

Menstruation As a Justice Issue: A Feminist Lens on Culture, Dignity, And Development in Rural Zimbabwe

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ABSTRACT

Menstruation has long been confined to the margins of public discourse, treated as a biological function rather than a social and justice concern. Yet, emerging feminist and decolonial public health scholarship demands a reframing: that menstrual health is central to human dignity, equality, and development. Drawing from community-based research conducted in rural Zimbabwe, this opinion article argues that menstrual justice requires going beyond the distribution of products and facilities. It demands confronting the social, cultural, and religious architectures that regulate female bodies, silence young women, and reproduce gender hierarchies. Grounded in the PEN 3 cultural model and feminist praxis, the paper calls for a reimagined approach to menstrual health that locates culture as both a site of oppression and liberation. It contends that achieving menstrual equity in Africa will depend not on importing Western hygiene solutions, but on centering local epistemologies, feminist dialogue, and community led innovation.

Keywords: Menstrual justice; Feminist public health; Culture; Zimbabwe; PEN 3 model; Community health

INTRODUCTION

Menstruation is an ordinary biological process that has been rendered *extraordinarily political* through the lenses of culture, religion, and gender. For millions of women and girls in Africa, the menstrual experience is not merely a health issue but a marker of inequality one that defines who participates, who speaks, and who is silenced. In rural Zimbabwe, as in much of Sub-Saharan Africa, menstrual health remains entangled in stigma, myths, and limited access to essential resources.

The prevailing development response has largely been product centered providing pads, cups, or infrastructure while neglecting the structural and cultural determinants that shape menstrual experience (Bobel & Kissling, 2019; Hennegan et al., 2021). This reductionist framing risks reinforcing a colonial hierarchy of solutions, where “modern” sanitary products are valorized and indigenous knowledge systems dismissed as unhygienic or backward.

This article repositions menstruation within a justice framework, grounded in feminist and cultural health perspectives. It argues that menstrual inequity is not simply a matter of material deprivation but a symptom of deeper social exclusion. Using insights from research conducted in Chivi Rural District, Zimbabwe (2022–2024), it reflects on how culture, faith, and power relations construct menstrual silence and how those same systems can become sites of transformation when engaged through feminist praxis.

THEORETICAL FRAMEWORK

This study is grounded in the PEN 3 cultural model (Airhihenbuwa, 1989), complemented by feminist

development theory. The PEN 3 model provides a culturally sensitive framework for understanding health behaviours by situating individuals within their social and cultural contexts. It encompasses three interrelated domains:

Cultural Identity (Person, Extended Family, Neighbourhood)

- Relationships and Expectations (Perceptions, Enablers, Nurturers)
- Cultural Empowerment (Positive, Existential, Negative)

Applying the PEN 3 framework enables a nuanced analysis of how beliefs about menstruation are constructed and sustained through family, community, and institutional structures. It challenges the deficit-oriented narrative that portrays culture as merely a barrier, instead emphasizing its potential as an enabler of positive change.

For instance, traditional mentorship structures such as the *Komba* rite among the VaRemba can be reimagined as spaces for menstrual education, provided they are adapted to contemporary health and gender frameworks (Shoko, 2009). Similarly, faith communities, though often restrictive, can become sites of transformation when engaged through participatory dialogue and theology of care (Machingura & Museka, 2016).

Integrating the PEN 3 model with feminist development theory strengthens the analytical focus on power, gendered agency, and social justice (Ngwenya & Durojaye, 2014). Feminist theory underscores that menstrual health is not merely a biomedical issue but a matter of bodily autonomy, human rights, and socio-political participation (Sommer et al., 2021). The fusion of these frameworks thus allows for an intersectional understanding of how culture, gender, and power converge to shape menstrual health practices and possibilities for change in Zimbabwean rural contexts.

METHODOLOGY

Research Design

The study adopted a mixed methods design, combining qualitative and quantitative approaches to capture the depth and breadth of menstrual health experiences. This design allowed triangulation between statistical trends and lived experiences, thereby enriching interpretation and ensuring validity (Creswell & Plano Clark, 2017).

