

# Mapping Menstrual Health Research in France: A Scoping Review of Peer-Reviewed Literature Up to 2024

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**Abstract:** Menstrual health is increasingly framed as a multidimensional public issue intersecting with health, education, and gender equality. Yet, national research landscapes remain uneven, shaped by structural neglect, epistemic silences, and sociocultural stigma. France offers a compelling case of such disparities, where academic engagement with menstrual health has only recently gained visibility. This scoping review critically maps the landscape of menstrual health research in France and identifies knowledge gaps. Following PRISMA-ScR guidelines, we analyzed twenty-eight studies retrieved from Medline and Scopus (up to November 2024), covering themes such as menstrual poverty, environmental concerns, cultural representations of menstrual blood, and menopause experiences, involving diverse populations across the life course. While the thematic diversification signals a shifting research agenda, the literature remains fragmented, with limited longitudinal and intervention studies and underrepresentation of marginalized populations. These findings underscore the need for participatory, community-driven approaches and contribute to broader debates on how menstrual health is conceptualized, studied, and translated into policy.

## Plain Language Summary:

Menstrual health affects millions of people and is closely linked to public health, education, and gender equality. Around the world, more attention is being paid to this issue, but not all countries have kept pace.

To explore what research has been done in France, we reviewed 28 studies that looked at different aspects of menstrual health. These studies covered topics like period poverty, how menstrual products affect the environment, cultural attitudes toward menstruation, and experiences of menopause. We found that researchers are starting to look at menstrual health in new and important ways, but there are still big gaps.

For example, very few studies followed people over time or tested new solutions. Marginalized groups—such as people with low incomes or from minority communities—were often left out. We believe future research should include these voices and work more closely with communities to understand their needs.

Our study shows that menstrual health is not just a personal issue—it's a public one. By improving research in this area, we can help shape better policies, reduce stigma, and make sure everyone has access to the care and support they need.

**Keywords:** menstrual health, menstruation, interdisciplinarity, methodological diversity, France

## Introduction

Menstrual health is increasingly recognized as a critical public health issue, intersecting with gender equity, education, and social justice. Globally, research and advocacy have highlighted how structural inequalities, cultural stigma, and policy neglect shape menstrual experiences.<sup>1,2</sup> Despite growing attention, menstrual health remains underexplored in many national contexts, often sidelined within biomedical and public health agendas.<sup>3</sup> In France, women's health has historically been marked by underdiagnosis, limited gender-sensitive care, and uneven policy responses. These gaps are

evident in the treatment of conditions such as endometriosis and in the lack of comprehensive menstrual health strategies.<sup>4</sup> Public health debates have begun to reflect these concerns, yet menstrual health remains marginal in both research and policy.

In March 2023, Saint-Ouen, a suburban town in the Paris Region, became the first city in France to implement menstrual leave for its female employees experiencing painful and debilitating periods, including those with endometriosis. This local policy sparked a passionate national debate, legal disputes, and ultimately the rejection of a proposed national bill to adopt menstrual leave in February 2024 and March 2024. These events reflect a growing recognition of menstruation as a societal issue, increasingly visible in public discourse and policy debates.

This momentum is largely driven by menstrual activism—a diverse and dynamic social movement rooted in broader feminist struggles. Menstrual activism promotes policy advocacy, inclusivity, education, and global cooperation to challenge menstrual taboos and advance menstrual equity.<sup>5,6</sup> It confronts dominant cultural narratives that frame menstruation as dirty or shameful, politicising the private and advocating for visibility and empowerment.<sup>7</sup>

Patriarchal norms and gender stereotypes continue to shape perceptions and practices around menstruation, reinforcing stigma and systemic inequalities.<sup>8–10</sup> This stigma limits open discussion and education about menstrual health, further perpetuating ignorance, misinformation, and discrimination.<sup>11,12</sup> Additionally, this stigma affects the production of knowledge. Nancy Tuana's concept of the epistemology of ignorance highlights how ignorance is actively maintained to uphold power structures,<sup>13</sup> resulting in gaps in research and the marginalisation of certain populations and topics. This can manifest, for example, in gaps in knowledge about certain populations that are overlooked or underrepresented. This selective ignorance reinforces existing power dynamics and marginalizes specific groups and topics. Menstrual health research is particularly affected by these dynamics. Lara Owen's work illustrates how stigma and lack of institutional support hinder researchers, limiting funding and visibility for the field.<sup>14</sup> These structural barriers obstruct the development of comprehensive menstrual health policies and perpetuate the marginalisation of menstruation in both academic and policy spaces.<sup>1–3</sup>

In this context, a critical examination of the French research landscape is both timely and necessary. This scoping review aims to synthesise existing research on menstrual health in France, identifying key findings, gaps, and recommendations to strengthen the field and contribute to broader international conversations on menstrual equity.

