



Original Article

Exploring young men's knowledge and perspectives on menstruation in Cis-women

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Abstract

There is a growing recognition of menstruation and menstrual health, especially menstrual hygiene, which has recently gained global attention. The stigma of menstruation is global and deep-rooted and negatively impacts health, agency, mobility, and dignity. Moreover, most health education programs do not address menstruation adequately, focusing merely on biology and lacking information on its relation to sexual and reproductive health and lack of a broader perspective, especially sociocultural. Most research focusing on girls' and boys' perspectives towards menstruation is scanty. Hence, the primary objective of the present study is to explore the young boy's perspectives towards menstruation in the Kerala context. A descriptive exploratory study was done using in-depth interviews among 25 young men aged between 19-30 years, and data analysis was done using thematic analysis. The study found that most participants lacked adequate knowledge of the biological process of menstruation. They also believed that menstruation was a women's issue that boys/men did not need to know about. However, most of the boys have heard/known about the cultural practices related to menstruation. The study concluded that engaging boys and men is integral in conversations related to menstruation, and partnership with boys is essential for achieving gender equality.

Keywords:

Menstruation, Knowledge, Gender equality, Menstrual hygiene management, Sustainable development goals

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Background

The recent global movements around menstrual health and hygiene have played a critical role in breaking the silence around menstruation and identifying it as a significant public health issue.^[1] The existing evidence has recognized menstruation as a significant barrier to gender equality, health and well-being, and women's sexuality. Globally there are nearly 1.9 million menstruators, including

women, girls, transmen, and gender non-binary people.^[2] Although menstruation has become a global agenda, menstruation remains stigmatized. Menstruation, a natural, biological process, is linked to the discourse of shame, secrecy, and silence across the globe.^[3] Lack of awareness of menarche, knowledge, and understanding of menstruation and menstrual health causes knowledge gaps and misconceptions about menstruation.^[4] Hennegan et al. (2019) reported that even though menstruation is a biological process, it is identified as a barrier to the right to health, education, and gender equality.^[5] The cultural shame and reluctance to have conversations around menstruation are linked with girls' and women's sexuality and reproductive health and are often considered women's issues.^[6] Douglas (1966) and Ussher (2006) argued that the shame associated with menarche and menstruation is due to the cultural and historical construction of women's bodies as 'dirty'.^[7,8] Ussher (2006) and Kristeva (1982) pointed out that the abject is not innately dirty, as nothing is naturally dirty.^[8,9] Likewise, the female body is not abject but has been placed as such, leading to significant implications for women's experiences of living in a body that is defined as menial.^[8] These implications include the construction of women as dangerous and pollutant, leading to disciplinary practices to keep women constrained. Women engage in self-surveillance to hide leakage and avoid being identified as uncontrollable not-men through the lens of biopower, a power enforced by the state that operates on our bodies and is sustained by its citizens through self-regulation.^[10] It is the society that imposes the assumptions and stereotypes of female gender roles and compels us to conform to them. Menstruation is stigmatized and perceived as 'dirty' or 'impure', and that has to be kept a secret.^[11,12] Moreover, there exists a widespread societal belief that menstruating women are seen physically (during the menstrual phase) or mentally (during the premenstrual phase) as

disordered. These perceptions label them out-of-control, ill, crazy, and unfeminine.^[13,14] The stigma of menstruation is global, deep-rooted, and negatively impacts their health, agency, mobility, and dignity.^[15] The pieces of evidence also observed that menstruation has detrimental consequences when menstruators have insufficient access to sanitary products, a safe, clean environment, and the fallacies related to menstruation, resulting in exclusion and isolation.^[15]

The subordinate position of women reinforces the belief that women's bodily functions are believed to be 'negative, private and shameful'.^[16,17] These perspectives dissuade open conversations about women's bodies. Similar findings showed that anything related to women's biological functions looked 'negative, disgusting, sick and shameful'.^[18] The socially constructed position and harmful beliefs about women impact the perception of menstruation. Therefore, dialogues regarding women's reproductive organs and menstruation were believed to be a women's private affair for a long time.

