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Health Sociology Review

ISSN: 1446-1242 (Print) 1839-3551 (Online) Journal homepage: www.tandfonline.com/journals/rhsr20

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To cite this article: Violeta Alarcão (2026) Mapping menstrual stigma through emotions: a reflexive analysis of systematic reviews as cultural artifacts, Health Sociology Review, 35:2, 232-243, DOI: 10.1080/14461242.2026.2670273

To link to this article: https://doi.org/10.1080/14461242.2026.2670273

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Published online: 15 Jun 2026.

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HEALTH SOCIOLOGY REVIEW
2026, VOL. 35, NO. 2, 232–243
https://doi.org/10.1080/14461242.2026.2670273

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Mapping menstrual stigma through emotions: a reflexive analysis of systematic reviews as cultural artifacts

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ABSTRACT

Menstruation is not only a biological process but also an emotional and sociocultural phenomenon. Understanding it requires attention to lived experiences and to the scholarly narratives that represent them. This paper adopts a reflexive approach to examine how emotions mediate menstrual stigma by conducting a secondary thematic analysis of two systematic qualitative reviews – one focused on low- and middle-income countries (LMICs) and the other on high-income countries (HICs). Drawing on over 180 studies across 51 countries, I analyse not only the patterns reported but also the epistemic lenses through which these patterns are constructed. While emotions such as shame, fear, and embarrassment appear across both contexts, the reviews frame them through different classificatory schemes, such as taboos, secrecy, and internalised stigma or gender norms, that reflect distinct epistemic cultures rather than inherent cultural differences. By tracing how these categories are produced through layered processes of interpretation and disciplinary framings, the analysis highlights the need to resist the essentialization of LMICs/HICs differences. Emotions thus provide a critical lens not only for understanding menstrual stigma but also for examining the production of knowledge about it.

ARTICLE HISTORY
Received 28 October 2025
Accepted 29 April 2026

KEYWORDS
Menstrual stigma; emotions and health; feminist health research; qualitative research

Introduction

Menstruation is often framed within biomedical discourse as a routine physiological process, governed by hormonal cycles and reproductive function. However, this framing overlooks the fact that menstruation is also a deeply emotional and sociocultural experience (Johnston-Robledo & Stubbs, 2013; Newton, 2012). The emotional dimensions of menstruation are central to how it is experienced, embodied, and regulated. Emotions such as shame, pride, and disgust shape how individuals interpret bodily sensations, engage in menstrual practices, and navigate both private and public spaces. Crucially, these emotions are not purely internal – they are socially orchestrated through cultural taboos, gender norms, institutional neglect, and market-driven development agendas (Chrisler, 2011; Gaybor & Harcourt, 2022; McAllister et al., 2025). As

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Johnston-Robledo and Chrisler (2013) argue, menstrual stigma operates as a hidden social marker that disciplines bodies through emotional governance, often under the guise of empowerment and hygiene. Building on this, Bobel (2019) critiques how menstrual shame and disgust are mobilised as socially constructed tools that regulate menstruators' behaviour and self-perception, particularly through sanitised health interventions and neoliberal narratives of hygiene. Together, these perspectives reveal how menstrual stigma is sustained and reproduced through inadequate education, heteronormative frameworks, and interventions that prioritise concealment over agency (Alhelou et al., 2022).

Despite growing attention to menstrual health in global health and development agendas, the emotional and affective aspects of menstruation remain underexplored in stigma research. Much of the existing literature focuses on access to products and facilities, while overlooking how stigma is felt, embodied, and emotionally negotiated. For instance, Åkerman et al. (2024) show that young menstruators in Sweden experience shame, fear, and social withdrawal due to stigma, yet these emotional responses are rarely addressed in public health interventions. Similarly, Olson et al. (2022) argue that policy efforts often reproduce stigma by emphasizing hygiene and concealment, rather than emotional well-being and agency.

Understanding how emotions mediate menstrual stigma offers a valuable lens for examining how stigma is sustained across diverse cultural and socioeconomic settings. Emotional responses such as shame, disgust, and pride are not merely personal; they are shaped by sociocultural scripts and institutional practices. Eyring et al. (2023) demonstrate that heteronormative and sexist attitudes are strongly correlated with negative menstrual attitudes, suggesting that emotional stigma is deeply embedded in gendered socialization.