## Methods

To assess the existence of prior reviews on menstrual health research in France, we conducted a preliminary search in early November 2024 using the Joanna Briggs Institute (JBI) Database of Systematic Reviews and Implementation Reports and the Cochrane Database of Systematic Reviews. No scoping or systematic reviews were identified in which menstrual health was the primary focus and the French context was central. While several reviews have examined menstrual health in broader or comparative contexts, including menstrual measurement,<sup>15</sup> educational interventions,<sup>16</sup> material disposal and washing practices,<sup>17</sup> and experiences in high-income countries,<sup>18</sup> none have systematically mapped the French research landscape. Considering this gap, we developed a scoping review to systematically map the published literature and identify key knowledge gaps. Scoping reviews are particularly suited to this purpose, as they offer a comprehensive overview of heterogeneous evidence and are designed to address broader research questions than those typically explored in systematic reviews of effectiveness or qualitative synthesis.

This scoping review was conducted in accordance with the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) guidelines,<sup>19</sup> and followed the five-stage methodological framework proposed by Arksey and O'Malley:<sup>20</sup> (1) identifying the research question, (2) identifying relevant studies, (3) selecting studies, (4) charting the data, and (5) collating, summarizing, and reporting the results.

## Inclusion Criteria

The inclusion criteria for references were as follows: (i) studies in which menstrual health was the primary outcome; (ii) studies focused on the French population or context, including European or international studies that incorporated data from France; (iii) empirical studies, irrespective of research design; (iv) studies involving human participants; (v) references written in English, French, Spanish, or Portuguese; and (vi) references published in the form of journal

articles, conference abstracts, book chapters, book reviews, vignette studies, study protocols, commentaries, guidelines, or editorials. No restrictions were applied regarding the date of publication.

## Search Strategy

We conducted a systematic search of peer-reviewed literature using SCOPUS and Medline, selected for their broad interdisciplinary coverage and indexing of biomedical, public health, and social science research. SCOPUS offers extensive international indexing across the social sciences, environmental studies, and health-related disciplines, while Medline ensures comprehensive access to clinically focused and biomedical research. These databases were chosen to align with PRISMA-ScR guidelines and to ensure transparency, replicability, and a wide-ranging capture of relevant literature.

While we acknowledge the relevance of grey literature—particularly in workplace and policy contexts—we intentionally focused on published academic research to critically assess the scholarly landscape and its epistemological contours. The exclusion of grey literature and France-specific databases (eg, Cairn.info, HAL, or government repositories) was a methodological decision based on scope and feasibility. The search strategy employed a combination of free-text terms and Medical Subject Headings (MeSH), including: “Menstruation”, “Menstrual Health”, “Menstrual Hygiene”, “Menstrual Cycle”, “Dysmenorrhea”, and “Menstruation Disturbances”. These terms were applied to the title, abstract, and keyword fields to maximize relevance.

To supplement the database search and ensure comprehensive coverage, the reference lists of all included studies were manually screened to identify additional relevant publications that may not have been captured through the initial database queries in SCOPUS and Medline. The rationale for this additional step was to address potential limitations in indexing and terminology variation across databases.

## Literature Screening

The results obtained from both electronic database searches and manual reference screening were compiled, and duplicate entries were removed. Titles and abstracts of the remaining references were then screened for relevance and eligibility based on the predefined inclusion criteria. When necessary, full-text articles were retrieved and reviewed to determine their suitability for inclusion in the final analysis.

## Data Extraction and Quality Assessment

Full-text references were obtained for all studies that met the inclusion criteria. Data were systematically extracted into a standardized matrix encompassing the following predefined categories: authorship, year of publication, study design and methods, population and sample characteristics, study objectives, menstrual health outcomes, key findings, and reported limitations. Additional information was collected regarding the journal title, publication quartile, and disciplinary domain—defined as the domain with the highest quartile ranking in the year of publication, according to the SCImago Journal & Country Rank.

In line with the objectives of a scoping review, the methodological quality or risk of bias of the included studies was not assessed. This decision is consistent with established scoping review frameworks, which prioritize mapping the breadth and nature of existing research over evaluating the rigor of individual studies.<sup>21</sup> By highlighting areas of concentration and neglect, this review provides a foundation for future research agendas, including systematic reviews or empirical studies that can more rigorously assess the quality and impact of specific bodies of evidence.

Data were extracted and organized into predefined and emergent categories reflecting key areas of menstrual health research (eg, menstrual poverty, environmental concerns, cultural representations, menopause). These categories were developed iteratively during the review process, based on the scope and focus of the included studies. A narrative synthesis was then conducted to describe the distribution of studies across categories, identify patterns, and highlight gaps in the literature. This approach allowed for a structured overview of the research landscape without imposing thematic interpretations beyond the scope of the data.

