by the New York City Council (2016):</p> <p>Allocation of funds to provide free menstrual products for all shelters under the supervision of the Ministry of Homeless Services, Ministry of Health, and Mental Health (for the annual supply of 2 million tampons and 3.5 million pads).</p> <p>Provision of menstrual products in US shelters and crisis centers, with financial assistance from FEMA (46)</p> <p>Providing free menstrual products to displaced girls (and women) of the United Nations High Commissioner for Refugees (UNHCR) (46)</p> <p>Providing free and unlimited pads in terms of quantity and quality to women detained by the US Department of Corrections (Menstrual Equality Act for All) (46)</p> <p>Removing the limit on the number of pads provided to women under the detention of the Ministry of Corrections (previously, the quota for each course was only eleven thin and poor-quality pads) (46)</p> <p>Gender-neutral restrooms with trash cans and menstrual products for transgender people (38)</p>
4.1.3. Workplace	<p>The obligation of employers to provide free, safe, and toxin-free menstrual products in the workplace of the Canadian Occupational Safety and Health Organization in 2019 (36)</p> <p>Requiring employers with more than 100 employees to provide menstrual supplies in the workplace bathroom (39)</p> <p>The obligation of employers to provide safe sanitary toilet facilities, washing, and drying products for workers by the US Department of Labor, Occupational Safety and Health Administration (36)</p>
4.2. Development of research and terminology	<p>The dramatic growth of articles on menstruation based on a PubMed search</p> <p>Advances in the terminology of menstrual hygiene and menstrual health</p> <p>Completion of standard terminology related to menstrual bleeding</p> <p>Advances in menstrual health literacy</p> <p>The development of placing the issue of menstruation on the agenda in the field of international law (52)</p>

was about empowering Menstrual management through training. Examining the documents and policies in the field of menstruation (39,50), most of the programs are in the field of menstruation education. This awareness can lead to the normalization and breaking of taboos and provide the ground for the discourse about menstruation. The programs for menstrual justice focused on access to menstrual products and necessities, mainly for female students. However, there was no approach or legal framework in the programs to guarantee their implementation.

In addition, in-depth qualitative studies are needed to better comprehend and design quantitative studies to produce compelling evidence regarding the relationships between menstruation and the development of human rights programs (58-61). The development and implementation of an effective MHH program require evidence-based mentoring and evaluation of specialized associations. Moreover, after menstruation is regarded as a natural and physiological phenomenon, efforts should be made without fear or embarrassment to discuss and realize the menstrual rights of women and girls in a community.

However, each country should come up with appropriate measures to realize the menstrual rights of girls and women, considering its social conditions and cultural preferences.

#### Limitations

In this study, we only included studies in Persian and English as the authors were proficient in these languages. In addition, due to the heterogeneity of the included studies, a meta-analysis could not be performed.

#### Conclusion

Significant efforts were found in the actions of countries regarding the achievement of menstrual health. However, the legal framework for menstruation is still necessary to motivate governments to take action. In the reviewed article, four categories of policies and programs were found in documents, reports, and articles. Programs need to converge on a legal framework to achieve menstrual health. Providing the menstrual health program with a structured legal framework and mandatory components of the program and linking it with different aspects of women's and girls' rights can provide an opportunity for policymakers, health service providers, and other stakeholders to perform optimally in this field. The classification of programs and policies in this article can show which aspects of menstrual health need to be strengthened or which programs and policies have not received any attention in the world. Programs and policies in the field of standardization have received less attention. The need to plan for marginalized and disabled people is also necessary.

#### Authors' Contribution

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**Supervision:** Maryam Damghanian.

**Validation:** Nassimeh Setayesh Valipour and Maryam Damghanian.

**Visualization:** Nassimeh Setayesh Valipour.

**Writing—original draft:** Nassimeh Setayesh Valipour.

**Writing—review & editing:** Nassimeh Setayesh Valipour.

#### Availability of Data and Materials

The data that support the findings of this study are available from the corresponding author upon reasonable request.

#### Conflict of Interests

Authors declare that they have no conflict of interests.

#### Ethical Issues

This systematic review was extracted from a Ph.D. dissertation on reproductive health, approved by the Ethics Committee of Tehran University of Medical Sciences (IR.TUMS.FNM.REC.1400.003).

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