This raises a broader question: how do research practices themselves shape what we know about menstrual stigma? Scholarly accounts of menstruation are cultural artifacts, shaped by disciplinary norms, funding priorities, and historical contexts. Recognizing this, I argue that any comparative analysis of menstrual stigma must interrogate not only the patterns reported but also the epistemic lenses through which these patterns are constructed. This situated reflexivity positions our work within feminist and sociological critiques of knowledge production, resisting essentialist interpretations of cultural difference (Haraway, 1988). By adopting this perspective, the paper contributes to methodological debates on reflexivity and offers a stigma-sensitive lens for understanding both menstrual experiences and the research practices that frame them.

Situated biologies and emotional regimes

This analysis draws on the concept of situated biologies, which challenges the idea of a universal, context-independent body. Margaret Lock's work on local biologies demonstrated that biological experiences – such as menopause – are shaped by cultural, environmental, and historical contexts, not merely interpreted through them (Lock, 1993; Lock & Kaufert, 2001). Building on this, Lock and Niewöhner introduced the concept of situated biologies, arguing that biological processes are dynamic and relational, emerging through interactions with social, ecological, and institutional conditions (Niewöhner & Lock, 2018). Applied to menstruation, this perspective highlights how

menstrual experiences and emotions are shaped by local norms and transnational discourses, including activism, period poverty campaigns, and global health narratives. Emotions, in this view, are embodied and socially scripted responses rather than purely internal states.

This perspective aligns with stigma theory, particularly Goffman's foundational work, which defines stigma as a discrediting attribute that reduces a person to a tainted identity (Goffman, 1963). Link and Phelan further conceptualise stigma as a process involving labelling, stereotyping, separation, status loss, and discrimination, all occurring in a context of power (Link & Phelan, 2001). Menstrual stigma operates through these mechanisms, embedding negative meanings into the menstrual body and regulating how it should be managed, concealed, or silenced (Bildhauer & Owen, 2023; Persdotter, 2020).

Jane Ussher's work further situates menstrual stigma within emotional regimes. She shows how emotions such as shame and disgust are socially scripted through cultural and medical narratives that pathologize menstruation (Ussher, 2006). Drawing on Foucauldian concepts of disciplinary power, Ussher illustrates how women internalise these norms, engaging in affective self-silencing, while also resisting and reclaiming menstruation as a site of agency (Ussher, 2004). These insights position menstrual stigma as a technique of biopower, operating through emotionally charged scripts embedded in everyday life.

Together, these frameworks illuminate how menstrual stigma and emotion are biologically and socially situated, regulated, and negotiated. Emotions act both as products of external discourses and as sites of resistance – key to understanding how bodies live and transform stigma across sociocultural contexts.

Methods

Our analysis draws on two systematic qualitative reviews that synthesise research on menstrual experiences in different global contexts. The first, by Hennegan et al. (2019), examined 76 qualitative studies published between 2000 and 2018 on menstruation in low- and middle-income countries (LMICs), involving over 6,000 participants and covering 35 countries across Sub-Saharan Africa, South Asia, Latin America, and the Middle East. This review developed a directional model of menstrual experience, linking sociocultural norms, stigma, and resource constraints to health and educational outcomes. The second, by Barrington et al. (2021), explicitly built on Hennegan et al.'s model to assess its applicability to high-income countries (HICs). It synthesised 104 qualitative studies from 16 HICs, published between 1990 and 2020, encompassing the experiences of more than 3,800 individuals to explore menstrual stigma, concealment norms, and psychosocial dimensions of menstruation. Both reviews share overlapping authorship (Hennegan), signalling continuity in research agendas and methodological approaches. Barrington et al. adapted the LMICs model to HICs contexts, highlighting key differences: in HICs, stigma was less about infrastructural deficits and more about gendered expectations and emotional regulation.

These differences in scope and emphasis reflect not only empirical realities but also the epistemic conditions under which these studies were produced – disciplinary orientations, funding priorities, and the *zeitgeist* of menstrual health research. Following Haraway's (1988) argument that all knowledge is situated, systematic reviews can be understood not as neutral repositories of evidence but as culturally and politically

mediated representations. At the same time, Knorr-Cetina's (1999) concept of epistemic cultures highlights how disciplinary conventions, methodological repertoires, and institutional priorities shape what becomes visible, intelligible, or relevant within menstrual health scholarship. Approaching these reviews as cultural artifacts is thus central to a reflexive sociological analysis of how emotions and stigma are constructed across different research contexts.