## Results

The study selection process is shown in Figure 1. Out of a total of 80 references identified through the research databases, 28 were included in the final qualitative synthesis for meeting the inclusion criteria and are described in Table 1. Twenty-four references were written in English and four in French.

The references were published from 1992 to 2024. Nearly half of the selected references (n=13/28) were published over the last decade (2015–2024) versus 9 references over the previous decade (2005–2014) (3 references published over the decade 1995–2004 and 3 in 1992–1994). This suggests a growing research interest in menstrual health in recent years in France. One of the most recent studies, conducted by Bouzid et al,<sup>22</sup> examines the willingness of French-speaking women with and without endometriosis to donate their menstrual blood for research purposes, exemplifying the emerging interest in this novel area of menstrual health research. Their findings indicate that a large majority of women are willing to donate menstrual blood for biomedical research.

The studies have been published in journals of different quartiles, with the majority in Quartile 1 and Quartile 2, indicating that the research on menstrual health is published in high-quality scientific journals, which underlines the growing importance of this field.

Most of the references fall under the domain of Obstetrics and Gynecology (n=17/28, 60%). However, there is also representation from other disciplines suggesting a more comprehensive approach to understanding menstrual health: Health (social science) (n=2), Women's Studies (n=2), Arts and Humanities (n=1), Endocrinology & Metabolism (n=1),

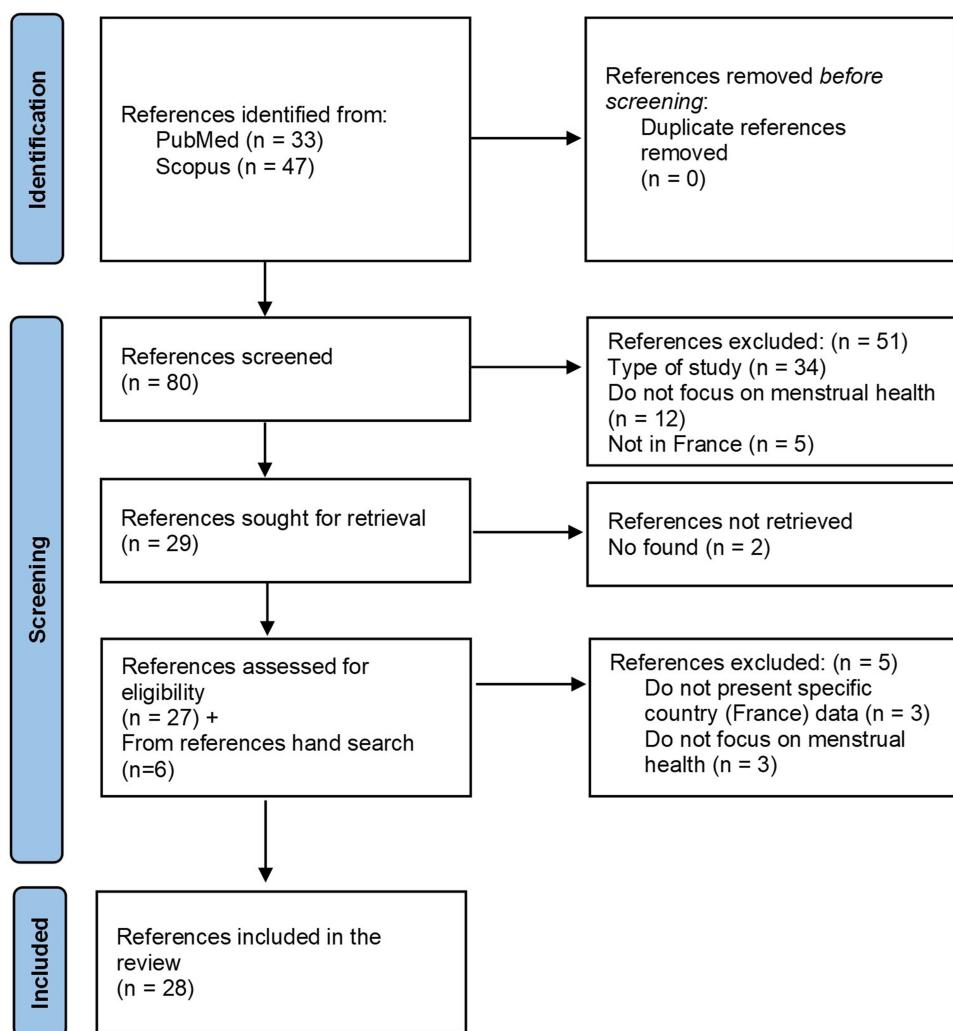


Figure 1 PRISMA 2020 Flow Diagram.