Menstruation and sustainable development goals

Sustainable Development Goals (SDGs) are a collective blueprint that "seek to realize the human rights of all and to achieve gender equality, and the empowerment of all women and girls".^[19] SDGs have envisioned global development and progress through a transformative strategy that has ingrained human rights principles - universality, indivisibility, and interdependence.^[19] Despite the focus on gender, the SDGs failed to emphasize and address the biological process of menstruation.^[19] It is essential to understand that the regular occurrence of the menstrual cycle is an essential indicator of reproductive health. In addition, reducing the shame and the stigma associated with menstruation is significant in ensuring that menstruators can manage their menstruation.

Menstruation and menstrual hygiene are considered as matters of human rights. The stigma associated with menstruation is a human rights violation, primarily the violation of human dignity. The right to non-discrimination, equality, bodily integrity, health, privacy, and the right to freedom from inhumane and degrading treatment, abuse, and violence are also connected to human rights and menstrual hygiene.^[20]

Gender relations and menstruation

Menstrual hygiene challenges are deeply rooted in gender inequality. They have also led to cultural taboos, stigma, and shame around menstruation,^[21] including the belief prevalent in many cultures. Gender equality is regarding gender relations, so understanding the relations boys and men have with girls and women and vice versa becomes vital to understanding an individual's agency. Unequal power relations between men and women result in women's and girls' voices not being heard in decision-making within households, communities, and development programs. The gendered power relations are created through space and time and sustain a structure where women are in a subordinate position.^[22] The stigmatization of menstruation is explained in terms of unequal gender power relations. In terms of specific ways in which men and boys behave towards menstruating women and girls, Erchull (2016) found that boys in the United States insult and tease girls about menstruation from a young age.^[23]

Indian context

In India, the cultural and societal taboos around menstruation impose rigid, restrictive practices on females and have severe consequences faced by girls, which broadens gender differences additionally. These taboos included restrictions on diet, cooking, going to places of worship, and participation in social functions. They also had to be isolated from sleeping and sitting with other household

members.^[24-26] Certain restrictions are beyond the limit where a menstruating girl/woman is considered unclean, dirty, and untouchable during menstruation.^[27]

Shame is also attached to the menstrual blood, so cleaning and drying menstrual products like clothes becomes shameful. Women/girls are compelled to dry the clothes used while menstruating under other oversized clothes, which causes damp clothes to be stored and worn before drying them properly.^[24] Furthermore, it possesses a health concern.^[28]

In Indian culture, menstruation is looked at solely as a woman's concern, even within families, leaving the males ignorant about menstruation. These narratives convey a misunderstanding that menstrual health hygiene matters only for women, which has to be discussed privately. The girls and women often cannot communicate their needs and remain disadvantaged. Negative attitudes of men and boys towards menstruation are identified as a facilitating factor for the stigmatization of menstruation. T. Mahon (2015) documented that recognizing and addressing the gendered nature of women's sexual and reproductive health is scanty and little priority in addressing gender equality matters; hence, menstrual hygiene management is disregarded.^[29] Being a patriarchal society, progress towards gender equality lessened due to the gendered disparities.

Few qualitative research findings from low and high-income countries reported that boys could not attend menstrual health education. The study done in Uttar Pradesh on the menstrual health sensitization program reported that parents, female teachers, and female students feel that boys should not be allowed to attend menstrual education classes. In addition, the male teachers declined to participate in the survey as they felt uncomfortable and uneasy with menstruation.^[30] In the amplifying body of knowledge on 'Menstrual Health and Hygiene', boys are

reported as taking a rival role against girls in their schools.^[31,32] However, Gold-Watts et al. (2020) observed that most of the evidence looked at girls' perspectives.^[33] Connell (2005) hence reported that the voices of men and boys in the broader gap in 'Gender and Development' are under-researched as the existing literature neglects them and seems to be missing.^[34] It is essential to understand the knowledge and attitudes of boys and men to engage them in menstrual hygiene management to bring a positive change in society. The extensive literature on menstrual hygiene management and menstrual health primarily focused on women and girls, and men's perspectives still need to be researched globally.