I conducted a secondary thematic analysis that examined both the thematic patterns reported in these reviews and the epistemic lenses through which these patterns were constructed. This involved identifying dominant framings of emotions (e.g. shame, disgust, pride) and mapping how these framings intersected with conceptualizations of stigma (structural, cultural, internalised).

This approach was selected to leverage the breadth and depth of existing qualitative syntheses, enabling a cross-contextual exploration of emotional responses to menstruation without duplicating primary data collection. It also allowed for the identification of both shared and context-specific emotional patterns across diverse cultural and socioeconomic settings.

The quotes used in this paper are illustrative rather than exhaustive, and they serve to demonstrate how emotional expressions become categorised within distinct epistemic frameworks rather than to assert definitive boundaries between 'internalized' and 'structural' experiences. The purpose is to show how, through layered processes of translation, synthesis, and disciplinary framing, certain readings become stabilised in the literature. The chosen examples, therefore, function as analytic entry points into the construction of these categories, not as evidence of fixed differences between LMICs and HICs contexts.

As this study is based entirely on published, peer-reviewed data, no new ethical approval was required. The analysis adhered to ethical standards for secondary research, including proper citation and critical engagement with the sources. This approach reframes menstrual health scholarship as a site of cultural production. It enables a critical reading of differences across contexts – not as direct reflections of lived realities, but as mediated representations shaped by scholarly imaginaries.

Results

Emotional dimensions of menstruation in LMICs

In low- and middle-income countries (LMICs)-focused studies, emotional responses such as shame and distress were frequently explained through references to cultural taboos, secrecy, and resource constraints. However, 'taboo' is not an analytically neutral descriptor but a culturally and politically charged category that often operates as a shorthand for presumed cultural deficiency or 'ignorance' in LMICs contexts (McCarthy & Lahiri-Dutt, 2021). Its repeated use can obscure the diversity of local moralities, knowledge practices, and relational dynamics that structure menstrual experience.

Narratives cited in LMICs-focused studies illustrate how emotions such as fear and shame are framed:

> 'I was so scared actually I thought it was a disease that had attacked me. I thought I was going to lose my life at any moment because it was really scary to start bleeding from down there. I thought I was going to die.' (Miiro, 2018, as cited in (Hennegan et al., 2019))

> My mother told me I would die if I showed anybody the blood. (Pillitteri, 2011, as cited in (Hennegan et al., 2019))

> When I first started menstruating I was shocked … I was too embarrassed to tell my parents … they would say I shamed the family. (Sommer, 2015, as cited in (Hennegan et al., 2019))

> Some people say witches can harm you if they come across your menstrual blood … they can make you sterile. (Lahme, 2016, as cited in (Hennegan et al., 2019))

These excerpts, already mediated through multiple layers of interpretation, foreground themes of secrecy, perceived danger, and moral sanction. Yet the analytic categories used to interpret them – *taboos*, *secrecy*, *misinformation* – often collapse heterogeneous lived experiences into culturally essentialized frames. Within LMICs-focused scholarship, secrecy is sometimes described as a moral injunction, sometimes as a pragmatic strategy to avoid ridicule, and sometimes as a relational practice shaped by intergenerational norms. Such nuances are seldom distinguished. As a result, emotional distress is frequently positioned as the outcome of 'culture,' rather than as an effect of specific structural, relational, and epistemic conditions.

Emotional dimensions of menstruation in HICs

In high-income countries (HICs)-focused studies, similar emotions such as shame, distress, disgust, and embarrassment were also prevalent, but they were framed primarily through different conceptual vocabulary: internalised stigma, concealment norms and gendered expectations. These terms reflect the epistemic cultures within which HICs scholarship is embedded, often drawing on psychological, sociological, or feminist frameworks rather than on notions of taboo. Internalised stigma refers to processes through which individuals adopt negative cultural meanings about menstruation and apply them to their own bodies, but it is inseparable from the gendered socialization that positions menstruation as embarrassing, polluting, or disruptive. Similarly, concealment norms operate within broader regimes of bodily regulation and respectability in which 'good femininity' is associated with managing the body discreetly and invisibly.