**Table 1** Characteristics of the 28 Studies

Author, Date	Journal, Quartile, Language	Domain/ Area of Work	Methods	Population and Sample	Menstrual Health Outcomes and Instruments	Menstrual Health Domain
(Bouzid et al, 2024) <sup>22</sup>	Reproductive Sciences, Q1 English	Obstetrics and Gynecology	Online survey to an institutional mailing list, social media, and a patient organization (EndoFrance).	778 French-speaking women with and without endometriosis	Willingness to donate menstrual blood: "Would you donate your menstrual blood for a research project?"	Menstrual blood donation and menstrual blood representations
(Gouvernet et al, 2023) <sup>23</sup>	Health Care for Women International, Q1 English	Health Professions	Online survey during first lockdown in France.	890 French-speaking women aged between 18 to 50 years old	Menstrual poverty during lockdown: difficulties in acquiring menstrual protection during lockdown.	Materials, facilities, and services to care for the body
(Fourcassier et al, 2022) <sup>24</sup>	Cleaner Environmental Systems, Q1 English	Environmental Science	Comparative analyses of menstrual products environmental impact in France, India, and the USA.	NA	Analyses of 21 menstrual products (seven products in three countries) in three categories: nonorganic, organic, and reusable.	Materials, facilities, and services to care for the body
(Parent et al, 2022) <sup>25</sup>	Journal of Gynecology Obstetrics and Human Reproduction, Q2 English	Obstetrics and Gynecology	Cross-sectional, observational, single-centre study at the University Hospital Center in Reims, France.	1153 French-speaking patients aged between 18 to 50 years old, with menstrual cycles.	36 questions on the type of menstrual products used, habits regarding their use, reasons for their use or not.	Materials, facilities, and services to care for the body
(Hadjou et al, 2022) <sup>26</sup>	Journal of Gynecology Obstetrics and Human Reproduction, Q2 English	Obstetrics and Gynecology	Cross-sectional study in eight randomly selected high schools in Ille-et-Vilaine, Brittany, France.	953 post-menarche girls aged between 15 to 19 years old.	50-item questionnaire. Dysmenorrhea severity was assessed with the Numerical Rating Scale (NRS) and Verbal Multidimensional Scoring System Scale (VMSS).	Diagnosis, care, and treatment for discomforts and disorders
(Hernio et al, 2021) <sup>27</sup>	Gynecologie Obstétrique Fertilité & Senologie, Q3 French	Obstetrics and Gynecology	Multicenter non-interventional cross-sectional study in randomly selected high schools.	260 students aged between 14 to 19 years old.	Self-questionnaire on primary dysmenorrhea: age at menarche, score on the Average Visual Analogue Scale (VAS), absenteeism and activity limitations over the previous twelve months, contraception, therapies used, and their potential effectiveness.	Diagnosis, care, and treatment for discomforts and disorders
(Bruinvels et al, 2021) <sup>28</sup>	British Journal of Sports Medicine, Q1 (T5) English	Sports Science	International online survey in seven countries (the United Kingdom and Northern Ireland, Ireland, the USA, France, Spain, Italy, and Germany) via the Strava exercise app membership database.	France n=1355 adult women of reproductive age.	Novel Menstrual Symptom index (MSi) based on the presence and frequency of 18 commonly reported symptoms.	Diagnosis, care, and treatment for discomforts and disorders
(da Silva Filho et al, 2021) <sup>29</sup>	European Journal of Contraception and Reproductive Health Care, Q2 English	Obstetrics and Gynecology	International online survey with women with heavy menstrual bleeding (HMB) in Canada, the USA, Brazil, France and Russia via nursing and medical market research panels.	France n=200	HMB screening with seven statements from the Heavy Menstrual Bleeding and the Evidence-based Learning for Best Practice (HELP) Group.	Diagnosis, care, and treatment for discomforts and disorders

(Continued)