Rationale for the study

The restrictions on women entering places of worship during menstruation due to their impurity have been practised in India, and even now, it is continued.^[35] The recent protests on Sabarimala, the famous Hindu temple in Kerala, India, and temple entry over the customary ban on women aged 10-50 have grabbed global attention. Only women and girls of reproductive age were traditionally not permitted entry to the temple as Shasta is a celibate deity. It is believed that anyone wanting to go to Sabarimala temple must strictly follow celibacy for forty-one days.^[35] Even though the Sabarimala case verdict has challenged the menstrual exclusion practices, denying the temple entry of girls and women of menstruating age violates constitutional rights to religion and equality.

In a state like Kerala, where outstanding educational status with no gender disparity is reported, it is surprising that the cultural taboos related to menstruation still exist. Hence, it is essential to understand the young boys' perspective towards menstruation in Kerala.

Most of the research focused on girls' and

boys' knowledge, perceptions, and attitudes towards menstruation is very little. A keen analysis of the literature also highlights a blind spot in the knowledge base where boys and men are missing in the narratives of menstruation. Nevertheless, there is also an agreement amongst scholars worldwide that boys have to be included in this narrative if we are to transform social norms and practices. Although the inclusion of boys/men in menstruation-related studies is exceptional, studies worldwide have called attention to the need to involve boys and men in sexual and reproductive health (SRH) as their involvement can positively influence women/girls' health. Very little is known about young men's knowledge and attitudes towards menstruation in Kerala. There is an identified research gap in men's knowledge and attitudes toward menstruation in Kerala, and the objectives of the present study are

1. To explore the knowledge of men towards menstruation
2. To identify the primary sources of information on menstruation for men
3. To explore the attitudes of men towards menstruation

Methods

Sample

The present study is a descriptive exploratory study drawn from in-depth interviews conducted in the Kozhikode district of Kerala from January to March 2022. Twenty-five young men aged 19-30 enrolled in the study from the selected colleges in Kozhikode through convenience sampling. The details about the study were circulated in the selected colleges through teachers, and the participants willing to participate in the study were recruited.

The sample size was decided based on data saturation, which is the point at which no new information can be regained from the data.

The researcher interviewed 25 participants, listened to each recorded interview, and found no new ideas emerging. Thus, the researcher concluded that they had reached data saturation.

The participants ranged from 19 to 30, and the median age was 23. Nearly all the participants

(92%) were unmarried, except two who were married. Most participants were Muslims (48%), followed by Hindus (32%), and the remaining were Christians (20%). Nearly 50% of the participants had completed post-graduation.

Table 1: Sample characteristics

Sample Characteristics	Number (n=25)	%
Age (median age23)		
19 – 21 years	10	40
22 – 24 years	8	32
25 – 27 years	5	20
≥ 28 years	2	8
Gender		
Male	25	100
Religion		
Hindu	8	32
Christian	5	20
Muslim	12	48
Others	-	
Marital Status		
Single	23	92
Married	2	8
Education		
Graduation	10	40
Post-graduation	13	52
Above PG	2	8

Tools

A semi-structured interview guide was prepared based on the previous research and was used to conduct interviews, which lasted from 45-60 minutes (Appendix 1). The interview guide included questions on menstruation, dialogues about menstrual practices, myths about menstruation, and the information sources where they access this information.