Narratives cited in these studies illustrate these framings:

> Some women articulated common cultural assumptions about menstruation as frankly unattractive, using a strong language of disgust and repulsion. (Fahs, 2011, p. 165, as cited in (Barrington et al., 2021))

> Women reported feeling shameful and embarrassed about their menstruating bodies. (Hawkey et al., 2017, p. 1483, as cited in (Barrington et al., 2021))

While some accounts expressed pride at menarche, these were often overshadowed by gendered expectations:

> [At menarche] I was happy because I was growing up. (Lee, 2008, p. 1336, as cited in (Barrington et al., 2021))

> My oldest sister always told me, you've got to act like a lady [after menarche] and that just crushed me because I was having a good time, you know. (Sasser-Coen, 1997, p. 101, as cited in (Barrington et al., 2021))

For transgender menstruators, menstruation could trigger gender dysphoria:

> Periods made him aware that he embodied the 'wrong body' and 'for me, the issue has been that it (menstruation) hasn't been corresponding to who I am.' (Rydström, 2018, p. 44, as cited in (Barrington et al., 2021))

Here, secrecy is framed as a gendered concealment norm rather than a moral injunction; shame is situated in relation to body dissatisfaction, appearance norms, or heteronormative femininity; and distress among transgender menstruators is framed through dysphoria and identity misalignment. These patterns highlight how emotional burdens are interpreted through the analytical preferences of HICs scholarship rather than as inherent characteristics of menstrual experience.

Comparative insights

Across both LMICs and HICs-focused studies, menstrual stigma and shame were consistently represented as pervasive. However, the analytic vocabularies used to explain these emotions differ markedly. In the LMICs review, stigma was often linked to resource scarcity, taboos, and limited institutional support. In the HICs review, stigma was more frequently attributed to internalised norms, bodily regulation, and gendered expectations.

These differences cannot be read simply as cultural contrasts; they are narrated through distinct epistemic lenses. What is labelled a taboo in LMICs research may denote dynamics – modesty, respectability, intergenerational discipline – that HICs scholarship frames as gender norms or internalised stigma. Conversely, what HICs scholarship interprets psychologically is sometimes described in LMICs scholarship as culturally inherent.

Thus, the analytic categories themselves – taboo, secrecy, internalised stigma – operate as cultural artifacts that shape how menstrual emotions are made intelligible. This comparative reading suggests that the apparent differences between LMICs and HICs contexts reflect not only divergences in lived experience but also the epistemic lenses, methodological repertoires, and disciplinary cultures through which menstruation is studied.

Discussion

This study explored how emotional responses to menstruation are represented in scholarly narratives and how these representations reflect and reinforce different forms of menstrual stigma across diverse cultural and socioeconomic contexts. Emotions such as shame, fear, distress, and disgust are not merely individual reactions but are shaped by broader sociocultural and structural conditions. While these emotions appear across both LMICs and HICs-focused studies, their sources and expressions varied, possibly mediated by research agendas and disciplinary priorities. In LMICs syntheses, emotions are often linked to structural and cultural stigma – manifested through taboos, secrecy, and lack of access to menstrual resources, reflecting development-oriented framings (Bobel, 2019). In contrast, HICs syntheses tend to emphasise internalised stigma, shaped by concealment norms, gendered expectations, and the framing of menstruation as unclean or disruptive, consistent with psychosocial paradigms dominant in these contexts (Wood, 2020). These contrasts do not imply that emotions in LMICs or

HICs contexts are inherently 'internal' or 'structural'; rather, they reflect how different scholarly traditions interpret and classify emotional experiences, often stabilizing one reading over others.

These findings support the view that menstrual stigma is not a universal experience but a situated one, shaped by local and global forces (Lock & Kaufert, 2001), and ultimately by the scholarly imaginaries that narrate them. Emotions act as mediators in these representations, connecting structural conditions to embodied experiences. For example, inadequate facilities are frequently associated with anxiety and school or work avoidance (Plesons et al., 2023; Schmitt et al., 2022), while stigma is linked to shame and concealment behaviours (Åkerman et al., 2019; Johnston-Robledo & Chrisler, 2013; McHugh, 2020; Wood, 2020). These emotional mediations are not incidental – they are central to how menstruation is lived, framed, and regulated. They illustrate how stigma is embodied, internalised, and reproduced through affective experiences, while they can also reveal the epistemic conditions under which these narratives emerge.