**Table 1** (Continued).

Author, Date	Journal, Quartile, Language	Domain/ Area of Work	Methods	Population and Sample	Menstrual Health Outcomes and Instruments	Menstrual Health Domain
(Fernandez-Sala et al, 2019) <sup>30</sup>	Gynecologie Obstétrique Fertilité & Senologie, Q3 French	Obstetrics and Gynecology	Qualitative study with semi-structured interviews in the Marseille region.	23 adult women on contraception, hormonal or not.	Experience and representations of menarche (and possibly the change in social status felt), of menstrual blood, and of amenorrhea.	Menstrual blood donation and menstrual blood representations
(Fauconnier et al, 2018) <sup>31</sup>	Journal of Gynecology Obstetrics and Human Reproduction, Q3 English	Obstetrics and Gynecology	Two-round modified Delphi with endometriosis patients from a patient association and physicians from different geographic regions in France.	N=56, 33 women with surgically confirmed endometriosis and 23 gynecologists' experts in endometriosis management.	Four dimensions: (i) spontaneous pelvic pain and dysmenorrhea, (ii) dyspareunia, (iii) painful bowel symptoms, (iv) other symptoms.	Diagnosis, care, and treatment for discomforts and disorders
(Lunardi Rocha et al, 2018) <sup>32</sup>	European Journal of Contraception and Reproductive Health Care, Q2 English	Obstetrics and Gynecology	International online survey with health care practitioners (HCP) in 10 countries (Brazil, Canada, China, France, Germany, Korea, Russia, Spain, the United Kingdom, and the USA) from nursing and medical market research panels.	France n=100 HCP.	HCP perceptions regarding menstrual blood loss (MBL) and heavy menstrual bleeding (HMB).	Diagnosis, care, and treatment for discomforts and disorders
(Lete et al, 2018) <sup>33</sup>	European Journal of Contraception and Reproductive Health Care, Q2 English	Obstetrics and Gynecology	International online survey across 13 European countries (Austria, Belgium, the Czech Republic, France, Germany, Hungary, Italy, Latvia, the Netherlands, Poland, Portugal, Spain, and Switzerland) through consumer opinion panels.	France n=500: men aged between 18 to 45 years in a relationship for more than 6 months with a woman aged between 18 to 45 years.	Questions about the partner's periods (duration, flow, and symptoms), the preferred bleeding frequency for the partner, and the importance of certain factors (eg, avoiding disturbance to sex life) in this preference.	Menstrual blood donation and menstrual blood representations
(Nappi et al, 2016) <sup>34</sup>	European Journal of Contraception and Reproductive Health Care, Q2 English	Obstetrics and Gynecology	International online survey in six European countries (Austria, Belgium, France, Italy, Poland and Spain), with women using a combined hormonal contraceptive (CHC) and women using a non-hormonal contraceptive or no contraceptive.	France n=516 women aged between 18 and 45 years.	Questions about periods (duration; flow; menstruation-related symptoms and their level of intensity; need to take medications for relief), the preferred bleeding frequency, and the reasons for this choice.	Menstrual blood donation and menstrual blood representations
(Bridou & Aguerre, 2013) <sup>35</sup>	Encephale, Q2 French	Arts and Humanities	Self-administered questionnaire survey among university students from one university.	N=105 university students in psychology aged between 18 to 50 years old.	French versions of the Menstrual Distress Questionnaire, the somatization subscale of the Symptom Check-List, and the Physical Anhedonia Scale.	Diagnosis, care, and treatment for discomforts and disorders
(Fauconnier et al, 2013) <sup>36</sup>	Human Reproduction, Q1 (T5) English	Obstetrics and Gynecology	Qualitative, interview-based study with patients from four French tertiary referral centers for painful symptoms.	N=41 patients with a visual diagnosis of endometriosis (by laparoscopic or speculum examination) and histological confirmation.	Descriptions of painful symptoms by patients and by physicians.	Diagnosis, care, and treatment for discomforts and disorders