Procedure

Informal conversations, which included self-introduction and the significance of the study, made the participants comfortable with slowly opening up about what they know about menstruation and their perceptions and attitudes toward menstruation. The interviews were conducted during the college working hours and on the college premises, preferably in any accessible classrooms of the respective department. The interviews were completed in the local language, Malayalam. Interview notes were also taken to use later for memoing the data. A semi-structured interview guide was prepared based on the previous research and was used to conduct interviews lasting 45 - 60 minutes. The researcher transcribed each interview verbatim, then translated directly into English and counterchecked using back translation. The transcripts were coded, and

completed the analysis was completed. A reflexive approach was also taken during data collection and analysis.

Ethical considerations

The Institutional Ethics Committee of the University of Calicut granted the permission to conduct the study. The data was collected from the selected colleges in Kozhikode District, Kerala. Permission was obtained from the respective colleges from the respective heads of institutions. Informed consent was obtained before data collection, and it explained the study’s objective, purpose, significance, and risks in Malayalam and was informed that participation was voluntary. The participants were allowed to withdraw from the study at any time.

Results

Deductive thematic analysis was done, which reflected the participants’ conclusions. The transcripts were reviewed multiple times to get acquainted with the data. The developed codes, depicting the participants’ narratives, were integrated into a coding frame. The emerging core themes from the frame were explained and developed into a narrative.

The significant findings were organized into three main themes based on the study’s objectives.

Table 2: Themes, sub themes and codes developed through thematic analysis of interview data

Themes	Sub-themes	Codes
Knowledge	<ul style="list-style-type: none"> Understanding menstruation 	Level of understanding on menstruation Inadequate information/understanding on menstruation
	<ul style="list-style-type: none"> Cultural practices and myths 	Cultural practices Religious beliefs Myths heard about menstruation

	<ul style="list-style-type: none"> Behavioural changes in girls during menstruation 	<p>Change in behaviour after attaining maturity</p> <p>Changes in the behaviour towards boys/men</p> <p>Anger, irritation, tiredness indicate menstruation</p>
Sources of information	<ul style="list-style-type: none"> Formal sources 	<p>Reproductive health is a topic taught in biology class.</p> <p>Use of internet to access information</p> <p>Educational programs on menstruation by NGOs</p>
	<ul style="list-style-type: none"> Informal sources 	<p>Peer groups</p> <p>Talking with girls who are close friends</p>
	<ul style="list-style-type: none"> Hints to gain knowledge on menstruation 	<p>Clues like not going to the temple or avoiding poojas at home every month indicates menstruation</p> <p>Observing the female member's behaviours in the family and understand the changes</p>
	<ul style="list-style-type: none"> Resistance to communicate about menstruation 	<p>Never talked to family members about menstruation</p>
Attitude towards menstruation	<ul style="list-style-type: none"> Positive view as menstruation as a natural process 	<p>Menstruation is a natural process</p> <p>Biological process</p>
	<ul style="list-style-type: none"> Negative views on menstruation 	<p>Menstruation is dirty and impure</p>
	<ul style="list-style-type: none"> Perspectives of menstruation in society 	<p>Menstruation is a 'women's issue</p> <p>cultural practices on menstruation</p> <p>menstruation is considered as a secret subject</p>
	<ul style="list-style-type: none"> Need for safe spaces and engaging conversations 	<p>Feeling ignored from the conversations on menstruation</p> <p>Class is given mostly to girls</p> <p>Interest to learn about menstruation</p> <p>Safe spaces are need to discuss such things</p>

Knowledge on menstruation

Most young men who participated in the current study understood menstruation as a

biological process. However, their level of understanding varied across the participants from poor to average level. The three facets of their knowledge included understanding

menstruation, cultural practices/myths, and behavioural changes in girls during menstruation, which they had observed. All the participants admitted that they had heard about menstruation, which was taught at school in the biology class while discussing the reproductive system.

A participant said, "It was a biology chapter and made all of us, including the teacher, uncomfortable talking about it". The participants also have an inadequate understanding of the reproductive cycle. Most participants did not clearly understand menstruation, menstrual, and reproductive cycles. Moreover, only some understand the significance of good menstrual hygiene practices and the need for period-friendly spaces.