Study Area and Population

The study was conducted in Chivi Rural District, Masvingo Province a semi-arid region characterized by deeply rooted cultural traditions, conservative religious practices, and limited WASH infrastructure. Participants included adolescent girls (13–19 years), young women (20–35 years), teachers, health workers, and community leaders, including religious and traditional authorities.

Sampling and Participants

A combination of purposive and snowball sampling was used. The quantitative component surveyed 210 adolescent girls across six schools, while qualitative data were collected from 30 in depth interviews and six focus group discussions involving parents, teachers, and religious leaders. This mix provided insights into both personal experiences and collective norms around menstruation.

Data Collection Tools

Data was collected using the following instruments; Structured questionnaires on menstrual knowledge, attitudes, and practices (KAP), semi structured interviews exploring cultural narratives, taboos, and religious teachings. Also, focus group discussions (FGDs) to examine community perceptions and intergenerational

dialogues Lastly, participatory Theatre for Development (TfD) workshops used as reflective tools to stimulate conversation on menstruation.

Data Analysis

Quantitative data were analyzed using SPSS (v.26), generating descriptive and inferential statistics on menstrual health knowledge and practices. Qualitative data were analyzed thematically using Braun and Clarke's (2006) framework. Coding was guided by the PEN 3 model's domains and subcategories. Themes were verified through peer debriefing and participant validation to enhance credibility.

Ethical Considerations

Ethical clearance was obtained from the University of KwaZulu Natal Humanities and Social Sciences Research Ethics Committee and from local authorities in Masvingo Province. Informed consent was obtained from all participants, and assent was sought from minors with parental consent. Pseudonyms were used for confidentiality. Participants were debriefed and referred to local health counsellors if discussions triggered distress.

FINDINGS AND DISCUSSION

The Limits of the Product Paradigm

Menstrual health interventions across Sub Saharan Africa have often been celebrated for providing girls with pads and school toilets. While these are important, they represent an incomplete solution. Such interventions tend to **depoliticize menstruation**, framing it as a technical hygiene issue rather than a social justice concern (Mahon et al., 2015; Sommer et al., 2021).

In Zimbabwe, government and NGO programs have distributed free sanitary pads to rural schools since 2020. Yet, the program's impact has been uneven. Interviews with adolescent girls revealed that while pads reduced fear of leakage, they did not reduce stigma or silence. As one participant in Chivi observed:

"The pad helps me go to school, but I still hide it. Boys will laugh, and even teachers don't talk about it."

This reflects what feminist scholars call the "politics of concealment" the social expectation that menstruation must remain invisible (Åkerman et al., 2024). Material interventions, without concurrent shifts in discourse, may inadvertently reinforce the idea that menstruation is shameful.

Furthermore, the emphasis on Western sanitary products marginalizes local ingenuity. Zimbabwean women have long used reusable cloths and herbal remedies, knowledge systems that embody resilience and sustainability. Yet, these are rarely acknowledged within mainstream health policy. Reclaiming such indigenous practices as valid and dignified options is central to a decolonial feminist agenda.

Culture, Religion, and the Architecture of Menstrual Silence

Culture and religion remain the most potent forces shaping menstrual experience in Zimbabwe. Among Apostolic and Pentecostal sects, menstruation is often equated with impurity, leading to exclusion from prayer and public participation (Machingura & Museka, 2016; Ndlovu & Bhala, 2016). Cultural taboos also forbid menstruating women from cooking, touching livestock, or visiting sacred sites.

These restrictions are not mere customs; they represent a gendered system of knowledge control, where female bodies are regulated through moral and spiritual codes. As one elderly woman from Chivi noted: "A girl who talks about her period is disrespectful. She should be quiet, like our mothers were."

Silence is valorized as virtue, and ignorance becomes inherited. Feminist theorists have argued that such silencing is not accidental but instrumental it sustains patriarchal authority and diminishes bodily autonomy (Okoro et al., 2025; Jaafar et al., 2023).