Linking multidimensional stigma to emotional experiences

It is important to emphasise that these identified patterns arise not only from participants' accounts but from the analytic lenses through which reviews interpret and categorise them, meaning that terms such as 'taboo,' 'internalized stigma,' or 'gender norms' function as researcher-produced constructs rather than direct descriptors of lived experience.

Stigma is not a fixed or universal experience but one that is contextual, embodied, and relational. Emotions serve as mediators in this process, linking structural conditions to individual experiences and behaviours. For instance, in LMICs-focused studies, fear, shame, and distress are often associated with cultural taboos and infrastructural neglect, while HICs-focused studies foreground disgust, embarrassment, and anxiety tied to internalised stigma and gendered expectations. These patterns, however, should not be read as essential differences; as they can also reflect scholarly framings.

Emotional responses, while shaped by stigma, also reflect moments of negotiation and agency. Baumann et al. (2025) illustrate how Nepali migrant women navigate menstrual traditions in transnational settings, choosing to either retain or relinquish practices based on personal, spiritual, and cultural considerations. Such decisions are not passive but emotionally embedded acts of identity-making, suggesting that emotions like pride, reverence, or discomfort are themselves forms of agency. This perspective challenges binary views of empowerment and aligns with the situated biologies framework (Niewöhner & Lock, 2018), illustrating how emotional experiences mediate not only stigma but also cultural continuity. Similarly, Åkerman et al. (2024) describe how Swedish youth navigate menstrual experiences shaped by emotional discomfort, stigma, and a desire for normalization. Their narratives highlight the psychological toll of menstrual shame, gender dysphoria, and social expectations, while also illustrating how young people engage in subtle forms of resistance – such as rejecting silence norms and seeking healthcare support. These negotiations underscore how embodied emotional responses are central to agency, self-definition, and cultural continuity.

Limitations and epistemic reflexivity

While comparative thematic analysis offers valuable insights, several limitations must be acknowledged. The examples discussed throughout this paper are illustrative of how emotional expressions are rendered intelligible through layered scholarly interpretations, rather than definitive evidence of categorical differences across contexts. First, the study relies on secondary data from two systematic qualitative reviews, which means our analysis is based on interpretations of interpretations. This introduces a layer of mediation between the original participants' voices and our findings. These reviews, and the studies they synthesise, are cultural artifacts shaped by disciplinary norms, funding priorities, and sociohistorical contexts. Both reviews also share overlapping authorship (Hennegan) and a conceptual lineage: Barrington et al. (2021) explicitly built on the model developed by Hennegan et al. (2019) for LMIC contexts, adapting it to HIC settings. This continuity signals coherence in methodological orientation but also raises epistemic questions about how research agendas and scholarly networks shape comparative frameworks. As such, what I present reflects not only menstrual experiences but also the scholarly imaginaries through which these experiences have been framed. Second, reliance on published studies entails exposure to multiple biases, including publication and selection biases, as well as the influence of dominant paradigms within specific fields. Research agendas in LMIC contexts often prioritise infrastructural deficits, while HIC studies frequently foreground psychological and gendered norms. These tendencies may amplify certain narratives, such as secrecy and resource scarcity in LMICs or concealment and internalization in HICs, while marginalizing others (Bobel, 2019). Third, the included studies also span several decades, introducing a temporal bias: retrospective accounts of menarche and early menstrual experiences may be shaped by evolving cultural narratives and shifting emotional interpretations over time. Consequently, some emotional responses may reflect past societal norms rather than current attitudes, limiting the relevance of certain findings to contemporary contexts. Fourth, while many LMIC studies were published in English and the HIC review included only English–language publications, this apparent linguistic uniformity does not eliminate the mediations involved in producing emotional narratives. Interviews in LMIC contexts are frequently conducted in local languages and later translated, while HIC studies often rely on culturally specific idioms of emotion that do not directly align with concepts used elsewhere. These layers of translation, interpretation, and disciplinary framing shape how emotions are rendered intelligible in the published literature. Rather than a technical limitation alone, this is an epistemic condition that influences what emotional experiences become visible – and how they are categorised – within systematic reviews. This underscores the broader argument of the paper: emotional meanings are not simply reported but are constructed through linguistic, cultural, and methodological mediations.