(Ferrand et al, 2013) <sup>37</sup>	Menopause, Q1 English	Obstetrics and Gynecology	Comparative study with secondary analysis of data collected in two independent, cross-sectional surveys (the French GAZEL cohort and a representative sample of Tunisian women).	N=1040 Tunisian women aged between 45 to 64 years and N=774 French women aged between 48 to 53 years.	QoL at menopause of middle-aged women's emotional and physical health with 36 items and nine dimensions.	Representations and experiences of menopause
(Delanoë et al, 2012) <sup>38</sup>	Social Science and Medicine, Q1 (T5) English	Health (social science)	Qualitative phase of Menopsud, a cross-cultural study in France and Tunisia, with semi-structured in-depth interviews.	N=75 women aged 45 to 70 years: 35 Tunisian women in Tunisia; 20 Tunisian women in France; and 20 French women in France.	Experience and representations of the end of menstrual periods, first as open questions, then as part of a list of symptoms from the Women's Health Questionnaire.	Representations and experiences of menopause
(Dennerstein et al, 2010) <sup>39</sup>	Fertility and Sterility, Q1 (T10) English	Obstetrics and Gynecology	Global cross-sectional population-based survey with telephone interviews 4085 women recruited by random telephone digit dialing in France, Germany, Hungary, Italy, Spain, the United Kingdom, Brazil, and Mexico.	France n=501 women aged between 16 to 49 years.	Checklist of 23 premenstrual symptoms and effects on activities of women's daily lives (ADL).	Diagnosis, care, and treatment for discomforts and disorders
(Weisz & Knaapen, 2009) <sup>40</sup>	Social Science and Medicine, Q1 (T5) English	Health (social science)	Analysis of data between 2004–2006 on diagnosis and written prescriptions from office-based physicians in five countries.	France n=835 female patients.	Total number of office consultations with female patients and prescriptions specifically devoted to PMS/ PMDD.	Diagnosis, care, and treatment for discomforts and disorders
(Dennerstein et al, 2009) <sup>41</sup>	Menopause International [Post Reproductive Health], Q2 English	Obstetrics and Gynecology	Global cross-sectional population-based survey with telephone interviews 4085 women recruited by random telephone digit dialing in France, Germany, Hungary, Italy, Spain, the United Kingdom, Brazil, and Mexico.	France n=501 women aged between 16 to 49 years,	Checklist of 23 premenstrual symptoms used in the diagnosis of premenstrual dysphoric disorder (PMDD) and of premenstrual syndrome (PMS).	Diagnosis, care, and treatment for discomforts and disorders
(Potter et al, 2009) <sup>42</sup>	Journal of Women's Health, Q1 (T5) English	Women's Studies	COhort CONtraception (COCON) survey about contraceptive practices and abortion in France.	N=1587 women in 2003 (92% of follow-up) and 1440 women in 2004 (92% of follow-up).	Prevalence of reported premenstrual syndrome (PMS).	Diagnosis, care, and treatment for discomforts and disorders
(Roman et al, 2008) <sup>43</sup>	Fertility and Sterility, Q1 English	Obstetrics and Gynecology	Retrospective comparative study in the Department of Gynecology and Obstetrics of the University Hospital Rouen, France.	N=32 with rectovaginal endometriosis and 16 patients with rectal involvement.	Length of time to diagnosis, types of pain, disability, and number of physicians consulted to diagnosis.	Diagnosis, care, and treatment for discomforts and disorders
(Mohammed-Cherif et al, 2000) <sup>44</sup>	European Journal of Epidemiology, Q3 English	Epidemiology	Cohort of recently postmenopausal women in a nutritional study (SU.VI.MAX Study).	N= 592 women, aged 45 years or more, who had undergone natural menopause.	Pathologies, date and type of menopause, and modifications in HRT.	Diagnosis, care, and treatment for discomforts and disorders

(Continued)

**Table I** (Continued).

Author, Date	Journal, Quartile, Language	Domain/ Area of Work	Methods	Population and Sample	Menstrual Health Outcomes and Instruments	Menstrual Health Domain
(Mimoun et al, 2000) <sup>45</sup>	Gynecologie Obstétrique et Fertilité, NA French	Obstetrics and Gynecology	Cross-sectional study with pharmacy users.	N=603 women premenopausal, aged between 18 to 45 years.	Menstrual disorders (spotting, modification of menstrual flow, amenorrhea, etc.) and their impact on the well-being and social life.	Diagnosis, care, and treatment for discomforts and disorders
(Hylan, Sundell & Judge, 1999) <sup>46</sup>	Journal of Women's Health & Gender-Based Medicine, NA English	Women's Studies	Cross-sectional study with a telephone questionnaire in the USA, the United Kingdom, and France	France n= 300 from the subsample of menstruating women aged between 18 to 49 years who reported symptoms.	Premenstrual symptoms and treatment-seeking behavior	Diagnosis, care, and treatment for discomforts and disorders
(Ringa et al, 1994) <sup>47</sup>	Osteoporosis international, NA English	Endocrinology & Metabolism	Cohort of postmenopausal women working for a French company - The GAZEL cohort.	N=289 postmenopausal women.	Data about HRT use and reasons for non-use or treatment interruption.	Diagnosis, care, and treatment for discomforts and disorders
(Messing et al, 1992) <sup>48</sup>	Scandinavian Journal of Work, Environment & Health, NA English	Public Health, Environmental and Occupational Health	Occupational health study between 1987 and 1988 in 17 poultry slaughterhouses and canning factories in western France.	N=726 workers with menstrual periods.	Medical examination and questionnaire with a list of questions on the menstrual cycle and contraceptive use.	Diagnosis, care, and treatment for discomforts and disorders
(Ringa et al, 1992) <sup>49</sup>	European journal of obstetrics, gynecology, and reproductive biology, NA English	Obstetrics and Gynecology	Observational study among users of a Preventive Medicine Centre.	N=1986 postmenopausal women.	Data concerning treatments, including the use of HRT.	Diagnosis, care, and treatment for discomforts and disorders

Environmental Science (n=1), Epidemiology (n=1), Health Professions (n=1), Public Health, Environmental and Occupational Health (n=1), and Sports Science (n=1). This diversity of disciplines highlights the multifaceted nature of menstrual health research, even if most research is in Obstetrics and Gynecology.