Yet, culture is not static. Within the same communities, new narratives are emerging young women are challenging these norms, faith leaders are reinterpreting doctrines of purity, and mothers are beginning to speak openly with daughters. As feminist cultural frameworks like the PEN 3 model emphasize, culture can be a source of positive identity and collective action when reframed towards empowerment (Airhihenbuwa, 1989).

A Feminist Cultural Health Framework

The intersection of menstrual health, culture, and justice requires a radical shift from biomedical paradigms to culturally responsive frameworks that recognize African women's lived realities. A feminist cultural health framework situates menstruation not only as a biological process but as a deeply social and political phenomenon influenced by gendered power relations, cultural norms, and systems of oppression. This approach, informed by African feminist epistemologies, emphasizes the centrality of community knowledge, relational ethics, and the decolonization of health discourses. It builds on the PEN-3 Model (Airhihenbuwa, 1989, 1995), which prioritizes cultural identity, relationships and expectations, and cultural empowerment as foundational pillars for understanding health behavior. By reinterpreting the PEN-3 Model through a feminist lens, this framework advocates for collective transformation rooted in dignity, justice, and empowerment.

The feminist cultural health framework begins by challenging the traditional deficit approach in global health research, which often portrays African cultures as barriers to health (Nnaemeka, 2005; Mama, 2020). Instead, it aligns with nego-feminism the feminism of negotiation and balance which insists on the coexistence of resistance and dialogue in transforming gendered norms (Nnaemeka, 2004). Within the context of menstrual health, nego-feminism reframes "culture" not as a constraint but as a living, dynamic resource for empowerment. Women's indigenous knowledge systems, rituals of puberty, and communal practices of hygiene are reinterpreted as potential enablers rather than obstacles. This shifts the narrative from one of "educating the uneducated" to "co-creating knowledge with communities."

A feminist cultural health framework also disrupts the colonial legacies embedded in health policy and education. Historically, menstrual discourse in Africa has been mediated through Eurocentric paradigms that valorize Western biomedical authority while erasing local practices and meanings (Oyěwùmí, 1997; Tamale, 2020). This epistemic injustice manifests in school curricula, public health campaigns, and NGO programming that frame menstruation as a hygiene issue rather than a justice concern. Feminist scholars such as Amina Mama and Sylvia Tamale call for epistemic restitution, where African women's bodies and experiences are repositioned as legitimate sites of knowledge production (Tamale, 2020; Mama, 2019). The framework therefore insists that menstrual health interventions must be culturally legitimate, locally owned, and grounded in the realities of African social life.

In applying the PEN-3 Model to feminist cultural health, the cultural empowerment domain becomes central. This domain encourages practitioners to identify positive cultural practices that can be leveraged to support health behavior. In rural Zimbabwe, for instance, community elder women known as *vanasahwira* (ritual friends) historically guided girls through initiation processes that included body literacy, respect, and menstrual knowledge. Rather than dismissing these traditions, a feminist cultural framework would seek to reclaim and modernize them as channels for promoting dignity and informed self-care. Similarly, the model's relationships and expectations dimension resonate with feminist calls to involve men and boys, parents, and faith leaders in transforming social norms that perpetuate silence and stigma (Hennegan et al., 2019; Plesons et al., 2021).

This framework thus functions both as an analytical and practical tool for engaging rural communities in Zimbabwe. It invites multi-layered collaboration between health practitioners, traditional leaders, educators, and feminist organizations. Moreover, it integrates spirituality, cultural symbolism, and collective healing within

health interventions acknowledging that menstruation, in many African cosmologies, is tied to fertility, moral purity, and ancestral continuity (Machingura & Museka, 2016). A feminist cultural health framework transforms these meanings from tools of exclusion into instruments of empowerment, positioning culture as an ally in achieving menstrual justice.