"I have heard about menstruation/periods from my biology class. Blood will come....uhh, bleeding happens every month. It happens when a girl reaches maturity....That is all I know".

The participant's understanding of menstruation was also based on misconceptions about menstruation and menstrual cramps, such as:

"I think they can control the blood coming out of.....Every month, it happens".

"The pain during those days is not so bad or hurting.....it is just an excuse for them-girls".

Despite their lack of knowledge regarding menstruation, all the participants were aware of the cultural practices, myths, and taboos related to menstruation. They were still determining why it is practised or whether it is actually due to menstruation. The men have reported that most of these myths are practised by their family members, friends, or relatives; hence, they are familiar to them. The cultural practices reinforced the elements of social exclusion, prohibiting places of worship, religious practices, and isolation. The most common descriptions of the cultural

practices during menstruation given by the participants were forbidding worship /entering places of worship during menstruation, considering menstruation as impure, not allowed to enter the kitchen, and requiring isolation within the family. Interestingly, men said that there are some common myths that women practice across the religion.

"In our religious beliefs (Hindu religion), it is dirty... impure. So, the woman needs to isolate themselves from their family members. In my family, they cannot go to the pooja room or temple. Usually, they are not allowed to enter the kitchen. Since there was nobody to help, Mom used to enter the kitchen only after bathing early in the morning and cooking for us. When Dad and I were on religious fasting to visit temples, they could not enter the kitchen, share the common spaces in the house, and had to isolate themselves".

Similar practices were also reported in Islam. "In our belief, women have to refrain from religious practices like prayer, fasting during Ramadan, and pilgrimage to Mecca during periods. It is believed that Namaaz will not be complete if any bodily discharge comes out of the body parts, including menstruation. It is for ritualistic purity and gendered or excluding women. During Ramadan, women who have periods are exempted from taking fasting. They have to repay that fast later".

However, the participants' responses indicated that Christianity does not have many of these practices, and they are unaware of any such practices.

Another interesting finding shared by the participants was the changes they observed in the menstruating girls and women. The behavioral changes gave them a clue that they were on their periods. Most participants said that once they attained 'maturity', their behaviors towards boys/men also changed.

The common descriptions given by the participants were as follows

“They look weak and tired, sometimes very irritated, indicating menstruation”.

Sources of information

The sources of information are divided into two categories: formal and informal. Most participants revealed their initial knowledge of menstruation gained from school in the biology class. However, most participants were disappointed by how the topic was taught in class. There were no conversations on the topic, and the teacher was embarrassed to discuss it.

“This chapter was rushed through, and the entire class was inquisitive about the reproductive organs, menstruation, and reproduction. However, the teacher should have given time for questions and asked to read about them. It was amusing”.

The other primary source of information was the internet, one of the accessible sources for the participants.

“It is effortless to get information on anything. Moreover, I do not feel embarrassed to ask anyone. We can also get very informative videos”.

However, the participants also accepted that the information on the internet might be inadequate or incorrect.

Few participants reported participation in the menstruation educational program conducted by some Non Government Organizations (NGOs). They reported that it was very beneficial and engaging for them. Most participants said they had never asked about menstruation to any of their family members and were unaware of where they could talk about it. Moreover, these conversations were kept far from us. The participants felt that there was resistance to talking about

menstruation from teachers, parents, friends, and even familiar people.

The informal sources of information reported by the participants were peer groups, conversations with girls who are very close to them, observing girls' behaviors, and signaling about menstruation. The participants shared that understanding the cues in female family members' behaviors helped them learn about menstruation. The most commonly reported cues are not going to the temple, avoiding Poojas at home, staying alone, and staying back at home due to pain, which also indicates menstruation.

“I can understand when my sister has her periods. She will bathe early in the morning and cannot enter the kitchen or pooja room. My mother asks her to stay in her room itself. I do not understand why she says so even now?”

