

## The Palgrave Handbook of Critical Menstruation Studies

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With 72 chapters, written by 134 contributors from more than 30 countries, *The Palgrave Handbook of Critical Menstruation Studies* is an open access, multidisciplinary and comprehensive exploration of menstruation across the lifespan.<sup>1</sup> The collection is organised into six overlapping thematic sections (menstruation as fundamental, embodied, rationale, structural, material and narrative), focused on two central questions: what new lines of enquiry are possible when menstrual health and politics are centralised; and, what knowledge is gained when menstruation emerges as a dynamic category of analysis? The handbook seamlessly blends empirical research with theoretical essays, poetry, visual arts, and first-person narratives. Each section ends with a transnational dialogue between multiple collaborators. In the introduction, the editors acknowledge how the collection fails to adequately decentre Western voices. At the launch event for the collection, the editors discussed how they could have done more to actively recruit authors from the global South, as well as the challenges associated with publishing an English-language collection with a global scope. However, the six transnational conversations are a strength of the collection. They effectively dismantle geopolitical silos, challenge colonial borders, facilitate knowledge translation, and are demonstrative of the editors' and contributors' shared commitment to understanding menstruation within various political, social, cultural, temporal, and geographic contexts.

The handbook challenges readers to consider menstruators who have been historically marginalised in society and within Western-, cis-, white-, middle-class-, and neurotypical-centric reproductive and sexual health research. The collection includes chapters focused on autistic (Steward et al.), trans and non-binary (Frank & Dellaria; Rydström), homeless (Vora), incarcerated (Bozelko; Roberts), sex-worker (Bobier), disabled (Steele & Goldblatt), migrant and refugee (Hawkey et al.)

and religious (Cohen; Mirvis; Sukumar; Maharaj & Winkler) menstruators.

In a chapter on policy and practice pathways to addressing menstrual stigma, Patkar discusses advances in India, Senegal, Kenya, Afghanistan, Bangladesh, Bhutan, Cameroon, Maldives, Nepal, Niger, Sri Lanka and Tanzania. The author offers insightful and pragmatic policy recommendations that are applicable and appropriate in diverse countries, where menstrual and gender equity can be advanced using noncontroversial entry points such as water, sanitation, and hygiene interventions. Patkar's contribution is complemented by Hennegan's systematic review which assesses the effectiveness of menstrual health interventions in low- and middle-income countries. Based on her findings, Hennegan makes concrete recommendations for implementing evidence-based menstrual equity interventions and for improving intervention research aimed at reducing and eliminating menstrual inequities. Levitt and Barnack-Tavlaris' chapter focuses on the menstrual leave debate, policies which would provide employees with time off during menstruation. The authors explore the existence of national and organisational menstrual leave policies in Japan, Taiwan, China, South Korea, Indonesia, Zambia, Australia, India, and Mexico. The authors discuss these policies within the broader context of menstrual stigma, gender inequities and pervasive heteropatriarchal culture, and critically engage with both their potential benefits and drawbacks. Their chapter pairs nicely with Weiss-Wolf's work on policymaking in the United States which acknowledges challenging the tampon tax as an entry point into broader policy change. These four chapters, among others, offer insights into the appropriateness and effectiveness of public health interventions, policymaking, and human rights frames, where these strategies can be deployed alone or in combination with

other approaches for advancing equity agendas in diverse settings.

As a trans scholar, I found myself particularly interested in how the collection attended to menstruation as a health care need and category of analysis relevant to more than cisgender women. As aforementioned, the collection includes two chapters explicitly focused on trans and non-binary menstruators (Frank & Dellaria; Rydström), and strategically and frequently uses the gender-neutral term “menstruators”. There were however a few missed opportunities to mobilise trans- and gender-inclusive language and analyses throughout the collection. For instance, Winkler’s Menstruation as Fundamental introductory chapter indicates that menstruation is shaped by gendered expectations about women’s bodies. However, it is unclear whether Winkler is referring to the bodies of people who were female-assigned at birth (which would include many who do not identify as women), or the bodies of people who identify as women (which would include people who were assigned male or who are intersex). In many places, adding specificity via the qualifying descriptor of “cisgender” when talking about only certain kinds of women or men, or expanding the language and analysis to consider people of all embodiments and genders, would have ensured the commitment to gender- and trans-inclusion was carried throughout the collection. Erchull’s chapter on boys, men and menstruation does this effectively, acknowledging that the analysis focuses on cisgender boys and men specifically, to the exclusion of trans men who may themselves be menstruators. Importantly, the handbook does not address the menstrual lives of assigned male at birth trans people, reflecting their erasure

from reproductive and sexual health research more generally. Whereas it remains true that not all women menstruate and not all menstruators are women, there is evidence which suggests that trans women, non-binary and other assigned male at birth trans people who are on gender-affirming hormone regimens do experience menstrual symptoms, even if they do not bleed.<sup>2</sup> Any consideration of non-cisgender menstruators in global South countries, recognising that these populations may not be categorisable as “trans”, was also lacking. These shortcomings notwithstanding, the handbook is unprecedented in the attention it pays to trans menstruators and in its use of inclusive language.

The handbook reminds us that menstruation is more than an understudied area of health. Instead, the handbook takes menstruation as its driving force, a jumping off point to explore gender inequities, constructions of monstrosity, the mobilisation of dominant norms and ideologies, and issues of shame and stigma. The collection offers pragmatic guidance for policy and lawmakers, clear direction for researchers, ample evidence for clinicians, and will surely galvanise advocacy and activist efforts. That the entire collection is offered free online ensures that the vital knowledge contained within its 1037 pages is available to readers for whom price barriers might otherwise prevent access. The editors have compiled an invaluable resource that covers the topic of menstruation in impressive depth – all the while acknowledging the questions left unanswered and the importance of continuing to build on existing knowledge to further expand the burgeoning field of critical menstruation studies.

## References

1. Bobel C, Winkler IT, Fahs B, et al., editors. The Palgrave handbook of critical menstruation studies. Palgrave MacMillan; 2020. <https://link.springer.com/book/10.1007/978-981-15-0614-7>
2. Lowik A. “Just because I don’t bleed, doesn’t mean I don’t go through it”: expanding knowledge on trans and non-binary menstruators. *Int J Transgender Health*. 2020. Online ahead of print. doi:10.1080/15532739.2020.1819507