Reclaiming Menstrual Justice through Community Dialogue

Community dialogue represents both a philosophy and a practice for reclaiming menstrual justice in conservative settings. Drawing on Theatre for Development (TfD), participatory arts, and local storytelling traditions, menstrual dialogue becomes a vehicle for collective reflection and transformation. This section draws from field experiences in Chivi Rural District, Zimbabwe, where community-led dialogues facilitated through TfD broke the silence surrounding menstruation, redefined gendered expectations, and cultivated new social solidarities among men, women, and adolescents.

Historically, Zimbabwean rural communities have relied on participatory performance as a medium of civic education and resistance (Chinyowa, 2015). Theatre for Development, emerging during the post-independence era, was used to mobilize communities around land reform, HIV/AIDS awareness, and political accountability. Within the context of menstrual health, TfD reclaims the performative space as a feminist pedagogy a space where women's bodies are no longer censored but celebrated, and where dialogue replaces silence. Scripts cocreated by adolescent girls, mothers, and community health workers brought to life the complex intersections of culture, poverty, and power that define menstruation in rural Zimbabwe.

The power of dialogue lies in its collective nature. In one TfD session, girls enacted a scene depicting “jeko,” a term used to normalize menstrual pain. The performance triggered spontaneous reflections from women in the audience who shared how they, too, had internalized suffering as a mark of womanhood. This moment of collective recognition became a site of healing what bell hooks (1994) might describe as education as the practice of freedom. By voicing their pain publicly, women challenged cultural scripts that glorify endurance and silence. Similarly, engaging male participants demystified menstruation as a “women's secret,” opening space for empathy and co-responsibility. Men began volunteering in school improvement projects to ensure that girls had access to private washrooms and waste disposal bins.

Theatre for Development thus operates at the nexus of art, activism, and public health. It transforms abstract discussions about menstrual equity into embodied, emotional experiences that compel community action. When framed within the PEN-3 model, TfD aligns with the “Neighborhood” domain recognizing that health behaviors are embedded within collective identities rather than individual decisions (Airhihenbuwa, 1995). Community dialogue creates what Paulo Freire (1970) termed *conscientization* critical awareness that precedes transformation.

Furthermore, this dialogical process reclaims African cultural communication systems rooted in *ubuntu* the philosophy that “a person is a person through others.” Ubuntu feminism (Ngunjiri, 2020) provides a philosophical anchor for menstrual dialogue as a moral and communal obligation. In these dialogues, menstruation ceases to be an individual burden and becomes a shared social responsibility. When grandmothers narrate traditional taboos, teachers share scientific facts, and boys express empathy, the community collectively dismantles menstrual stigma and constructs new norms grounded in mutual respect and dignity.

Crucially, these dialogues are not merely educational; they are political acts of reclamation. In reclaiming the public space for conversations about menstruation, communities contest patriarchal and colonial legacies that confined women's reproductive lives to the private sphere. As seen in the Chivi dialogues, reframing menstruation as a communal issue challenged local power hierarchies and enabled marginalized voices particularly those of girls with disabilities to participate in decision-making about school infrastructure and sanitation priorities. In this sense, community dialogue becomes a feminist praxis of redistribution of voice, of power, and of justice.

The feminist reimagining of community dialogue for menstrual justice thus insists that knowledge transformation must be accompanied by material transformation. Dialogue sessions led to practical initiatives such as pad-making clubs, school-based hygiene committees, and partnerships with local clinics. Each initiative reflected an understanding that menstruation, as an entry point, can mobilize communities around broader structural inequities in health, water, and education systems.

Menstruation as a Justice Issue

To frame menstruation as a justice issue is to position it within the continuum of human rights, gender equality, and social justice. This framing transcends the narrow focus on hygiene and biology, advancing a holistic understanding of menstruation as a determinant of health, education, and dignity. Menstrual justice demands that individuals and institutions recognize that the failure to provide adequate menstrual education, products, and infrastructure constitutes a violation of fundamental rights (UNICEF, 2019; Okoro et al., 2025).