The LMICs/HICs distinction itself warrants reflexive scrutiny. These categories are not neutral descriptors of the world, but technical classifications produced through global policy infrastructures and development logics, which have long been entangled with racialized and colonial histories (Bobel, 2019; McCarthy & Lahiri-Dutt, 2021). Their adoption in the two systematic reviews reflects how menstrual health research is organised through these geopolitical taxonomies, shaping what questions are asked,

which problems are foregrounded, and whose experiences are framed as requiring intervention or explanation. While this study works within the analytical boundaries established by the original reviews, it acknowledges that the LMICs/HICs split is itself an epistemic device that can obscure more than it reveals, often concealing the racialized dimensions of menstrual stigma and reinforcing developmentalist assumptions. Rather than treating LMICs/HICs as inherent cultural divisions, I approach these categories as part of the knowledge machinery through which menstrual experiences are classified, compared, and made intelligible.

Despite these limitations, the study offers important contributions. By drawing on reviews of over 180 qualitative studies from both LMICs and HICs, it provides a broad cross-cultural perspective and centres emotions as a critical lens for understanding menstrual stigma. Integrating epistemic reflexivity strengthens the analysis, preventing the essentialization of differences between LMICs/HICs. This approach supports the development of stigma-sensitive and contextually grounded strategies for menstrual health education and policy (McAllister et al., 2025).

Implications for research and practice

The distribution of studies across contexts, 76 studies from LMICs versus 104 from HICs, is not a neutral backdrop; it signals how global research priorities have historically been configured. What appears as a simple numerical imbalance conceals deeper epistemic asymmetries: bodies of work shaped by distinct funding streams, disciplinary traditions, and normative assumptions about whose menstruation matters and why. Development-oriented agendas have often positioned LMIC menstruators as intervention targets, while scholarship in HICs has fragmented across psychology, gender studies, and public health – each carrying its own blind spots. These blind spots include what Persdotter (2020) terms menstrunormativity: the privileging of regular, discreet menstruation as the normative ideal, which frames deviations as problematic or even monstrous. Such norms intersect with the coloniality of knowledge and the 'development gaze,' as Bobel (2019) and the Critical Menstrual Studies Collective (Bobel et al., 2020) remind us, revealing that menstrual stigma is mediated not only by cultural context but by the epistemic architectures of research itself.

This recognition complicates comparative analysis. We are not comparing 'like with like,' but rather juxtaposing cultural artifacts of scholarly practice – products of their time, discipline, and political economy. Such awareness calls for reflexivity: resisting essentialization of LMIC/HIC differences and interrogating the conditions under which menstrual stigma is represented. Future research should critically examine these epistemic conditions while expanding intersectional and justice-oriented perspectives.

One promising direction is to explore how menstrual justice is being articulated through diverse and sometimes conflicting forms of activism, particularly in digital and policy spaces. Bobel and Fahs highlight the 'messy politics' of menstrual activism, emphasizing its multiplicity – from radical, anti-capitalist approaches to more mainstream, commodified, or policy-driven efforts (Bobel & Fahs, 2020b). These varied positions reflect different emotional investments and political priorities, shaped by intersecting axes of privilege and marginalization. An intersectional lens is crucial to understanding how menstruation is experienced and politicised differently by trans

and non-binary people, disabled menstruators, racialized communities, and those living in poverty or displacement (Bobel & Fahs, 2020a). At the same time, Bildhauer and Owen show how menstrual stigma is being rearticulated in environmental policy discourses, where menstrual products are framed as pollutants – raising questions about whose needs and voices are centred in these narratives (Bildhauer & Owen, 2023). Investigating how these evolving discourses intersect with emotions such as pride, shame, ecological responsibility, or resistance can deepen our understanding of how menstruation is being reframed in public and digital spheres. Such research would contribute to a more inclusive, affectively attuned, and justice-oriented account of menstrual politics.

Author contributions

CRediT: **Violeta Alarcão:** Conceptualization, Investigation, Methodology, Writing – original draft, Writing – review & editing.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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