However, most peer group conversations were about symptoms, and participants admitted they hardly tried to know about menstruation in detail. All the participants reported that they are interested in learning more about menstruation, and those discussions have to be given to boys and girls. Interestingly, the participants are inquisitive about the new menstrual products available. All the participants were curious about the insertable products, like tampons and menstrual cups.

“How does the cup go inside and stay there? It is not that small. How does it work?”

Attitude towards menstruation

Most participants believed menstruation was “impure and unclean” and showed a negative attitude towards menstruation. Very few had a positive attitude toward menstruation and considered it a natural biological process. The participants also described that ‘they felt left out in the conversations about menstruation, and that is one of the reasons for being ignorant about it’.

“Most of these classes are given only to girls,

and boys are not allowed. I think these classes must be given to both boys and girls and then only we will understand”.

All the participants addressed the need for a comfortable space for these healthy conversations. They prefer people who work in this area to talk to them rather than their teachers or parents. They believe conversations can be more open and engaging if they are with people working in this area.

Interestingly, most participants believed that menstruation was a women's issue or something only women needed to know. The stigma, secrecy, and lack of information about menstruation also resulted in negative perceptions.

“The traditional views about menstruation must change, and more conversations must happen. Then, only the stigma and secrecy about menstruation will go. If it does not go, it is dangerous or harmful”.

Discussion

There is a knowledge gap in the literature researching men's perspectives on menstruation. Broadly, research on menstruation looked at the narrative and perspectives of women and girls.^[36,37] Few researchers have explored young men's outlooks toward menstruation.^[38,39] The present study significantly adds to young men's knowledge and attitudes toward menstruation. The findings from the current study highlighted that multiple factors and experiences influence the knowledge and attitudes of men toward menstruation. Even though participants had a basic understanding of menstruation, their level of understanding varied across the participants. However, the study revealed that it was challenging for boys/men to understand menstruation when they were not a part of the conversation regarding menstruation, and they felt ignored. The stigma and lack of adequate sources of information added to the poor knowledge

about menstruation among men. Lack of knowledge often discouraged them from engaging in any discussion on menstruation. Comparable findings were reported in studies conducted with 85 adolescents aged 13-17 years from 8 schools across three states in India, where the boys had little understanding of menstruation.

Chang YI, Lin ML. (2013) also reported poor knowledge of menstruation and ovulation and revealed the existing myths like ‘it is a punishment from gods causing injury or a disease’ on menstruation among adolescents in Taiwan and Rwanda.^[38] It is a consequence of ignorance and neglect towards the shame and stigma attached to menstruation. The aftermath of ignoring boys and men will invariably portray menstruation as a ‘women's issue’ and discourage men from being advocates for menstrual health rights. The men in the present study were eager to learn about menstruation and preferred to have access to the correct sources of information on menstruation.

The study done in Uttar Pradesh on the menstrual health sensitization program reported that parents, female teachers, and female students feel that boys should not be allowed to attend menstrual education classes. In addition, the male teachers declined to participate in the survey as they felt uncomfortable and uneasy with menstruation.^[30]

The current study also reported that the participants were interested in learning about menstruation from people working in the context of menstrual health rather than teachers or parents. They felt the teachers were discouraged from discussing menstruation and showed discomfort in teaching such sensitive topics. Similar findings were reported in numerous studies where teachers were found to be inadequate in knowledge and skills to teach sensitive topics.^[37,40] The findings of these studies reported from Kenya, Bolivia, and the Philippines show that teachers need

more prior training to upskill themselves to teach sensitive topics like menstruation. They also require thorough training and access to correct sources of information. A similar observation was reported in the Adolescence Education Programme under the Ministry of Human Resource Development (2017), where the teachers neglected topics like menstruation, which was part of the school curriculum. These practices raise concerns, as they are critical in developing negative attitudes towards menstruation.