The studies employed a range of methodologies, from quantitative and clinical approaches, including cohort studies,<sup>42,44,47</sup> to qualitative and interpretive approaches, including semi-structured interviews.<sup>30,38</sup> Some quantitative surveys used standardized questionnaires and scales to assess menstrual health outcomes.<sup>26,28,35,37,39,41</sup> These quantitative studies focused on measuring the prevalence, severity, and impact of menstrual health issues, as well as evaluating diagnostic and treatment approaches. Qualitative studies<sup>30,38</sup> analyzed representations, experiences, and social aspects of menstrual health, aiming to understand the social, cultural, and psychological dimensions of menstrual health, exploring the lived experiences, perceptions, and societal influences.

The studies targeted diverse populations, including adolescent girls,<sup>26,27</sup> adult women of reproductive age,<sup>23,25,28,34,35,39,41,42,46,48</sup> women with and without endometriosis,<sup>22,31,36,43</sup> women with heavy menstrual bleeding,<sup>29</sup> contraceptive users<sup>30,34,42,45</sup> menopausal or postmenopausal women,<sup>37,38,44,49</sup> healthcare professionals,<sup>31,32,36,40</sup> and men.<sup>33</sup> This broad range of participants provides insights into menstrual health knowledge, attitudes, practices, and experiences across different life stages and health conditions.

The studies examined a wide range of menstrual health outcomes, such as willingness to donate menstrual blood,<sup>22</sup> menstrual poverty during COVID-19 first lockdown in France,<sup>23</sup> environmental impact of menstrual products,<sup>24</sup> knowledge and use of menstrual hygiene products,<sup>25</sup> prevalence and severity of dysmenorrhea,<sup>26,27,36</sup> menstrual symptoms and their impact on daily activities,<sup>28,35,39–42,45</sup> heavy menstrual bleeding,<sup>29,32</sup> representations of menstrual blood,<sup>30,33,34</sup> and experiences and representations of menopause.<sup>37,38</sup> This comprehensive coverage of menstrual health outcomes highlights the multidimensional nature of this field.

## Discussion

Beyond documenting the scope of existing studies, this review sought to understand what French menstrual health research is talking about—and what it is not. The synthesis reveals that menstruation is predominantly framed through biomedical and individual-level lenses, with a focus on symptoms, prevalence, and hygiene practices. While this reflects important public health concerns, it also signals a narrow conceptualization of menstrual health that often overlooks structural determinants, lived experiences, and sociocultural dynamics. Synthesizing this body of work is therefore essential not only to identify gaps, but to critically assess how menstruation is being constructed as a research object in France. This mapping enables reflection on the epistemic boundaries of the field and provides a foundation for reorienting future research toward more inclusive, intersectional, and policy-relevant approaches.

## Key Findings

This scoping review on menstrual health in France revealed a still very limited number of research (n=28) but a growing interest in this issue, with nearly half of these references published over the last decade. It provides a comprehensive coverage of various aspects of menstrual health, spanning a wide range of disciplines, domains of menstrual health, and methodological approaches, which contributed to a multifaceted understanding of the topic. Another strength of research brought in France was the fact that the studies target a variety of populations, including adolescents, women with specific health conditions, adults of reproductive age, and postmenopausal women. This diversity ensures that this overview captured the experiences of different subgroups within the French context.

Beyond their empirical contributions, the included studies can also be interpreted as products of specific institutional, disciplinary, and sociopolitical contexts. The ways in which menstrual health is framed (eg, as a biomedical issue, a social concern, or a cultural taboo) reflect broader epistemic priorities and societal attitudes toward menstruation in France. For example, the predominance of clinical and epidemiological studies suggests a continued reliance on biomedical paradigms, while the emergence of research on menstrual poverty and environmental concerns signals a shift toward more socially embedded understandings. The relative absence of intersectional, participatory, or policy-oriented approaches further highlights structural limitations in how menstrual health is conceptualized and researched.

This interpretive lens allows us to not only map the topics covered but also critically assess the discursive boundaries and institutional conditions shaping the field.

## Recommendations for Further Research on Menstrual Health

Based on this scoping review, several gaps emerged in the scientific literature and outlined the main directions for further research.

First, studies are predominantly cross-sectional, providing a snapshot of menstrual health, evaluating the prevalence, severity, and impact of menstrual health issues at a specific point in time. While these studies contribute to baseline knowledge and help identify immediate concerns, they often lack the temporal depth needed to understand how menstrual health evolves across the life course or in response to changing social, medical, and policy environments. The research of Ringa et al.<sup>47</sup> aiming to identify the determinants of hormone replacement therapy (HRT) among postmenopausal women enrolled in the French GAZEL cohort study, illustrates the interest and importance of the longitudinal approach by demonstrating how patterns of HRT use evolved, reflecting changes in individual health perceptions, access to medical care, and broader shifts in medical guidance. The study revealed that while some women initiated the HRT early due to severe menopausal symptoms, others delayed adoption based on emerging concerns about risks, illustrating how treatment decisions were influenced by evolving research, personal health trajectories, and societal attitudes toward hormone therapy. This dynamic perspective underscores the potential of longitudinal research to capture the interplay between personal experience, institutional discourse, and public health messaging.