From a human rights perspective, menstrual health intersects with the rights to dignity, health, education, and non-discrimination (Rossouw & Ross, 2021). When girls are unable to attend school because of inadequate sanitary facilities or unaffordable menstrual products, the state fails to uphold the right to education. When cultural taboos silence conversations about menstruation, women's right to bodily autonomy and participation in public life is undermined. Menstrual justice thus requires a redistributive and transformative approach that addresses these systemic inequities.

Globally, feminist public health scholars argue that menstrual injustice is rooted in intersecting structures of patriarchy, capitalism, and colonialism (Bobel & Kissling, 2019; Tamale, 2020). In Zimbabwe, economic austerity, inflation, and rural marginalization exacerbate period poverty, forcing women and girls to resort to unhygienic methods such as rags, newspaper, or cow dung (UNICEF, 2020; Chibwe & Nkomo, 2024). These practices not only endanger health but reproduce gendered hierarchies of shame and exclusion. Feminist theorists like Sylvia Tamale (2020) urge that menstruation be understood within the continuum of reproductive justice, which encompasses the right to have autonomy over one's body, access to safe environments, and participation in decisions affecting reproductive lives.

Justice in the context of menstruation also entails epistemic justice recognizing and valuing local knowledges about the body and health (Fricker, 2007; Nnaemeka, 2005). For decades, Zimbabwean rural women have been active innovators of indigenous solutions such as reusable pads and herbal remedies, yet their contributions are rarely recognized in formal health policy or academic discourse. A menstrual justice framework therefore demands that these forms of knowledge be validated, funded, and integrated into national strategies.

At policy level, Zimbabwe's efforts such as removing VAT on sanitary products and distributing free pads in schools reflect incremental progress, but gaps persist in implementation, monitoring, and intersectional inclusion. For instance, girls with disabilities continue to face barriers due to inaccessible sanitation facilities and lack of inclusive education materials (Wilbur et al., 2019). A feminist justice perspective calls for intersectional policy design that accounts for the multiplicity of menstruators' experiences, including those of disabled, rural, and economically disadvantaged women.

Reframing menstruation as a justice issue thus also redefines accountability. It calls on the state, religious institutions, and development partners to move beyond tokenistic interventions and engage in structural transformation from budgeting for menstrual infrastructure to enforcing gender-responsive education curricula. Community-based participatory research and feminist advocacy must inform this process, ensuring that menstrual policies are shaped by those most affected.

Ultimately, menstrual justice is about reclaiming agency, dignity, and equality. It affirms that the ability to menstruate safely and with pride is not a privilege but a right. As feminist scholar Tamale (2020) asserts, achieving bodily autonomy is the cornerstone of African women's liberation. Menstruation, when viewed

through this justice lens, becomes a site of resistance and renewal a biological process transformed into a political act.

RECOMMENDATIONS

1. **Policy Integration:** The Ministry of Health and Child Care should adopt a comprehensive Menstrual Health Management (MHM) policy that bridges WASH, education, and gender equality sectors.
2. **Cultural Partnerships:** Work with traditional leaders and religious institutions to reinterpret cultural taboos through dignity centered dialogue.
3. **Menstrual Education for All:** Integrate boys and men into menstrual health programs to dismantle stigma and promote empathy.
4. **Community Innovation:** Support community theatre, pad making cooperatives, and local peer groups as feminist micro movements for menstrual justice.
5. **Research and Documentation:** Encourage feminist public health scholarship that values indigenous knowledge and participatory methodologies.

CONCLUSION

Menstrual justice is not achieved through products or infrastructure alone but through cultural transformation. The Zimbabwean experience illustrates that the most profound change occurs when communities confront silence together when menstruation moves from secrecy to solidarity.

By engaging cultural and religious systems through feminist and community centered approaches, menstrual health can evolve from a hidden struggle into a collective pursuit of dignity. In doing so, we not only advance gender equality but also affirm a broader truth: that justice begins in the everyday realities of women's bodies.

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