Interestingly, although a lack of knowledge about menstruation was reported in the present study, all the participants knew about the cultural beliefs and myths around menstruation. The information on cultural and religious beliefs and myths was invariably similar across religions. Analogous findings were reported from a study done among adolescent school students in Taiwan. Despite their awareness of menstruation, boys are more likely to support cultural beliefs and restrictions on menstruation. The myths reported in the study were similar to the practices revealed by the participants in the current study. These restrictions included certain food restrictions and prohibiting places of worship. Many studies in India have reported misconceptions and myths about menstruation, restricting opportunities for girls/women to discuss menstruation and challenge the existing myths.

The present study showed that the significant sources of information among young men were the internet, mainly social media like YouTube, peer groups, and conversations with girls/women who were comfortable talking about menstruation. Various studies done in the United States of America revealed that peer groups and media, as well as the internet, were significant sources of information.^[41]

The present study also revealed negative attitudes towards menstruation among a few participants who considered menstruation as

‘unclean and dirty’. Marván et al. 2006 also found in their study among young adults from the United States that men intensely believed that discussions on menstruation need secrecy and that women should be restricted in certain activities.^[42] The findings from Mexico among young men also had similar findings and had a negative perspective towards menstruation.^[43] The study from China also reported negative attitudes towards menstruation by young men who were undergraduate students in Hong Kong, who believed that secrecy must be maintained for menstruation by women.^[44]

Since the boys receive less accurate information on menstruation, they have insufficient knowledge and continue with negative attitudes towards menstruation.

The study acknowledges that the study was an exciting and less researched area, but limitations exist. The sample size was small and primarily young men. Therefore, this study cannot be generalized to a larger population. The results also need to reflect a more significant population's diversity in age and experiences.

Conclusion

The current study highlighted the need to engage boys and men in Menstrual Hygiene Management (MHM). The study also revealed that boys are interested in engaging in conversations around menstruation and improving the effectiveness of menstrual hygiene programs. The perspectives of boys/men on menstruation are helpful to address the deep-rooted gender inequality. Globally, the research in menstrual health has called attention to the need to involve boys and men in sexual and reproductive health (SRH), as their involvement can positively influence womens'/girls' health. Engaging boys/men in menstrual health can be valuable in challenging the taboos and myths around menstruation and can promote gender equality.

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Appendix 1: Semi-structured questionnaire used in the study

This research study is titled “Exploring Young Men’s Knowledge and Perspectives on Menstruation in cis-women” and aims to explore men’s knowledge and perspectives on menstruation.

Thank you for participating in the study.

So, please tell me what made you want to participate in this research study.

How did you hear about this research?

Are you comfortable talking about menstruation?

1. When and how was your first experience knowing about menstruation? How old were you?
2. Whom did you hear use the expression first? How is menstruation treated at your home? Is it a secret, or do people talk openly?
3. What is menstruation? Do you know what happens (biologically)? Do you know anything else about menstruation?
4. Do men know any taboos or myths associated with menstruation? If yes, what are they?
5. Where did you learn about such taboos? How did you learn about them?
6. What do men report knowing about menstruation? Do they talk about menstruation?
7. From whom and in what ways do men learn about menstruation?

8. What are the primary sources of information on menstruation among men?
9. Is it essential for men to have correct information and a positive perspective about menstruation?
10. What do you think will happen if men are comfortable talking about menstruation? What will make men comfortable talking about it?
11. Do you know more about menstruation now?
12. Please tell me your perspectives on menstruation. Has your attitude changed over time? How so?
13. Do you wish you had known more about menstruation and menstrual health? What do you need to learn more about menstruation? How do you want to learn about menstruation?

Wrap-up questions:

What was your initial reaction when I mentioned menstruation? Where did you acquire this reaction?

Would participating in this research help you talk about menstruation more comfortably?

Would you like me to ask any particular questions?

Did I miss anything that needs to be addressed?

At the end

Thank you for participating in this research.