The scarcity of longitudinal studies in the French menstrual health literature reflects broader structural and epistemic constraints, including limited funding, short-term project cycles, and a tendency to prioritize biomedical or clinical snapshots over lived experience and social change. Addressing this gap is crucial for developing more nuanced, responsive, and equitable menstrual health policies. Future research should invest in longitudinal and mixed-methods designs that can trace menstrual health across time, contexts, and populations—particularly those historically underrepresented in French health research.

Interventional studies that evaluate the effectiveness of various treatments, therapies, or educational programs could help address the diagnosis, care, and self-management of menstrual health. Such studies have already been conducted, for example, in New York City schools to demonstrate the impact of menstrual equity policies in schools.<sup>50</sup>

While the studies represent a range of disciplines, there is a clear overrepresentation of biomedical and clinical approaches, with fewer contributions from the social sciences, humanities, or interdisciplinary collaborations. This imbalance reflects a structural limitation in the French menstrual health research landscape, where dominant paradigms continue to prioritize measurable symptoms, clinical outcomes, and individual-level risk factors. As a result, broader sociocultural, political, and environmental dimensions of menstrual health remain underexplored.

This disciplinary skew not only narrows the scope of inquiry but also reinforces epistemic hierarchies that privilege biomedical knowledge over lived experience, community-based perspectives, and structural analysis. The lack of integration between medical and social research limits the field's capacity to address menstrual health as a complex, intersectional issue shaped by stigma, inequality, and policy neglect. Greater interdisciplinary collaboration—bringing together medical, sociological, psychological, environmental, and feminist perspectives—would enable a more holistic understanding of menstrual health and support the development of inclusive, equity-oriented policies.

The studies have primarily focused on the “general” French women’s population with limited representation of diverse cultural and socioeconomic contexts. It would be of primary importance to develop qualitative research exploring the experiences and perceptions of menstrual health among marginalized communities. This would provide valuable insights into the sociocultural factors shaping menstrual health, as the importance of class, gender, and culture in the experience of menopause was shown by Delanoë et al.<sup>38</sup>

The studies have largely relied on researcher-driven data collection methods, such as surveys and interviews. Incorporating more participatory research approaches, where women are actively involved in the research process, could lead to a deeper understanding of their lived experiences and empower them to be agents of change in menstrual health. Such an approach has already been developed elsewhere. For example, a study on menstrual health among

Indigenous Australian girls and women used the yarning cycle, a culturally appropriate research method designed to create a safe and respectful environment for sharing knowledge and experiences, to highlight the importance of culturally sensitive methodologies that respect and incorporate Indigenous knowledge systems, leading to more relevant and impactful findings.<sup>51</sup> Another example is collaborative filmmaking, which has been introduced as a participatory, visual research method to provide nuanced insights into health behaviors. This method was used in Nepal to explore the complexities of menstrual traditions across different caste and ethnic groups, offering a sensory understanding of menstrual practices and motivations.<sup>52</sup> These participatory approaches emphasize the importance of involving the community and participants in the research process, leading to more meaningful and sustainable outcomes. The use of human-centered design to facilitate collaboration and intervention development in global menstrual health leads to more effective interventions that are both practical and culturally sensitive, empowering the community by giving them ownership of the solutions.<sup>53</sup>

## Conclusion

The shift from “bloodless respectability” to “radical menstrual embodiment” involves moving menstruation from a private, stigmatized experience to a public, openly discussed issue.<sup>7</sup> Research has a crucial role in supporting this transformation on how knowledge is produced and used. This requires moving beyond researcher-driven methods toward participatory, community-led approaches that centre lived experience and collective agency. In the French context, this means engaging stakeholders such as public health institutions, feminist organizations, school health services, and local governments in co-designing research and interventions. Integrating menstrual health into broader health and gender equity agendas will require structural commitments—such as funding interdisciplinary and community-based research, embedding menstrual health indicators in national health strategies, and developing inclusive policies that reflect diverse realities. Participatory research is not just a methodological choice; it is a political and ethical imperative to democratize knowledge and ensure that menstrual health is recognized as a public concern rooted in human rights and social justice.

## Data Sharing Statement

This study is a secondary analysis of publicly available literature. All sources are properly cited within the paper. No new data were generated or analysed.

## Ethics Approval and Consent to Participate

Ethical approval was not required for this study, as it is based solely on the analysis of existing published literature.

## Author Contributions

All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

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## Disclosure

The authors declare that they have no competing interests.

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